SMITH
NEVILLE GEORGE
R120129

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 SMITH NEVILLE GEORGE (b) Reg'l. No. R 120129
2. (a) Arm of service AIR (b) Unit #2 MD RCAF BRANDON, Man. (c) Rank AC 2
3. (a) Date of birth JULY 14/22 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL, Que.
4. (a) Place of enlistment MONTREAL, Que. (b) Date of enlistment 16/8/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) GRADE IX
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

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 J. L. MILLER Address MONTREAL, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RADIO REPAIRS
20. (a) Your specific occupation REPAIR & SERVICE MAN (b) Number of years' experience at this occupation with any employer 1½ Yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NA
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NA

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.) NA
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form RADIO & WIRELESS.

DATE AUGUST 19/41. 194 SIGNATURE Neville G. Smith

R.C.A.F. Records Office
Rec'd SEP 17 1941
O. K. ..... C I.B. .....
R. C. ..... N. I. .....
..... P. A. .....

R.C.A.F. Special Reserve

Aircrew
Wireless Operator

AIR FORCE No. R120129 POSTED TO No. 2 M.D. Brandon, Man. TRADE Air Gunner Std.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname SMITH Full Christian Names NEVILLE GEORGE
2. Present Address 2168 St.Luke Stree, Montreal, P.Q. Telephone Wi. 3250
3. Permanent Address 2168 St.Luke Street, Montreal, P.Q.
4. Place of Birth Maidstone, Kent, England Citizenship BRITISH
5. Date of Birth July 14th. 1922 ~~Married,~~ Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single
6. Particulars of Children None

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

7. Occupation Radio Service and Repairs 8. Religion Anglican (State denomination)
9. Languages English Fluently, French (partial or slight knowledge) (State proficiency)
10. Next of Kin (Full Name) Neville Lewis Smith Relationship Father
    " Address 2168 St.Luke Street, Montreal, P.Q.
11. Father (Full Name) Neville Lewis Smith Birthplace Kent, England
    " Address 2168 St.Luke Street, Montreal, P.Q. Citizenship English (BRITISH)
    " Occupation Color Maker - Canada Paint Co.
12. Mother (Full Maiden Name) Gladys Victoria Annie Freed Birthplace Kent, England
    " Address 2168 St.Luke Street, Montreal, P.Q. Citizenship English (BRITISH)
13. Details of any Naval, Military or Air Force Service: None

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

R.C.A.F. Records Office
Rec'd. AUG 21 1940
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

14. Honours, Awards, Mentions None
15. Are you now on any Naval, Military or Air Force Reserve? No
16. Have you previously made application to join the R.C.A.F.? No If so, where? 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. Form R. 100
400M—8-40 (5739)
H.Q. 1062-2-33

154-14

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Connaught School Montreal. P.Q.	1928	1931	Ordinary Curriculum
High School—Collegiate Institute, etc.	Royal Arthur School Montreal, P.Q.	1931	1934	" "
Technical School	Victoria School Montreal, P.Q.	1934	1935	" "
~~University or School other than above~~	Montreal High School Montreal, P.Q.	1935	1937	Science Course
~~Correspondence Courses,~~ etc.	Montreal Technical School			
Night School	Montreal, P.Q.	1937	1940	Electrotechnics

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
W.P. Irvine, Montreal, P.Q.	Electrician's Helper	1937	1938	No longer needed
Mansfield Express, Montreal, P.Q.	Moving, Cartage Helper	APRIL 1938	SEPT. 1938	For better position
T.S. Stewart, K.C. Montreal, P.Q.	(law office) Office Assistant	1938	1940	" " "
J.L. Miller, Montreal, P.Q.	Servicing and repairing radios	1940	1941	To join the R.C.A.F.

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

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

None

25. Sports engaged in. State: extensively, moderately, occasionally

Riding Bicycle extensively, Baseball, football, hockey occasionally

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 Wireless Air Gunner
If for Flying Duties, state preference as (a) ~~Pilot~~; (b) ~~Observer~~; (c) ~~Air Gunner~~ (d) Wireless Operator (Air Crew).
(Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

Name	Address	Occupation
J.L. Miller	3788 Kent Avenuem N.D.G. Montreal, P.Q.	Radio Repairs
Rt. Hon. Arthur Carlisle	Christ Church Cathedral Montreal, P.Q.	Bishop of Montreal
Rev. Stanley Rider	Christ Church Cathedral Montreal, P.Q.	Assistant Rector
William Cameron	1440 Chomedy Street, Montreal, P.Q.	Cartage

