R135419 BELLERIVE GOMER

COUTU

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

	. Bellerive,
22	10 Melrose Ave.,
	Montreal, 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:-

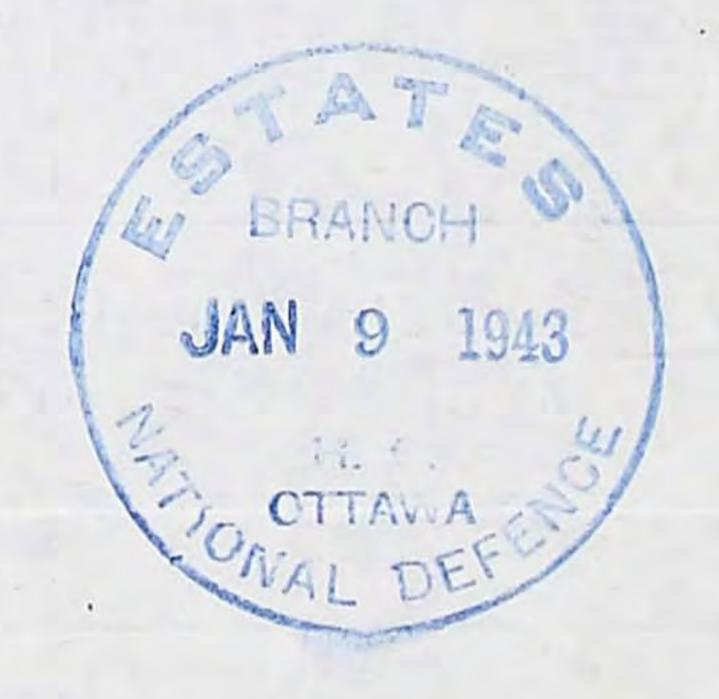
H.Q. 1022 -B- 6686 FD 349...

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

			January 4.		1942
For the purpose edals or memorials te	of record and in available for dis				
	BELLERIVE	Gomer Co	uture, L.A.	C. R135	419
	R.C	A.F. Torb	ay, Nfld.		
	••••••••				••••••

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.

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



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.

of ship			INFORMANT'S S	TATEMEN	1T
Degrees of Relationship		TIVES e accounted for	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 D	eceased	Deceased was not married.		
2	Children of the dates of their	Deceased and Births	No children		
3	Father of the D	eceased	Hieronyme Bellerive		Died February 21,1938
4	Mother of the I	Deceased	Marie Ange Bellerive	45	2210 Melrose Ave., Montreal.
5	Brothers of the Deceased	Full Blood	Maurice Bellerive	23	St.Dorothee, Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Madeleine Bellerive	10	2210 Melrose Ave., Montreal, Que.
		Half Blood			
7	Names of brothers of the full or the had ceased, who are dea of each.	or sisters (whether alf blood) of the Ded, and date of death	Names and ages of their children (if any)		Address of their children
	Three xx		d sisters died in infancy.		

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

,		NAMES OF THO	OSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased	N.A.			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)	N. A.		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Gomer Couture Bellerive
11	Give the month and year of his birth.	October 11, 1920
12	Where and when were his parents married?	Pointe Claire, Quebec, April 17, 1917
13	If deceased was married, state place and date of marriage. Was there a marriage contract?	Deceased was not married
14	Did he leave a Will? If so, a copy should be attached hereto.	Deceaseddsaid he had made an Army Will. I do not have it in my possession
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	Four War Savings Certificates of \$4.00 each. one officet
17	State your own postal address in full.	2210 Melrose Ave., Notre Dame de Grace 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, until he proceeded to Newfoundland in August 1942
20	What was the nature of his employment?	Helper.Bell Telephone Company of Canad
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

3	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.	N.A.
4	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.	Expenses paid by Dept.National Defen
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and those expenses the Government will reimburse such relative to the amount of such expenses in excess of those authorized in the Regulagainst the service estate of the deceased.)	ourial is made in Canada, and if a relative has already paid e extent of the amount authorized in the Regulations. Any

DECLARATION

*T1	nsert degree
	relationship
for	example.
	Vidow,"
"Î	Vidow," Sather," 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

Mother. of the deceased.

