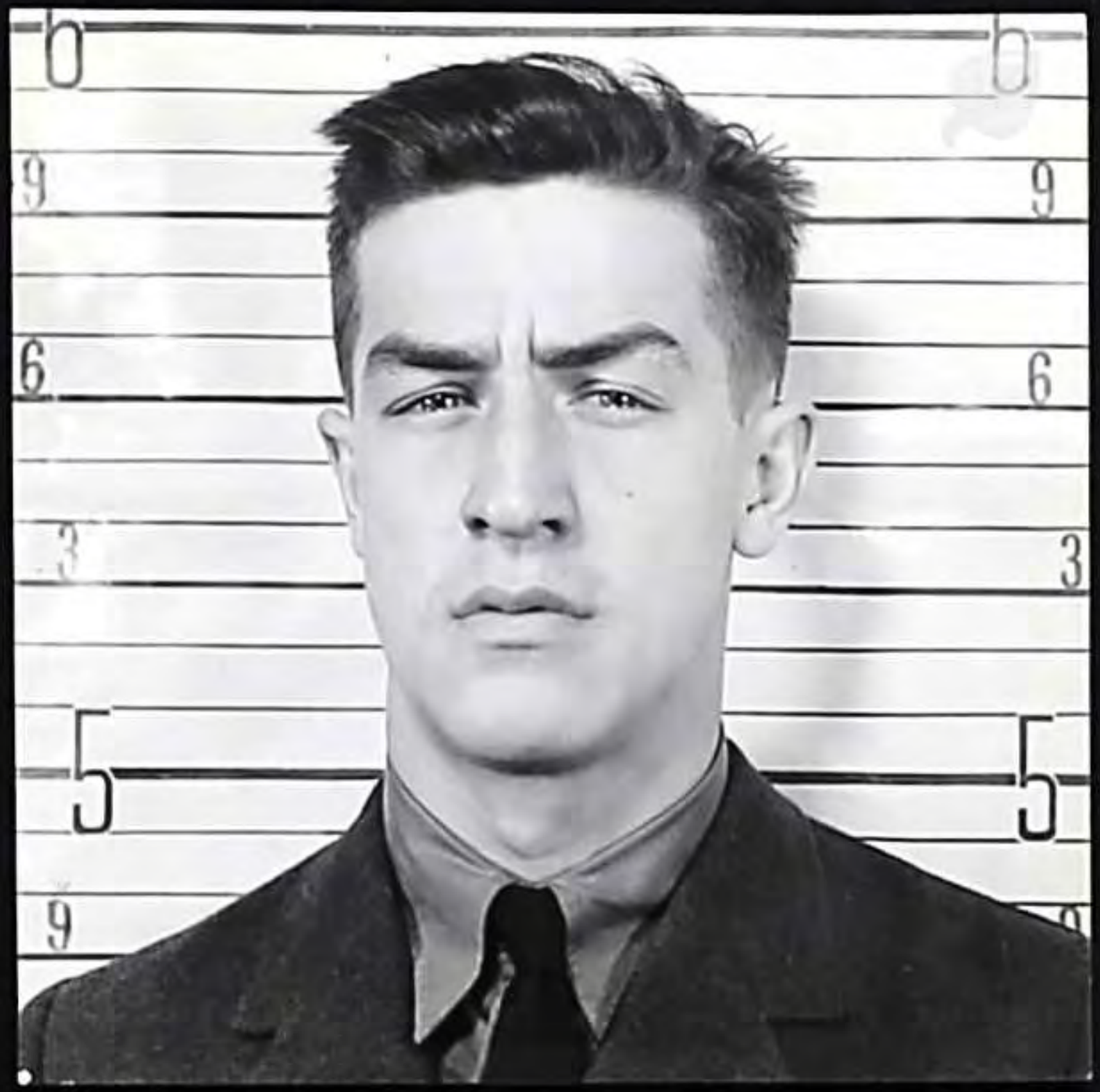
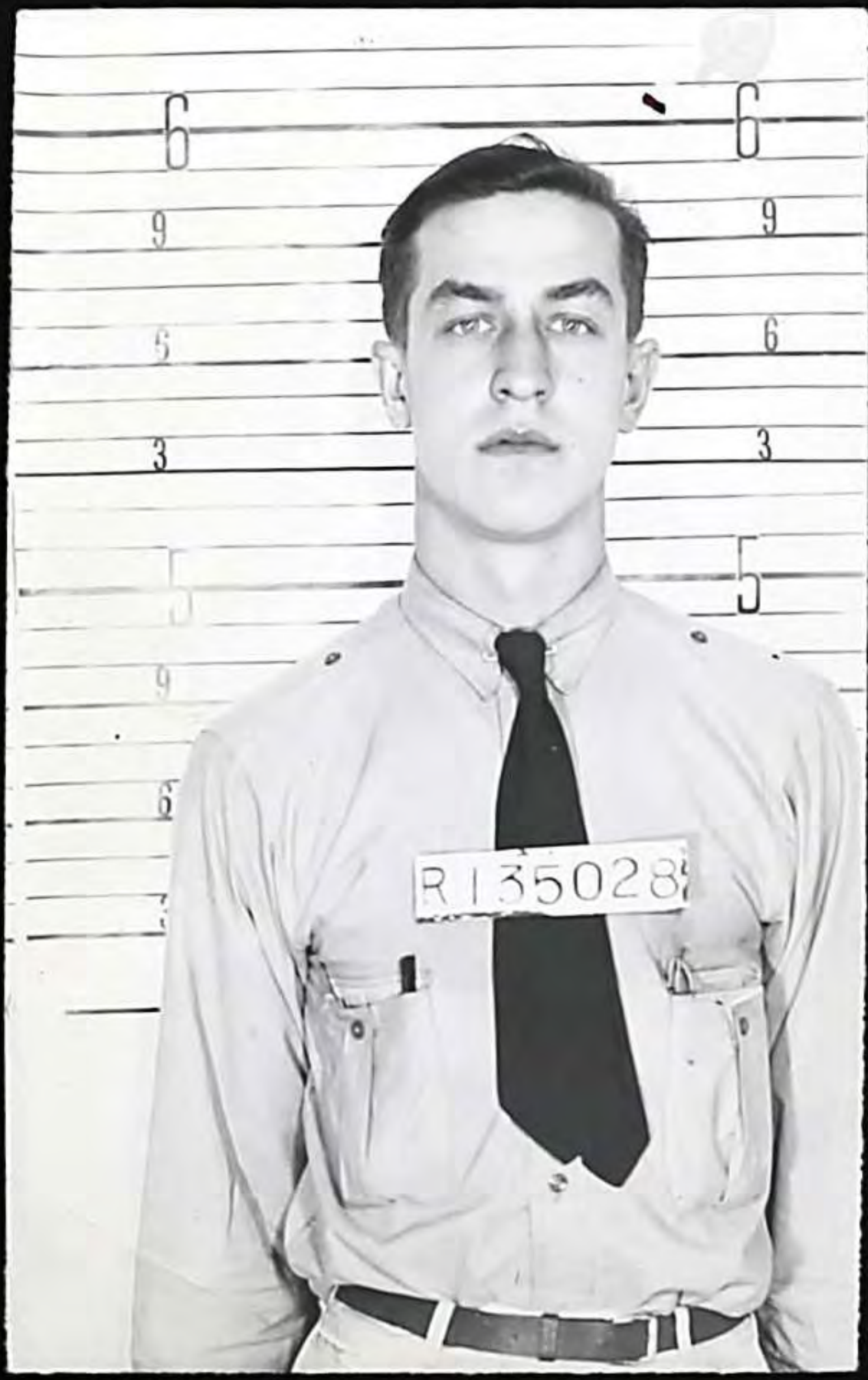
R135028
LARIVIERE
JOSEPH RENE

RCAF
R 150230 1279




R135028

# ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name LARIVIERE, Joseph Rene R 1 3 5 0 2 8

Rank AC.2 R.C.A.F.

Age 21 Height 5'8" Weight 138

Hair Dark Brown Eyes Blue Hair on face Medium.

Marks, scars, etc. None visible.

Rene Lariviere (Signature of holder)

[illegible] (Signature of issuer)

Place Montreal Recruiting Centre. Date Sept. 30th, 1941.

Card serial number 67840

Sgt H. 1 of Depot Lachine, O.Q. 14/1/14

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

# ROYAL CANADIAN AIR FORCE SERVICE BOOK

Killed 18-12-44

## 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 R135028 Surname Lariviere

Christian Names (in full) Joseph Rene

Date of Birth 10 Mar 20 Religion R.C.

Date of Enlistment/~~Appointment~~ 30 Sept 41

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

Occupation in Civil Life General Work

Signature of Holder J. R. Lariviere

Name and Address of Next-of-Kin

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

Anna Lariviere (Mother)
2172 Valois St
Montreal Que

Certified Correct A. F. Larson F/L

Date Place 1 X Defah

## 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 |
|---|---|---|---|
| A.G. (SP) | 23 Dec 43 | DRO 3048 | G. T. Larson Flt. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Rank | Date of Effect | Authority | Signature and Rank of Officer making Entry |
|---|---|---|---|
| T/Sgt | 23 Dec 43 | DRO 3048 | G. T. Larson Flt |
| | | | |
| | | | |
| | | | |
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| | | | |
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## 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 |
|---|---|---|
| 1250 | 18/2/44 | W. Young Sgt |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 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. |
|---|---|---|---|---|
| 5-12-43 | A3(T) | M10. | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

## BLOOD GROUP

| Date | International | Initials of M.O. |
|---|---|---|
| | BLOOD GROUP A | |

## NIGHT VISUAL CAPACITY

| Date | Score | Group | Initials of M.O. |
|---|---|---|---|
| FEB 18 1944 | | 9/32 | |

## IMMUNIZATION PROCEDURES
### VACCINATION

| Date | Result | Initials of M.O. |
|---|---|---|
| 2-10-41 | | [illegible] |
| | | |

| Susceptibility Test | Date | Result | |
|---|---|---|---|
| Schick Test | 2-10-41 | Neg | [illegible] |
| Dick Test | 2-10-41 | " | |
| | | | |

### PROTECTIVE INOCULATIONS*

| Nature of Inoculation | Date | Dose | Initials of M.O. |
|---|---|---|---|
| TABT I | 2-10-41 | 1 cc | |
| " II | 10-11-41 | 1 cc | |
| " III | 2-12-41 | 1 cc | |
| Ann TABT I | 10-2-43 | 1/2 cc | [illegible] |
| W.R. Neg I | 30-1-42 | — | |
| " " " II | 9-12-42 | — | |
| TABT Annual | 18.2.44 | 1/2 cc | |
| | | | |
| | | | |



## IMMUNIZATION PROCEDURES—Con.

| Nature of Inoculation | Date | Dose | Initials of M.O. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

## WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

6-94

R0135028 LARIVIERE JOSEPH R FS3

1 NUMBER 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. SER. WAR MEDAL | C.V.S.M. | | | op wgp | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AWARD | ✓ | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | |
| AWARD AND CLASP | | | | | | | | | | | ✓ | | | | |
| APPLICATION DISPATCHED | | | | | | | | | | | | | | | |
| RIBBON ISSUED | | | | | | | | | | | | | | | |
| MEDAL ISSUED | | | | | | | | | | | | | | 19/11/46 | |

125986

NUMBER NAME RANK

PREFIX CODE

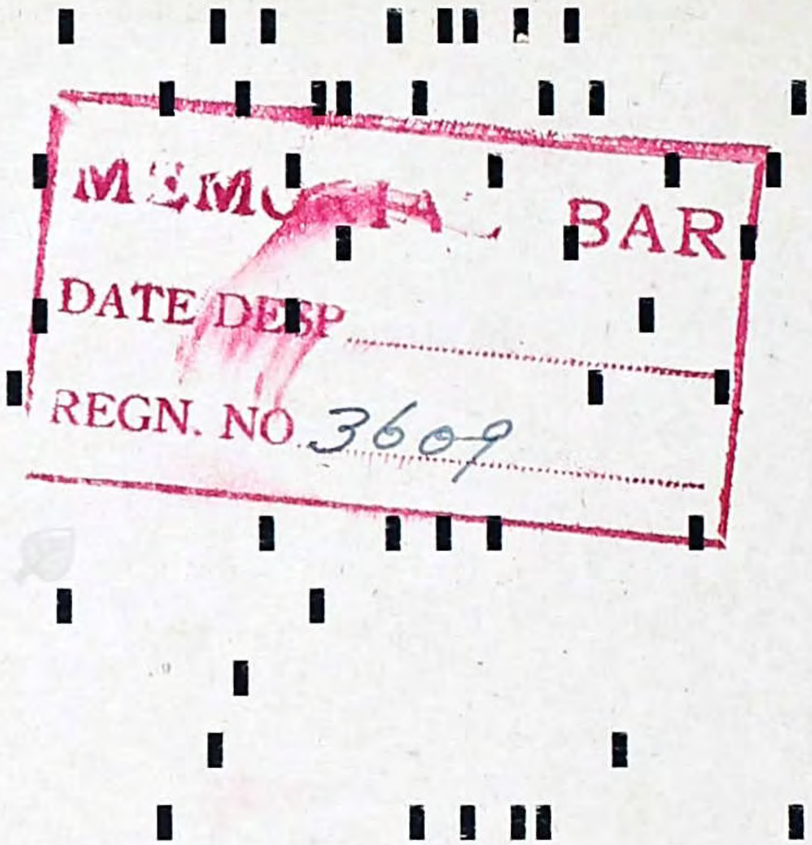
IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

7367. 5/4/50

Mrs. Anna Lariviere (mother)
2205 Bourbonniere,
Montreal,
Que.

