R135255
PATERSON
PAUL LESLIE

C-Sgt. D-403704

ATTESTATION

JUL 8

"G"

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT THE 17TH DUKE OF YORK'S ROYAL CANADIAN HUSSARS REGTL. No. 185

1. Surname? (Block letters) PATERSON P-362
2. Christian names? PAUL LESLIE
3. Present address? 3437 WILSON, AVE N.D.G.
   Phone No. EL. 8661
4. Date of Birth?* 7/21/20
5. British subject? YES.
6. Occupation? CLERK (SOM. SECURITIES)
7. Religion? PROT.
8. Next of Kin E.M. PATERSON
9. Relationship? MOTHER
   Address SAME.
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)

    176973 HOME —

CERTIFICATE OF MEDICAL EXAMINATION

Height 6' 0" Weight 165 Chest max 38 1/2 min 35

Descriptive marks NONE

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

Date 7-8-40 Signature Norman B. Lindman Lt. RCAMC

DECLARATION TO BE MADE ON ATTESTATION

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

OATH TO BE TAKEN

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

R. H. Anderson — Signature of Witness

Paul L. Paterson — Signature of Man

Dated this 8th day of July 1940 at Montreal

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

G. J. Smith

Signature of Magistrate, Justice of Peace, or ~~Attesting Officer~~

L/Cpl.

M.F.B. 235d
80M—3-40 (4392)
H.Q. 1772-39-1545

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

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	8/7/40	R.O.38	..... Officer Commanding
.....		E.A.	Unit C
attended Camp 25/8/40			
Re engaged	8/8/40	R.O.3.	W.H.R.
Camp. 1941			
S.O.S. - enlistment RCAF	10-10-41	R 061.	[illegible] Sgt
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

Statement of Services

M.F.B. 235d
80M—3-40 (4392)
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Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
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.....			Unit.....

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10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-P-2870

NAME PATERSON, Paul Deslie

REGT'L NO. R135255

RANK A.C.2 UNIT KILLED

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:		14-8-42 MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:		21-8-42 ROYAL MESSAGE: 1-10-42 MEMORIAL CROSS:	5-10-42	
	To father & mother.	To mother & father. To mother.		

176973

Mr. & Mrs. Leslie James Paterson,
3437 Wilson Ave.,
Montreal, Que.

AIR FORCE No. R135255

SURNAME: PATERSON, FULL CHRISTIAN NAMES: PAUL LESLIE

ENLISTMENT — PLACE: Montreal — DATE: 7.10.41.

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

(8) 13

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

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	1 M.D. Toronto	7	10	41	1MD241
S.O.S.	13 M.D. Toronto	3	1	42	13MD.4
TOS	13 ~~AFU~~ St. Hubert.	4	1	42	1357.7.
T.D.	11 T.D.	25/5	6/7.	42.	135F150-162
T.D.	8 S.F.	27/4	4/8.	42.	11TD131. 135F162-200
S.O.S.	Died.	14	8	42.	135F.200.

Killed near Brownville Junction Maine "Anson" ferry flight.

Sig A-637 d/15-8-42.
124 Ferry Command Sqdn

33-NN-124

C	CH	STRENGTH	DATE			CAUSE	STATUS	RESULT	DATE OF PLACE	P	CN
R	2	58.	14	8	42	0	9	7	X2300		✓

W.E. computed 2/10/44

cat/wsG

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
~~AC~~ 2	7	10	41	
8				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
29.9.41	R100	A+B+	
Royal Vict.	25-4-42.		135F101
St Anne's Gen Hosp (St Hosp D.N.D.)	1-5-42.		135F109 135F 130.
St Annes		29 Jun 42.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Tradesman	S	7	10	41	1MD241
Clk Acct	S	3	12	41	1MD290
	G04S				

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Clk Acct. "C"	not tested	26	1	42	135FTT

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 PROT.) — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. R135255 R

PATERSON, PAUL LESLIE
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 7.10.41
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 21.7.20 — PLACE Montreal Que — CITIZENSHIP British 2

FATHER (FULL NAME) Leslie James Paterson

BIRTHPLACE Montreal, Que.

MOTHER (FULL MAIDEN NAME) Ethel Mary Paul

BIRTHPLACE Montreal, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE Que.
JUNIOR MATRICULATION 2 yrs. Que
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY Night classes in Economics (10)
CORRESPONDENCE COURSES
2

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

Gen. office clerk. 3 years
$300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

17th D. Y.R. C. Hussars
Montreal, Quebec
Troopers
29/7/40 to 6/10/41.
R

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 4½ hrs.