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

(Signature Informant

CERTIFICATE

I hereby certify that,	to the best of my knowledge and belief	ui auge
*See above Bulining	{ Name of Informant} is the * Thather -	of the Deceased
15 195	elieve the above Declaration and the Statement of	
Informant and signed in m	ny presence to be complete and correct.	
Dated at Manual	this 814 day of January -	1943
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public	vouli Qualification Parish	Puist
MO S TO STATE OF THE STATE OF T	765 Uffer Lacheine Rass In	laulual, Qui

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



ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname BLLLE							The state of the s
2. Present Address2.					and the second s	.Telepho	one De 538
3. Permanent Address							
4. Place of Birth. Mon							
5. Date of Birth Oct. //	1, 192	. DMar	ried, Sin	gle, Widower,	Separated,	Divorce	d. Lingle
6. Particulars of Children							
Name		Date of birth	1	N	ame		Date of birth
,X/							
<i>y</i>					•		
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~ / / / /	s h						
7. Occupation Lelipho				8. Religio	n Kom	tate denomin	Battolic
9. Languages Free 9. Next of Kin (Full Name)	reh T	State proficiency	3/ Deres	yme coutu	re		
" Address? 1. Father (Full Name) H.	210	melro	uturc	ave,	mont	eal	
1. Father (Full Name)	irony	me 6 Bu	Uni	Birthpl	lace 22	and	-mere, Zu
" Address	210	nelso	uar	Citizen	ship	and	dian
" Occupation	(Dec	eased		Locomot	ive T	irem	an
2. Mother (Full Maiden Na	ame) Ma	riblinge	200	Lin Birthpl	ace Be	ico	nsfield, 2
" Address2.	210 2	nelro	re de	2 WillCitizen	ship. 6	ans	disw
3. Details of any Naval, Mil							
Unit	Place	R	ank	Trade	From	ate 1 To	Reason for discharge
th Division Sign Gorp	Bleury	treet line	landan	1 INFMAN	1 1/139	Not	·C.
							NAME OF TAXABLE PARTY O
					RCAR	Hegor	ds Office
					Rec'a.	1 2	3 1941
4. Honours, Awards, Mentic	ns	NA			B. 4	Z.,,,,,,,,	M
5. Are you now on any Nav	al, Military o	or Air Force R	teserve?	y E	S	······································	
6. Have you previously mad				,	The second secon	The state of the s	
When?							
7. Were you ever discharged						t? N	0
If so, state nature of disa							
3. Have you ever been or ar				Pension?	NO	/	
If so, state nature of Disa							
9. Have you ever been conv	icted of an ir	dictable offen	ce? N	D If a	o stato not	iro N	A.
0. Are you in debt?				•			
o. Are you in debut	II S	o, state partic	urars				
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Date

	Name of school	From	То	Courses—Subjects, etc.
Primary Education—Public or Separate School	L'aniel D'Eonnell	1937	1939	17
University or School other than above			7 6 14	
Correspondence Courses, etc			- 1 1	
••••••••••••••••••				
22. Particulars of all Civil Occupa	tions (in full)			
======================================	Colons (III Tull).			
Employer and place	Duties, trades, positions	From	To	Reason for leaving
BELL TELEPHONE GO.	HELPER, Gable Maintin	aug31	1941	JOIN RCAF

••••••				
••••••				
			+	
02 Elwin a Ermanian ea (in House)			. /	
23. Flying Experience (in Hours)		Dual,	/.Y	Passenger
24. Special Qualifications, Hobbies	s, etc., useful to the R.C.A.F			
•••••••	W.IT.			
• • • • • • • • • • • • • • • • • • • •	······································			
25. Sports engaged in. State: ext	ensively, moderately, occasional	lysk	ji,	Skating
Soft Ball, 1e				
26. AIR FORCE DUTY you wish to	enlist for Ground Duties.	cel) ro	Engrul
			//	rethe
If for Ground Duties, state Air If for Flying Duties, state prefe (Cross out words not applicable)	r Force trade in which you wish erence as (a) Pilot; (b) Observer le.)	to enlist; (c) Air	Gumer	(d) Wireless Operator (Air Grew).
27. Names of at least two persons	who can give references as to ch	aracter a	and abili	ty.
NTama				
Name	Address	•		Occupation
M. a. Lamarche	6376 Bore	1	/.	211-1
				Madunist
M. D. a. Despard		penu	w	Slipeo, Cable
Mr. D. Mc Douge	le 5231 We	llinat	ton	Lupervisor
M. Ed. Paiement		//		
11/2. Ca. I aument	loune 6 la	en		Chief of Police
28. Other information that may ha	ve any bearing on this application	on		
• • • • • • • • • • • • • • • • • • • •	N. P.			
29. Do you understand that vaccin	ation, re-vaccination and inocula	ation are	compul	sory? VES
I HEREBY CERTIFY that the foelief.	oregoing information furnished b	y me is	correct	to the best of my knowledge and
Date June 24 th	19# Signature 26	Bel	lesson	<u>e</u>

