R135189
NADEAU
JOSEPH IRENEE

60M-SETS-8-46 (9477)
H.Q. 1064-81-3

DEPARTMENT OF VETERANS AFFAIRS
DEPARTMENT OF NATIONAL DEFENCE
NAVY ═══ ARMY ═══ AIR FORCE

3
ARMY

STATEMENT OF WAR SERVICE GRATUITY

Deceased
NAME Joseph I.W.A. (CHRISTIAN NAMES) NADEAU (SURNAME)

REGISTER NO. 33168
FILE NO. 1338-J
DATE 18-6-51
SERVICE NO. R-135139
FINAL RANK OR RATING W.O. II
DATE OF DISCHARGE 6-5-44

Payee Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 6-5-44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 928/30 EQUAL TO 30 COMPLETE PERIODS AT $7.50	225.00
B. QUALIFYING OVERSEAS SERVICE	NO OF DAYS 426 LESS 28 INELIGIBLE DAYS, EQUAL TO 398 DAYS @ 25c. PER DAY	99.50
	SUB TOTAL	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
PT CH. X-16120 27/6/51	DAILY RATES AT DISCHARGE	
	PAY $ 4.60	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
	ADDITIONAL PAY $	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ $	
	TOTAL $ 5.85 X7 = $ 40.95	
	NO. OF DAYS 426/183 X$ 40.95	95.32
D. WAR SERVICE GRATUITY		419.82
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENT'S ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. AMOUNT PAYABLE		419.82
	(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF $ EACH)	

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO **THE DEPARTMENT OF VETERANS' AFFAIRS.**

G. MONTHLY INSTALMENT NOT TO EXCEED — DAILY RATE OF PAY AND ALLOWANCES $ — X30 $

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
AC	[signature]

TREASURY	
CHECKED BY	DATE
[signature]	22/6/51

[signature]
SERVICE REPRESENTATIVE

ΔTR

R.C.A.F. Special Reserve

INTERVIEW REPORT

AGE 20 - 10 mos.
HEIGHT 5 - 5
WEIGHT 125

SURNAME NADEAU

N.F.

CHRISTIAN NAMES JOSEPH Irenee wilbrod alarie

MARRIED NO. OF CHILDREN

FLYING: PILOT X
OBSERVER X
W.A. GUNNER

EDUCATIONAL:- NUMBER OF YEARS
Equiv. to Jr. Matric.
High School 4 Technical Commercial

University (Name and Dates of Attendance)

Standing other Countries

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo Dual

Private Hours Solo Dual Pass

No. hours & types during last 2 yrs.

MILITARY AND OTHER TRAINING

BROMPTON PULP & PAPER CO. BROMPTONVILLE, P.Q.
CLERK GENERAL, OFFICEK WORK 1938.

SPORTS:- (What branches) TENNIS & SOFTBALL.

HOBBIES:- --

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:- AVERAGE TYPE OF F.C. XXXXXXXX XXXX YOUNG MAN XX VERY EAGER TO SERVE. HEALTHY ALTHOUGH ON THE SLENDER SIDE. CLEAN & NEAT LAD. WOULD LEARN RAPIDLY, HIS ENGLISH IS RATHER GOOD. GOOD EDUCATION.

APPROACH
Confident X
Nervous
Easy

CARRIAGE
Upright
Medium X
Athletic

DRESS
Neat X
Conservative X
Clean X
Careless

PHYSIQUE
Medium
Heavy Set
Slender X

SPEECH
Clear X
Slow
Hesitant

RESPONSE
Quick
Deliberate X
Slow

MANNER
Alert
Confident X SUBMISSIVE
Sincere X MATURE
Reserved
Nervous
Overbearing
Irresponsible

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

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

R.C.A.F. Records Office
Rec'd. OCT 24 1941
O.K.
R.C. [signature]

CONSIDERED SUITABLE FOR COMMISSIONED RANK? NO

BEST FITTED FOR OBSERVER - AIRCREW.

20-7-40 MOBILE SHERBROOKE P.Q.
DATE: RECRUITING CENTRE:

[signature] F/O
HENRI GEOFFRION F/O
Signature of Officer

A.F.M. 5

Transferred to #13 SFTS, authority DAPS, M6869, 23-9-42.
After 5:40 hours flying time.

1576

ROYAL CANADIAN AIR FORCE — R.C.A.F. T.58A, Revised: 1-42.

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME: NADEAU ... CHRISTIAN NAMES: J.I.W.A. ... 13-4-42 ... NUMBER: R135169 ... 5-6-42 ... RANK: LAC / Sgt.

I.T.S. #3 VICTORIAVILLE #11, Cap-Mad. ... COURSE NO. 59 ... FROM 5-7-42 ... TO 4-9-42

E.F.T.S. #13 ST. HUBERT ... COURSE NO. 65 ... FROM 28-9-42 ... TO 22-1-43

S.F.T.S. XXXX ... COURSE NO. ... FROM ... TO ...

TRAINEE FROM: CAN.: ... U.K.: ... AUS.: ... N.Z.: ...

(1) G.I.S. RESULTS

SUBJECTS	Finals ITS	Finals EFTS	Finals SFTS	Supps. ITS	Supps. EFTS	Supps. SFTS
1. Mathematics	97					
2. Law, Discipline	91					
3. Navigation	74	162	90			
4. General Studies	88					
5. Airmanship		163	147			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight	90					
9. Anti-Gas						
10. Armament (written)	82	88	79			
11. Armament (Practical)			81			
12. A/C Recognition	94	65				
13. Drill	95					
14. Signals (Written)	100	100	36			
15. Signals (Practical)			100			
16. Meteorology			42			
TOTAL OBTAINED	897	576	575			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	90	82.3	76.7			
NUMBER IN CLASS	135	37	50			
POSITION IN CLASS	17	1	16			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours	64	
Instrument	66	98
Clear Hood	68	300
Navigation	72	117
TOTAL OBTAINED	206	515
TOTAL POSSIBLE	300	750
PERCENTAGE	68.6	68.[illegible]
NUMBER IN CLASS	34	50
POSITION IN CLASS	26	38

(3) FLYING APTITUDE

(3) FLYING APTITUDE	EFTS	SFTS
1. Natural Skill	A	A
2. Skill in Landing	A A	AA
3. Airmanship	A	A
4. Cockpit Drill	A	AA
5. Instrument Flying	A	A
6. Night Flying	B A	A
7. Aerobatics	A	A
8. Formation Flying	N A	A
9. Map Reading	A A	A
10. Wind Speed & Direction Finding (TE)		
11. Straight Runs over as Pilot (TE)		

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
11 EFTS	Finch 2	39.45	28.00	4.20			7.00	11.30			11.40	
#13 SFTS	Harvard II	60:05	92:05	5:50	10:05	24:10	23:15	22:00	5:05	14:50	7:50	

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of Accident (~~Aircraft~~) Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

ALTITUDE TOLERANCE TEST. DATE 9/2/43

No. of 2 hrs. tests at 35,000 feet: 1. 2. (3.)

Symptoms
nil on 2 runs
mild on ... "
moderate on ... "
severe on 1 "

RECOMMENDED FOR:
~~A. Flying to 35,000 ft. or more.~~
~~B. Limited flying to 35,000 ft.~~
(C.) Flying only to 25,000 feet

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.		x					x
S.F.T.S.	A	A	A	A	AA.	A	A

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	515
G.I. S. (Para. 1)	575
Character & Leadership(Para8)	377
TOTAL	1467
PERCENTAGE	65.2
STANDING IN CLASS	37

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	120
S.F.T.S.	257
TOTAL	377

(9) CERTIFIED:

(a) That this pupil pilot has (~~has not~~) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (~~is not~~) authorized to wear the Pilot's Flying Badge, w.e.f. 22-1-43

Chief Instructor
No. 13 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Straight forward, Keen and confident, Not nervous, Reliable, Serious.

Alternative Recommendation: Ground Duties, Medical Category A1B

for Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

(b) E.F.T.S. Very good student, resiable, serious.

J.G. Elliott.
CHIEF GROUND INSTRUCTOR

Average pilot material. Very good on map reading.

L.W. Allen (C.F.I.)

Chief Supervisory Officer
No. E.F.T.S.

(c) S.F.T.S.

Low average pilot. Should be checked on his general flying and airmanship. Needs practice in aerobatics. Above average in navigation.

Chief Instructor
No. 13 S.F.T.S.

(d) S.F.T.S.

Concur. Not recommended for commission.

Commanding Officer
No. 13 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clead Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

Nadeau J.V.V.A

R135189

ROYAL CANADIAN AIR FORCE

SERVICE
AND
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE, AND
MUST BE RETURNED ON DISCHARGE

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

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

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

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

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

Air Force No. R135189 Surname N. ADEAU.

Christian Names (in full) JOSEPH IRENEE WILBRODALARIE

Date of Birth 25/9/19 Religion R.C.