13. RELIGION Pres. 4

14. LANGUAGES English 1
French (understood)

15. SPORTS Swimming

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: Leslie James Paterson — RELATIONSHIP Father
ADDRESS: 3437 Wilson Ave. Montreal Que. — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	7 10 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Ottawa & Rotowa		8-10-41	1 MD 241
Spec. Leave.	F/W. # C 77675	20-12-41	1 M.D. 308

22.(A) ADDRESS PRIOR TO ENLISTMENT

3437 Wilson Avenue,
Montreal, Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
13-10-41	JAN 31 42					

Standard Tradesman R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R 135255 — A.F. No.
PATERSON — Surname
PAUL LESLIE — Christian Names
PRESBYTERIAN — Religion

Born 21-7-20 Place Montreal, Que Country Canada Citizen of Canada Racial Origin ~~British~~ CANADIAN

PARTICULARS OF FAMILY

N. 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)

Leslie James Paterson (father)
3437 Wilson Ave., Montreal, Que.

CIVIL EDUCATION

High School Entrance 2 yrs Jr. Mat. Sr. Mat.

Technical School Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Gen. Office Work 1938-~~40~~ 41

Previous Service	Enlistment	Med. Cat.	Date	Med. Cat.	Date
17th D.Y. R.C. Hussars Mtl Que. 7/2~~8~~/40 - 7-10-41	Date 7-10-41	R4BV	6 10 41		
	At Montreal-Que.				
	Term Duration				

Rank	Auth.	Date	Trade	Auth.	Date
Ac 2		7 10 41	STD Trades		7 10 41

TRADE TESTS AND COURSES

Trade	GP	%	P or F	Date
STD Trades	5		P	20 8 41
Clerk Acct.	5	290/41		3 12 41

LEAVE

From	To	Auth. and Description

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.

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. R13	R/C MTL Que	#1 M.D	7-10-41				
		Toronto. Ont					
D.R.O.	241						
DRO 308/41	[illegible] J.W.	O 17675	20-12-41				
1 m.d. 4/42	No 1 M.D.	#13 S.F.T.S					
	Toronto	St. Hubert	3-1-42				
DRO #1018 29/4/42	Admitted to	Sta. Hospital	25-4-42				
DRO 109, 8/5	Transferred	from Station Hosp					
	to R. Victoria Hosp.		1-5-42				
DRO 130 d/2-6-42	Disc from	St Anna's Hosp	29-5-42				
DRO 150. 25/6 T.D.	#13 S.F.T.S.	#11 T.D.	25-6-42				
DRO 162/9-7-42	T.D to no 8 S	F.T.S Moncton.	5-7-42				
for 1 month.							
DRO 162/9-7-42	Ceases Temp	Duty at 11 Tech. Det.	5-7-42.				
P.R.O. 199/42	Ceases Temp	Duty #8 S.F.T.S. Moncton	14-8-42				
D.R.O. 199 S.O.S.	having fluid	14-8-42 at					
	Brattsburg, Maine U.S.A.						

Finger Printed
Date 7-10-41
Initials EB

MEMORANDUM FOR **P. 64**

Mr. & Mrs. Leslie James Paterson,

3437 Wilson Avenue,

Montreal, Quebec.

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. 1022-P-2870. FD.227.

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

August 25, 1942.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

PATERSON, Paul Leslie AC2.

No. R135255, #13 S.F.T.S.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

N. O. Seagram

(N. O. Seagram) F/L.
for(L. M. Firth) Lt.-Col.,
Administrator of Estates.

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ESTATES BRANCH SEP 3 1942 H. Q. OTTAWA NATIONAL DEFENCE

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 inquired for	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		none	—	—
2	Children of the Deceased and dates of their Births		none	—	—
3	Father of the Deceased		Leslie James Paterson	54	3437 Wilson Ave Montreal, Que.
4	Mother of the Deceased		Ethel Mary Paterson	55	do.
5	Brothers of the Deceased	Full Blood	Sub. Lt. Charles William Paterson R.C.N.V.R.	25	do.
		Half Blood	none	—	—
6	Sisters of the Deceased	Full Blood	Shirley Graves Paterson	19	do.
		Half Blood	none	—	—
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
	none		none		—