(B) Re

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(C)

particu and ove thereaf services

Date....

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		ens Engine On achanie	· · · · · · · · · · · · · · · · · · ·
Date	7-41 Signature 2	Fernan Stedown Rank 65.	<u>e</u>
(B) Report of Trade T	est—		
Trade in which te	sted	•••••••••••••••••••••••••••••••••••••••	
In au		Mechanic. o 120 section 9 cut B. d to efficient employment in the R.C.A.F.	
Trade quanneado.	is other than above likely to lead	\mathcal{W} .a.	••••••
Date	1, 41 Signature	Fernan Hadoux Rank Cop	2
(C)	DECLADATION MADE	BY MAN ON ATTESTATION	
and overseas, in the Ro	yal Canadian Air Force for the di	active service anywhere in Canada, and also bey luration of the present war, and for the period of de an one year, provided His Majesty should so long	ond Canad mobilizatio
and overseas, in the Rothereafter, and in any services.	oyal Canadian Air Force for the di event for a period of not less tha	luration of the present war, and for the period of de	ond Canad mobilizatio
and overseas, in the Rothereafter, and in any services.	event for a period of not less that	luration of the present war, and for the period of de an one year, provided His Majesty should so long	ond Canad mobilizatio
and overseas, in the Rothereafter, and in any services. Date October 25t. (D) I, Gomer Coutur	event for a period of not less that	luration of the present war, and for the period of de lan one year, provided His Majesty should so long Selbellerese Signature of Recruit MAN ON ATTESTATION do sincerely promise and swear	mobilizations require m
thereafter, and in any services. Date October 25t. (D) I, Gomer Coutur declare) that I will be	oyal Canadian Air Force for the diverse event for a period of not less that he seems of the second o	Luration of the present war, and for the period of detan one year, provided His Majesty should so long Selbellered Signature of Recruit MAN ON ATTESTATION do sincerely promise and swear to His Majesty.	mobilization require m
and overseas, in the Rothereafter, and in any services. Date October 25t. (D) I, Gomer Coutur declare) that I will be	oyal Canadian Air Force for the deevent for a period of not less that have been solved as a second of not less tha	Luration of the present war, and for the period of detan one year, provided His Majesty should so long Stable Live Signature of Recruit MAN ON ATTESTATION do sincerely promise and swear to His Majesty. Libertal	mobilization require m
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and overseas, in the Rothereafter, and in any services. Date October 25t. (D) I,Gomer Coutur declare) that I will be Date October 6 (E) The Recruit above the would be liable to be	oyal Canadian Air Force for the deevent for a period of not less that have been solved as a second of not less tha	Jebellerise MAN ON ATTESTATION do sincerely promise and swear to His Majesty. Signature of Recruit Signature of Recruit ATTESTING OFFICER that if he made any false answers to any of the about the same and some and	ond Canademobilizations require m
and overseas, in the Rothereafter, and in any services. Date October 25th (D) I,Gomer Coutur declare) that I will be Date October 6 The Recruit about the would be liable to be The above question I have taken care	OATH TAKEN BY e Bellerive faithful and bear true allegiance CERTIFICATE OF ove named was cautioned by me to be punished as provided by law. ons and answers were then read to that he understands each question.	Jebellerise MAN ON ATTESTATION do sincerely promise and swear to His Majesty. Signature of Recruit Signature of Recruit ATTESTING OFFICER that if he made any false answers to any of the about the same and some and	ond Canademobilization require many of the control
and overseas, in the Rothereafter, and in any services. Date October 25th (D) I, Gomer Coutur declare) that I will be Date October 6 The Recruit above question I have taken care as replied to and the same contact and the same contact and the same care as replied to an an an according to the care as replied to a care as repl	oyal Canadian Air Force for the deevent for a period of not less that he went for a period of not less that he seems of the seems of th	MAN ON ATTESTATION do sincerely promise and swear to His Majesty. Signature of Recruit MATTESTING OFFICER that if he made any false answers to any of the about of the Recruit in my presence. on, and that his answer to each question has been on the recruit in my presence.	(or solemnly
and overseas, in the Rothereafter, and in any services. Date October 25th (D) I, Gomer Coutur declare) that I will be Date October 6 The Recruit above question I have taken care as replied to and the same contact and the same contact and the same care as replied to an an an according to the care as replied to a care as repl	oyal Canadian Air Force for the deevent for a period of not less that he went for a period of not less that he seems of the seems of th	MAN ON ATTESTATION do sincerely promise and swear to His Majesty. Signature of Recruit MATTESTING OFFICER that if he made any false answers to any of the about of the Recruit in my presence. on, and that his answer to each question has been of the declaration and taken the Oath before me,	ond Canademobilization (or solemnle duly entereduced e