Date of Enlistment/~~Appointment~~ 21/10/41

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

Occupation in Civil Life CLERK

Signature of Holder J. Nadeau

Name and Address of Next-of-Kin MR. A. DROUIN (COUSIN) SHERBROOKE QUE.

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

Certified Correct For O.B. Mackenzie F.L.

Date 14/4/43 Place R.C.A.F. 115 H.Q.

R.C.A.F. Rank as at 1/3/43 Sgt Air.

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
PILOT	22/1/43	D.R.O. 19/43.	N Scott F/LT.

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/SGT.	22/1/43	D.R.O. 19/43.	N Scott F/LT.

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
AWARDED PILOTS FLYING BADGE	22. 1. 43. D.R.O. 19/43.	N Scott F/LT.

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

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.
21/10/41	A, B			

BLOOD GROUP

Date	International	Initials of M.O.

NIGHT VISUAL CAPACITY

Date	Score	Group	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.....

R0135189 NADEAU JOSEPH IWA W022

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	~~CEN. SERVICE~~ WAR MEDAL	C.V.S.M.				
AWARD									✓	✓	✓				
AWARD AND CLASP											✓				
APPLICATION DISPATCHED															
RIBBON ISSUED									167589						
MEDAL ISSUED															

PREFIX NUMBER NAME RANK CODE

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

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

809, 9-2-50

MEMORIAL BAR

DATE DESP.

REGN. NO. 1796

Edgar Nadeau (Brother)
94A St. Louis St.,
Sherbrooke,
Que.

July-45.

FRENCH CARD

NAME NADEAU, Joseph Irenee Wilbrod Alarie

FILE NO. FD128

RANK W.O.2 PILOT

CATEGORY "KILLED"

REG. NO. R135189

DATE OF DEATH: 6 May /44

MOTHER LIVING: NO

WIFE: NA

MINISTERIAL CARD: 31-5-44

ROYAL MESSAGE: 7-6-44

MEMORIAL CROSS TO CHAPLAIN:

To Brother-

To brother

DEL'D TO MOTHER:

DEL'D TO WIFE:

M. Edgar Nadeau,
70, rue Saint-Louis,
Sherbrooke, P. Q.

COMMAND:

RELIGION:

fm

AIR FORCE No. R135189 R.

NADEAU, JOSEPH IRENEE WILBROD ALARIE
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 21-10-41
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 25-9-19 PLACE Weedon Que CITIZENSHIP British 1
FATHER (FULL NAME) Arthur Nadeau deceased
BIRTHPLACE N. H. Manchester
MOTHER (FULL MAIDEN NAME) Valentine Couture deceased
BIRTHPLACE Que

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE x Que.
JUNIOR MATRICULATION x Que.
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
6

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
clerk, 3 yrs.
8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Nil
0

11. HONOURS-AWARDS, MENTIONS

HONOURS	AUTHORITY	DATE
Nil		
Pilots Flying Badges	1387 19	22-1-43

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

13. RELIGION R.C. 1

14. LANGUAGES French English 3

15. SPORTS tennis cricket softball

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

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME: Edgar Nadeau — RELATIONSHIP Brother
ADDRESS: 70 St Louis St. Sherbrooke Que — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE			D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Forfeits pay 1 day AWL	26	1	42	4MD23			
R.A.	1/5	7	42	11EF72			

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	21	10	41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ Gov qtrs & draw stns		27-10-41	4MD252
Occ. qtrs & draw stns		28-1-42	5MD25
Occ Govt qtrs & draws stns		28 2 42	4BG 56
Occ Gov't qtrs & draw stns		12-4-42	3TT 889

22.(a) ADDRESS PRIOR TO ENLISTMENT
70 St-Louis St Sherbrooke Que
26303

23. DOCUMENT CONTROL (INDICATE RECE[illegible]Y DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
24-10-41	JAN 27 '42	23-10-41			O.H.F.

AIR FORCE No. R135189

NADEAU, JOSEPH IRENEE WILBROD ALARIE

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT: Montreal — DATE 21-10-41

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

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

S.O.S. or T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	4 MD Quebec	21	10	41	4MD252
SOS	4 MD Quebec	27	1	42	4MD25
TOS	5 MD Lachine Que	28	1	42	5MD25
SOS	5 MD Lachine	27	2	42	5MD50
TOS	4 BGS Fingal	28	2	42	4BGS 56
SOS	4 BGS Fingal	11	4	42	4BG86
TOS	3 ITS Victoriaville	12	4	42	3ITS89
SOS	3 ITS Victoriaville	4	7	42	3ITS158
TOS	11 EFTS Cap de la Madeleine	5	7	42	11EF56
SOS	11 EFTS	12	9	42	11EF76
TOS	#16 SFTS Hagersville	13	9	42	16SF 223
SOS	16 SFTS Hagersville	24	9	42	16SF 232
TOS	13 SFTS St Hubert	25	9	42	13SF 285
SOS	13 SFTS St Hubert	5	2	43	13SF 19
TOS	No 1 "Y" Depot Halifax	6	2	43	1Y 39
SOS	1 Y Depot RAF Trainees Pool	8	3	43	1Y 77
	Killed	6	5	44	
	PCX 697	7	5	44	
SOS	Overseas	8	3	43	E608

W.A.S. computed 29/9/44

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	21	10	41	4MD252
LAC	6	6	42	3ITS151
T/Sgt (Pd)	22	1	43	13SF19
T/F/Sgt (Pd)	22	7	43	YK686
T/WO2 Pd	22	1	44	DB897

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
21-10-41	R100	A1B	
27/4/42	M2	A1B	
6-1-43	B2	A1B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
P or O	S	21	10	41	4MD252
3018					
Plt	S	6	6	42	3ITS158
Plt	Sp	22	1	43	13SF19

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.

R.C.A.F. OVERSEAS — ENLISTMENT MARITAL STATUS — PRESENT MARITAL STATUS — HIGH & TECH. SCHOOL EDUCATION — RELIGION (C. OF E., BAP., U.C., PRES., R.C., HEB., MIS., OTHER PRO., PREV. SERV.) — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. R135189 | Madeau (SURNAME) | Joseph Irenee Wilbrod Alarie (FULL CHRISTIAN NAME)

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 21-10-41

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
25-9-19	Weedon Que.	Canada	British	

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	x Que
HIGH SCHOOL ENTRANCE		SENIOR MATRICULATION	
TECHNICAL SCHOOL		UNIVERSITY	
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	French + Eng.

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk 8300

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
21-10-41	A1B		
27-4-42	A1B		
6-1-43	G1B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED Single
WIFE (FULL MAIDEN NAME) OR HUSBAND
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Edgar Madeau (Brother) 98 St Louis, Sherbrooke, Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMEN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	21 10 41	HM 3252	Pw O "I"	21 10 41	Hm 3252
LAC	6 6 42	3 ITS 157	Plt "I"	6 6 42	3 ITS 157
T/Sgt/Pd	22 1 43	13 SF 19	Plt "II"	21 1 43	13 SF 19
T/F/Sgt.	22 7 43	0/0 5 (P) AFO 686/43			
T/WO II	22 1 44	0/0 610 TCS 897/44 24			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Crse 65. 13 SFTS				28 9 42 / 22 1 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R135189

NADEAU, JOSEPH IRENEE WILBROD ALARIE

SURNAME / FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 21-10-41

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
15.7.43	21.7.43	7	Priv.	20(P)AFU 22
9-1-44	18-1-44	10	annual leave	5(P)AFU. 2/44
16.2.44	29.2.44	14	P.L.	5(P)AFU 12

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
22 1 43	P.F. Badge	13 SF 19

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM / TO	DATE			AUTHORITY
SoS	13 SFTS St. Hubert	5	2	43	13 SF 19
SoS	Overseas	8	3	43	E.608.
Disembarked	U.K.	17	3	43	E.608.
TOS	3. P.R.C.	18	3	43	Int. 42.
att.	Whitley Bay.	14	4	43	9/43.
TOS	No. 20(P) AFU.	18	5	43	3 PRC 120/43
ATT.	20.(P). J.E.E. A.F.U — 1519 B.AT Flight.	22/29	6/6	43	1515 B.A.T. 9/43 flight 8/43
SoS	20(P)AFU - 5(P)AFU	7	9	43	20(P)AFU 29/43 5AFU
att To	Satellite Gatenhill	19/28	10/12	43	5(P)A.F.U 42/43 " " 3/44
TOS	61 OTU from 5(P)AFU	21	3	44	5(P)AFU 17 61 OTU 15
F/A	KILLED FROM 61 O.T.U.	6	5	44	61 OTU 23 PR459 AFRO 1133/44
	Buried at Chester RAF Cemetery A898				1-35-2 FD.8253

AL[illegible]ER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Jaff pay ack 26-1-42 (1944)	4 MD 23

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Embarked 9-3-43

AIRCREW PILOT OR OBSERVER (STD)

ROYAL CANADIAN AIR FORCE

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

R 135189 — A.F. No.
NADEAU — Surname
JOSEPH RENEE WILBROD ALARIE — Christian Names
R. C. — Religion

Born 25-9-19 Place WEEDON, PQE Country CANADA Citizen of CANADA Racial Origin AMERICAN

PARTICULARS OF FAMILY — M. S. D. W.