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Paul Leslie Paterson
11	Give the month and year of his birth.	July 21st, 1920.
12	Where and when were his parents married?	Montreal, Oct. 27, 1915.
13	If deceased was married, state place and date of marriage.	not married
14	Did he leave a Will? If so, a copy should be attached hereto.	apply to R. C. J. for will
15	Did he leave a bank account? If so, give full particulars.	yes. Bank of Commerce, St. James & St. Montreal acct. # 1031.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	yes - Small Insurance Policy ~~No~~
17	State *your own* postal address in full.	L. J. Paterson 2050 Bleury St., Montreal

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Quebec - Canada all his lifetime 1920 to 1942.
20	What was the nature of his employment?	Clerk accountant for Dom. Securities Corp.
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no

OTHER PARTICULARS

23	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.	(a) no (B) no
24	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.	no

(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, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; and that I am the

*.....father.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

.....L. J. Paterson..... {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....L. J. Paterson.....

*See above .....{Name of Informant} is the *.....father.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at.....Montreal.....this.....1st.....day of.....September.....19.....42

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } .....W. H. Jackson..... Qualification.....Commissioner of the Superior Court District of Montreal.....

Address.....293 St James St Montreal

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 enquired after is stated in its proper place in the Statement opposite.

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

In connection with question #15. the bank account contains a final balance to the credit of $20.48 in Savings acct. #1031, Bank of Commerce, St. James Street, Montreal, Que.

R.C.A.F. Special Reserve

AIR FORCE No. R135255 POSTED TO #1 M.D. Toronto, Ont. TRADE Standard Tradesman.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

PATERSON PAUL LESLIE A2213

1. Surname Paterson Full Christian Names Paul Leslie

2. Present Address 3437 Wilson Ave., Montreal, P.Q. Telephone Ea. 8661

3. Permanent Address 3437 Wilson Ave., Montreal, P.Q.

4. Place of Birth Montreal, P.Q. Citizenship ~~British~~ CANADIAN

5. Date of Birth July 26, 1920 Married, Single, Widower, Separated, Divorced Single

6. Particulars of Children

Name	Date of birth	Name	Date of birth
N. a.			

7. Occupation Clerk, Dominion Securities Corp. Ltd. 8. Religion (State denomination) Protestant Presbyterian

9. Languages (State proficiency) English fluently, French understood

10. Next of Kin (Full Name) Leslie James Paterson Relationship Father

" Address 3437 Wilson Ave., Montreal, P.Q.

11. Father (Full Name) Leslie James Paterson Birthplace Montreal, P.Q.

" Address 3437 Wilson Ave., Montreal, P.Q. Citizenship ~~British~~ Canadian

" Occupation Manufacturers agent

12. Mother (Full Maiden Name) Ethel Mary Paul Birthplace Montreal, P.Q.

" Address 3437 Wilson Ave., Montreal, P.Q. Citizenship ~~British~~ Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
17th D.Y.R. & Hussars	Montreal, P.Q.	Trooper		7/29/40	6-10-41	Join RCAF

R.C.A.F. Records Office
Rec'd. OCT 10 1941
O.K.
R.C.
S.

14. Honours, Awards, Mentions None

15. Are you now on any Naval, Military or Air Force Reserve? No.

16. Have you previously made application to join the R.C.A.F.? No. If so, where? N. a.

When? N. a. Result N. a.

17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No.

If so, state nature of disability N. a.

18. Have you ever been or are you now in receipt of a Disability Pension? No.

If so, state nature of Disability N. a.

19. Have you ever been convicted of an indictable offence? No. If so state nature N. a.

20. Are you in debt? No. If so, state particulars N. a.

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

407-161

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Herbert Symonds School Montreal, P.Q.	1926	1936	General Course
High School—Collegiate Institute, etc.	Westmount High School Westmount, P.Q.	1936	1938	High School
Technical School				
University or School other than above	McGill University	Jan	night	lectures on Economics
Correspondence Courses, etc.	Montreal, P.Q.			

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
The Dominion Securities Corporation, Ltd. Montreal, P.Q.	General office clerk	1938	~~1940~~ 1941	Still employed

23. Flying Experience (in Hours) Solo None Dual None Passenger 4 1/2 hrs.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. None

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

26. Air Force Duty you wish to enlist for ~~Ground Duties~~. Flying Duties.

Armourer
~~Pilot~~
~~Air Gunner~~

If for Ground Duties, state Air Force trade in which you wish to enlist
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) ~~Air Gunner~~ (d) ~~Wireless Operator~~ (Air Crew). (Cross out words not applicable.)