FOR OFFICIAL USE ONLY ERTIFICATE OF MEDICAL EXAMINATION

Finger	Prin:	ted	,
Date	25-	16-4	r
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millione	.,	·y	1

		MEDICAL EXAMINATION	
Part 1. Information obtained from t	the applicant—		
1. Age. 20 2. Have you ever	2 4		
(a) Rheumatism	170	(j) Nasal Trouble	//O V
(b) Tuberculosis	170	(k) Ear Disease	
(c) Bronchitis or Asthma	No	(1) Eye Disease	
(d) Heart Disease	140	(m) Epilepsy	// 0
(e) Kidney or Bladder Disease	No		sease 176
(f) Gastro-intestinal	10	(o) Syphilis	170
(g) Rupture	NO	(p) Gonorrhoea	
(h) Varicose Veins	110	(q) Bone Fracture	
(i) Flat or Deformed Feet	150		ct
3. Have you ever worn glasses?	Mes. in you	l certify that I have	revealed my full
(i) Flat or Deformed Feet		any relevant inform	gnature of Applicant
for more than			
Exemples Remarks re above		-0	
• • • • • • • • • • • • • • • • • • • •		L.X	
Part 2. Information obtained by Me	edical Examination	(Applicant must be stripped)—	
1. Identification marks or scar		. //	as left butterch
(a) Tuentification marks or scar			11 (/ 6)
(account Cerrall cur	und scar a	enter canthus ri	rouge (nocally)
2. Heightfeet	9 inches.	3. Weight	o pound
. M		AND A SECOND CONTRACT OF THE PARTY OF THE PA	Q.
4. Complexion	ww	5. Color of Eyes Brown	Hair June
6. Development Fair	7. Chest Measurem	ent—Full expiration	inch
Poor.	ar, provided Me 24	Range of expansion	inch
O TT . TO 1 . A) 1)	20 T.CL M/12	OTympana—Right	Left
9. Vision—Without glasses—1	Right 40	With glasses—Right	
	Left 20/20.	Left	<i>.</i>
10. Condition of mouth and tee	oth 100	eas.	
	e on		
11. Urine—Albumen	reg	Sugar	
	A		
12. Abnormalities (Congenital	and Pathological) f	ound on Examination	
12. Abnormalities (Congenital	and Pathological) f	ound on Examination	
12. Abnormalities (Congenital	and Pathological) f	ound on Examination	
12. Abnormalities (Congenital	and Pathological) f	ound on Examination	
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Part 3. The Candidate has been	examined in accord	lance with the pamphlet, "Phy	ysical Standards
Part 3. The Candidate has been and Instructions for the Med	examined in accordical Examination of	dance with the pamphlet, "Phy	ysical Standards fit for Category
Part 3. The Candidate has been and Instructions for the Med	examined in accordical Examination of	lance with the pamphlet, "Phy	ysical Standards fit for Category
Part 3. The Candidate has been and Instructions for the Medical Any special femarks of the Medical	examined in according to the second second examination of the second examination examination of the second examination e	lance with the pamphlet, "Phy f Recruits" and he is considered Part 2 Con	ysical Standards fit for Category
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Part 3. The Candidate has been and Instructions for the Med 24-10-41 X-Ray # 96 Any special remarks of the Medical Any special remarks of the Medical Cat If I The mouth again to the second of the se	examined in according to the started a special examination of the started a special examination of the started a special examination of the started as the s	dance with the pamphlet, "Phy f Recruits" and he is considered Part 2 Con ractuc pain, 18, Reflexe pas coming 14, Heart	ysical Standards fit for Category
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Part 3. The Candidate has been and Instructions for the Medical Any special femarks of the Medical Conference of the Medic	examined in according to the started a special examination of the started and	lance with the pamphlet, "Phy f Recruits" and he is considered Part 2 Con pastuc pain, 18, Reflexe fas carming 14, Heart A. Lungs Fat prunt.	ysical Standards fit for Category