Wife's Maiden Name — Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

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

Edgar Nadeau (Brother)
98 St. Louis St., Sherbrooke, Que.

CIVIL EDUCATION

High School Entrance X — Jr. Mat. X — Sr. Mat.

Technical School — Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

CLERK 1938-41

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
NONE	Date 21-10-41	A1B	21 10 41		
	At MONTREAL				
	Term DURATION				

Rank	Auth.	Date	Trade	Auth.	Date
AC2	NRO	21 10 41	P-O		21 10 41
LAC	151/42	6 6 42	Remust. Pilot Stel.	Grp.	6 6 42
~~T/Sgt. DRO 13 15-1-43~~					
T/Sgt ~~DRO 13 15-1-43~~					
DRO 19	22-1-43				

TRADE TESTS AND COURSES

Trade	GP	%	P or F	Date
P-O	5		P	20 7 40
Remust. Pilot Stel. Group				6 6 42
Remust Pilot Special Group				22-1-43

LEAVE

From	To	Auth. and Description
23-1-43	6-2-43 (14d)	Embarkation

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
	Wounded Pilots	Flying Badge	~~15-1-43~~	~~DRO 13~~
			22-1-43	DRO 19

R.C.A.F. R.44C
100M—6-41 (305)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
M.O.R.B	R/C MTL, QUE	#4 MD QUEBEC	21-10-41				
DRO 24	4 M Depot	5 M Depot					
	Quebec	Lachine	27-1-42				
DRO 25/42	T.O.S. #5 M.D. LACHINE Que.		28-1-42				
DRO 50/42	#5 M.D. Lachine, P.Q.	#4 B. & G.	27-2-42				
DRO 86/42	#4 B & G. Fingal	#3 E.T.S. Victoriaville, Quebec.	11-4-42				
DRO 158/42	3 E.T.S.	#11 E.F.T.S.					
	Victoriaville,	Cap de la					
	P.Q.	Madeleine, P.Q.	4-7-42				
D.O. 76/42	11 E.F.T.S.	#16 S.F.T.S.					
	Cap de la Madeleine	Hagersville Ont	12-9-42				
DRO 232/42	#16 S.F.T.S.	#13 S.F.T.S.	24-9-42				
	Hagersville	St. Hubert,	P.Q.				
DRO 19 d/22/1/43	13 SFTS	1 "Y" Depot	5-2-43				
DRO 70	# 1 Y Dpo	RAF T.P.	8/3/43				
		Emb N.Y.	9.3.43.				
		UK.	17.3.43.				
	(INT 42)	3 PRC.	18.3.43.				

Finger Printed
Date 21-10-41
Initials EB

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.135189. Name NADEAU JOSEPH RENEE WILBROD ALARIE. Rank ~~T/SGT.~~ T/F/SGT.
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 25.9.19 Religion R.C. Occupation in Civil Life Clerk.

Last Enlisted 21.10.41. Current Engagement D of W.

If a member of the Auxiliary Air Force

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

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

EDGAR NADEAU (BROTHER) 98, ST LOUIS ST, SHERBROOKE, QUEBEC

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 I.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
13 SFTS.	1 Y Depot	5.2.43
1 Y Depot	RAFTP.	8.3.43.
	Emb N.Y.	9.3.43.
	UK.	17.3.43.
(INT 42)	3 PRC.	18.3.43.
3 PRC	20(P)AFU	18.5.43
20(P) AFU.	5(P) AFU	14.9.43
5(P) A.F.U.	61. O.T.U.	21.3.44.
61 OTU.	KILLED IN F/A	6.5.44.

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

* Authority.	Description.	Date of Effect.
	Pilot. Std. AC2	21.10.41.
DRO 15/42.	Pilot Std. LAC	6.6.42.
DRO 19.	Pilot (Spec)(2) T/Sgt.	22.1.43.
P.O.R. 58/43.	PROMOTED T/F/SGT.	22.7.43.
POR 24/44	Promoted T/W/O (2)Pd.	22.1.44

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.

(*10349) Wt. 23821—1216 100M 8/42 T.S. 700
(*11118—10349) Wt. 39960—2622 100M 12/42 T.S. 700

MB

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 pos[ting]; 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 Office[r]
Sgt	V.G.	Pilot	ON STRENGTH FOR TRAINING ONLY				14.9.43.	[signature] S/L
T/F/SGT.	VG	PILOT	AC Sat	AC Sat	—	—	31/12/43	[signature] W/C.
T/F/SGT.	VG	PILOT.	ON STRENGTH FOR TRAINING ONLY.				21/3/44	E. C. Oldfield S/L
T/W/O	VG	PILOT	On Strength for training only				6.5.44	[signature]

P.O.R. 12/44. 16.2.44 29.2.44. 14 Ann. RW. D947837. [signature] F/LT.
P.O.R 2/44. 9.1.44. 18.1.44. (10 DAYS ANN.) RW.D946743 [signature] F/LT.
POR 27/43 7 days Priv. Leave. 15/7 — 21/7/43. R.W.C. Y31946 atd. 14/7/43. [signature] S/O
80/43 3PRC. 4.4.43. to. 10.4.43. Priv Leave. 7 days incl R.W. 913860 i/s

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

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

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

Authority.	Nature.	Date of Effect.
D.R.O. 19/43	Awarded Pilots Distinguishing Badge.	22. 1. 43.

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) NADEAU JOSEPH IRENEE WILBR. ALRRIE (b) N° matricule R135189.
2. (a) Arme RCAF (b) Unité #4 M Depot Quebec (c) Rang AC2 S
3. (a) Date de naissance 25-9-19 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Bromptonville, P.Q.
4. (a) Lieu d'enrôlement Montreal, P.Q. (b) Date d'enrôlement 21-10-41

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 18 (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No.
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) Junior Matriculation
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu N.A.
8. (a) Êtes-vous déjà entré en apprentissage? No. (b) Si oui, dans quel métier? N.A. (c) Avez-vous complété votre apprentissage? N.A. (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? N.A.
9. (a) Quelles langues parlez-vous couramment? French + English (b) Quelles langues lisez-vous facilement? French + English

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? None.

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école? N.A.
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé N.A. (b) Durée d'emploi dans cette occupation ou métier? N.A.
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent N.A.
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement N.A.
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom N.A. Adresse N.A.
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.) N.A.
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise N.A. (b) Quand l'avez-vous abandonnée? N.A.

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Brompton Pulp + Paper Co. Adresse Bromptonville, P.Q.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Mfg. Paper.
20. (a) Genre précis de votre occupation Timekeeper (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 3 1/2
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? No. (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? No. (c) Désirez-vous retourner à votre ancien emploi? Yes.

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession N.A. (b) Où était-il situé? NA.
23. (a) Nombre d'années dans ce commerce? N.A. (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable? NA.

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? No. (b) Vous croyez-vous apte à exploiter une ferme? No. (c) Si oui, dans quel genre de culture? N.A.
25. (a) Êtes-vous né sur une ferme? N. (b) Nombre d'années d'expérience effective dans la culture? NA (c) Dans quelles provinces avez-vous acquis votre expérience? NA.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No.
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) N.A.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Office work or stay in RCAF as pilot.

DATE October 22 194 1 SIGNATURE Wilbrod Nadeau

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Edgar Nadeau,
70 St. Louis St.,
Sherbrooke, Que.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. R135189 FD 130

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

June 6th, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

NADEAU, Joseph Irenee Wilbrod Alarie, W/O 2

R.135189 R.C.A.F.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Administrator of Estates.

DBS/MK

ESTATES BRANCH JUN 15 1944 H.Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		non		
2	Children of the Deceased and dates of their Births.....		célibataire		
3	Father of the Deceased.....		décédé		
4	Mother of the Deceased.....		décédée		
5	Brothers of the Deceased	Full Blood	Edgar N adeau, (Harry) Henri Nadeau Robert Nadeau		
		Half Blood	aucun		
6	Sisters of the Deceased	Full Blood	Marie ~~Anne~~ Laure Nadeau Bossé Clémence Nadeau		
		Half Blood	aucun		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
			aucun		

27703 see letter 22/12/44

24
600
8
5
216
119

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Irené Wilbrod Alarie Nadeau
9	Date of his birth.	~~6 mai 1944~~ 25 Sept 1919.
10	Place and date of his marriage.	single
11	Place and date of his parents' marriage.	Stratford,Co.Wolfe,en juillet 1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Fontainebleau,Co. Wolfe.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) In fontainebleau,de 1920 à 1929 (b) (c) in Lewiston,Me,de 1929 à 1933 (d) in Bromptonville de 1923 à 1943 year of departure for overseas
14	Nature of employment before enlistment.	commis de bureau
15	State whether he owned the premises in which he lived, and, if so, where situated.	non
16	Name place where deceased stated he intended to make his permanent home.	Bromptonville.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	oui,devant le Notaire A.Ouellet, à Bromptonville en 1940,
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	single when died
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	bank deposit,at Royal Bank of Canada Upper Town branch Sherbrooke,Capital seulement,$604.53 de capital seulement.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	17 X $5.00 certificates yes,at Royal Bank of Canada, ~~$604.53~~ Upper Town. Sherbrooke-Que
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00 coupon reg. Do.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	#93.002. $2000.00 Montreal Life Insurance Co. has aviation or war risk clause. amount payable by company $216.00
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	aucune aucune
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	pas encore

243.33
604.53
85
50
216
1198

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* cousin ....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

J. A. Drouin .... Signature of Informant

Sherbrooke R.R. No.1 ....Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief........................