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

Name	Address	Occupation
James J. Aird, Esq.	456 Strathcona Ave., Westmount, P.Q.	Pres., Troy Laundry & Lying Co.
Morton Darling, Esq.	4297 Dorchester St., Westmount, P.Q.	Pres., Darling & Brady Ltd.
Harold M. Reid, Esq.	775 Upper Lansdowne Ave., Westmount, P.Q.	Mgr., J.J. Gibbons Ltd.
R.E. Heldenby, Esq.	43 Barat Rd., Westmount, P.Q.	Mgr., Dom. Securities Corp. Ltd.

28. Other information that may have any bearing on this application Fair knowledge of mechanics

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes.

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date October 21, 1940 19 Signature Paul L. Paterson

NATIONAL REGISTRATION CERTIFICATE PRODUCED.
82 A.L.L. Laporte F/O
OCT 7 1941

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type: Very good General appearance: Neat

Suitability for (state in what capacity): Standard tradesmen ~~Armourer~~ L/A Brown C.P.

Date: 20-8-41 Signature: Fernand Ledoux Rank: C.P.L.

(B) *Report of Trade Test—*

Trade in which tested: Nil

Result: Standard Armourer

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.: clerical duties

Date: 20-8-41 Signature: Fernand Ledoux Rank: C.P.L.

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Paul Leslie Paterson do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date: Oct. 7th 19 41 [signature]
Signature of Recruit

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

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

Date: Oct. 7th 19 41 [signature]
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Montreal, P.Q. this 7th day of Oct 19 41

A.L.L. Laporte — Signature of Officer
F/O — Rank
RCAF. Recruiting Centre, Montreal, PQ. — Unit

Finger Printed
Date 7-10-41
Initials E.B.

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 21 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism	No	(j) Nasal Trouble	No
(b) Tuberculosis	No	(k) Ear Disease	No
(c) Bronchitis or Asthma	No	(l) Eye Disease (glasses)	No
(d) Heart Disease	No	(m) Epilepsy	No
(e) Kidney or Bladder Disease	No	(n) Nervous or Mental Disease	No
(f) Gastro-intestinal	No	(o) Syphilis	No
(g) Rupture	No	(p) Gonorrhoea	No
(h) Varicose Veins	No	(q) Bone Fracture	No
(i) Flat or Deformed Feet	Flat feet	(r) Other Disease or Defect	No

3. Have you ever worn glasses? 3-4 years.

4. Have you had any illness for more than one week's duration measles mumps.

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

Signature of Applicant

Examiner's Remarks *re* above No symptoms from feet.

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

1. Identification marks or scars (if operative obtain history) 1/4" scar over proximal phalanx of Rt. - fore finger.

2. Height 6 feet 1/4 inches. 3. Weight 169 pounds.

4. Complexion Med 5. Color of Eyes Blue Gray Hair L. Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 34 1/4 inches

Range of expansion 3 3/4 inches

8. Hearing—Right W.V. 20 Left W.V. 20 Tympana—Right Left

9. Vision—Without glasses—Right 20/70 With glasses—Right Correctable 20/20

Left 20/20 Left

10. Condition of mouth and teeth Good.

11. Urine—Albumen Neg Sugar Neg

12. Abnormalities (Congenital and Pathological) found on Examination

Visual acuity too low for air crew duties. Flat feet - moderate. Symptomless.

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A4 Bv

Any special remarks of the Medical Officers Unfit for air crew duties on account of visual acuity. Fit for ground duties. MAD

6-10-41 Recheck normal DWH

29-9-41 X Ray #94557 Neg DWH

Part 2 Cont'.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 145/85 S. D.

17. Colour Vision M. Ish

Date Aug 20 19 41

M. A. Jones President — D. W. Hutchison Lt. Member — Member

E.B.

WILL

R.C.A.F. r.60

(1) I PATERSON, Paul Leslie ..... of the (City / Town / Village / Township)

of Montreal ~~MMMMMM~~ ..... in the District of County .....

Province of Quebec ..... Bond Clerk ..... (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 135255 ..... Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My mother: Mrs. Ethel Mary Paterson,
3437 Wilson Ave.,
Montreal, Quebec.