28. Other information that may have any bearing on this application

Interested in amateur radio transmission and reception

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 August 4th. 1941 Signature Neville G. Smith

NATIONAL REGISTRATION CERTIFICATE
PRODUCED: A. L. L. Lapointe F/O
AUG 16 1941

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, Neville George Smith, 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 August 16th, 19 41 Neville G. Smith
Signature of Recruit

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

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

Date August 16th, 19 41 Neville G. Smith
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 16th day of August 19 41

A. L. L. Lapointe F/O — R.C.A.F. Recruiting Centre, Montreal
Signature of Officer — Rank — Unit

Finger Printed
Date 16-8-41
Initials E.B.

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19 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	

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.

Neville G. Smith
Signature of Applicant

Examiner's Remarks *re* above nil

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

1. Identification marks or scars (if operative obtain history) 1. Small scar thru right eyebrow 1" in length 2. 1" scar on dorsum of 1st finger left hand at proximal joint.

2. Height 5 feet 11 inches. 3. Weight 158 pounds.

4. Complexion Dark 5. Color of Eyes Brown Hair Brown

6. Development {Good ✓ ~~Fair~~ ~~Poor~~ 7. Chest Measurement—Full expiration 33 inches

Range of expansion 3 inches

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

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

Left 20/20. Left

10. Condition of mouth and teeth Teeth poor - numerous caries.

11. Urine—Albumen neg Sugar neg

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

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

Any special remarks of the Medical Officers

14-8-41 X-Ray #89676 Neg CNA

Part 2 Cont'd.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 170/80 S.D.

17. Colour Vision normal F&W

Date 14/8/41 19

L. W. Kerr — President
C. Smyth Flt Lt — Member
Member

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. 3AN.R. 120129 Name SMITH. Neville George. Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade A/Haw(2) Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 14.4.22. Religion Ang. Occupation in Civil Life Radio repairs.

Last Enlisted 16.8.41 Current Engagement Def/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):
R. Smith. (Father) 2168 St. Luke's St. Sandyford

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.")

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

Section 1.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
3 ADS. Regina.	1Y Depot.	24.10.42
1Y Depot	RAF. T.P.	24.10.42
	Emb Ban	28.10.42.
	Dis UK.	5.11.42
3PRC	~~Pontefract~~ Ind 3	6.11.42.
39/42 3PRC	10(O)AFU.	14.12.42
10(O) A.F.U.	14 O.T.U.	2.2.43
No. 14 O.T.U. COTTESMORE	1660 Conv. Unit	4 May 43
1660 Conv Unit	50 Ogden	15.6.43
Killed in Flying accident, 19-6-43.		

Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.

* Authority.	Description.	Date of Effect.
	AC2 W/AG. Std.	16.8.41
	" PerO. "	11.2.42
	LAC. Obs. "	6.6.42.
	T/Sgt. A/Haw. spec	9.10.42.

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.

*10349) Wt. 23821—1216 100M 8/42 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. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	V.G.	Nav.	On strength for training only.				2-2-43	[illegible] S/L
T/Sgt	V.G.	Nav	ON STRENGTH FOR TRAINING ONLY.				4 May 43	[illegible] S/L
T/Sgt	V.G.	Nav.	ON STRENGTH FOR TRAINING ONLY.				15.6.43	[illegible]
T/Sgt.		NAV.	On Strength for less than one month				19-6-43	[illegible] W/C.

Recalled from leave on 2nd May 43. POR CAN. 11/43 2 days unexpired [illegible] S/L

1943 21 April-4 May 14 days P POR CAN-10/43 R.T. B273299 [illegible] S/L

Priv. Leave 16 Mar 43 To 19 Mar 43 Days 4 POR 2/43 F. 1672 No. — Issued. P. Twelly S/O

POR 16/43. Granted Leave pending posting 28-1-43. 2-2-43. R.W.I. D. Cheeso A/S/O.

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

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

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.OS.C., ETC.

Authority.	Nature.	Date of Effect.

R0120129 SMITH NEVILLE G FS3

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

FORM NO. R. 325

R.C.A.F.

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	~~GEN. SERVICE~~ WAR MEDAL	C.V.S.M.				
AWARD									✓	✓	✓				
AWARD AND CLASP											✓				
APPLICATION DISPATCHED															
RIBBON ISSUED															
MEDAL ISSUED															

211556

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

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Neville L. Smith (Father)
2168 St. Luke St.,
Montreal,
Que.