SIO. S. 30 SEP ATTESTATION NON-PERMANENT ACTIVE MILITIA OF CANADAD-435/38 UNIT th DIVISIONAL SIGNALS R.C.C.S. REGTL. No. 7377 1. Surname? (Block letters) Bellerive. - SGMN. 2. Christian names? &ome>; Couture 3. Present address? 2210 Mesrose. 5T 11. B. G. Phone No. DEX. 5367. 4. Date of Birth?* Oct. 11. 1920 5. British subject? Yes
6. Occupation? SP4; Cey. 7. Religion? Pomon CATHOLic. 8. Next of Kin M. H. BFIICTIVE.9. Relationship? MOThe) Address 2210 Me/POSE. ST. N. D. G 10. Previous Naval, Military or Air Force Service... (Give particulars, qualifications, etc.) CERTIFICATE OF MEDICAL EXAMINATION Weight 142 Chest max 39 min. 3 Descriptive marks.... I have examined the above named man in accordance with instructions laid down in Instructions for & Signature Zeed, 22 Preele DECLARATION TO BE MADE ON ATTESTATION I, the undersigned.....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 TAKENdo sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. Signature of Man Signature of Witnes CERTIFICATE OF ATTESTING OFFICER The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

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

M.F.B. 235d

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

Capot.

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	14-8-	R.O. Part II, #34, 16-8-40	Officer Chambanding Unit 4 Div. Signal
amr Training Farnham C 25 Aug to 7 SeP 40	amp	R.O, No.4 AUG. 29 1940	C.G.E.Feick ^C Lt,
S. O.S. Enlestment in R. b. A. F.	30-9-41	R.O. P12 #35 20-10-41	asserik Capit
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.