*See above.

....Jos.Alphonse Drouin.... (Name of informant) is the*.... cousin ....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at....Bromptonville,........this....8th.......day of.......June 1944........19.....

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

J. A. Ouellet .... Qualification....Notary Public........

Address........Bromptonville,Qué........................

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Le père et la mère du défunt sont morts,la mère il y a environ 20 ans et le père il y a 11 ans.

R.C.A.F. Special Reserve

N° MATRICULE R135189 VERSÉ À # 4 M.D.Quebec.,P.Q. MÉTIER Pilot or Observer S

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 NADEAU Prénoms en entier JOSEPH IRENÉE WILBROD ALARIE
2. Adresse actuelle 70, rue St. Louis, Sherbrooke, P.Q. Téléphone 992
3. Adresse fixe 70, rue St. Louis, Sherbrooke, P.Q.
4. Lieu de naissance Weedon, P.Q. Nationalité Canadien
5. Date de naissance 25 septembre, 1919 Marié, célibataire, veuf, séparé, divorcé Celibataire
6. Enfants AUCUN

Nom	Date de naissance	Nom	Date de naissance
N.A.			

7. Profession Commis de bureau 8. Religion Catholique romain (Indiquez la confession religieuse)
9. Langues Francais, Anglais, couramment (Degré de connaissance)
10. Plus proche parent (nom en entier) Edgar Nadeau Degré de parenté Frere
    Adresse du plus proche parent 70, rue St. Louis, Sherbrooke, P.Q.
11. Père (nom en entier) Arthur Nadeau Lieu de naissance Manchester, N.H.
    Adresse decede Nationalité Americain
    Profession Comptable
12. Mère (nom de fille en entier) Valentine Couture Lieu de naissance Stratford Centre, P.Q.
    Adresse decedee Nationalité Canadienne
13. Détails du service dans les armées de terre, de mer ou de l'air: AUCUN

Unité	Lieu	Rang	Profession	Date du	Date au	Motif de la libération
N.A.						

R.C.A.F. Records Office
Rec'd. OCT 24 1941
3 K B
C 1
S P.A.

14. Honneurs, récompenses, citations AUCUN
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

236 - 254

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Ecole Black Lake, Black Lake, P.Q.	1924	1927	Primaire
Cours supérieur—Collège, etc.	Healy Asylum School, Lewiston, Me.	1927	1931	Primaire
Cours technique	Acad. de Lewiston, Lewiston, Me.	1931	1933	Primaire, 8e annee
Autres cours universitaires ou scolaires	Auburn High School, Auburn, Me.	1933	1934	1 an de high school
Cours par correspondance	Acad. de Brompton, Bromptonville, P.Q.	1934	1938	Cours superieur termine

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
Brompton Pulp & Paper Co., Bromptonville, P.Q.	Commis	1938	Oct. 1941	Pour m'enroler dans le C.d'A.R.C.

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

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

AUCUN

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement

Tennis, Croquet, Balle Molle, moderement

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 Pilote

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).

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

Nom	Adresse	Profession
F. Ford	Brompton Pulp & Paper Co. Ltd., Bromptonville, P.Q.	Surintendant general
J.P. Mullins M.P.	Bromptonville, P.Q.	Depute
E.P. Wilson	East Angus, P.Q.	Surintendant general
Rev. Pere Philibert Ladoux	Bromptonville, P.Q.	Cure

28. Autres renseignements se rapportant à votre demande d'engagement

AUCUN

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 20 octobre, 19 41 Signature Wilfrid Nadeau

NATIONAL REGISTRATION CERTIFICATE PRODUCED. 61/10 [signature] F/O

OCT 21 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 Irenee Wilbrod Alarie Nadeau 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 Oct. 21st 19 41 Wilbrod Nadeau
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

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

Date Oct. 21st 19 41 Wilbrod Nadeau
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 21st jour de Oct. 19 41

[signature] F/O .... RCAF. Recruiting Centre, Montreal, PQ.
Signature de l'Officier — Grade — Unité

Finger Printed
Date 21-10-41
Initials E.B.

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 22 2. Avez-vous souffert d'une des maladies suivantes—

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

3. Avez-vous jamais porté des lunettes? NO

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

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

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) None

2. Taille 5 pieds 4½ pouces. 3. Poids 118 livres.

4. Teint Medium 5. Couleur des yeux Blue Cheveux Brown

6. Développement { Bon / ~~Passable~~ / ~~Médiocre~~ } 7. Tour de poitrine—Expiration 35½ pouces
Degré d'expansion 2 pouces

8. Ouie—Droite WV 20 Gauche WV20 Tympan—Droit N gauche N

9. Vue—sans lunettes—droit 20/25 avec lunettes—droit
Colour vision N(Ish) gauche 20/25 gauche
B.P. 138/88

10. État de la bouche et des dents Dental Count 39 Points

11. Urine—Albumine Negative Sucre Negative

12. Anomalies révélées à l'examen (congénitales et pathologiques)
Breath Holding 7 40m.m. unsatisfactory

9.10.41 X Ray # 95771 Neg

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. A1B

21-10-41 Recheck normal

Observations spéciales des médecins Sept. 27-40-Cardio respiratory unsatisfactory-no change in category. Oct. 4/41, Visual acuity varies, on same day, from R20/50, L.20/40 40R 20/30, L 20/20 To be refracted at D.P.&N.H. A.T.B.T. Oct. 8/41 see DP &NH report on visual acuity Broderline visual acuity

13. Reflexes	N
14. Heart	N
15. Lungs	N
16. Blood Pressure S.D.	135/80
17. Colour Vision	N

Date July 22nd 1940

Président Membre Membre

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

CONFIDENTIAL

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

(γ)

ROYAL CANADIAN AIR FORCE

Medical Board held at Sherbrooke, P.Q. *Date* 22-7-40

FILE NUMBER B/35189

Surname NADEAU *Chr. Names* JOSEPH IRENÉE WILBROD ALAIRE
Nature of Commission AIR CREW *Date of Birth* 25-9-19(20) *Married or Single* SINGLE
Branch R.C.A.F. *Hours Flown* NONE
Address Bromptonville, 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 T. & A. 1938.
(x) Any Illness or Injury not mentioned above NO

Education BROMPTON ACADEMY, HIGH SCHOOL 3 YRS.
Present Occupation CLERK Hobbies NO
Previous Service BROMPTON ACADEMY CADETS 4 yrs.
Athletics TENNIS, SOFTBALL, BASEBALL.
Habits—Smoking 1 c.a.d. Alcohol NONE
FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health N.A. Dead—Cause UNKNOWN
Mother Alive—Health N.A. Dead—Cause APPENDICITIS
Brothers (4.) Alive—Health GOOD (...) Dead—Cause
Sisters (2.) Alive—Health GOOD (...) 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 23-7-40 *Signature* Wilbrod Nadeau *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique: Athletic *(b)* Mentality: Standard