Dec.-45:



FRENCH CARD

NAME LARIVIERE, Joseph Rene. FILE NO. FD355

RANK F/SGT. AIR GUNNER CATEGORY "KILLED" REG. NO. R135028

DATE OF DEATH: 18 Dec. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: FEB 24 1945 ROYAL MESSAGE: MAY 7 1945 MEMORIAL CROSS TO CHAPLAIN: MAY 4 1945

To Mother-

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. Moise Lariviere,
2205 Bourbonniere,Street,
Montreal, Quebec.

COMMAND:

RELIGION:

MB

R.A.F. Form 1755
(in pads of 100).

# BURIAL RETURN.

**[To be rendered within 14 days by parent Unit in respect of all burials (including enemy dead) whether or not due to war operations.]**

(Date) 2nd Jan. 1945 19

PLACE OF BURIAL HARROGATE. Yorks. Map Reference

(and name of Cemetery) R.A.F. Regional Cemetery.

Grave No. D.15. Section G. Personal or Official No. R.137028.

Unit No. 425 (R.C.A.F.) Squadron.

Name : (Surname) LAMIVIERE (Initials) J.M.

Rank F/SGT. Religion R. C.

Date of Death 18th Dec. 1944. Date of Burial 21st Dec. 1944.

Means of Identification Form 1250 (Identity Card).

[P.T.O.

**To be answered by Home Units and Units in the Field.**

Have effects (if any) been forwarded to the (i) Base Personnel Staff Officer ? ..... (ii) Standing Committee of Adjustment ? YES

**To be answered by all Units.**

CROSSES. (Strike out as necessary.)

1. No Cross required, as an adequate cross with durable inscription is already in position.
2. Cross required : (*a*) Will be called for at G.R.U. Office at.....
   (*b*) To be forwarded by G.R.U. to.....
   (*c*) To be erected by G.R.U. as soon as possible.
3. For Units in the Field.

When a Chaplain, Burial Officer or Commanding Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form the authority responsible for supplying the details of identity, and (if possible) how these were obtained.

(Signed) ?????? F/L. Unit No. 425 Sqdn.

Chaplain, O. i/c Burials, or O.C. Unit.

*Distribution* :—Units in the Field { 2 copies to B.P.S.O. / 1 copy to Head of Graves Services.

Home Units and Overseas Units not in the Field { 2 copies to Air Ministry. / 1 copy to Record Office for Airmen.

(*13827—X8138 Wt 45054—P3846 2M Pads 1/44 T.S. 700

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R135020 RANK F/SGT UNIT 425 SQDN (OVERSEAS)

TRADE A/G (SP. OP)

NAME LARIVIERE, JOSEPH HENRI

| *R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
|---|---|---|---|---|
| X | | | | |

PRESENT MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS MOISE LARIVIERE

RELATIONSHIP MOTHER

ADDRESS 2205 BOURBONNIERE MONTREAL QUE.

FATHER'S NAME DECEASED

ADDRESS LIVING ON ENLISTMENT NO

MOTHER'S NAME MRS MOISE LARIVIERE

ADDRESS 2205 BOURBONNIERE LIVING ON ENLISTMENT YES

MONTREAL QUE.

ADDRESS AT TIME OF ENLISTMENT 2193 LASALLE AVE, MONTREAL QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION APPRENTICE PLUMBER

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO NOT KNOWN---BEING OBTAINED.

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN AWY----PCX 876---6---19-DEC-44 HR67/20-DEC

"KILLED"19-DEC-44 AFTR AIR OPERATIONS (OVERSEAS) (NEAR ALNE VILLAGE, YORKSHIRE, ENGLAND) (DETAILED TO ATTACK DUISBERG, GERMANY)

(NEXT OF KIN ADVISED 21-DEC-44)

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

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

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

DATE 11-JAN-45

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

7

COPY FOR DOCUMENT FILE

67715

R.C.A.F. A81-A
5M-12-44 (4876)
H.Q. 885-A81-A

# DEPARTMENT OF NATIONAL DEFE[illegible]

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

278

DECEASED MEMBER'S NAME: J. Rene (CHRISTIAN NAMES) Lariviere (SURNAME)

REGISTER NO.

FILE NO. 17787

PAYEE: Mde. Anna Lariviere,

DATE 26 Apr/45

ADDRESS: 2205 Rue Bourbonniere, Montreal, Que.

SERVICE NO. R.135028

FINAL RANK OR RATING FS

DATE OF TERMINATION OF OVERSEAS SERVICE 18 Dec/44

DATE OF DISCHARGE 18 Dec/44

| | $ ¢ |
|---|---|
| **A. TOTAL QUALIFYING SERVICE** | |
| NO. OF DAYS 1176 / 30 EQUAL TO 39 COMPLETE PERIODS AT $7.50 | 292.50 |
| **B. QUALIFYING OVERSEAS SERVICE** | |
| NO. OF DAYS 289 LESS 6 INELIGIBLE DAYS, EQUAL TO 283 DAYS @ 25C. PER DAY | 70.75 |
| **C. SUPPLEMENT FOR OVERSEAS SERVICE** | |
| DAILY RATES AT DISCHARGE | |
| PAY $ 3.50 | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 | |
| ADDITIONAL PAY $ | |
| $ | |
| $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ $ | |
| TOTAL $ 4.75 ×7 = $ 33.25 | |
| NO. OF DAYS 289 / 183 ×$ 33.25 | 52.51 |
| **D. WAR SERVICE GRATUITY** | 415.76 |
| **E. DEDUCTIONS** OVERPAYMENT OF PAY AND ALLOWANCES $ | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ | |
| OTHER DEDUCTIONS $ | |
| **F. TOTAL AMOUNT PAYABLE** | 415.76 |

MAY 17 1945

R. D. ..... P. A. ..... GR

S. L. .....

**G. YOUR PORTION OF GRATUITY IS—**

~~XXXXXXXX DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $~~ OF $ 100% =$ 415.76

~~XXXXXXXX TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $~~

**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 |
|---|---|
| E | MRG |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| [signature] | 30/4/45 |

[signature]

SERVICE REPRESENTATIVE

ΔT

R135028 (R.O.4)

le 29 décembre 4

Mme Moïse Larivière,
2205, rue Bourbonnière,
Montréal, P.Q.

Madame,

C'est avec un profond regret que je dois confirmer le télégramme qui vous a été envoyé récemment pour vous faire savoir que votre fils, le sergent de section Joseph-René Larivière, avait été tué en activité de service.

J'apprends, de la part de l'officier préposé au registre des morts, blessés et disparus du C.A.R.C., outre-mer, que votre fils a perdu la vie au cours d'opérations aériennes effectuées à deux heures vingt-trois minutes du matin, le 18 décembre 1944, près d'Alne Village, Yorkshire, en Angleterre. L'aéronef qu'il occupait, à titre de membre d'équipage, s'écrasa au sol peu après s'être envolé en mission d'attaque contre Duisburg, en Allemagne. Ses funérailles ont eu lieu à dix heures trente minutes du matin, le 21 décembre, au cimetière régional de la "Royal Air Force", Harrogate, Yorkshire, en Angleterre.

Soyez assurée que tous les nouveaux renseignements que nous recevrons vous seront communiqués sans retard.

Je comprends parfaitement le profond chagrin que cette nouvelle vous a causé. Aussi, je vous prie d'agréer l'expression de ma très vive sympathie. Puisse les mêmes sentiments qui ont incité votre fils à sacrifier sa vie, vous donner le courage d'accepter cette épreuve.

Votre tout dévoué,

J.A. Sully,
Vice-maréchal de l'Air,
Directeur du personnel au Conseil de l'Air.

Translation,
PL-YS,
27-12-44

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

**Formule P. 64**

Madame Moise Lariviere,
2205 Bourbonniere,
Montreal, Quebec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. R135028 FD.357

# MINISTÈRE DE LA DÉFENSE NATIONALE
# DIVISION DES SUCCESSIONS
# OTTAWA, ONTARIO

ESTATES BRANCH
JAN 26 1945
H.Q. OTTAWA
NATIONAL DEFENCE

19 janvier 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

LARIVIERE, Joseph Rene, F/Sgt.

R.135028, R.C.A.F.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/GC

Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

| Degrés de parenté | PARENTS à signaler | | TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés | Age | ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé |
|---|---|---|---|---|---|
| 1 | Veuve du défunt..... | | | | |
| 2 | Enfants du défunt et dates de naissance..... | | | | |
| 3 | Père du défunt..... | | MOÏSE LARIVIERE | | Décédé le 16 Juillet 1941 |
| 4 | Mère du défunt..... | | MDE ANNA LARIVIERE | | 2205 BOURBONNIERE MONTREAL QUE |
| 5 | Frères du défunt | Frères germains | ALFRED<br>ROLLAND<br>ROBERT | | 2407 BOURBONNIERE<br>7156 BERRI<br>4474 A FULLUM<br>MONTREAL QUE |
| | | Demi-frères | | | |
| 6 | Sœurs du défunt | Sœurs germaines | Sœurs Marie Salomée<br>Sœurs Marie Rose de Viterbe<br>Sœurs Marie du St Sacrement<br>Flore<br>Simone<br>REJEANNE | | 4 Le Anne des Plaines Co. Terrebonne<br>7092 Milton Montreal<br>St Felix de Valois rue<br>2407 Bourbonnière Montreal<br>2205 BOURBONNIERE<br>506 CANNING Montreal |
| | | Demi-sœurs | | | |
| 7 | Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux | | Noms et âges de leurs enfants (le cas échéant) | | Adresse de leurs enfants |

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

## DÉTAILS D'IDENTITÉ

| | | |
|---|---|---|
| 8 | Nom et prénoms du défunt. | JOSEPH RENÉ |
| 9 | Date de sa naissance. | 10 MARS 1920 |
| 10 | Lieu et date de son mariage. | ——— |
| 11 | Lieu et date du mariage de ses parents. | 15 AOÛT 1899 |

## DÉTAILS DE DOMICILE

| | | |
|---|---|---|
| 12 | Lieu où le défunt est né. | STE MARIE SALOMEE Co MONTCALM QUE |
| 13 | Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas. | (a) Ste Marie Salomé 2 mois<br>(b) St Stephanie QUE 1 an<br>(c) (d) Créole à Montreal 2 ans |
| 14 | Nature de son emploi avant son enrôlement. | apprenti-plombier |
| 15 | Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit? | non |
| 16 | Indiquer le lieu où le défunt entendait vivre d'une façon permanente. | Montreal Que |

## DÉTAILS DE LA SUCCESSION

| | | |
|---|---|---|
| 17 | A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre. | Il est supposé en avoir laissé un dans l'année avant de s'embarquer pour l'angleterre le 3 MARS 1944 |
| 18 | Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété? | Celibataire |
| 19 | Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde? | Je crois qu'il avait un compte dans un bureau de Poste. il en avait un avant de s'embarquer pour outre-mer il en avait pris un du dernier emprunt, c'était le seul qu'il avait aucun à ma connaissance |
| 20 | Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent. | |
| 21 | Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent. | |
| 22 | Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. | aucune |
| 23 | Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin. | Il avait laissé à son fils ROBERT de l'argent pour son usage, dont il reste $ 134.02 |

## AUTRES DÉTAILS

| | | |
|---|---|---|
| 24 | Après son engagement, le défunt avait-il contracté des dettes:<br>(a) pour ses propres logement et pension pendant qu'il était dans les forces armées.<br>(b) pour habits et équipement militaires.<br>Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails. | aucune dette |
| 25 | Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui. | $ 45.00 payés 1/2 avec l'argent laissé à Robert et 1/2 par sa mère. |

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

## DÉCLARATION

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* mère du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

+ Madame Moïse Lamière ..... Signature du déclarant

2203 Bourbonnière ..... Adresse

## CERTIFICAT

Je, soussigné, certifie que, autant que je sache .....

..... Nom du déclarant

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Montréal ce 24ème jour de Janvier 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté. Gabriel Miller ptre Titre ptre vicaire

Adresse 2295 Chambly Montréal

**REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.**

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

Allez-vous aussi mettre les indemnités de service sur la succession ici si nous allons la faire venir, si vous voulez nous envoyer les formules à cet effet, nous vous en serons reconnaissant.