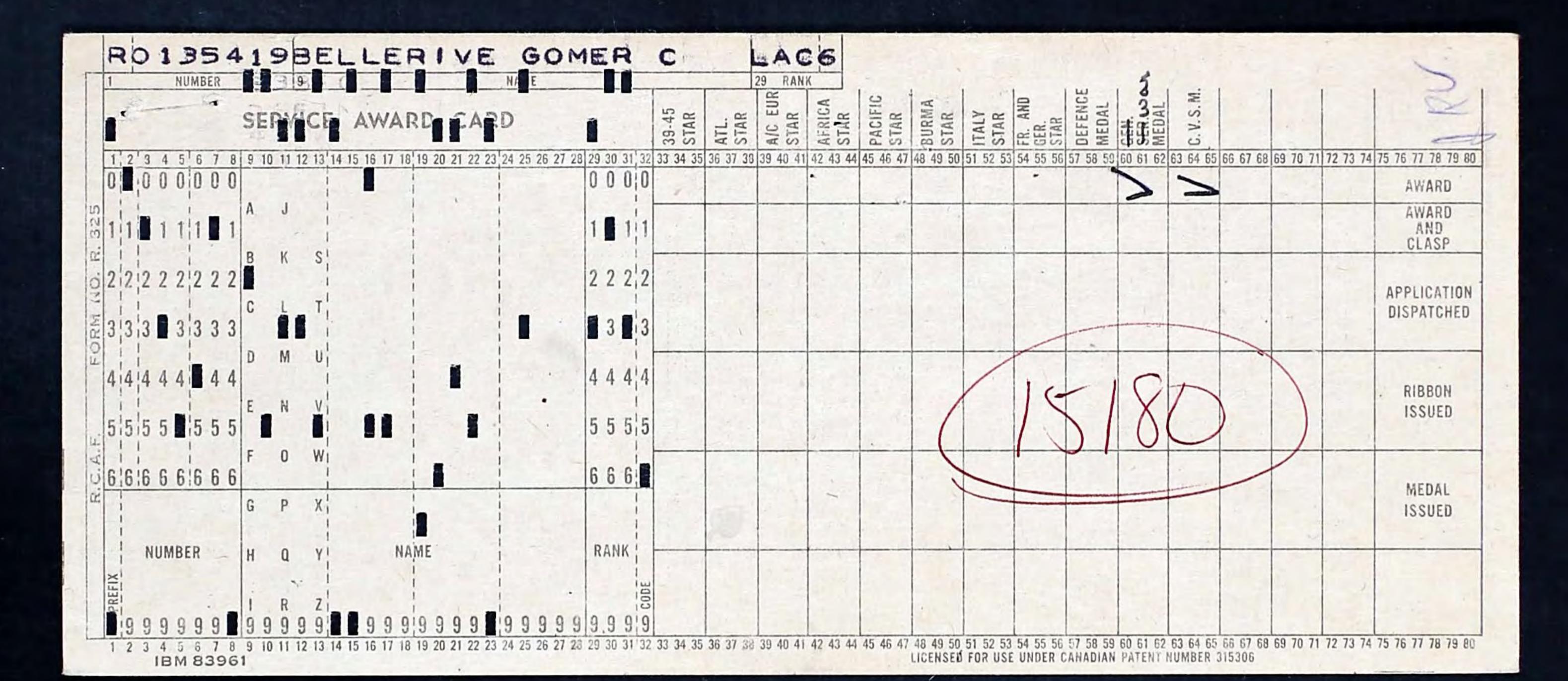
Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

Promo Annual

Accepte

making

Orderly



Mrs. Mia. Bellerine (Remarried 15.5.44) 2210 melrose ave., montreal, 8382

MEMORIAL BAR
RATE CON CELLED
REGN. NO STOCK

10M-3-40 (4425) H.Q. 1772-45-8

NAME BELLERIVE, Gomer Couture

H.Q. FILE No. 1022-B-6686

RANK	L.A.C.		UNITDIED				O	
CA	BLE		CAS. LIST					
No.	DATE		NATURE OF CAS	UALII			No.	DATE
DATE OF	DEATH:	12-12-42	MOTHER LIVING: -	YES	WIFE:	NA		
MIN.IST	RIAL CARD	19-12-42	ROYAL MESSAGE:		MEMORIA	L CROSS:	6-2-43	
Тф	mother.	(FRENCH)	N.A.		To mo	ther	16.2-43	•••••
		•••••						
Mr		me Couture Be	llerive,					R.C.
22 Mo	10 Melrose ntreal, Qu	Ave.,					*	

Standard Frederman (Security Fluard) R.C.A.F. Special Reserve ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R	13	5	Y	19
	A.F.			

BEHLERIVE

GOMER COUTURE

R.C.