Body Marks, Scars, Deformities: None

Size of Thyroid Gland: Normal

Surgical Abnormalities: None

Results of Wounds, Injuries, Operations: None

	Date 22-7-41	Assessing Room	Date Oct. 4-41	Assessing Room	Date 27-4-42. #3 M.S.B.	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	64¼		65		65		
Weight (lbs.) 35 1/2-2	118		124		127		*Date*
Chest Circumference (ins.)	34 1/2		34 1/2		34		
Body Build (lbs.)	-6(124)		-6(130)				
Leg Length (ins.)	38 1/2		38¼		38		
Pulse Rate — Sitting	84	/	84		86		
Pulse Rate — Standing 1st	108	/	96				
Pulse Rate — Standing 2nd	96		84				
Pulse Rate — After Exercise	120	2	108				
Pulse Rate — Time to Normal	25		30 secs.				
Arterial Walls	Soft		Soft		N		
Blood Pressure — Systolic	138		135		140		
Blood Pressure — Diastolic	88		80		80		
Heart — Size	N		N		N		
Heart — Sounds	N		N		N		
Heart — Rhythm	REG.		N		N		
Lungs	N. N		N		N		
Breath held 38	50	2	60		N		
Expiratory Force 100	120		120		N		
Vital Capacity (Best of 5)	No apparatus		--		N		
Reflexes — Knee	N N		N		N		*Date*
Reflexes — Ankle	N N		N		N		
Reflexes — Triceps	N N		N		N		
Reflexes — Abdominal	N N		N		N		
Reflexes — Plantar	FL. FL.		N		N		
Cranial Nerves	N N		N		N		
Balancing Rod	R. L. 1S 1S	R. L.	R. L. S. S.	R. L.	R. L.	R. L.	
Self Balancing	R. L. 1S 1S	R. L.	R. L. S.S.	R. L.	R. L.	R. L.	
Tremors — Fingers	SF. SF.	/	N				
Tremors — Eyelids	SF. SF.	/	N				*Date*
Abdomen — Liver	N		N		N		
Abdomen — Spleen	N		N		N		
Abdomen — Muscular Tone	GOOD		N		Good		
Urine — Albumen	NEG.		NEG.		Neg.		
Urine — Sugar	NEG.		NEG.		Neg.		
Initials of M.O.	[signature]		[signature]		PTG.	[signature]	

32 40 mm. Hg. Test 22-7-40 38 secs. 8/888.778.6 [signature]

Date Oct. 4, 1941. 1.) 7/789,988,777,7 50 secs. [signature]

Date 2.) 7/789,998,777,777 60 secs.

Date 27-4-42 60 secs. 2 trials. PTG.

Date

Remarks by Consultant. Flack's physical efficiency index of 35 points which indicates doubtful fitness. Return in 1 month for recheck.

[signature]

EYE EXAMINATION

3 M.S.B.

History	Negative.	Neg.	No symptoms.
Visual Acuity	R. 20/25, c̄ 2.25 = 20/100 blur	20/50	20/30-1 2.50 20/[illegible]0 c̄ ph 20/20
	L. 20/25, c̄ 2.25 = 20/200 bl.	20/40	20/30-1 2.50 20/200 c̄ ph 20/20
Colour Vision	N. (Ish.)	N. (Ish.)	CVN. Ish. #9
Red, Green	N	Ortho	M.R. Eso. 1D
Diaphragm Test (P.D. =	60 Bar at 0	6.5 Bar at 0	60 Bar at 2
Convergence	C. = 6 cms.	7.0 cms.	6
	S. C. = No apparatus cms.	6.0 cms.	12
Accommodation	R. do		10
	L. do	9.0 cms.	10
Cover Test	Sl. Lat. Div. Slow R.	N	Sl. Div. Dev. R.R.
Fundi and Media	N N	N	N
Fields	N N	N	N
Remarks:	FIT.	SEE NOTE ON BACK RE VISUAL ACUITY.	A1B Defective vision.
	Initials of M.O. [signature]	*Initials of M.O.* [signature]	*Initials of M.O.* JFM
	Date 22-7-40	*Date* Oct. 4, 1941.	*Date* 27-4-42.

EXAMINATION OF EAR, NOSE AND THROAT

History: NEGATIVE, except nose borken 1936 was not repaired.

Hearing	R. Ear	W. V. 20 ft.	W. V. 20 ft.	W.V. 20'
	L. Ear	W. V. 20 ft.	W. V. 20 ft.	W.V. 20'
External Ear, Meatus Membranes	R. Ear	N	N	N
	L. Ear	N	N	N
Middle Ear, Eustachian Tubes	R. Ear	N	N PAT.	N
	L. Ear	N	N PAT.	N
Cochlear Apparatus	R. Ear	N	---	
	L. Ear	N	---	
Vestibular Apparatus	R. Ear	N	---	
	L. Ear	N	---	
Buccal Cavity			HEALTHY	healthy
Teeth		DENTAL COUNT 39.	"	satis.
Gums		N	"	healthy
Pharynx		N	"	N
Nasopharynx		N	"	N
Nose		N	"	N
Larynx		N	"	N
Remarks:		FIT		
		Initials of M.O. [signature]	*Initials of M.O.* [signature]	*Initials of M.O.* PTG.
		Date 22-7-40	*Date* Oct. 4, 1941.	*Date* 27-4-42.

HISTORY OF PRESENT CONDITION

Date 22-7-40

A short athletic type doesn't seem very aggressive. General examn. reveals short leg lenth should be tested in a machine. Eye ear nose and throat satisfactory. Breath holding & 40 m.m. test unsatisfactory.

ATB

Oct. 4, 1941. Visual acuity varies on same day, from R 20/50 L.20/40 to R. 20/30, L.20/20.
To D.P.&N.H. for refraction & paralyzed accomodation 40 mm. Hg. test satisfactory. Leg length very slightly on short side.

Cat. ATB

Oct. 8/41. See D.P.&N.H. report.
Visual acuity borderline.

Cat. A1B

3 M.S.B. 27-4-42.

I hereby declare that I have had no illness etc. since my last M2 exam.

FAMILY: Parent dead.

EDUCATION: 3 yrs. H.S.

MOTIVATION: Pilot: Observer.

INTELLIGENCE: Average

EMOTIONAL STABILITY: Average.

GENERAL ADJUSTMENT: Average

COMMENTS: Average man.

P.T. Green, F/Lt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date

FIT | Date 27-4-42
PILOT
~~OBSERVER~~
~~W/OPERATOR~~
~~A/GUNNER~~

M.O.

1. Visual acuity:
2. Leg length 38"

E.E.G. NG
E.C.G.
L.P.C. 2
Night Vision acuity: Quality: BA
Score: 8

R.C.A.F. Rec'd JUN 18 1942
O.K. C.I.
R.C. N.I.
S.L. P.A.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (WALES)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or 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: NADEAU (Block letters)

Given names: JOSEPH IRENEE WILBROD ALARIE

Do not write in this space

4. RESIDENCE

Street: St. Louis Street No. 70

Official name of civil municipality or township: Sherbrooke

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: September (Month) 25th (Day) 1919 (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.: Pilot

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

15. Date deceased last worked at this occupation: May 6/44

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Nadeau, Arthur	United States
MOTHER (Maiden Name)	Couture, Valentine	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: (Month) (Day) 19 (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 6th (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 in flying accident

due to

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

due to

(c) ....

II

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

....

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

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide (State which): Accident Date: May 6th 19 44

Manner of injury (How sustained): Killed in flying accident

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)

" A "

W I L L

I Joseph Irenée Wilbrod Alarie Nadeau of the Town of Sherbrooke, in the County of Sherbrooke, Province Quebec Time-Keeper a member of the Royal Canadian Air Force, Number R-135189 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

I Give, Devise and Bequeath unto my brother Mr. Edgar Nadeau, 70 St.Louis St., Sherbrooke, Que.

I appoint Mr. J. Alphonse Drouin, (same as above) to be the Executor of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 22nd day of October 1941.

Signed and acknowledged by the Tes-
Tator, 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.

(signed) Wilbrod Nadeau

(signed) J.C.D. Legault, Clerk
No.4 "M" Depot, Quebec

" Julienne Dubé, Sténographer
No.4 "M" Depot - R.C.A.F. Quebec

C A N A D A

C A N A D A

Province of Quebec IN THE SUPERIOR COURT.

District of St.Francis

BE IT REMEMBERED that on the twenty-first day of the month of May, in the year of Our Lord one thousand nine hundred and forty-five, at the City of Sherbrooke, in the District of St.Francis;

BEFORE ME, Albert Désilets, Prothonotary of the Superior Court for the Province of Quebec, in the District of St.Francis;

CAME AND APPEARED :- J. Alphonse Drouin, of Sherbrooke, sacristan, acting herein in his quality of Testamentary Executor duly named under the Will and Testament hereinafter mentioned,

PETITIONER

for the Probate of the Will and Testament of the late Joseph Irénée Wilbrod Alarie Nadeau, aviator, in his lifetime of Bromptonville and Sherbrooke, in the district of St.Francis; said Will and Testament made and executed in the form derived from the Laws of England, before witnesses, and bearing date the 22nd. day of October, one thousand nine hundred and forty-one, is hereunto annexed and marked "A";

THE EXECUTION of the said Will and Testament having been duly proved before me by the deposition of Paul Emile Couture, of Bromptonville, office employee;

I APPROVE of the said Will and Testament as and for the Last Will and Testament of the said late Joseph Irénée Wilbrod Alarie Nadeau, AWARD PROBATE thereof and ORDER that the said Will and Testament be enregistered in the registers of the Superior Court and exemplification thereof granted according to law;

WITNESS THE SEAL

WITNESS THE SEAL of the Superior Court and my signature hereunto affixed at the City of Sherbrooke, in the district of St.Francis, this twenty-first day of May, one thousand nine hundred and forty-five.

(signed) ALBERT DESILETS

P.S.C.