Aussi j'ai désirais recevoir une pension de guerre je vous serais reconnaissant de nous envoyer de cela.

R.C.A.F. A 28C

WT. P700/28924
100M 9/44
S.L.S.T.C.

Desforth Spoliffe

# R.C.A.F. RECORD OF PAY

**OUTFIT ALLOWANCE PAID**

WARRANT OFFICERS $ ON

OFFICERS $ ON

$ ON

**TRADE** | EFF. DATE

**SUBJECT TO PENSION DED.** YES | NO: No

**RATES OF PAY P.F. or A.S.** EFF. DATE | EFF. DATE: 1.1.44

**BANKING ARRANGEMENTS**

No. R135028 NAME IN FULL LARIVIERE JOSEPH RENE

## BASIC ACCOUNT

| DATE 1944 | PARTICULARS | EFF. DATE | DAILY RATE OF PAY | TOTAL MONTHLY PAY | TOTAL ASS. PAY | TOTAL DEF. PAY | DEBIT | CREDIT | BALANCE | FORTNIGHTLY ENTITLEMENT DOLLARS | STERLING | EFF. DATE | A.S. SENT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dec 11 | Short opened as F/SGT S.G. | 23.9.44 | 3.50 | 105.00 | | | | 105.00 | 105.00 | | | | |
| | Assigned Pay (See Particulars) | | | | 48.40 | | 48.40 | | 56.60 | 26.82 | 6.00 | 1.1.45 | New Pay Book |
| | Killed 18.12.44 OR 650-18 | | | | | | | | | | | | |

## ASSIGNED PAY

NR439

| ASSIGNEE (FULL CHRISTIAN NAMES) | EFF. DATE | AMOUNT | TOTAL |
|---|---|---|---|
| ROBERT LARIVIERE (B) | 1.3.44 | 15.00 | |
| ANNA LARIVIERE (M) | 1.3.44 | 25.00 | |
| 9th VICTORY LOAN | 1.11.44 | 8.40 | 48.40 |
| LARIVIERE, ROBERT (B) | 1.1.45 | 15.00 | |
| LARIVIERE, ANNA (M) | 1.1.45 | 25.00 | |
| Rec. Gen. (9th V.L.) | 1.11.44 | 8.40 | |

## DEPENDENTS' ALLOWANCE

| DATE APP. FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFF. DATE |
|---|---|---|---|
| | | | |

Reconciled with A.47 12.2.45

## PAY AND ALLOWANCES

| DATE 1944 | PARTICULARS OF ENTRY | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| Dec | BAL. TRANS. FROM OLO A28 | | 127.25 | 127.25 |
| Jan/45 | Pay | | 108.50 | 235.75 |
| | A.P | 48.40 | | 187.35 |
| | Cr. Bal. | 187.35 | | |
| | SGS - NON. EFFECT. (KILLED) | 235.75 | 235.75 | |
| Jan. 4/10/164503 | Cr. Bal. F.W.D. | | 187.35 | 187.35 |
| Dec 28/164640 | Pay't Dish topee | | | |
| 381806 | 7.12.44 | 22.35 | | 165.00 |
| Jan 9/13/171847 | Rev. Jan Pay | 108.50 | | 56.50 |
| | Rev. Jan A.P. | | 140.00 | 96.50 |
| | 7th V.L. | | 25.20 | 121.70 |
| 15/11/179309 | 6.1£ | | 1.64 | 123.34 |
| Ad. 23/11/216262 | Posb. Harrogate | | 4.54 | 127.88 |
| | To Balance | 127.88 | | |
| | | 258.73 | 258.73 | |
| | LPG Mar 4/5 | | 127.88 | 127.88 |

24 8.40

7 U.C.

Sale of Cycle to Fallows

## DEFERRED PAY

| DATE | PARTICULARS OF ENTRY | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| | | | | |

$127.88

OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $ ON
OFFICERS $ ON
$ ON

MARRIED OR SINGLE S.

APPOINTED OR ENLISTED AT Montreal, Que ON 30-9-41

# RECORD OF PAY

BANKING ARRANGEMENTS

NET RATE OF DEFERRED PAY $ NIL

NO R135028 NAME IN FULL LARIVIERE JOSEPH RENE

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. | NET DRAW'G RATE OF PAY | CASUALTIES AFFECTING RATE OF PAY |
|---|---|---|---|---|---|---|---|---|---|---|
| | 23.12.43 | SGT | SG | AS | 3 20 | | 3 20 | | 5.0.0 | (22.35) |
| 1.12.44 / 0/0.12.40 | 23.9.44 | F/SGT | SG | AS | 3 50 | | 3 50 | | 6.0.0 | (26.82) A51 EFF. 1.12.44 FWD 7.12.44 CR £5.00 |

ASSIGNMENTS

| ASSIGNEE | EFF. DATE | AMOUNT | TOTAL |
|---|---|---|---|
| LARIVIERE ROBERT (B) | 1.3.44 | 15 00 | |
| LARIVIERE ANNA (M) | 1.3.44 | 25 00 | |
| 7TH VICTORY LOAN | 1.11.44 | 8 40 | 48 40 |

DEPENDENTS ALLOWANCE

| DATE APP. FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFF DATE |
|---|---|---|---|

REMARKS

NR 439

| DATE | PARTICULARS OF ENTRY | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| Oct | BROUGHT FORWARD | | 47 13 | 47 13 |
| Nov | Pay | | 96 00 | 143 13 |
| | A P | 48 40 | | 94 73 |
| 13 | AR119870 - 26/10 - Dashforth Top | 25 93 | | 68 80 |
| Dec | Pay | | 99 20 | 168 00 |
| | A P | 48 40 | | 119 60 |
| 4 | AR143445 - 9/11 " " | 22 35 | | 97 25 |
| 6 | AF3/144703 - Prom F/Sgt 23-9-44 | | 30 00 | 127 25 |
| | BAL. TRANS TO NEW A28 | 127 25 | | 0 |
| | | 272 33 | 272 33 | |

CARRIED FORWARD

| DATE | PARTICULARS OF ENTRY | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| | BROUGHT FORWARD | | | |

CARRIED FORWARD

| DATE | PARTICULARS | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| | BROUGHT FORWARD | | | |

Name Type Pay Book issued 11.12.44
eff. 1.1.45
D/R £6.0.0 Dashforth Top

CARRIED FORWARD

H.C.A.F. A28B

OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $ ON
OFFICERS $ ON
$ ON

MARRIED OR SINGLE SINGLE

APPOINTED OR ENLISTED AT MONTREAL QUE. ON 30-9-41

# RECORD OF PAY

BANKING ARRANGEMENTS

NET RATE OF DEFERRED PAY $ NIL. NO. R135028 NAME IN FULL LARIVIERE J.R. Joseph Rene

| RATE OF PAY | | | | | | | | | | | ASSIGNMENTS | | | | DEPENDENTS ALLOWANCE | | | | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D.R.O. NO. | EFF. DATE | RANK | GROUP | P.F. OR A.S. RATE | DAILY RATE | ADD PAY | COMBINED RATE | PEN. DED. | NET DRAW'G RATE OF PAY | CASUALTIES AFFECTING RATE OF PAY | ASSIGNEE | EFF. DATE | AMOUNT | TOTAL | DATE APP. FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFF. DATE | |
| 306A | 23-12-43 | SGT | [illegible] | AS | | | 3.20 | | 5.16.0 | (23-43) | Lariviere (Mrs) Robert (B)(U) | 1/3/44 | 15 00 | | L-183 | | | | |
| | 23-12-43 | SGT | SG | AS | 3.20 | | 3.20 | | 5.0.0 | (22 35) A.S. EFF. 1-11-44 FWD 25-10-44 ON INCR | Lariviere (Mrs) Anne (M)(U) | 1/3/44 | 25 00 | 40 00 | | | | | |
| | | | | | | | | | | | 7th Victory Loan (4/84326) | 1-11-44 | 8 40 | 48 40 | | | | | |

ON 13886.

NR439

| 1944 DATE | PARTICULARS OF ENTRY | DEBIT | CREDIT | BALANCE | DATE | PARTICULARS OF ENTRY | DEBIT | CREDIT | BALANCE | DATE | PARTICULARS | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31/12 | BROUGHT FORWARD | 44 70 | | 44 70 | May | BROUGHT FORWARD | | 70 02 | 70 02 | | BROUGHT FORWARD | | | |
| 1944 1-14/1 | CP. 14 x 3.20 | | 44 80 | 10 | June | Pay | | 96 00 | 166 02 | | | | | |
| 15-31/1 | " 17 x 3.20 | | 54 40 | 54 50 | CR. | AP. | 40 00 | | 126 02 | | | | | |
| | ARA 74 | 54 00 | | 50 | 9 | AR 9411. 11/5 3 P.R.C | 25 93 | | 100 09 | | | | | |
| 1-29/2 | CP 29 x 3.20 | | 92 80 | 93 30 | 22 | AR 12433 29/5 | 27 27 | | 72 82 | | | | | |
| | ~~AP 30/30~~ - A.R. 9/98 | 46 00 | | 47 30 | July | Pay | | 99 20 | 172 02 | | | | | |
| | RA 5 @ 50 VF. 00 23 | | 2 50 | 49 80 | " | Assigned Pay | 40 00 | | 132 02 | | | | | |
| | IV 428 + AGTS | 17 3 | | 48 07 | 6 | AR 16396 - 10/6 - 3 P.R.C. | 24 59 | | 107 43 | | | | | |
| | AR 158 | 48 00 | | 07 | 7 | AR 17369 15/6 3 PRC. | 27 27 | | 80 16 | | | | | |
| 1-31/3 | CP 31 x 3.20 | | 99 20 | 99 27 | Aug | Pay | | 99 20 | 179 36 | | | | | |
| 28 00 | AP | 40 00 | | 59 27 | | AP. | 40 00 | | 139 36 | | | | | |
| | AR 164 | 28 — | CR | 31 27 | 3 | AR 1143 - 7/7 - Wells Mtfd | 25 93 | | 113 43 | | | | | |
| | cr. Bal | 31 27 | | | 16 | AR 8391 - 21/7 | 25 93 | | 87 50 | | | | | |
| | SOS. Halifax Drop E 813. | 293 70 | 293 70 | | 31 | AR 24899 - 5/8 - Wellsboro | 25 93 | | 61 57 | | | | | |
| | cr. Bal. fwd. | | 31 27 | 31 27 | Sep | Pay | | 96 00 | 157 57 | | | | | |
| Apl pay | | | 96 00 | 127 27 | " | AP. | 40 00 | | 117 57 | | | | | |
| - AP. | | 40 00 | | 87 27 | 14 | AR 36995 - 18/8 - Wells Mtfd | 25 93 | | 91 64 | | | | | |
| 12 ar 798 - 23/3 - 3. PRC. | | 25 93 | | 61 34 | 22 | AR 44343 - 1/9 Strat - Wells Mtfd | 25 93 | | 65 71 | | | | | |
| 29 ar 4404 - 13/4 - | | 25 93 | | 35 41 | Oct | Pay | | 99 20 | 164 91 | | | | | |
| May Pay | | | 99 20 | 134 61 | | AP. | 40 00 | | 124 91 | | | | | |
| " AP. | | 40 00 | | 94 61 | 18 | AR 70796 - 8/9 - 220 T.U. W. Mtfd | 51 85 | | 73 06 | | | | | |
| 17 ar 6757 - 29/4 - 3 PRC | | 24 89 | | 70 02 | 31 | AR 97924 - 12/10 - Dockforth Tf. | 25 93 | | 47 13 | | | | | |
| | | | | | | BAL FWD | 47 13 | | | | | | | |
| | CARRIED FORWARD | 156 45 | 226 47 | 70 02 | | CARRIED FORWARD | 559 62 | 559 62 | | | CARRIED FORWARD | | | |

R.C.A.F. A2[illegible]

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

# WILL

R.C.A.F. R. 60
40M—5-41 (225)
H.Q. 1062-3-45

(1) I, LARIVIERE JOSEPH RENE of the City / Town / Village / Township

Last Permanent Civilian Address

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

Province of Quebec, General Work
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R 135028 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 Mother.

Mrs. Anna Lariviere,
2193 Ave. La Salle,
Montreal
Quebec.

all my estate.

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

(4) I appoint Mrs. A. Lariviere (same as above)
(Name) (Address)
, to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 1st day of

October 19 41.

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

Rene Lariviere
(Signature of Testator)

First Witness sign here.

(5) François Letard
(Signature)
64 Mt. D. Valcartier
(Address)
General Clerk.
(Occupation)

Second Witness sign here.

Roger Mahon
(Signature)
Clk Gen
(Address)
5A M. P. Valcartier P.Q.
(Occupation)

(Witnesses are not to be beneficiaries.)

Records Office
OCT 14 1941
R.C.A.F. No. 1 W.D.

[OVER]

EQ.25139

Personal Effects of CAN/R.135028 F/Sgt. Lariviere, J.R.