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:- MY WHOLE ESTATE

(4) I appoint my mother, Mrs. Ethel Mary Paterson ..... (Name) OF THE ABOVE ADDRESS ..... (Address)

..... ~~Executor~~ to be the Executrix of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this 8th day of

Oct. 1941

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

..... (Signature of Testator)

(5) Signature William Gray

Address No. 1 Manning Depot. R.C.A.F. Toronto.

Occupation Clerk

Signature N. Laraller

Address No. 1 Manning Depot. R.C.A.F. Toronto

Occupation Clerk

R.C.A.F. Records Office
OCT 13 1941

Form C

STANDARD CERTIFICATE OF DEATH
STATE OF MAINE

1. PLACE OF DEATH:
(a) County Piscataquis Co
(b) City or town Township B Range 11
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Province Quebec (b) County Montreal
(c) City or town Montreal
(If outside city or town limits, write RURAL)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3(a) FULL NAME P. L. S. Paterson
3(b) If veteran name war
3 (c) Social Security No.
4. Sex M
5. Color or race White
6(a) Single, widowed, married, divorced Single
6 (b) Name of husband or wife
6(c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1920 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
22	0	23	hr. min.

9. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)
10. Usual occupation Royal Canadian Air Force
11. Industry or business
MOTHER FATHER
12. Name Leslie James Paterson
13. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Mary Paul
15. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)
16 (a) Informant's own signature L. C. Lechard
(b) Address RCAF, 276 St. James St.
17 (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Montreal, Canada
18 (a) Signature of funeral director R. F. M. Eye
(b) Address Bangor, Me.
19 (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month Aug day 14
year 1942 hour 1 minute 30 PM.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Airplane Crash
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 14, 1942
(c) Where did injury occur? Township B Range 11
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Wed-Exam,
(Specify type of place)
While at work? (e) Means of injury Piscataquis Co
23. Signature R. M. Carle (M.D. or other) M.D.
Address Milo, Me. Date signed Aug 17, 1942

My commission expires August 29, 1947

A true copy
ATTEST:
Michael P. Lovett
Notary Public in and for the
Co. of Penobscot, State of Maine

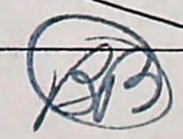
NOTARY PUBLIC

Exhibit "A"

PERSONAL EFFECTS
AC2 Patterson.

Socks Woolen	5 pr.
Shirts, broadcloth-grey	2
white	2
Pyjamas, broadcloth	2 pr.
Sweatshirt, white	1
Pullover, blue	1
Handkerchiefs	11
Shorts (underwear)	4
Shirts (underwear)	4
Gym shorts - white	1
Towel	1
Collars	5
Laundry Bag	1
Button, U.S.A.	1
Holdall, Bag blue	1
Whisk	1
Band Aid Kit	1
After Shave Lotion	1
Hair Brush	1
Spec Glasses	1 pr.
Shoe Polish	1 tin
Swim trunks	1
Leather belt	1
Leather Shaving Kit and contents	1
Suspenders	1
1 pkg.personal letters and cards	24 pcs.
1 Writing pad	1
1 Polish rag for shoes	1

Flamjean Sg O.
7/9/42



1. No.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R136255	AC2	PATERSON	Paul Leslie

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE No.	8. RELIGION
No. 13 S.F.T.S., St. Hubert, Que.	August 14th, 1942.		Presbyterian

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Killed in Flying Accident near Brownville Junction, Maine, U.S.A. on August 14th, 1942.	Leslie James Paterson (Father), 3437 Wilson Ave., MONTREAL, Que.

11. LOCATION OF UNIT AT TIME OF CASUALTY
No. 13 S.F.T.S., St. Hubert, Que.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED No. OF GRAVE
Mount Royal Cemetery	Montreal, Que.	Grave 1368 Plot F Row	1368

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE No.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2643
3,500—10-41 (2074)
H.Q. 1772-39-1458

R135255 AC2
PATERSON, Paul Leslie

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

APPENDIX "A"
Bulletin No. 174

AIRCREW

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

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

(b) That if at any time prior to completion of my training in Canada under the British Commonwealth Air Training Plan, I am found unsuitable for further training in any Aircrew category:

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

or

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

A. L. L. Lapointe F/O
(Witness)

(Signature of Applicant)

Montreal, P.Q.
(Place)

Oct. 7th, 1941.
(Date)

A.F.M. 23(C)
8-7-41

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

RECORD OF PAY

From P/O

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

APPOINTED OR ENLISTED AT MONTREAL, P.Q. ON 7-10-41

MARRIED OR SINGLE SINGLE

No. R 135255

NAME IN FULL PATERSON Paul Leslie

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Deo.	Casualties affecting rate of pay
	1-12-41	AC2	S	A/S	1 30				No 1 M Depot, Toronto 1-12-41

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class.