Aug.-44.

4437-14-2-S-O.

MEMORIAL BAR
DATE DESP
REGN. NO 1,061

R.C.A.F. R.60

W I L L

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

(1) I, Neville George Smith of the City / Town / Village / Township of Montreal in the County / District of ..... Province of Quebec Radio Repair Man (Civil Occupation)

a member of the Royal Canadian Air Force, Number R120129 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship (b) Names and (c) Address of Beneficiaries and (d) What each is to receive

(2) I GIVE, DEVISE AND BEQUEATH UNTO My Father, Neville Lewis Smith, 2168 St. Luke Street, Montreal, Que.

All my estate

Relationship and 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~~

(4) I appoint Neville Lewis Smith (Name) (Address) As above, to be the ~~Executrix of~~ Executor of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of August 1941.

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.

Neville G. Smith (Signature of Testator)

First Witness sign here. (5) E. J. McCluskey (Signature) R.C.A.F. Brandon (Address) Clerk (Occupation)

Second Witness sign here H. West (Signature) R.C.A.F. Brandon (Address) Clerk (Occupation)

R.C.A.F. Recruiting Office Rec'd AUG 25 1941 O.K. C.I. R.C. R76 N.I. P.A. West

(Witnesses are not to be beneficiaries)

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATI

NUMBER R120129 RANK F/SGT. TRADE NAV (SP OB) UNIT 50 SQUADRON OVERSEAS

(WITH EFF. FROM 19-JUNE-43)

NAME SMITH, NEVILLE GEORGE

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						

MARITAL STATUS

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

ADDRESS

NAME
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

RELIGION CANADIAN FRENCH CANADIAN OTHER

PARENTS NAMES

ADDRESS

FATHER LIVING ON ENLISTMENT

MOTHER LIVING ON ENLISTMENT

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? . . . . . .

AMENDED EXTRACT RE 1 BANK

AUTHORITY CAS. SIG. NO. AIR MIN KWY---FCX933---d-20-JUNE-43.

5739

CASUALTY DETAILS:

"KILLED" 19-JUNE-43 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
(ABOUT 2 MILES SOUTH EAST OF DUNHOLME, LINCOLNSHIRE, ENGLAND)

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 25-FEB-44.

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

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

ROYAL AIR FORCE.

Form 551.

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

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.

1. Surname .....SMITH..... Christian Names (in full) Neville George.....

Rank .....Sergeant..... Number C.A.N.R. 120129 Unit ...No. 50 Squadron.....

Date and time of accident 19.6.43 16.45 hrs. Place of accident .....Manor Farm, Southern Lincs.

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

Flying Accident - Lancaster I W.4932 on 19.6.43.

This airman was the navigator of the above aircraft which crashed while carrying out local flying following practice bombing. Investigation of the wreckage produced no evidence to account for the accident.

Casualty signal A.39 dated 19.6.43 and Form 765 (C) serial number 11/43 refer.

3. (*a*) Description of injuries :—

.....Multiple Injuries.....

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

(*c*) Whether (i) admitted to hospital or (ii) provided with medical comforts (*see* para 2312 K.R. & A.C.I.) (i) ..... (ii) .....

R.C.A.F. Records Office
Rec'd AUG 12 1943
O. K. ..... C.I.S.
R. C. ..... N.I.
S. L. ..... P.A.

Date 7/7/43 Signature of Medical Officer .....??.....

Wt. 23990/O.1336 126,000 8/42 W. H. & S. 668/69

[OVER

4. Commanding Officer's statement :—

(*a*) Was the injury sustained

(i) In the performance of air force duty? ..... Yes .....

(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? ..... No .....

(iii) On leave? ..... No .....

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

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

.....

(ii) The nature of the game, etc., (*e.g.*, football) .....

(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? .....(*a*).....(*b*).....

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? .....

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority? .....

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

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot ? .....

(*c*) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2)) .....

.....

.....

(*d*) Was the injury due to his own fault, *i.e.*, did it arise from negligence or misconduct or any blameworthy cause within his own control? ..... Not known .....

If so, state in what way ..... N/A .....

(*e*) Was anyone else to blame? If so, give name and particulars ..... Not known .....

.....

(*f*) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place ..... No .....

.....

(ii) An investigating officer? ..... No .....

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(*g*) In the case of an airman, if the answer to question (*d*) is in the affirmative, state whether hospital charges have been or will be recovered (*see* K.R. 2312.)