1 parcel contg:-
1 shirt
2 handkerchiefs
2 face cloths
1 pr. shorts
1 vest

Next of Kin :- (Mother)

Mrs.A.Lariviere,
2205, Bourbonniere,
Montreal, P.Q. Canada.

EQ.25139.

Personal Effects of No.135028. F/Sgt. Lariviere.....

1 Cardboard Box containing:-

1 pr pyjamas.
3 silver grey shirts.
1 maroon sweat shirt.
1 white sweat shirt.
6 handkerchiefs.
1 cloth hold all.
1 sgt.chevron.
1 cardboard box containing:-
1 screw driver. 1 automatic pencil (Waterman) 1 utility lighter. 1 Ronson lighter and cigerette case, combined. 4 combs(1 in case) 1 Rosary 1 key. 1 identification bracelet.1 jack knife. 1 glass heart,.1 spoon, 1. ruler, 1 religious token 2 brevets.A.C., 1 service ribbon and clasp., 1 Canadian 5 cent piece. 2 collar studs. 1 Russian note 1 pipe cleaner,1 pipe. 1 pr scissors. 1 Waltham wristwatch unserviceable. 2 address books.1 note book.

1 pr brown leather slippers.
1 blue leather belt.
1 pr blue leather suspenders
3 brushes.1 pr socks.
1 pr blue swimming trunks.
2 blue woollen pullovers.
1 white vest.1 pr white pants
1 pr summer combinations.
1 blue cloth hold-all.
1 Commando knife in leather sheath.
1 blue canvas kit bag.
1 pkt playing cards.
1 pkt picture post cards.
1 pkt bookkts and maps.
5 books.
1 French English Dictionary.
1 blue haversack(Officer's style.)
1 bundle letters ,photo, diary, and album.

N O T E.

P.O.Savings Bank Book No.54107 Bournemouth ,
1 Seventh Victory Loan Subscription Receipt,
1 Registered Mail Certificare dated 9.11.44, extracted and forwarded to Officer i/c Estates, R.C.A.F. Overseas H.Q, 20 Lincoln Inn Fields, London. W.C.2.

Cash amounting to 7/4d , found among the effects has been credited to his account at Air Ministry.

1 Bicycle No.38675 Hercules, held at Station pending disposal instructions.

P.T.O.

~~1 parcel containing:~~

~~1 shirt~~
~~2 handkerchiefs~~
~~2 Face Cloths~~
~~1 pr. Shorts~~
~~1 Vest~~

Next of kin: Mother.
Mrs. A. Lasnière
2205, Bourbonnière,
Montreal, P.Q. Canada

FRENCH TRANSLATION

R135-028
R13528(RO)

OTTAWA, Canada, 19th November, 1946.

R E G I S T E R E D

Mrs. Anna Lariviere,
2205 Bourbonniere Street,
Montreal, Quebec.

Dear Mrs. Lariviere:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Flight Sergeant J.R. Lariviere.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

BBR

(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

/AD

R135028(RO)

P.A.

Ottawa, le 20 novembre, 1946.

R E C O M M A N D E E

Madame Anna Larivière,
2205, rue Bourbonnière,
Montréal, Québec.

Chère Madame Larivière:

C'est pour moi un heureux privilège que de pouvoir vous faire parvenir les ailes emblématiques et le certificat reconnaissant les éclatants services rendus par votre fils, sergent de section J.R. Larivière.

Les plus belles paroles, je le comprends parfaitement, ne sauraient alléger votre chagrin; j'ai le ferme espoir, toutefois que ces "Ailes", emblème d'opérations militaires contre l'ennemi, seront pour vous un précieux mémento, rappelant le sacrifice, sur l'autel de la Liberté, d'une vie encore à son printemps, pour la défense du Foyer et de la Patrie.

Sincèrement,

W.A. Dicks,
Commandant d'escadre,
Officier préposé aux registres du C.A.R.C.

/AD

R.C.A.F. Special Reserve

Aircrew
Wireless operator
Air Gunner Std.

N° MATRICULE R135028 VERSÉ À #5A M.D. Valcartier MÉTIER

# 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 LARIVIÈRE Prénoms en entier JOSEPH RENÉ
2. Adresse actuelle 2193 ave de Lasalle Montréal P Que Téléphone CL 5032
3. Adresse fixe 2193 ave de Lasalle Montréal P Que
4. Lieu de naissance Ste Marie Salome co. de Moncalm Nationalité Canadien français
5. Date de naissance 10 mars 1920 Marié, célibataire, veuf, séparé, divorcé célibataire
6. Enfants

| Nom | Date de naissance | Nom | Date de naissance |
|---|---|---|---|
| n. a. | | | |
| | | | |
| | | | |
| | | | |

7. Profession apprenti plombier 8. Religion catholique romain (Indiquez la confession religieuse)
9. Langues français, 9 ans anglais 4 ans (Degré de connaissance)
10. Plus proche parent (nom en entier) ~~Joseph~~ Moise Larivière Degré de parenté père
    Adresse du plus proche parent Hôpital du Sacré Coeur ~~de~~ Montréal
11. Père (nom en entier) ~~Joseph~~ Moise Larivière Lieu de naissance Ste Marie Salome Montréal Que
    Adresse ~~Hôpital du Sacré Coeur~~ (Décédé) Nationalité Canadien français
    Profession invalide
12. Mère (nom de fille en entier) ~~Marie~~ ANNA Mireault Lieu de naissance Ste Marie Salome co. Moncalm P. Qué
    Adresse 2193 rue de Lasalle Montréal Que. 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 |
|---|---|---|---|---|---|---|
| n. a. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

R.C.A.F. Records Office
Rec'd. OCT 2 1941
O. K.

14. Honneurs, récompenses, citations n. 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.? non Si oui, où? n. a.
    Quand? n. a. Résultat n. a.
17. Avez-vous déjà réformé de quelque service armé de Sa Majesté pour inaptitude physique? non
    Si oui, indiquez la nature de l'infirmité n. a.
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? non
    Si oui, indiquez la nature de l'infirmité n. a.
19. Avez-vous jamais été trouvé coupable de délit? non Si oui, indiquez-en la nature n. a.
20. Avez-vous des dettes? non Si oui, donnez des détails n. a.

R.C.A.F.—R.100a
20M—4-41 (88)
Q.C. 1052-3-83

407-160

21. Éducation:

| — | Nom de l'école | Date du | Date au | Cours, sujets, etc. |
|---|---|---|---|---|
| Instruction primaire—Ecole publique ou séparée | Ecole Lamart | 1927 | 1936 | Complementaire 8eme année |
| Cours supérieur—Collège, etc. | | | | |
| Cours technique | | | | |
| Autres cours universitaires ou scolaires | | | | |
| Cours par correspondance | | | | |
| Cours des sous Monument national | | 1936 | 1937 | Cours du jour |

22. Emplois civils (détails au complet):

| Employeur et lieu | Fonctions, métiers, positions | Date du | Date au | Motif du départ |
|---|---|---|---|---|
| Laboratoire Pasteur 1010 St Catherine Ouest Montreal P.Q. | Messager | 1937 | 1937 | salaire insuffisant |
| O. Grenier, St Jean d'Iberville P.Q. | Apprenti plombier | 1937 | 1938 | contrat fini |
| Barclays furniture Sherbrooke et St Dominique P.Q. | Apprenti machiniste | 1938 | 1939 | faillite |
| Couvent des Soeurs St Anne St Ambroise de Kildare P.Q. | Ouvrage general | 1939 | 1940 | salaire insuffisant |
| H. F. McLean Valleyfield P.Q. | Ouvrage dans le chauffage | 1940 | 1941 | Construction finie |

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

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C. ...Néant...

25. Sports pratiqués, et dans quelle mesure, soit ~~intensément, ou~~ modérément, ~~ou occasionnellement~~ ...Baseball - molle, natation, hockey, balle due, lutte...

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 ...Néant...

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).

N P G

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

| Nom | Adresse | Profession |
|---|---|---|
| M. E. Fortin OK | 583 Davidson P.Q. Montréal | Debardeur |
| Mr. P. Desjardins | 1836 rue Cartier P.Q. Montréal | Commis-voyageur |
| M. Dansereault | 2228 Dorion P.Q. Montréal | Machiniste |
| Mr. V. Pare | 2160 De Lasalle P.Q. Montréal | Journalier |

28. Autres renseignements se rapportant à votre demande d'engagement ~~P.A.~~ Zone

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 ...26... juin ...1941... Signature ...René Lamarre...

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.
75/49 A.L.L.Lapointe Flo

SEP 30 1941

## 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 Rene Lariviere, .....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.....Sept. 30th, .....19 41 ..... Rene Lariviere
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

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

Date..... Sept. 30th, .....19 41 ..... Rene Lariviere
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.....20th.....jour de.....Sept. .....19 41

A.L.L.Lapointe ..... Flo .....R.C.A.F.Recruiting Centre,Montreal.
Signature de l'Officier — Grade — Unité

Finger Printed
Date 30-9-41
Initials E B

# POUR L'USAGE DU DÉPARTEMENT SEULEMENT

## CERTIFICAT DE L'EXAMEN MÉDICAL

*Partie 1. Renseignements obtenus de la recrue—*

1. Age 21 2. Avez-vous souffert d'une des maladies suivantes?

| | | | |
|---|---|---|---|
| (a) Rhumatisme | no | (j) Affection nasale | Operated for deviated septum |
| (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

5, I certify that I have revealed my full medical history and have not withheld any relevant information. Rene Lalonde
Signature de la recrue

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

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) ——————

2. Taille 5 pieds 8 pouces. 3. Poids 138 livres.

4. Teint med. 5. Couleur des yeux blue Cheveux dark

6. Développement { Bon / ~~Passable~~ / ~~Médiocre~~ } 7. Tour de poitrine—Expiration 31½ pouces

Degré d'expansion 2 pouces

8. Ouie—Droite W.V.20 Gauche W.V.20 Tympan—Droit ~ gauche ~

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

gauche 20-20 gauche

10. État de la bouche et des dents Several molars missing - Several caries

11. Urine—Albumine Nil Sucre Nil

12. Anomalies révélées à l'examen (congénitales et pathologiques) ——————

*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.

A T B T 26/9/41
A 3 B

Observations spéciales des médecins

27/9/41. 94434 - X-Ray neg. D.H.
26-9-41 Recheck fit A3B. D.H.

Part 2 Cont'd.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 130/70 S.D.
17. Colour Vision N 9 sh.

Date 1-7- 19 41

D. Buchanan Lt.
Président

D. Hall Capt.
Membre

Membre

# H. F. McLEAN, LIMITED

## VALLEYFIELD, QUE.

V alleyfield April 24 1941

To Whom it may concern

That Mr Rene Lariviere work for us has a Steamfitter helper for the last five Months and gave us full Satisfaction in all desirable way

Yours

H.F. Mc LEAN & CO

Per. Thomas Foster

100% RAC-CANADA

PAROISSE DE LA NATIVITÉ DE LA S. V.
HOCHELAGA, MONTRÉAL
1855 DEZERY - FR. 4666

MONTRÉAL, ce 31 juillet 1940.

à qui de droit,

Monsieur René Larivière est un de nos paroissiens.
À ce titre nous pouvons vous le recommander comme étant un honnête homme, qui par ses qualités pourra vous être d'un grand service.
Espérant que vous pourrez être à même de constater sa probité, nous demeurons

vos tout dévoués,

H. Deslongchamps, ptre-curé

per R. Baril, ptre

ROYAL CANADIAN AIR FORCE *R.C.A.F. Special Reserve*

INTERVIEW REPORT

SURNAME.....LARIVIERE.....

CHRISTIAN NAME.....JOSEPH RENE.....

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

N.F.

FLYING

AGE....21.....
HEIGHT.5'.9".....
WEIGHT....150....

.....
.....
.....

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

EDUCATIONAL:- NUMBER OF YEARS.....

High School.....2.....Technical.None.....Commercial. 1

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

.....None.....

Standing other Countries....None.....

FLYING EXPERIENCE:- Total hours NONE

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

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

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

.....

MILITARY AND OTHER TRAINING:- NONE

.....

.....

.....

SPORTS:-(What branches)...Baseball..Swimming.hockey wrestling

wrestling (all moderately).....

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

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

..A.cool-headed.youngster..with.just.enough.....

education to pull through but very determined....

.....

.....

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

.....

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

BEST FITTED FOR...Air.Gunner.or.W..O.....

.....

DATE: 26-6-41

RECRUITING CENTRE: Montreal, Que.

A.F.M.5

R.C.A.F. Records Office
Rec'd. OCT 2 1941
O.K.
R.C. N.I.
S.L. P.A.

A.K.L. Lapointe F/O
for
Signature of Officer
J.R.O. Gibeault F./O

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

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

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

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

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

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

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

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

In F.O. Gibeault's absence, I think tthis fellow's determination overcomes his hesitancy and I mark him average F.W. McCrea F.Lt.