C A N A D A

Province of Quebec IN THE SUPERIOR COURT.

District of St.Francis

I, the undersigned, Albert Désilets, Prothonotary of the Superior Court for the Province of Quebec, in the District of St.Francis, hereby certify the foregoing to be a true copy of the photostatic copy of the Last Will and Testament and of the Probate thereof of the late Joseph Irénée Wilbrod Alarie Nadeau, aviator, in his lifetime of Bromptonville and Sherbrooke, in the district of St.Francis; the copy whereof remains of record in my office and of which copy I am the legal custodian.

SHERBROOKE, in the District of St.Francis, this twenty-first day of May, one thousand nine hundred and forty-five.

Albert Désilets

P.S.C.

SUPERIOR COURT

District of St.Francis

- - - - - - - -

Last Will and Testament

and Probate thereof

of the late

J.I. Wilbrod A. Nadeau.

- - - - - - - -

C O P Y

- - - - - - - -

R.C.A.F. FORM A.28
350M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

P. [illegible]

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

APPOINTED OR ENLISTED AT Montreal, P.Q. ON 21-10-41

MARRIED OR SINGLE S

No. R-135189 NAME IN FULL NADEAU, J.I.W.A.

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
	1-12-41	AC2	S	AS	1 30		1 30		No. 4 "M" Depot, RCAF Quebec
151	6.6.42	LAC	S	A.S.	1 50				Recl LAC.
158	6.6.42	LAC	S	A.S.	1 50				REMUST PILOT
56	6-7-42	LAC	S	AS	1 50	75	2 25		F/P
19	22-1-43	SGT	S.C	A.S	3 70		3 70		APPT T/SGT (PAID)

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Mr Jos Drouin,	1-11-41	15 —	15 —
M.F.M. 19	1-3-43	15 00 / 50 00	50 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
Vol Asgt to Foster Father			

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.		Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1-12-41 to 31-12-41	31	40 30					40 30	15 —							12 —	27 —	13 30	0	
1-1-42 to 27-1-42	27	35 10					35 10	13 50				7 fts 1 d pay AWL	1 30	193/ 8 30	12 —	35 10	—	0	S.O.S. #4 M Depot to #5 M Depot Lachine 27-1-42 DO #25 [signature]
Feb. 28-31/1/42	4	5 20	. .	——	. .	∅	5 20	1 50	. .	. .	∅	——	. .	. .	. .	1 50	. .	3 70	TOS #5 M.D. Lachine, P.Q. 28-1-42 DO
1-27/2/42	27	35 10	— —	——	— —	3 70	38 80	15 00	— —	— —	∅	——	— —	2/45 3 70	10 00	28 70	11 40	1 30	S.O.S. to #4 B.&G. Sch. Eff. 27-2-42. DRO 50 [signature]
28/2	1	1 30				∅	1 30				1 30					1 30		—	DO 56 TOS 4 B&G School FR. 5 M. DEPOT LACHINE EFF 28-2-42
Mar 1-31	31	40 30					40 30	15 00							10 00	25 00	15 30	—	
Apl. 1-11	11	14 30					14 30	5 50						8 80		14 30		—	DRO 86 SOS to 3 ITS EFF 11-4-42 [signature]
12/30-4	19	24 70					24 70	9 50								9 50	15 20		T.O.S. EFF 12-4-42 DO 89.
1/31-5	31	40 30					40 30	15 00							12 00	27 00	13 30		
1/5-6-42 6/30-6-42	5 25	6 50 37 50					44 00	15 00						26 00		41 00		3 00	
1/4-7-42	4	6 00				3 00	9 00	2 00						7 00		9 00		—	S.O.S. TO #11. EFTS. eff 4-7-42. DO. 158. [signature]
5-31/7	27	19 50 40 50					60 00	13 00						17 00	—	30 00	30 00	—	T.O.S. EFF 5-7-42 DO 56
Aug	31	69 75					69 75	15 00							27 00	42 00	27 75	—	
1-9 to 12-9	12	27 00					27 00	6 00							26 00	32 00	—	5 00	DO 76 SOS EFF 12-9-42 Post #16 SFTS HAGERSVILLE [signature]
13-24/9/42	12	27 00					27 00	6 00			5 00			16 00		27 00		Nil	T.O.S. DRO. 223 EFF. 13-9-42 S.O.S. No. 16, S.F.T.S. To No. 13 SFTS ST. HUBERT P.Q. EFF 24-9-42 D.R.O. 232 d/26-9-42 [signature]
25-30-9	6	13 50					13 50	3 00								3 00		10 50	T.O.S. from #16 S.F.T.S. Hagersville eff. 25-9 DO 235
1-31-10	31	69 75				10 50	80 25	15 00							37 00	52 00	28 25		
1-30-11	30	67 50					67 50	15 00							26 00	41 00		26 50	
1-31-12	31	69 75		R/A N.Y.D. 308	25 —	26 50	98 75	15 00						26 50	27 00	68 50	30 25	—	
1-21-1 22-31-1	2[illegible] 10	47 25 37 00		R/A 14 da DO 19	7 00		91 25	15 00						15 00 10 00	67 25	107 25		16 00	S.O.S. TO # [illegible] Depot eff 5-2-43 [illegible] 19 [signature] F/L
1-5-2	5	18 50					18 50	2 50			16 00					18 50		—	

1962/50

(29)

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

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Montreal Que. ON 21-10-41

MARRIED OR SINGLE S

No. R135189 NAME IN FULL Nadeau J. J. H. A.

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.	Casualties Affecting Rate of Pay	Assignee	Eff. Date	Amount	Total	Date App. Forwarded	Relationship	Amount Awarded	Eff. Date	N.D.T. Class.
19	22-1-43	Sgt	S.G.	A.S.	3.70		3.70		App. T/Sgt (Paid)	Fund			15.00					
											1-3-43		56.00					

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.		Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
6-28/2	23	85.10					85.10	12.50				A 772		5.00	30.00	52.91	35.00	2.81	
1.8.3	8	29.60					29.60	13.33			2.81	E159 C6337 A853	5.48	13.00		29.14		46	SOS E608 Eff. 8.3.43 B. Groo[illegible]
						46						A30 196 E968	1.55					1.09	Dr. audited by treasu[illegible] 21/4/43 S. MacKinno[illegible]

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) 15th May 1944

PLACE OF BURIAL Chester
(and name of Cemetery) Blacon Cemetery

Map Reference

Grave No. A. 898. Personal or Official No. R.135189

Unit 61 O.T.U.

Name : (Surname) NADEAU. (Initials) J. I. W. A

Rank W/O. 2. Religion R.C.

Date of Death 6/5/44 Date of Burial 10/5/44

Means of Identification
Identity Discs.

30 MAY 1944

[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.

N/A

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) [illegible] F/Lt Unit 6/ O.T.U.

~~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.

(*11259—x8138) Wt. 42383—2855 1,250 pads 1/43 T.S. 700

TO BE RENDERED NOT LATER THAN 14 DAYS AFTER THE ACCIDENT

Form 765 (C)
(*Revised Feb.* 1943.)

REPORT ON FLYING ACCIDENT OR FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.

In every case copies of this form are to be rendered as follows :—

(i) ~~One~~ Two copy direct to Air Ministry, ~~P.4 (Accidents).~~ (P.A.2)

(ii) ~~Two copies direct to Air Ministry, S.4. (Statistics).~~ (~~S.B.2~~)

(iii) One copy direct to Ministry of Aircraft Production (R.M.I.).

(iv) ~~One~~ T.A.P. copy through usual channels to ~~Command~~ GROUP Headquarters.
[*In addition*, and *only* if casualties to officers or airmen are involved.]

(v) One copy to Air Ministry, P.4 (Cas.).

Indicate here by an X to whom this copy is addressed.

X

If this incident has been reported to the Air Ministry by signa., quote Reference No. and date.
11 (P) A.F.U. Calveley Sig
T.51. 6/5

Extra copies required for Dominion and Allied casualties; one for each authority concerned. When no casualties occur, one copy only if Canadians are pilots.

1. Unit	Group No.	Command	Serial No. of Form
61 O.T.U.	9	A.D.G.B.	61 OTU/445

2. Date of Incident 6/5/44

Time 14.30 Hrs.

Site of Incident

(*a*) Name of airfield or landing ground Bangor-is-y-Coed J.858652

(*b*) Place (if (*a*) not applicable)

(*c*) County Flintshire.

Part (*a*) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an airfield or landing ground.

3. Nature of and purpose for which flight authorised :—

Nature { (i) Operational or Non-operational ? Non-Operational
(ii) Day or Night flying ? Day

(iii) Purpose Training.