Signature ..... (Sgd). D.R. Street ..... W/Cdr. .....

Date ..... 19.6.43 ..... 194 ..... *Commanding* ..... No. 50 Squadron .....

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory
City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: SMITH
(Block letters)
Given names: NEVILLE GEORGE

Do not write in this space

4. RESIDENCE

Street: St. Luke Street No. 2168
Official name of civil municipality or township: Montreal
Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): England

11. DATE OF BIRTH: July (Month) 14th (Day) 1922 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	20	11	5	....hrs. or....min.

OCCUPATION

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

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

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

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Smith, Neville Lewis	England
MOTHER (Maiden Name)	Freed, Gladys Victoria Annie	England

19. Place of burial, cremation or removal

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church
(b) Civil municipality of
(c) Municipal county
(d) Date ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

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

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....
and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in flying accident

due to

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

II

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

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

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

26. Was there a surgical operation? ....Date of ....19....
State findings ....Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide: Accident (State which) Date: June 19th 19 43
Manner of injury: Killed in flying accident (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)

R.C.A.F. Special Reserve

INTERVIEW REPORT

SURNAME.....SMITH.....

CHRISTIAN NAME.....MEVILLE GEORGE.....

MARRIED...NO.....NO. OF CHILDREN...N.A.....

N.F.

FLYING

AGE.....19.....
HEIGHT...5'11½....
WEIGHT..151.....

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

EDUCATIONAL:- NUMBER OF YEARS....10 (3 yrs. of night school)

High School.Equ. 2 yrs.Technical.....Commercial.

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

.....

Standing other Countries.....

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:-

Military - none

Civilian - miscellaneous

Electrician's helper, radio servicing.

SPORTS:-(What branches) Bicycling extensively,

baseball, football, hockey occasionally

HOBBIES:-.....None.....

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

Healthy, good, very keen on enlisting as

W.O. Air Gunner. Recommended.

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

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.NO.....

BEST FITTED FOR.....training as W.O. Air Gunner.....

DATE: 6-6-41

RECRUITING CENTRE: Montreal, P.Q.

A.F.M.5

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

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

DRESS
Neat.....
Conservative.....
Clear.....X....
Careless.....

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

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

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

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

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

Signature of Officer
J.P. Desloges Sqn. Ldr.

Neville G. Smith

R.C.A.F. T.81
20M-2-41 (9284)
H.Q. 1062-13-58

MY PREFERENCE IS FOR TRAINING AS Observer

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

5-16

Air and Ground Training

Surname SMITH Christian Names Neville George

Number R120129 Rank AC.2

PART I

INITIAL TRAINING

1. No. 2 Initial Training School Course No. 51 From 12-4-42 To 6-6-42

2. Results of examinations:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	150	102	Aircraft Recognition	100	67
Armament	50	44	Drill	100	83
Signals	150	150	Law and Disc., etc.	100	77
Anti-Gas	50	45	Navigation	200	154
			General Studies	100	84

3. Maximum Marks 1000. Marks Obtained 806 Percentage 80.6 Pass or Fail P

Position in Class 51 No. in Observers Class 145

4. Remarks. Posted to No. 3 A.O.S., Regina, Sask., effective 20-6-42

This airman is youthful, quite self-assured and keen on being an observer. He was held up on his course for a while on account of sickness, but has made a fair showing in his studies and appears to be the type for aircrew and would be interested in his work.

Wg. Comdr.
Commanding Officer

ALTERNATIVE: W.A.G.

Medical Category: A3B

To be passed to No. 3 A.O.S.

ALTITUDE TOLERANCE TEST. DATE 15-10-42

Date:- 16-6-42.

No. of 2 hrs. tests at 35,000 feet		Symptoms	
	1.	nil on 1	runs
	2.	mild on	"
	3.	moderate on	"
		severe on	"

RECOMMENDED FOR:

A. Flying to 35 000 ft. or more.
~~B. Limited flying to 35.000 ft.~~
~~C. Flying only to 25.000 feet.~~

PART II (For Air Navigators)

1. No. 3 Air Observer's School. Course No. From 21-6-42 To 11-10-42

2. Flying Time

Aircraft	DAY		NIGHT		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd N.		
Anson	39:55	28:30	23:00	12:10		103:35