Je, soussignée, certifie que monsieur René Larivière s'est montré habile travailleur tout le temps qu'il fut employé à notre service. C'est un jeune homme sobre, honnête et dévoué.

Sœur Marie-Thérèse-de-Saint-Augustin, s.s.a.
supérieure

Couvent de Sainte-Anne
L'Ambroise, 24 juillet, 1940

R.C.A.F. G.141

R.C.A.F.

# CERTIFICATE OF EDUCATION

THIS IS TO CERTIFY THAT

R135028 (Number) Lariviere, J. R. (Name)

has been a trainee at the Pre-Aircrew Education Course

at H. B. Beal Technical and Commercial High School (Place) London, Ontario

He has taken the Royal Canadian Air Force final examination in the following subjects and is recommended as educationally qualified for the category of AIRCREW (A.G.) (W.A.G.) (I.T.S.).

| Subject | Mark |
|---|---|
| English | 77 |
| Science | |
| Mathematics | 94 |
| Signals | 100 |
| Aircraft Recognition | 95 |

Office
SEP 14 1943

Remarks:

Date: SEP 10 1943

Signed: G. S. Abberley F
(Examination Officer)

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: OVERSEAS (ENGLAND) | 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: LARIVIERE (Block letters)

Given names: JOSEPH RENE

Do not write in this space

**4. RESIDENCE**

Street: Lasalle Avenue No. 2193

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 | | Single |

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

10. BIRTHPLACE (Province or Country): Quebec

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

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 24 | | | ....hrs. or....min. |

**OCCUPATION**

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: 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: Dec.18/44

16. Total years spent in this occupation: Three

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | Lariviere , Moise | Quebec |
| MOTHER (Maiden Name) | Mireault, Anna | 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: December (Month) 18th (Day) 19 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) Killed after air operations

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: Dec.18th 19 44

Manner of injury: Killed after 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)

Confidential R.A.F. Form 5037

# R.A.F. — TRAINING REPORT

# AIR GUNNER

## No. 22 OPERATIONAL TRAINING UNIT

1. Surname LARIVIERE Christian Names JOSEPH RENE

2. Number R135328 3. Rank SGT 4. Course No. 71

5. Posted from No. 3 P.R.C. 6. Date commenced Course 28.6.44 7. Date Course ended 7.9.44 8. Posted to 61 Base 20.9.44

### 9. Ground Work

| Subject | Marks Allotted | Marks Obtained |
|---|---|---|
| (a) Aircraft Recognition, Range Estimation ... | 200 | 120 |
| (b) Guns ... ... ... | 200 | 110 |
| (c) Reporting, Fighting Control ... ... | 200 | 120 |
| (d) Sighting, including practices on G.T.S.T. | 200 | 100 |
| (e) Turrets : drill and components ... | 200 | 100 |
| Total ... ... | 1,000 | 550 |
| Per cent. ... ... | | 55% |

### 10. Air Work

| Subject | | Day | Night |
|---|---|---|---|
| Cine-Camera Gun, exercises completed | | 10<br>F.A. 4 | -<br>- |
| Cine-Camera Gun, assessment ... ... ... | | 10 | - |
| Air Firing Exercises completed | Beam | 1 Ex. 600 | - |
| | Air-to-Ground | | |
| | Air-to-Air ... | 2 Ex. 1200 | 4 Ex. 2400. |
| | Self-Tow | 3 Ex. 1800 | 2 Ex. 1800 |
| Per cent. hits, Air-to-Air ... | | 3% | - |
| Air Firing ... ... ... | | Marks Allotted | Marks Obtained |
| 1 Night Interception | | 1,000 | 570 |

### 11. Equipment Used

| Type of Aircraft | Type of Guns | | Type of Turrets | |
|---|---|---|---|---|
| | In Air | On Ground | In Air | On Ground |
| WELLINGTON III & X | Browning 303 | Browning .5 | FN 20 120 | F.N.5 & 20 B.P.C. & E. |

P.T.O.

| | Day | Night | Total |
|---|---|---|---|
| 12. Flying Experience at O.T.U. ... | 43.15 | 30.45 | 74.00 |

| | Exceptional | Good | Average | Poor |
|---|---|---|---|---|
| 13. Ability as Fighting Controller... ... . | - | - | X | - |

14. Remarks :

Average Air Gunner. Will require to put in more work on most Ground Subjects particularly Theory of Sighting and Turrets. Has been extremely slow to improve. As a Fighting Controller he is average. Running Commentary continuity is rather bad and Range Estimation weak. Decidedly requires more practice. Turret Manipulation and Line show some improvement on his Cine Film results, likewise Deflection. There is room for improvement as regards general appearance and smartness. Would not recommend for commissioning,

Date.....

Signed.....
Officer Commanding

(*14487—13138) Wt. 10961—P46 10M 4/44 T.S. 700

CONFIDENTIAL R.C.A.F. FORM 5035

# R.C.A.F. TRAINING REPORT

## WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

## NO. 3 BOMBING AND GUNNERY SCHOOL

1. SURNAME: LARIVIERE CHRISTIAN NAMES: Joseph Rene

2. NUMBER: R135028 3. RANK: LAC 4. COURSE NO: 67

5. POSTED FROM: #1 AGGTS 6. DATE COURSE COMMENCED: 15/Nov/43 7. DATE COURSE ENDED: 23/Dec/43 8. POSTED TO: No. 1 Y Depot

9. AIRCREW TRADE: Air Gunner 10. HEIGHT: 68" 11. GIRTH: 32"

12. EQUIPMENT USED

| TYPE OF AIRCRAFT | TYPE OF GUNS | | | TYPE OF TURRETS | | | |
|---|---|---|---|---|---|---|---|
| | IN AIR | ON GROUND | ROUNDS FIRED 25 YD. | IN AIR | ON GROUND | ROUNDS FIRED 200 YD. | HOURS TURRET MANIP. |
| Battle | Browning | Browning | 958 | Bristol | Bristol | 1100 | 15:00 |
| | | V.G.O. | | | F.N. | | |
| | | | | | B.P. | | |

13. GROUND WORK

| SUBJECT | MARKS ALLOTTED | MARKS OBTAINED |
|---|---|---|
| GUNS, PYROS. AND AMMO. (WRITTEN) | 200 | |
| GUNS (PRACTICAL) | 100 | 168 |
| SIGHTING (WRITTEN) Oral | 250 | 161 |
| TURRETS (PRACTICAL) | 200 | 169 |
| A/C RECOGNITION | 150 | 126 |
| SIGNALS | 100 | 85 |
| TOTAL | 1000 | 709 |
| PERCENTAGE | | 70.9 |

14. AIR WORK

| FLYING EXPERIENCE | | DAY | NIGHT |
|---|---|---|---|
| NUMBER HOURS FLOWN | | 24:40 | |
| NO. CINE EX. COMPLETED | | 7 | |
| ROUNDS FIRED | AIR TO GROUND | 400 | |
| | AIR TO AIR | 3500 | |
| % HITS AIR TO AIR | | 6.1 | |

| AIR FIRING MARK 453 | MARKS ALLOTTED | MARKS OBTAINED |
|---|---|---|
| | 1000 | 763 |

| 15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP | MARKS ALLOTTED | MARKS OBTAINED |
|---|---|---|
| | 100 | 70 |

| 16. DEGREE OF SUITABILITY FOR FURTHER TRAINING | 0 NOT AT ALL SUITABLE | 1 MODERATELY SUITABLE | 2 DEFINITELY SUITABLE | 3 EXTREMELY SUITABLE |
|---|---|---|---|---|
| AS A GUNNERY INSTRUCTOR | X | | | |

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- Average student; neat appearance; industrious worker; good crew member type.

DATE:- 23/December/43.

W/C G/C.
OFFICER COMMANDING
NO. 3 BOMBING & GUNNERY SCHOOL

T.82

AIR GUNNER

NO. 1 A.G.G.T.S. (Temp.)

1. Surname **LARIVIERE** Christian Names **Joseph, Rene**

2. Number **R.135028** Rank **LAC** Course No. **53**

3. Posted from **#4 WTS Guelph** Posted to **#1 AGGTS** Duration of Course From **March 22nd** **May 1st 194**

4. Aircrew Category **A3B** Height **6ft** Girth **31½-33½**

5.

| | EQUIPMENT USED | | | |
|---|---|---|---|---|
| Type Aircraft | Type Guns | | Type Turrets | |
| | In Air | Ground | In Air | Ground |
| XXXXXX | XXXXX. | ~~V.C.C.~~. | XXXXXX | XXXXXX XXXXX XXXX |
| | | XXXXXXXX | | |
| | | | | |

6. STAGE I. STAGE II.

| | Mks. Poss. | Mks. Obtd. | AIR AND GROUND TRAINING | Day | Night | ASSESSMENT Subject | Mks. Poss | Mks. Obtd. |
|---|---|---|---|---|---|---|---|---|
| Armament Oral. | 100 | NIL | Flying Time | | | Written | 150 | |
| Armament Written | 300 | | Films Exposed | | | Practical And Oral | 100 | |
| Anti-Gas | 100 | | Hrs. Turret Manip. | | | A/C Recognition | 100 | |
| A/C Recognition | 100 | | Skeet (#Rds) | | | Drill | 100 | |
| Mathematics. | 50 | | 25X Range. | | | Signals | 100 | |
| Navigation | 100 | | 200X Range. | | | Ability as Firer | 100 | |
| Law, Admin. Hygiene, etc. | 100 | | Air to Air | | | Total | 650 | |
| Signals | 100 | | Air to Air | | | Total trng. Marks | 1600 | |
| Total | 950 | | Hits Air to Air | | | Percentage | | |
| | | | | | | Personnel Assessment | 800 | |

8. No. in class _____ Position in class _____ XXXX or Fail ____

9. Recommended for commissioned rank _____
(XXX or No.)

10. Experience in arming, loading, and harmonizing turrets.

| Suitability for further training as a Gunnery Instructor. | Not at all suitable | Moderately Suitable | Definitely Suitable | Extremely Suitable |
|---|---|---|---|---|
| | X | | | |

Mark X in appropriate Column.

12. Remarks

Completed one week instruction. Has insufficient knowledge of English to pass an Air Gunner's Course. Recommended for English course and further training as an Air Gunner. Posted No. 1 "M" Depot. Auth: A.F.A.O. A.44/5 para. 15.

Date: 27-3-43 (C. Bendall), F.L. for M. Chrisley P/O
Chief Instructor.

Date: 27-3-43 (J.P.J. Desloges) S.L. C. Bendall F/Lt
Officer Commanding No. 1 A.G.G.T.S. (Temp

AIRCREW WIRELESS AIR GUNNER (STD)

# ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN R.C.A.F. Special Reserve

| R 135028 | LARIVIERE | JOSEPH RENE | ROMAN CATHOLIC |
|---|---|---|---|
| A.F. No. | Surname | Christian Names | Religion |

Born 10-3-20 Place ST. MARIES SALOME QUE CO. DE MONTCALM Country CANADA Citizen of CANADA Racial Origin CANADIAN

| ENLISTMENT | CIVIL EDUCATION | PREVIOUS SERVICE |
|---|---|---|
| Date 30.9.41 | High School Entrance X Jr. Mat. 2 YRS Sr. Mat. | NONE |
| At MONTREAL | Technical School Corres. Courses | |
| Term DURATION | University 1 YR COMMERCIAL | |

| RANK | DATE | Med. Cat. | Date |
|---|---|---|---|
| AC2 | 30 9 41 | A3B | 26 9 41 |
| LAC (DRO 184) | 4 8 42 | | |

CIVIL OCCUPATIONS AND EXPERIENCE

APPRENTICE PLUMBER 1937-38 MESSENGER 6 MOS 1937
APPRENTICE MACHINIST 1938-39 STEAMFITTER HELPER 1940-41
GENERAL WORK 1939-40

COURSES AND TRADE TESTS

| Trade | Grp. | % | PorF | Date Rem. | Trade | Grp. | % | PorF | Date Rem. |
|---|---|---|---|---|---|---|---|---|---|
| WAG | 5 | | P | 26 6 41 | | | | | |
| Wlss Op (AG) | STD | (DRO 46 C.T) | | 22 2 43 | | | | | |
| AIRCREW (A.G.) | STD | (DRO 46/43) | | 22 2 43 | | | | | |

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)

Anna, Lariviere (Mother)
2193 Ave. Lasalle, Montreal, Que.