This flight is being included in this Unit's flying hour summary on { ~~Form 765A~~ / Form 765B (Delete as necessary)

4. Type of Airframe and Engine and extent of damage (*see* footnotes to this section).

Details of Airframe and Engine.	Airframe.	Engine. Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	Spitfire	Merlin.			
Mark or series	V	46			
R.A.F. No. (and makers' No. for engines)	X4821 *a*	79151/514700 *a*	*a*	*a*	*a*
	b	*b*	*b*	*b*	*b*
Total hours run		*b*	*b*	*b*	*b*
Date last installed in Airframe	—				
c Extent of damage	CAT E.	CAT E.			

a To be quoted whenever an engine is damaged or fails.
b To be quoted only for incidents involving defect or failure of airframe or engines.
c To be indicated as :—
E = Missing, unrepairable, reduction to scrap or instructional.
B = For repair at contractor's works or R.A.F. Depot.
AC = For repair by contractor's working party.
A = For repair by nearest R.A.F. unit.
U = No damage.

R135189

5. All Occupants of Aircraft and Flying Experience of Pilots.

Names to be entered in order of duty: 1st Pilot, 2nd Pilot, Pupil Pilots, etc. Degree of injury to be classified as: Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. *See* Note (ii) — Part A. Total Solo (Day & Night). Type Quoted in Part 4.	Part A. Total Solo (Day & Night). All Types.	Part B (*see* Note (i) below). Solo (Night). Type Quoted in Part 4.	Part B. Solo (Night). All Types.	Part C (*see* Note (iii) below). Instruments.	Part C. Link Trainer.
Pilot.	NADEAU. J.I. (Canadian)	W/O	R.135189	K.	96	297	-	-	-	-

NOTE (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.
(iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory factor.

6. Stage of Flight.	7. Did Fire occur? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. Conditions of Light in which Incident occurred.	9. If Incident occurred when taxying on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings. B. Starting up. C. Stationary other than A or B. D. Taxying. E. Taking off F. In flight. G. Landing. H. Towed or manhandled J. Not known.		A. Day (daylight). B. Dusk (half light of evening). C. Dawn (half light of morning). D. Dark (no moon or moon obscured). E. Moonlight. F. Not known.	
Quote A or B or C, etc., as appropriate F	on ground	Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary A	No.

10. Description of Accident (or summary of pilot's report, if available). In cases of engine failure, information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

Duration of flight since last take off : Hours..... Minutes..... If engine failure occurred during take off quote height.....

N/A

Pilot Killed.

---

11. Report by Appropriate Specialist Officers (A. E. Nav., &c.) :—(i) If technical failure is involved, information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident, the serial number of the modification and reason for non-embodiment should be stated.

No technical failure involved. The pilot left the aircraft but sustained injuries which suggest he was knocked unconcious. No evidence to suggest he tried to use his parachute which was serviceable.

Is Form 1022 or 1023 being rendered ? If " Yes " state which } No. Signature A.H. Murphy. S/Ldr.

12. REMARKS BY UNIT COMMANDER (to be given under three separate headings) :—

Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)

Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.

Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

A. Aircraft struck by another aircraft whilst on practice Squadron Formation. Pilot Killed.

B. -Nil-

C. Investigation proceeding to determine cause of accident. Not considered pilots to blame.

Signature (Signed) C.F. Gray. W/Cdr *Commanding* O.C.T.W. 61. O.T.U. *Date* 8/5/44

13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident) :—

Investigation proceeding.

Signature (Signed) D.O. Finlay. G/Cpt *Commanding* 61. O.T.U. *Date* 9/5/44

*11591—8836 Wt. 48544—3196 100,000 2/43 T.S. 700
*12342—8836 Wt. 15191—527 250M 6/43 T.S 700

2
oseph Irenee Wilbrod Alarie

R.C.A.F. Special Reserve

Annexe "A"
Bulletin No. 174

CORPS D'AVIATION ROYAL CANADIEN

CONVENTION RELATIVE A L'ENGAGEMENT EN QUALITE DE

MEMBRE D'EQUIPAGE AERIEN

1. Je, soussigné, reconnais avoir lu et compris le présent document. De plus, au cas où je serais admis à m'enrôler dans le Corps d'aviation royal canadien, j'accepte les conditions ci-après énumérées:

(a) Je serai susceptible d'être appelé à remplir d'autres fonctions que celles inhérentes à l'emploi de membre d'équipage aérien, jusqu'à ce que le C.A.R.C. soit en mesure de me faire commencer mon cours d'instruction en cette qualité.

(b) Si, à un moment quelconque, avant d'avoir terminé mon instruction au Canada, aux termes du plan d'entraînement aérien du Commonwealth britannique, je suis trouvé inapte à poursuivre un tel cours.

(i) je pourrai être reclassé dans n'importe quelle autre catégorie des équipages aériens, répondant à mes aptitudes, ou

(ii) si je suis trouvé inapte à remplir aucune des fonctions inhérentes à l'emploi de membre d'équipage aérien, je pourrai avoir le choix d'être reclassé dans n'importe quelle catégorie des équipes au sol, selon la recommandation d'une Commission d'officiers, ou d'être libéré du service, à la réserve toutefois que, si, de l'avis de l'officier commandant la station où j'ai suivi ledit cours d'instruction, le défaut de me qualifier sous ce rapport a été voulu de ma part, je serai susceptible de me voir refuser le droit d'opter pour la libération.

F. Shackell F/O
(Témoin)

Wilbrod Nadeau
(Signature du postulant)

Montreal, P.Q.
(Lieu)

Oct. 21st. 1941.
(Date)

A.F.M. 23 (C) Fr.
10-7-41

Call and Pref :— OUT / IN

Serial No.

Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS 60

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR J A OUELLET BROMPTONVILLE QUEBEC

(REPORT DELIVERY)

FROM* R.C.A.F. CASUALTIES OFFICER

ORIGINATOR'S NUMBER	DATE	REFERENCE AND DATE
AN9915	7MAY	MY / YOUR

(*Use Double Space Typing*)

R ONE THREE FIVE ONE EIGHT NINE WARRANT OFFICER SECOND CLASS

J I W A NADEAU WAS KILLED ON ACTIVE SERVICE OVERSEAS MAY SIXTH

DEATH CERTIFICATES AS REQUESTED IN YOUR TELEGRAM IN MAIL

NR48/7

This message must be sent **AS WRITTEN** and may‡ ---------- be sent by **W/T.**
Signature

This message must be sent **IN CYPHER** and may‡ ---------- be sent by **W/T.**
Signature

Originator's Instructions* Degree of Priority*

~~IMMEDIATE~~ IMPORTANT

TIME OF ORIGIN G.M.T.

T.O.R. 2050

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
							AK	77	2150		

T.H.I.

***The Signal Department** is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

ER.21347 PERSONAL EFFECTS OF NO:R.135189 W/O. NADEAU J.I.W.A

1. Carton contg:
   1. Pr. black leather shoes (worn and torn)
   1. Pilots brevet
   1. Housewife
   1. Pr. Leather mittens
   2. Coat hangers
   2. Shaving brushes
   2. Prs. brown laces
   1. Kit bag handle
   1. Metal chain with R.C. Medal attached
   1. Key ring andkey
   1. Pkt. Valet razor blades
   1. Large Khaki ration bag
   1. Torch
   1. Pr. Goloshes
   3. Blue cotton shirts
   1. Pullover
   1. Pr. Bathing trunks
   1. Woollen scarf
   3. Collars
   20. Handkerchiefs
   4. Prs. socks
   1. Pr. Trunks
   4. Large photographs (1 in frame broken)
   1. Cigarette box contg: Photos and newspaper cuttings.

Letters
1. Cigarette box contg: Various personal items
1. Letter writing box contg: Diary, Letters and Christmas cards.

Personal letters
4. Air Letters (6d) unused
1. 'Brarrage' Cigarette lighter
2. Eagle badges
Cards etc.,

1. Winter vest
2. Towels
1. Shaving set in case contg:
   Razor case
   Gillette razor
   3. Blades
   1. Mirror in folder
   1. Shaving brush in case
   1. Empty soap box
   1. Tooth brush
   1. Tooth brush case
   1. Bottle.
3. Hair brush
1. Shaving stick
1. Stud
1. Tooth brush holder
1. Shaving brush holder
1. Pocket dictionery
12. Various books
1. Arm Band
3. W/O badges
1. Face cloth
1. Soap
6. Music
1. Leather wallet contg:
   Photographs
   Nail File
   2. Foreign stamps
   3. Souvenir coins
   1. R.C. Charm
   1. Religious Plaque
1. Green penknife
1. Chromium plated cigarette case
1. Leather case contg:
   Rosary
1. Key on ring
1. 'Bulova' Wristlet watch and strap (damaged)
1. Metal identity bracelet

P.T.O.

One Cycle retained at Unit pending disposal instructions.

Cash amounting to £7. 1. 1½d found amongst the personal effects has been credited to his Service Account.

Original Station inventory unsigned & undated
Effects checked at Central Depository on 8.6.44.