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Deo. & 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
1-1-42 3-1-42	31	40 30					40 30								20 00	20 00	20 30	—	3-1-42 - DRO - 4
1-1-42 3-1-42	3	3 90					3 90									—		3 90	SOS. #13 St Hubert Que. W.C. Kavanagh W.O.
1-31-1	28	36 40				3 90	40 30								20 00	20 00	20 30	—	T.O.S. FROM #1 MANNING DEPOT. eff 4-1-42 Do.4
1-28-2	28	36 40					36 40								20 00	20 00	16 40	—	
1-31-3	31	40 30					40 30								20 00	20 00	20 30	—	
1-30-4	30	39 00					39 00								19 00	19 00		20 00	
1-31/5	31	40 30				20 00	60 30							5 00 15 30 5 00	35 00	60 30		—	
1-30/6	30	39 00					39 00							13 50 20 80 26 00	19 00	32 50		6 50	DO-162 T.D. #8 S.F.T.S. MONCTON N.B. ES-7-42 (1 MONTH)
1-31/7	31	40 30				6 50	46 80									46 80		—	DO 200 - CEASES T.D. " " EFF. 14-8-42
1-31/8	31	40 30		Z-40	20 00		60 30							20 00		20 00		40 30	DO-200 - S.O.S. HAVING DIED AT BROWNSBURG-MAINE U.S.A EFF. 14-8-42.
						40 30						INV# 838-P860	14 53					25 77	DEFICIENCIES OF KIT.
						25 77						Estates cheque # 5224	25 77					—	

Estate Auditor

OK

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R135255 RANK AC2 TRADE CIK ACCT (S) UNIT #13 S.F.T.S.

NAME PATERSON, PAUL LESLIE (PASSENGER)

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

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

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP (FATHER)
ADDRESS MR. LESLIE JAMES PATERSON 3437 WILSON AVENUE, MONTREAL, QUEBEC.

NAME
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. L.J. PATERSON (MOTHER)
ADDRESS 3437 WILSON AVENUE, MONTREAL, QUEBEC.

RELIGION PRES CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. AND MRS. LESLIE JAMES PATERSON
ADDRESS 3437 WILSON AVENUE, MONTREAL, QUEBEC.

FATHER LIVING ON ENLISTMENT YES
MOTHER LIVING ON ENLISTMENT YES

ESTATES BRANCH AUG 21 1942 H.Q. OTTAWA NATIONAL DEFENCE

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

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

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/XX
IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. 124 FERRY SQDN ROCKLIFFE - A637 d/15-8-42 4536

CASUALTY DETAILS:

"KILLED" 14-8-42 - AS A RESULT OF A FLYING ACCIDENT - NEAR BROWNVILLE JUNCTION MAINE - FERRY FLIGHT - ATTEMPTING TO FLY CONTRACT UNDER INSTRUMENT CONDITIONS - FLEW INTO MOUNTAIN SIDE.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? YES/XX M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? XX/NO DATE 19-8-42

W. D. Gunn F/O
FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

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

4
AIR

47770

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Paul L. (CHRISTIAN NAMES) Paterson (SURNAME)

REGISTER NO. 25611
FILE NO. 23 Aug/45
DATE R135255
SERVICE NO. AC 2
FINAL RANK OR RATING 14 Aug/42
DATE OF DISCHARGE

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

DATE OF TERMINATION OF OVERSEAS SERVICE: N.A.

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 312 / 30 EQUAL TO 10 COMPLETE PERIODS AT $7.50	75.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY	
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $
TOTAL $ ×7 = $
NO. OF DAYS _____ / 183 ×$

SEP 6 - 1945 OTTAWA

D. WAR SERVICE GRATUITY	75.00
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	75.00

G. YOUR PORTION OF GRATUITY IS—

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

~~P. & A. Bal.~~ Trans. Trust Account
Journal Voucher # G170

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
SJB	FW

TREASURY	
CHECKED BY	DATE
	28-8-45

G. Johnston FC
SERVICE REPRESENTATIVE

ΔT

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. AUG 25 1945
P. & A. SECTION