LEAVE

| FROM | TO | AUTH. AND DESCRIPTION |
|---|---|---|
| 11-6-42 | 25-6-42 | (14 days annual) DRO 137/42 |
| 11-6-42 | 25-6-42 | 18 days Amend DRO 145 recalled from posting) |
| 23-12-42 | 29-12-42 | DRO 299/42, 5 days Xmas. |
| Issued S.L.T.W. #69281 d/15-12-42, DRO 300/42 | | |
| 22-2-43. | 1-3-43 | DRO 45/43, 7 days Special. |
| ~~20-9-43~~ | ~~3-10-43 (12)~~ | ~~Annual 228~~ |
| 20.9.43 | 29.9.43 (10) | Annual DRO 236/43. |

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

| DATE | CHARACTER | TRADE AND ASSM. | HONOURS AND AWARDS | SIGNATURE |
|---|---|---|---|---|
| | | | | |

MOVEMENTS AND CASUALTIES

| AUTHORITY | UNIT FROM | UNIT TO | DATE |
|---|---|---|---|
| M.O.R 13 | R/CMTL QUE | #5 AMD VALCARTIER, QUE | 30-9-41 |
| D.R.O 131-41 T.O.S of 5 | 5 M.D Valcartier Que | | 30-9-41 |
| D.R.O. 149/41. | 5 M.D Valcartier | Quebec | 22/10/41 |
| DRO 26 | Adm. Stat. Hosp. | | 26-1-42 |
| DRO 28 | Disch. Stat. Hosp. | | 30-1-42 |
| DRO 73 | Adm. Stat Hosp | | 25-3-42 |
| DRO 81 | Disch Stat Hosp | | 3-4-42 |
| DRO 177 | 4 M.D | 5 M.D | |
| | Quebec | Lachine | 28-5-42 |
| DRO 177/42 T.O.S. | #5 M.D. Lachine, Que. | | 29-5-42 |

| AUTHORITY | UNIT FROM | UNIT TO | DATE |
|---|---|---|---|
| DRO 137/42 Granted leave from 11-6-42 to 25-6-42 | | | |
| DRO 147/42 | #5 M.D. | #1 W.S. | 20-6-42 |
| DRO 146/42 Entry DRO 147/42 changed to read Granted leave from 11-6-42 to 19-6-42 (8 days) Recalled on posting. | | | |
| DRO 158 | #1 W/S Mtce | 4 W/S Edmonton | 2-7-42 |
| DRO 159/42. T.O.S. | #1 W/S Mtce | 4 W/S Edmonton | 4-7-42 |
| DRO 279/42 Transfd from ens. 4 to ens. 49 | | | 21-11-42 |
| DRO 299/42. Entitled to allowance in lieu of rations for 24-12-42 to 28-12-42 (5 days) | | | |

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

(OVER)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| DRO 45/43. Entitled to Rations & Allce 22/2/43 to 28/2/43 (Incl) (7 days). | | | | | | | |
| DRO. 62/43 | Transferred to | Staff eff. | 22-2-43 | | | | |
| DRO. 66/43 | #4 W.S. | #4 M.T. Depot | | | | | |
| | Guelph | Quebec | 20-3-43 | | | | |
| DRO 27 | 1 AGGTS | "1 M.D." | 30-3-43 | | | | |
| DRO 82 | Quebec | #1 M.D. | 31-3-43. | | | | |
| #1 M.O 125 - Ent. to draw flying pay for 25, 26, 27, 28, 29 Jan/43, 2, 3, Feb/43 (7 days). | | | | | | | |
| DRO 180 | H.M.D | T.T.S. S.G. THOMAS | 26-3-43 | | | | |
| DRO 218/43 | 1 Cdn Sqdn | M.U. 48 F.T.S | | | | | |
| | St Thomas | Aylmer, Ont | 9. Sept. 43 | | | | |
| T.O.S. | T.T.S. | #1 A.G.G.T.S. | | | | | |
| | St Thomas | Aylmer | 10-9-43. | | | | |
| 328. | R.C.A.F. | 20-9-43 | 3-10-43 | | | | |
| DRO 236 | #14 S.F.Ts. AYLMER | #1 AGGTS. QUEBEC | 1-10-43. | | | | |
| S.O.S. DRO 222/43 | #1 A.G.G.T.S. (T) | #30.6. | 12/11/43 | | | | |

Finger Printed
Date 30-9-41
Initials EB.

ROYAL CANADIAN AIR FORCE

Report on R.C.A.F. Personnel attending a Course of Instruction

IN ENGLISH

NAME Lariviere J.R. R-135028 A.G. Def. STATION School of English, Toronto

RANK AC2 COURSE COMMENCED 2-4-43 COURSE ENDED 5-7-43

| Subjects Examined | Maximum Rating | Written | Oral | Instructor |
|---|---|---|---|---|
| Aircraft Recog. | 100 | 85 | | |
| Mathematics | 100 | 93 | | |
| Morse | 100 | 96 | | |
| English | 100 | 92 | | |
| English | 100 | | 85 | |
| English | 100 | | 90 | |
| English | 100 | 75 | | |
| English | 100 | 75 | | |
| English | 100 | 73 | | |
| English | 100 | 93 | | L. |
| English | 100 | 82 | | |
| English | 100 | 77 | | |

REMARKS OF CHIEF INSTRUCTOR. This airman has an average intelligence. Obtained good notes while on the course, he did not worked as hard as he might have. Not too keen a type.

Comprehension Ability Average

Expression Ability Average

Passed or Failed Passed.

J.W. Kennedy Flt/Lt.
Chief Instructor, School of English,
for Commanding Officer,
No. 1 "M" Depot, R.C.A.F.
Toronto, Ont.

DATE 9 July/43.

SOS July 26/43 TTS St. Thomas
DRO 180/43

R.A.F. Form 373

RECORD SHEET—Officers and Airmen Aircrew

R135028

ROYAL AIR FORCE

| 1. Rank | 2. Christian Names | 3. Surname | 4. Decorations |
|---|---|---|---|
| Sgt 23-12-43 | Joseph Rene | Lamiere | A G Badge |

| 5. Type & date of commission or engagement, if Airman Aircrew<br>Date of expiry | 7. Qualifications | 8. Types of Service aircraft flown |
|---|---|---|
| 6. Branch or Trade R103964 23-12-43<br>Air Gunner (Spec Grp) | | 9. Type on which most proficient. |
| 10. Date of Birth<br>10.3.20 | 12. If married, Date<br>n.a. | |
| 11. Religion<br>R.C. | | |

| 13. Medical Class'n | 14. Date & place of last Medical Exam. | 15. Date of last vaccination | 16. Date of last inoculation<br>1. T.A.B.<br>2. Cholera<br>3. Plague |
|---|---|---|---|
| A3B(T)A3B | Macdonald 23-12-43 | | |

9 and 13–19 to be kept in pencil

| 17. Permanent address | 18. Next of kin. Relationship and address | 19 Name and address of person to be notified in case of casualty. |
|---|---|---|
| | Anna Lamiere<br>3172 Valois St.<br>Montreal P.Q.<br>(mother) | " |

| 20 Periods in hospital, sick quarters or sick at home | | | 21 Christian names of wife, and Christian names and dates of birth of dependent children. |
|---|---|---|---|
| admit sick hosp | 26.7.42 | DPO 26 | |
| disch sick hosp | 30.7.42 | DPO 28 | |
| admit sick hosp | 25.3.42 | DPO 73 | |
| disch sick hosp | 2.4.42 | DPO 81 | |

| 22 Courses of instruction: Subject | Unit | From | To | Result |
|---|---|---|---|---|
| Air gunner Course | 3 B & G. | 15 Nov 43 | 23.12.43 | Passed |

| 23 Postings and attachments | | | | | Postings and attachments | | | | |
|---|---|---|---|---|---|---|---|---|---|
| To | Duty | "P" "A" or | Date | Authy. | To | Duty | "P" "A" or | Date | Authy. |
| RC Montreal #5 MD | | | 30.9.41 | AMO 131 | | | | | |
| #5 MD #4 MD | | | 22.10.41 | " 149 | | | | | |
| #4 MD #5 MD | | | 28.5.42 | " 127 | | | | | |
| #5 MD #1 WS | | | 20.6.42 | " 147 | | | | | |
| #1 WS #4 WS | | | 3.7.42 | " 158 | | | | | |
| #4 WS #4 MD | | | 20.3.43 | " 64 | | | | | |
| #1 AGGTS #1 MD | | | 30.3.43 | " 27 | | | | | |
| #1 MD TTS STHIMAS | | | 26.3.43 | " 180 | | | | | |
| TTS #14 SFTS | | | 9.9.43 | " 248 | | | | | |
| #14 SFTS #1 AGGTS | | | 1.10.43 | " 234 | | | | | |
| #1 AGGTS #3 B&G | | | 12.11.43 | " 222. | | | | | |
| 1 G O | | | 14.1.44 | 306 | | | | | |
| 4 AGTS | — | P | 16 Jan 44 | " 17 | | | | | |
| 3 P.R.C. | — | — | 5-3-44 | AMO 370 | | | | | |

Checked Surf F/O 18.8.44

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.135028 Name LARIVIERE Joseph Rene Rank T/Sgt
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Air Gunner Grp 2 Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 10.3.20. Religion R.C. Occupation in Civil Life Appr Plumber 37-38 Messenger Appr.Mach. 38-39 6mths Steamfitter Helper 40-41 Gen. Work 39-40

Last Enlisted 30.9.41. 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): Mother
Mme A. Lariviere 2142 Valois Lt. Montreal P.Q.

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

N. 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. |
| 4 A.G.T.S. | 1 Y Dep. | 11.2.44. | | W/Op.A.G. Std A.C.2. | 30.9.41. |
| 1 Y Dep. | U.K. | 5.3.44. | | " " " L.A.C. | 4.8.42. |
| | Emb. Halifax | 5.3.44. | | " " " L.A.C. | 22.2.43. |
| | Dis. U.K. | 14.3.44. | | Air Gunner Std L.A.C. | 22.2.43. |
| Int C 186 | 3 RCAF PRC | 15.3.44. | | " " "Sp" T/Sgt. | 23.12.43. |
| 3 RCAF PRC | 22 OTU | 27.6.44 | | " " Grp 2 T/Sgt. | 23.12.43. |
| 22 O.T.U. | 41 Bang. | 20-9-44. | POR 489/44 | Promoted T/F/S. | 23.9.44 |
| 76 Base | 425 Sqd | 6-12-44 | | | |
| Killed on 18/12/44. | | | | | |

| 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.

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

## Section 4.—Character and Trade Proficiency.

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

| Rank. | Character. | Trade Classification. | Proficiency. A | Proficiency. B | Proficiency. C | Whether specially recommended, recommended, or not recommended for promotion or reclassification. | Date. | Signature and Rank of Commanding Officer. |
|---|---|---|---|---|---|---|---|---|
| F/S | V.G. | A/C. | Dec. | Strength | | Less than a month | 18/12/43 | [signature] F/L |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | |

**CONFIDENTIAL**

R.C.A.F. Special Reserve (2)

R.C.A.F. M.3
150M—8-40 (6421)
H.Q. 1062-10-2

(2)

# ROYAL CANADIAN AIR FORCE

**Medical Board held at** Montreal, P.Q. *Date* 1-7-41

FILE NUMBER
135028

*Surname* LARIVIERE *Chr. Names* JOSEPH RENE
*Nature of Commission* M-2-3 *Date of Birth* 10-3-20 *Married or Single* S
*Branch* Gen. List *Hours Flown* None
*Address* ~~21-23~~ 2193 Ave de Lasalle, Montreal, 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 — Deviated septum (6 yrs. old)
(x) Any Illness or Injury not mentioned above — NO

Education 2 yrs. High School
Present Occupation — Hobbies None
Previous Service None
Athletics softball, swimming, hockey, baseball, wrestling, (all mod).
Habits—Smoking 15 c.a.d. — Alcohol None
FAMILY HISTORY—Consumption — NO
Nervous Ailments, Mental Trouble, or "Fits" — NO
Father Alive—Health rheumatism — Dead—Cause
Mother Alive—Health good — Dead—Cause
Brothers (4) Alive—Health good (2) — Dead—Cause (1) unknown (in infancy)
Sisters (6) Alive—Health good (1) — Dead—Cause

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

*Date* 1-7-41 *Signature* René Lariviere *Witness* [illegible] Pte/Lt.

## GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..athletic.. *(b)* Mentality ..standard..
Body Marks, Scars, Deformities ..large mole left thigh..
Size of Thyroid Gland ..
Surgical Abnormalities ..small varicocele left - Inguinal ring enlarged right..
Results of Wounds, Injuries, Operations ..

| | Date 1-7-41 | Assessing Room | Date 26-9-41 | Assessing Room | Date | Assessing Room | Remarks on any Abnormalities Found |
|---|---|---|---|---|---|---|---|
| Height (ins.) | 68 | | | | | | |
| Weight (lbs.) | 138 | | | | | | *Date* |
| Chest Circumference (ins.) | 31½-33½ | | | | | | |
| Body Build (lbs.) | N | | | | | | |
| Leg Length (ins.) | N.A. | | | | | | |
| Pulse Rate — Sitting | 84 | | | | | | |
| Pulse Rate — Standing 1st | 108 | | | | | | |
| Pulse Rate — Standing 2nd | 96 | | | | | | |
| Pulse Rate — After Exercise | 120 | | | | | | |
| Pulse Rate — Time to Normal | 50 | | | | | | |
| Arterial Walls | soft | | | | | | |
| Blood Pressure — Systolic | 130 | | 140 | | | | |
| Blood Pressure — Diastolic | 70 | | 80 | | | | |
| Heart — Size | N | | N | | | | |
| Heart — Sounds | N | | N | | | | |
| Heart — Rhythm | N | | N | | | | |
| Lungs | N | | N | | | | |
| Breath held | 60 | | | | | | |
| Expiratory Force | 140 | | 110 | | | | |
| Vital Capacity (Best of 5) | | | | | | | |
| Reflexes — Knee | N | | | | | | *Date* |
| Reflexes — Ankle | N | | | | | | |
| Reflexes — Triceps | N | | | | | | |
| Reflexes — Abdominal | N | | | | | | |
| Reflexes — Plantar | N | | | | | | |
| Cranial Nerves | N | | | | | | |
| Balancing Rod | R. L. 2FS 2FS | R. L. | R. L. | R. L. | R. L. | R. L. | |
| Self Balancing | R. L. 1S 1S | R. L. | R. L. | R. L. | R. L. | R. L. | |
| Tremors — Fingers | MF MF | | | | | | *Date* |
| Tremors — Eyelids | 0 0 | | | | | | |
| Abdomen — Liver | N | | | | | | |
| Abdomen — Spleen | N | | | | | | |
| Abdomen — Muscular Tone | good | | | | | | |
| Urine — Albumen | neg. | | negl. | | | | |
| Urine — Sugar | neg. | | neg. | | | | |
| *Initials of M.O.* | [illegible] | | [illegible] | | | | |

40 mm. Hg. Test 55 = 7/888,787,788,78
*Date* 26-9-41 7/788/776/777/7 (50)
*Date* ..
*Date* ..
*Date* ..
*Date* ..

Remarks by Consultant.

40 mm test within limits allowed but would no t do better with teeth.

## EYE EXAMINATION

| | | | |
|---|---|---|---|
| History | Neg. | Neg. | |
| Visual Acuity | R. 20/20 , c̄ +2.25 = 20/200 | 20/25 c̄ 2.25 = 20/200 | |
| | L. 20/20 , c̄ +2.25 = 20/200 | 20/20 c̄ 2.25 = 20/200 | |
| Colour Vision | N. Ish. | N. Ish. | |
| Red, Green | NA | NA | |
| Diaphragm Test (P.D. = NA ) | | NA | |
| Convergence C. = NA cms. | | NA | |
| Convergence S. C. = NA cms. | | NA | |
| Accommodation R. | )7.5 | )7.0 | |
| Accommodation L. | | | |
| Cover Test | NA | NA | |
| Fundi and Media | NA | NA | |
| Fields | NA | NA | |
| Remarks: | | | |
| | *Initials of M.O.* [signature] | *Initials of M.O.* [signature] | *Initials of M.O.* |
| | *Date* 1-7-41 | *Date* 1-7-41 | *Date* |

## EXAMINATION OF EAR, NOSE AND THROAT

History: Neg.

| | | | |
|---|---|---|---|
| Hearing R. Ear | w v 20 | w v 20 | |
| Hearing L. Ear | w v 20 | w v 20 | |
| External Ear, Meatus Membranes R. Ear | N | N | |
| External Ear, Meatus Membranes L. Ear | N | N | |
| Middle Ear, Eustachian Tubes R. Ear | Pat. | Pat. | |
| Middle Ear, Eustachian Tubes L. Ear | Pat. | Pat. | |
| Cochlear Apparatus R. Ear | | | |
| Cochlear Apparatus L. Ear | | | |
| Vestibular Apparatus R. Ear | | | |
| Vestibular Apparatus L. Ear | | | |
| Buccal Cavity | Fair | clean | |
| Teeth | Several molars missing, carious | several all out | |
| Gums | fair | clean | |
| Pharynx | N | H | |
| Nasopharynx | N | H | |
| Nose | N | H | |
| Larynx | H | | |
| Remarks: | *Initials of M.O.* [signature] | *Initials of M.O.* [signature] | *Initials of M.O.* |
| | *Date* 1-7-41 | *Date* 26-9-41 | *Date* |

## HISTORY OF PRESENT CONDITION

Date 1-7-41

Average type, teeth in very bad condition. To be repaired. AtBt

26-9-41 All teeth extracted 2 wks. ago as directed. Gums clean.
40 mm test satisfactory for 50 secs. Would no doubt do better if he had teeth.
Cat. A3B

Lieut R.D.M.S.

Nov 5/43 NO, A&S T S(T)

A 1 B.
A 3 B. (T)
A 3 B.
A 3 B. (V)

| | | | |
|---|---|---|---|
| A1B | | N.V.C. | Fit |
| A3B | Turret | N.V.C. | 9 |
| A3B | | N.V.C | |
| A3B | Vision | | |
| A3B | Radio | | |
| Sig: | | Eqpt | |
| Date | | 21/3/44 | |

Night Visual acuity 9/32 Average G E S

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

CATEGORY.....A3B.....APPROVED
DATE.....July 22.....1942
.....M.O.
No. 4.....WIRELESS, ~~or B. and G.~~ School

A 3 B (T)
CATEGORY N V C 9 .....APPROVED
DATE.....DEC 15 1943.....19....
.....M.O.
No. 03 B. and G. School

MEDICAL RE-EXAMINATION

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

Date _____ Signature _____ Witness _____

(1) (1)

AIRCREW WIRELESS OPERATOR AIR GUNNER STANDARD.

ROYAL CANADIAN AIR FORCE

Air Force No. R135028

# MEDICAL HISTORY OF

R.C.A.F. Special Reserve

SURNAME Lariviere CHRISTIAN NAMES Joseph Rene

## TABLE I.—General Table

Examined { on 1st day of July 19 41 / at Montreal DEC

Age 21 years

Trade or occupation Apptit plombier

Height 5 feet 8 inches. Weight, stripped 138 lbs.

Colour of Hair Black Complexion Med

" Eyes Blue

Identification Marks:— none

Urine: Neg C.V: B.P.: 130/70

Defects or Ailments:— none

Category A.T.B.T. A3B 1/26/42 19/9/41

Signature [illegible]

(Rank) F/Lt.

## TABLE II.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

| DATE | BRIEF DETAILS AND SIGNATURES |
|---|---|
| 27/9/41. | 94434 - X-Ray Neg. |
| 2-10-41 | Vacc. |
| 2-10-41 | J.A.B.T. I |
| 12-11-41 | " II |
| 2-12-41 | " III |
| 2-10-41 | Schick Neg |
| 2-10-41 | Dick Neg. |
| 30-1-42 | B.W. - neg. |
| 24.6.42. | N.O.D.Hs - Med Cat A3B. |
| 9-12-42 | Kahn. neg. |
| 10-2-43 | Annual T.A.B. 1/2 cc |
| 5-5-43 | E.N.T II 6.I.T.S. |

## TABLE II. (Continued)

| DATE | BRIEF DETAILS AND SIGNATURES |
|---|---|
| 5 1943 DEC | Med. exam. in accord. with D.M.S. Cir. No. 242 & found fit for Categ. A3B/T NVC |
| 18.2.44 | TABT Annual '42 cc |
| 18.2.44 | BLOOD GROUP A |

R.C.A.F. M. 13
30M—11-40 (7972)
H.Q. 1062-10-13

## TABLE III—Only for admissions to Hospital or to the Sick List in cases treated in quarters

| NAME OF HOSPITAL | ADMITTED TO HOSPITAL | | | DISCHARGED FROM HOSPITAL | | | DISEASE | NUMBER OF DAYS IN HOSPITAL | EACH ENTRY WILL BE ACCURATE, BRIEF AND RELEVANT<br>Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used. | SIGNATURE<br>MEDICAL OFFICER |
|---|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| NO4 "M" Depot | 26 | 1 | 42 | 30 | 1 | 42 | Pulmonary Left Rose Congestion | 4 | Improved | Grace Dorfin 1/2 |
| NO4 "M" Depot | 25 | 3 | 42 | 3 | 4 | 42 | Urethritis N.Y.D. | 10 | Improved | [illegible] |

AIR FORCE No. R135028 | Lariviere (SURNAME) | Joseph Rene (FULL CHRISTIAN NAME)

ENLISTMENT/APPOINTMENT
PLACE Montreal P.Q.
DATE 30-9-41

RELIGION R.C.

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

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

| BIRTH DATE | PLACE | COUNTRY | CITIZENSHIP | RACIAL ORIGIN |
|---|---|---|---|---|
| 10-3-20 | St. Marie Salome P.Q. Co. de Montcalm | Canada | Canadian | Canadian |

## CIVIL EDUCATION

| | |
|---|---|
| PUBLIC SCHOOL | JUNIOR MATRICULATION 2 yrs. |
| HIGH SCHOOL ENTRANCE ✓ | SENIOR MATRICULATION |
| TECHNICAL SCHOOL | UNIVERSITY 1 yr. commercial. |
| CORR./BUSINESS COURSES | LANGUAGES SPOKEN |

## 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)

## CIVIL OCCUPATIONS AND EXPERIENCE

Apprentice Plumber 1937-38 Messenger 6 mo. 1937
" machinist 1938-39 Steam fitter helper 1940-41
General Work 1939-40.

## CHILDREN

| NAMES | PLACE AND DATE OF BIRTH | NAMES | PLACE AND DATE OF BIRTH |
|---|---|---|---|
| | | | |

## PREVIOUS SERVICE

None.

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
Anna Lariviere (mother)
2205 Bourbonniere, C.R. 650
Montreal P.Q.

| PLACE AND DATE OF MEDICAL | CATEGORY | PLACE AND DATE OF MEDICAL | CATEGORY |
|---|---|---|---|
| Montreal 26-9-41 | A3B. | | |

## 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

T4 305

| RANK | DATE | AUTH. | TRADE | DATE | AUTH. |
|---|---|---|---|---|---|
| AC2 | 30 9 41 | | WAG. S | 26 6 41 | |
| Lac | 4 8 42 | DRO 184 | W/op AG-S | 22 2 43 | DRO 46 |
| | | | aircrew A.G. | 22 2 43 | " " |
| Temp Sgt. | 23 12 43 | DRO 306 | A/G Sp. Grp. | 23 12 43 | DRO 316 A |
| F/Sgt | 23 9 44 | o/o 240/44 | | | |

## OFFICERS, AIRMEN/AIRWOMEN

| COURSE OR TRADE | GRP. | % | PF | DATE |
|---|---|---|---|---|
| W.A.G. | L. | | P. | 26 6 41 |
| Cols. Opn. (ag) | std | DRO | 46 | 22 2 43 |
| aircrew (ag) | std | DRO | 46 | 22 2 43. |

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R 135028

Lariviere — SURNAME

Joseph Rene — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal P.Q.

DATE 30-9-41

RELIGION R.C.

R.C.A.F. FORM R230

## TYPE OF LEAVE

| FROM | TO | No. DAYS | DESCRIPTION | AUTH. |
|---|---|---|---|---|
| 11-6-42 | 25-6-42 | 14 | annual | DRO 139 |
| 11-6-42 | 25-6-42 | 18 | amend | " 148 |
| | | | recalled from posting | |
| 23-12-42 | 29-12-42 | 5 | Mas | DRO 299 |
| L.L.T.W. #C90 | | 28 | d/15-12-42 | " 300 |
| 22-2-43 | 1-3-43 | 7 | Special | " 45 |
| 20-9-43 | 29-9-43 | 10 | annual | " 236 |
| entitled allowance of rations for 24/12/42 - " 299 | | | | |
| | | | 28-12-42 (5 days). | |
| S.L.T.W. #C315351 d/20-9-43 | | | | |
| 24-12-43 | 6-1-44 | 14 | Embarkation | DRO 306A |
| 7-1-44 | 14-1-44 | 8 | Special leave | " 306A |
| 12-2-44 | 17-2-44 | 5 | Special | DRO 23. |
| 24.3.44 | 31.3.44 | 7 | Priv. leave | 3PRC 76/44 |
| 16.6.44 | 23.6.44 | 8 | Priv | 3PRC 140/44 |
| 9-9-44 | 20-9-44 | 12 | Priv/L | 220 T.U. 108 |
| 16-11-44 | | 7 | Priv/L | 1664 CU 114 |