3. Examinations and Proficiency

Subject	Marks		Remarks
	Max	Obtained	
Navigation (Air Work)	700	448	Navigation:
Photography (Air Work)	100	88	Appears to know subject better than his work indicates. Can do good work when he exerts himself.
Elements of Navigation	500	396	
Magnetism and Compasses	100	75	
Instruments	50	36	
Signals (Practical)	100	100	
Signals (Written)	50	40	
Maps and Charts	50	33	
Meteorology	100	61	
Photography	50	35	
Reconnaissance	100	74	General
Aircraft Recognition	100	76	Has abiltity but at times appears to be a bit on the lazy side.
Totals	2000	1462	
Position in Class	Percentage	73.1%	
No. in Class	Pass	~~Fail~~	
Assessment as Air Navigator	Average		
As Instructor	~~Suitable~~	Unsuitable	
Commission Rank	~~Suitable~~	Unsuitable	
Character and Leadership	Maximum 1000	Obtained 440	

E.B. Reddell F/L Chief Instructor

No. 3 A.O.S. Date

Awarded Air Navigators Badge - 9-10-42

FINAL TRAINING REPORT - NAVIGATORS

SURNAME SMITH ..... CHRISTAIN NAMES NEVILLE GEORGE .....

NUMBER [redacted]120129 ..... RANK SGT. ..... NATIONALITY CAN. (ENGLISH BORN)

TRAINED AT NO. 14 OPERATIONAL TRAINING UNTIL.

PERIOD AT O.T.U. FROM 2/2/43 ..... TO 20/4/43 ..... COURSE NO. 62

POSTED TO 1660 C.U.

FLYING TIMES		DAY	NIGHT
Prior to O.T.U.		87.45	49.30
At O.T.U.	1st Navigator		
	2nd Navigator		12.15
	Total		12.15
GRAND TOTAL		87.45	61.45

Aids Plotted in Air	Position Lines	No. of Fixes Used	
LOOP	27	8	
ASTRO	32	4	
Target Location Exercises (H.R.)	No. of Attempts 4	No. of successful Attacks 4	
Average Vector Error of Winds found for bombing (CSBS) only	No. of Exercises	Vector Error	
	N/A	N/A	
Gee Training (Hours)	Lectures	Manipulation	
	4	Ground	Air
		13	

ASSESSMENTS.

1. As Navigator Average .....

2. As Likely Navigation Instructor Average .....

STANDARD OF

1. Chart Work Average .....

2. Log Keeping Average .....

3. General Navigation Technique and Procedure Average .....

4. Astro Average .....

5. Gee Average .....

OTHER REMARKS The results he produces vary but with a little more work should improve the standard of his logs.

(Sgd.) H.L. HOLLIDAY, ...S/Ldr.
Station Navigation Officer

Whether recommended for Commission No, is not considered a suitable type.

Date 28/4/43

W/Cdr. Chief Instructor

Date

G/Captn. Commanding No. 14 O.T.U.

P.T.O.

R.

SIGNALS TRAINING. 75%. This pupil has a sound practical knowledge of Flying Control MF/DF, I.F.F., Darky and Distress procedure, Radio Beacons, is capable of obtaining his own Loop D/F assistance.

(Sgd.) W. RULE, F/Lt.
Officer i/c Signals Training,
19 APRIL 43.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

G.S. 4 AIR

STATEMENT OF WAR SERVICE GRATUITY

A-5618

DECEASED MEMBER'S NAME: Neville G. Smith
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 6494
FILE NO. 8 June/45
DATE
SERVICE NO. R120129
FINAL RANK OR RATING F/S
DATE OF DISCHARGE 19 June/43

PAYEE: Receiver General of Canada,
ADDRESS: Director of Estates,
Ottawa, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE 19 June/43

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 673 / 30 EQUAL TO 22 COMPLETE PERIODS AT $7.50	165.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 236 LESS 13 INELIGIBLE DAYS, EQUAL TO 223 DAYS @ 25C. PER DAY	55.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 4.00; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; TOTAL $ 5.25 ×7 = $ 36.75; NO. OF DAYS 236 / 183 ×$ 36.75	47.39
D. WAR SERVICE GRATUITY	268.14
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	268.14

JUN 14 1945
R. C. ..... N. I. .....
P. A. .....
B. L. .....

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ~~OF~~ $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

~~P. & A. Bal.~~ Trans. Trust Account
Journal Voucher # 645

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
DRM	RK

TREASURY	
CHECKED BY	DATE
[illegible]	12.6.45

SERVICE REPRESENTATIVE

ΔT

Treasury Office.
Air Force Services
OTTAWA, - CANADA.

Rec'd. JUN 8 1945

P. & A. SECTION