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

ROYAL CANADIAN AIR FORCE

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

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

1. Name NADEAU (surname) Joseph, Irenee, Wilbrod (christian names in full)

Rank Lac Number R135189 Unit #13 SFTS Age 23 Trade Student Pilot

Date of accident and time of day 23-12-42 0950 hours. place of accident (exact locality) 3 miles west of Boulton Centre P.Q.

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

We were on an instrument cross country and ran into bad weather, got lost and Mr. Cronk let down to 1500 ft to try and find out where we were. We saw trees and the pilot opened the throttle and began to climb immediately. We climbed for about ½ minute and then we hit.

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

3. *(a)* Type and R.C.A.F. No. of aircraft Harvard 3112

(b) Name of pilot of aircraft (at time of crash) Cronk, J. R.

(c) Number in aircraft, *including* pilot 2

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

collision in air ..... *collision on ground* ..... *other (specify)* Routine Flight

(e) Weather Bad at time of accident

(f) In case of non-fatal crash does individual recall all events immediately preceding and following crash? If answer is "no", comment No-unconscious for 20 minutes.

(g) Number of flying hours of person reported on: dual 80 solo 110

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

4. *(a)* Description of injuries (in detail): Brush burn on forehead, multiple bruises,

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? No

(c) How long before initial treatment was given? 8 hours

(d) Whether admitted to hospital or sick in quarters To S.S.Q. (give name of hospital)

Rec'd JAN 8 1943
O. K. ..... C.I.B. .....
R. C. ..... N. T. .....
P. A. .....

Date 24-12-42 Signature of Medical Officer [signature]

5. Commanding Officer's statement:—

(a) Was the injury sustained

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) Is the accident being investigated by

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

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

Signature ....J.S. Scott.... (J.S. Scott) Group Captain

Date: ....28/12/42....

Commanding ....#13 SFTS, St. Hubert, Que.....

INSTRUCTIONS

1. This form is to be rendered WITHIN 48 HOURS after the event in all cases of accidental or self-inflicted injuries to an officer or airman involving:—

(a) death,

(b) absence from duty for 48 hours or more, or

(c) absence from duty of less than 48 hours when the Medical Officer, who should invariably be consulted, advises that the injury *may* be the exciting cause of disability later.

AND ALSO

(d) In all flying accidents involving personnel, whether there is evidence of injury or not.

2. A separate form is to be used in respect of each individual affected.

3. The form is to be rendered notwithstanding the holding of a court of inquiry or investigation (see instruction 10).

(a) Three copies of this form are to be forwarded in all cases direct to Air Force Headquarters, one copy is to be retained by the Unit rendering the form, and one copy placed in the medical envelope, R.C.A.F. M. 10 of the person concerned.

(b) One copy of the form is to be forwarded to Command Headquarters for their information (but see instruction 10).

(c) Of the copies received at Air Force Headquarters, one copy is to be sent to D.M.S. (Air), and the remaining two copies passed to Records Officer who will forward one copy to the Canadian Pension Commission and place one copy on the document file of the person concerned.

4. Section 3 *(a), (b), (c), (d), (e), (f), (g), (h),* is only to be answered in cases of flying accidents involving personnel as per instruction 1 *(d)* above—(see K.R. (Air) 669A *(a)* (i) and (ii) for definition).

5. This form is to be used in lieu of Naval Hurt Certificate for injuries sustained by naval personnel serving with the R.C.A.F., in all cases where issue is appropriate under instruction 1 above, irrespective of whether the circumstances are such as would justify the issue of a Hurt Certificate under K.R. (Admiralty) 1419. Whenever the injury is one for which a Hurt Certificate might have been issued, copies of form R. 78A are to be made in Air Force Headquarters and forwarded as follows: For an officer, two copies are to be returned to the C.O. of the unit, who is to pass one copy to the officer and endorse the other copy to that effect and then return the copy to Air Force Headquarters for transmission to Naval Headquarters. For a rating, one copy of form R. 78A is to be returned by Air Force Headquarters to the Unit for attachment to the Service Certificate (Naval) on which an appropriate note is to be made.

6. The statement made by the injured person in Section 2 of this form should not be used as evidence against him in any subsequent disciplinary proceedings. The rendering of this form should not be delayed in the event of his being unable to make a statement, but the latter should be forwarded at the earliest opportunity.

7. No statements of witnesses are required in support of form R. 78A when an accident forms the subject of a court of inquiry or an investigation under K.R. (Air) 669A or 674. Where no such inquiry is held, form R. 78A must be accompanied by full statements taken by an officer or warrant officer from witnesses of the accident and signed both by the witnesses and the officer or warrant officer. When there are no witnesses, statements from any persons to whom the injured person may have mentioned his injury immediately after the occurrence should, when obtainable, be attached to the form. In the case of injury in organized games, etc., when the witnesses of the accident are in agreement, the evidence of one witness only need be attached to the form; his statement being endorsed by the other witnesses in corroboration. When separate forms are rendered in accordance with instruction 2 above, a copy of the statements of witnesses is to be attached to each form.

8. In the case of an injury sustained in an organized game, etc., it is most important in the interests of the injured officer or airman that the questions contained in Section 5 *(b)* of the form should be answered carefully and in full detail, since if and when the question of attributability of the injury to conditions of service comes to be decided under the provisions of the Pension Act, that decision may be based on the information given in answer to these questions.

9. When an affirmative answer is given to Section 5 *(a)* (i) the statement required by Section 2 should specify the particular act of air force duty on which the officer or airman was engaged at the time the injury was received.

10. Courts of inquiry are to be held or investigations made when required under K.R. (Air) 669A and 674 regardless of the rendering of this form, but a copy of this form should be included in the proceedings of the court of inquiry or investigation for information. The proceedings will be disposed of as laid down in regulations in force at the time of reporting.

11. In addition to being reported on this form, all casualties are to be reported in accordance with the procedure laid down in K.R. (Air) 1871, *et seq.* and A.F.A.O. A. 8/1.

12. Sections 5 *(d)* and *(e)* should be definitely answered where the answer is obviously in the negative, but in cases of doubt it should be stated that no opinion can be given pending finding of court of inquiry or investigation.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R135189 RANK W.O.2 UNIT 61 OTU

TRADE PILOT (SP.GR.) OVERSEAS

NAME NADEAU, JOSEPH IRENEE WILBROD ALARIE

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

MARITAL STATUS SINGLE RELIGION R.C. CANADIAN

FRENCH CANADIAN YES OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. EDGAR NADEAU(BROTHER)
ADDRESS 70 ST. LOUIS STREET
SHERBROOKE, QUE.

NAME
ADDRESS
D.A.B. NOT SHOWN

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. E. NADEAU (BROTHER)
ADDRESS 70 ST. LOUIS STREET
SHERBROOKE, QUE.

FATHER'S NAME
ADDRESS LIVING ON ENLISTMENT NO

MOTHER'S NAME BOTH DECEASED LIVING ON ENLISTMENT NO
ADDRESS

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO X

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 KWY---POX697---d-7-MAY-44 HR86/7-MAY

"KILLED" 6-MAY-44 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
AT BANGOR, ~~KLINDEFEM~~ FLINT CO., WALES.

ESTATES BRANCH MAY 29 1944 OTTAWA NATIONAL DEFENCE

(NEXT OF KIN ADVISED 7-MAY-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~~

DATE 25-MAY-44

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

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. R-135189 NAME NADEAU J.W.A.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs Mins	DAY 2ND PILOT (B) Hrs Mins	DAY DUAL (C) Hrs Mins	NIGHT 1ST PILOT (D) Hrs Mins	NIGHT 2ND PILOT (E) Hrs Mins	NIGHT DUAL (F) Hrs Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs Mins	DAY 2ND PILOT (H) Hrs Mins	DAY DUAL (J) Hrs Mins	NIGHT 1ST PILOT (K) Hrs Mins	NIGHT 2ND PILOT (L) Hrs Mins	NIGHT DUAL (M) Hrs Mins	CREW DUTIES OBSERVER (N) Hrs Mins	AIR GUNNER (O) Hrs Mins	OTHER (P) Hrs Mins	PASSENGER (Q) Hrs Mins	TOTAL (R) Hrs Mins
	1942																		
#11 E.F.T.S																			
	July	26			3 15														3 15
	Aug	2			3 55														3 55
		9			5 00														5 00
		16	1 15		3 50														5 05
		23	2 05		3 35														5 40
		30	11 10		8 55														20 05
	Sept	6	5 10		3 00			4 20											12 30
		12	8 20		8 15														16 35
TOTAL			28 00		39 45			4 20											72 05
#16 S.F.T.S. Hagersville Ont.	25/9/42										5 40							1 00	5 40
Total			28 00		39 45			4 20			5 40							1 00	77 45
No13 SFTS.	29.9.42 20.4.43		92 05		60 05	10 05		5 50						5 40				9 25	183 10
																	Total		260 55

F/L
S/Ldr. C.S.O. No. 11 E.F.T.S.

F/O
O.C. No. 2 SQUADRON
13 S.F.T.S. ST. HUBERT