## 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 |
|---|---|---|
| | | |

## POSTINGS, ATTACHMENTS & TEMPORARY DUTY

| SOS TOS | FROM | TO | DATE | AUTHORITY |
|---|---|---|---|---|
| T.O.S | R.C. Montreal | #5 A.M.D | 30 9 41 | DRO 131 |
| | #5 A.M.D. | #4 M.D | 22 10 41 | " 149 |
| | #4 M.D | #5 M.D | 28 5 42 | " 127 |
| | #5 M.D | #1 W.S | 20 6 42 | " 147 |
| | #1 W.S | #4 W.S | 3 7 42 | " 158 |
| | #4 W.S | #4 M.D. | 20 3 43 | " 66. |
| | #1 AGGTS | #1 M.D. | 30 3 43 | " 27 |
| | #1 M.D. | TTS | 26 3 43 | " 180. |
| | | St Thomas. | | |
| | 2.T.S. | #14 S.F.T.S. | 9 9 43. | " 218 |
| | #14 S.F.T.S. | #1 AGGTS | 1 10 43 | " 236 |
| S.O.S. | #1 AGGTS | #3 B.G | 12 11 43 | " 222 |
| S.O.S | #3 B.G. | #1 Y.D. | 14 1 44 | " 306A |
| | Macdonald Lachine | | | |
| | 1 Y.D | 4 AGTS | 4 Jan 44 | " 17 |
| T.O.S. | #4 AGTS. | | 17 1 44 | DRO 2. |
| S.O.S. | #4 AGTS. | to #1 Y.D | 11 2 44 | DRO 23. |
| S.O.S. | #1 Y.D Depot | 3 P.R.C. | 5 3 44 | " 10 |
| | Emb: Halifax | | 5 3 44 | |
| | Disemb: U.K. | | 14 3 44 | |
| Int. C186 | 3 REAF. PRC. | | 15 3 44 | |
| TOS | 220 T.U | | 27 6 44 | 220 TU 75 3PRC 149/44 |
| SOS | 220 TU. To 61 Base | | 20 9 44 | 220 TU. 112/44 61 Base 373/44 |
| Att to AC Sch Dalton fr. 61 Base | | | 20/10 9/10 44 | 61 Base 373/44 61 Base 414 |
| ATT | 1664 CU | | 6 12 44 | 1664 CU 109 - 122/44 61 Base 414 - 76 BASE 527 |
| TOS | 425 Sqd FROM 76 BASE | | 6 12 44 | 1664 CU 109 425 Sqd 46/44 76 BASE 527 76 Base 32/45 |
| | | | | Supp AFRO 89 |
| F.B. | Killed fr. 425 Sq | | 18 12 44 | GR 650 |
| Buried Harrogate RAF. Cemetery (ext G.D 15) | | | | 1-35-2 FD 24756 |

## ALL OTHER CASUALTIES

| CASUALTY AND DATE | AUTHORITY |
|---|---|
| admit stn hosp. 26-1-42 | DRO 26. |
| disch " " 30-1-42 | " 28. |
| admt " " 25-3-42 | " 73 |
| disch " " 3-4-42 | " 81 |
| transferred to staff 22-2-43 | " 62 |
| Adm RAF Hosp Halton 12/5/44 | 3PRC 118/44 |
| Disch 21/5/44 | 3PRC 128/44 |

## HONOURS, AWARDS AND MENTIONS

| DATE | AWARD | AUTHORITY |
|---|---|---|
| 23 12 43 | AG Badge | DRO 306 A. |
| 15 Jan 44 | C.V.S. Medal & Blasp. | DRO 30/44 220 TU 78/44 |

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb: 5-3-44

AIR FORCE No. R135028

SURNAME: LARIVIERE, FULL CHRISTIAN NAMES: JOSEPH RENE

ENLISTMENT PLACE Montreal DATE 30-9-41

RE-ENLISTMENT

C.R. FILE NUMBER

# RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

**7. BIRTH:** DATE 10-3-20 PLACE Montreal Co. Ste Marie Salome Que. CITIZENSHIP British

FATHER (FULL NAME) Moise Lariviere (deceased)

BIRTHPLACE Ste Marie Salomé Que.

MOTHER (FULL MAIDEN NAME) Anna Marcault

BIRTHPLACE Ste. Marie Salomé. Que.

**8. EDUCATIONAL STANDING**

HIGH SCHOOL ENTRANCE Que.

JUNIOR MATRICULATION 2 yrs. H. S. Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES 1 yr. English

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

Messenger - 2 yrs.
Rubber Apprentice 1 yr.
Machinist apprentice 1 yr.
General work - 1 yr.
Heating work - 1 yr. 270

**10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE**

nil

0

**11. HONOURS-AWARDS, MENTIONS**

| | AUTHORITY | DATE |
|---|---|---|
| AG Badge | 3BG306A | 23-12-43 |
| C.V.S. Medal | DB 135-39 1/3GT520 | 15-1-44 |

**12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)**

SOLO — DUAL — PASSENGER —

**13. RELIGION** R. Catholic

1

**14. LANGUAGES** French.

2

**15. SPORTS** Softball, swimming, hockey, handball, wrestling.

**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. |
|---|---|---|---|---|---|
| | | | | | |

2

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

FULL NAME: Moise Lariviere (deceased) RELATIONSHIP Father

ADDRESS: D.R.O.

FULL NAME: Mrs Anna Lariviere RELATIONSHIP mother

ADDRESS: 2172 Wolfe St Montreal Que. D.R.O. 3032288

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

| RATE CHANGES ETC. | EFFECTIVE | D.R.O. | RATE CHANGES ETC. | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| | | | | | |

**21. ENGAGEMENTS**

| TERM | EFFECTIVE | D.R.O. | TERM | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| Duration | 30 9 41 | | | | |

**22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES**

| FROM | TO | DATE | D.R.O. |
|---|---|---|---|
| Occ. qtrs & rtns | | 1-10-41 | 59 Sp. D/131 |
| P.C. 1 gas. q trs & dgas rtns | | 28-10-41 | 4WD253 |
| Issued: S/L T.W.C 70284 | | 15-12-42 | 4WD 300. |

**22.(A) ADDRESS PRIOR TO ENLISTMENT**

2293 Rue de Lasalle Montreal Que.

22302

**23. DOCUMENT CONTROL** (INDICATE RECEIPT BY DATE)

| R60 | R79 | B465 | X-RAY | AFM-13 | IDN. CARD | |
|---|---|---|---|---|---|---|
| 14-10-41 | JAN 27 '42 | 21-10-41 | | | | |

AIR FORCE No. R135028

SURNAME: LARIVIERE, FULL CHRISTIAN NAMES: JOSEPH RENE

ENLISTMENT — PLACE Montreal — DATE 30-9-41

RE-ENLISTMENT

C.R. FILE NUMBER

# RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

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

| S.O.S. OR T.O.S. | UNIT AND PLACE | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| T.O.S. | 5A.M.D. Valcartier | 30 | 9 | 41 | 5A.M.D 131 |
| S.O.S. | 5A M.D. Valcartier | 22 | 10 | 41 | 5A.M.D 140 |
| TOS | 4M.D. Quebec | 23 | 10 | 41 | 4M.D 252 |
| SOS | 4 M.D. Quebec. | 28 | 5 | 42 | 4 M.D 127 |
| TOS. | 5 M.D. Lachine. | 29 | 5 | 42 | 5 M.D. 127. |
| SOS = | 5 M.D Lachine | 20 | 6 | 42 | 5 M.D 147 |
| T.O.S. | 1 W.S. Montreal | 21 | 6 | 42 | 1 W.S. 153. |
| S.O.S. | 1 W.S. Montreal | 3 | 7 | 42 | 1 W.S. 155. 163 |
| SOS. | 4 W.S. Guelph Ont. | 4 | 7 | 42 | 4 W.S 159 |
| T.O.S. | 4 W.S. Guelph | 20 | 3 | 43 | 4 W.S. 66 |
| SOS. | 4 W.S. Guelph | 20 | 3 | 43 | 4 W.S. 66 |
| TOS. | 1 G.T.S. Quebec | 21 | 3 | 43 | 1 G.T.S. 20 |
| SOS | 1 A.S.G.T.S. Quebec | 30 | 3 | 43 | 1 A.S.G.T.S. 27. |
| TOS. | 1 M.D. Toronto Ont. | 31 | 3 | 43 | 1 M.D. 82 |
| SOS | 1 M.D. Toronto | 26 | 7 | 43 | 1 M.D 150 |
| TOS | T.T.S. St. Thomas | | | | |
| SOS | T.T.S. St. Thomas | 9 | 9 | 43 | T.T.S 218. |
| TOS | 148 A.F.S. Aylmer Ont. | 10 | 9 | 43 | 145F 218 |
| SOS | 148 Aylmer Ont. | 1 | 10 | 43 | 148 7236 |
| TOS. | 1 A.A.G.T.S. Quebec P.Q. | 2 | 10 | 43 | 1 G.T.S. 193. |
| SOS | 1 A.G.G.T.S. Quebec. | 12 | 11 | 43 | 1 G.T.S. 222. |
| TOS | 3 B.G. MacDonald, Man. | 14 | 11 | 43 | 3 B.G 275 |
| SOS | 3 B.G. MacDonald | 14 | 1 | 44 | 3 B.G 306A |
| TOS | 1 G Depot Lachine | 15 | 1 | 44 | 1 G 17 |
| SOS | 1 G D. Lachine | 16 | 1 | 44 | 1 G D 17 |
| TOS | 4 A.G.T.S. Valleyfield | 17 | 1 | 44 | 4 A.G.T.S 2 |
| SOS | 4 A.G.T.S. Valleyfield | 1 | 2 | 44 | 4 A.G.T.S 23 |
| TOS | 1 G Lachine | 17 | 2 | 44 | 1 G 45 |
| SOS | 1 G Lachine Que 3 P.R.C. | 5 | 3 | 44 | D G 60 |
| SOS. | 4 W.S. Guelph Ont. | 20 | 3 | 43 | 4 W.S. 66 78 |
| TOS | 4 M.D. Quebec. | 21 | 3 | 43 | 1 G.T.S 20. |
| SOS. | 4 W.S. Guelph. Ont. | 20 | 3 | 43 | 4 W.S. 78 |
| TOS | 1 A.G.G.T.S. Quebec. | 21 | 3 | 43 | 1 A.G.G.T.S. 20 |
| | Killed 18 Dec. 44. DC L 904 d/23 Dec. 44. | | | | |
| 17787 | COMPLETED | 12 | 3 | 45 | |
| | Killed | 18 | 12 | 44 | |

## 2. RECLASS'NS-PROMOTIONS-ETC.

| RANK | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|
| AC2 | 30 | 9 | 41 | 5A.M.D 131 |
| L.A.C. 8 | 4 | 8 | 42 | 4 W.S 184 |
| Sgt. T/Pd | 23 | 12 | 43 | 3 B.G 306A |
| F/Sgt. | 23 | 12 | 44 | G B 1240. |

## 3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

| DATE | FORM | CATEGORY | REMARKS |
|---|---|---|---|
| 27-9-41 | R100 | A3B. | |

HOSPITALIZATION (IN BLACK INK)

| HOSPITAL QUARTERS | ADMITTED CONFINED | DISCHARGE RET'N DUTY | D.R.O. |
|---|---|---|---|
| Stn. Hosp. | 26-1-42 | 30-1-42 | 4 M.D 26-28 |
| Stn. Hosp. | 25-3-42 | 3-4-42 | 4 M.D 73,81 |

## 4. TRADE AND CHARACTER

| TRADE | GROUP | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| WAG. 8403. | L. | 30 | 9 | 41 | 5A.M.D 131 |
| Aircrew (A.G.) | L. | 22 | 2 | 43 | 4 W.S 46, |
| AG (Case 67) | LG | 23 | 12 | 43 | 3 B.G 306A |

| TRADE PROFICIENCY | CHARACTER ASSESSMENT | DATE OF R41 |
|---|---|---|
| | | |

## 5. COURSES-TESTS-ETC.

| SUBJECT | RESULT | DATE | AUTHORITY |
|---|---|---|---|
| Trans Cse 47A to 47C | | 4 11 42. | 4 W.S 264. |
| Trans Cse 47C to 49B | | 21 11 42 | 4 W.S 279 |
| Ceased training | | 22 2 43 | 4 W.S 46, |

## 6. LEAVE

| FROM | TO | DAYS | REMARKS | D.R.O. |
|---|---|---|---|---|
| 11-6-42 | annulled 25-6-42 | 14 | | 5 M.D 148 5 M.D 137 |
| 2193 | Ft. Sulte Ave Montreal Que. | | | |
| 1-6-42 | 15-6-42 | 14 | | 5 M.D 128 |
| 11-6-42 | 19-6-42 | 8 | | 5 M.D 148 |
| 23-12-42 | 29-12-42 | 5 | Xmas. | 4 W.S 299 |
| 22-2-43 | 1-3-43 | 7 | Special | 4 W.S 45 |
| 20-9-43 | Amended 3-10-43 | 14 | Leave | 145F 238 148 7236 |
| 20-9-43 | 29-9-43 | 10 incl | annual | 148 7236 |
| 24-12-43 | 6-1-44 | 14 | Embark | 3 B.G 306A |
| 7-1-44 | 14-1-44 | 8 | Special | |
| 12-2-44 | 17-2-44 | 5 | Xfer | 4 A.G.T.S 23 |

RELIGION

PROVINCE OF ENLISTMENT

DISCHARGE

AC