A.F. No. Surname					Christian Names						Religion					
Born //-10 - 20 Place M			real Zu	Country	Can	ade	r	Cit	izen of Car	f Canada Origin Canadian						
				TICULAR						. D. V						
Wife's Maiden Na	me					Pres	ent Add	lress (i	n pencil)							
CHILDREN	Names	Pi	LACE OF BIRTH	DAT	Е	CHILDRE	EN	NA	MES	PLAC	E OF	BIRTE	r	1	DATE	
NAM	E(S) AI	DDRESS AN	D RELATION	SHIP OF	PERSON	IS TO	BE IN	FORM	ED OF CAS	UALT	IES	(in p	encil)			
			Bell						apr / arc							
	22	10 m	elrose	aur		hro	nle	eas	20	Connect	1					
	CI	/IL EDUCA	TION				CI	VIL O	CCUPATION	IS AN	D E	XPE	RIEN	CE		
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University				1	ENILI	CTME	NIT					1	1 0 1			
		SERVICE	2.4000	Date 25-10-41				Med. Cat.	DAT	1		i. Cat.	1	DATE	<u> </u>	
4th Dis			n. Corp.	At Ty		1			A413	34/0	4/					
		9-41			Dur		_	<u> </u>								
RANK	AUTH.	DATE	TRAI		AUTH.		DATE		TRADE	TESTS	AN	D C	ours	ES		1
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			AUTH. AND DESC		DATE	Сн	ARACTER	TR	ADE AND ASSM.	Номо	URS A	ND A	WARDS	-	Auti	I.
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R.C.A.F. R.44C 100M-6-41 (305) H.Q. 1062-3-58

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
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20-262/41	Vinelad	STN HOSP.	2-11-4/				
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C.R. FILE ENLISTMENT RE-ENLISTMENT NUMBER DATE 25 - 10 -41 SURNAME FULL CHRISTIAN NAMES R.C.A.F. FORM R44(B) 13 RECORD OF SERVICE AIRMEN 30M-8-41 (637) H.Q. 1062-3-58 POSTING (INDICATE S.O.S. AND T.O.S.) 2. RECLASS'NS-PROMOTIONS-ETC. 4. TRADE AND CHARACTER 6. LEAVE UNIT AND PLACE EFFECTIVE D.R.O. RANK EFFECTIVE TRADE D.R.O. EFFECTIVE D.R.O. D. R. O. TO FROM REMARKS 1 m Doronto acz 25 10 41 100 B 257 25 10 4, 1000257 1-6-42 14-6-42 14 21 11 41 1ms 279 AC1 21 11 41 Amos19 22 11 41 TTS 381: Lac 10 42 1/3 228 4 43 11/19 5-910 0° 708 8828 Moneton nb. 2 4 42 812 92 TRADE CHARACTER DATE OF 6 12 45 13 287 ASSESSMENT R41 3. MEDICAL HISTORY 28 EXAMINATIONS (IN RED INK) DATE FORM CATEGORY REMARKS 57 HOSPITALIZATION (IN BLACK INK) ADMITTED DISCHARGE D. R. O. CONFINED RET'N DUTY Stn. 31-10-41 2-11-41 262; 262 En Hasp 9-12-41 15-12-41 299 304 51 5. COURSES-TESTS-ETC. AUTHORITY SUBJECT DATE

AIR	
FORCE	
No.	

SURNAME FULL CHRISTIAN NAMES

ENLISTMENT RE-ENLISTMENT DATE 25-10-41

C.R. FILE NUMBER

R.C.A.F. FORM R44(B) 30M-8-41 (637)

			RECC	ORD (OF SERVIC	E AIF	RMEN						30M-8	FORM R44(B) 8-41 (637) 1062-3 58
7. BIRTH: DATE PLACE CI	ITIZENSHIP /	16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED single						21. ENGAGEMENTS						
11-10-20 Montreel Que. (8	redish.	WIFE (FULL MAIDEN NAME)		-45.				TERM		CTIVE D.F	R.O. T E	RM	EFFECT	IVE D.R.O.
FATHER (FULL NAME) Vieronique - C. Be	llerive	PLACE OF MARRIAGE			D.A	TE		Duleton	25	0 4				
(decensed)		AUTHORITY (IF AFTER ENLI	STMENT)											
BIRTHPLACE Grand-mère Que.							1							
MOTHER (FULL MAIDEN NAME) Marie - ange	Endin	17. MARRIED ESTABI	LISHMENT											
		REMARKS			RANK	EFFECTIVE	D. R. O.	22. TEMPO	RARY D	UTY AND M	ISCELLANE	OUS ENT	RIES	
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SENIOR MATRICULATION	/	CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DAT	D.R.O.							
TECHNICAL SCHOOL	L													
UNIVERSITY														
CORRESPONDENCE COURSES														
	2													
9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO	R.C.A.F.													
helper Cable telephone 1/2 mo.		19. NEXT OF KIN (AD			IL)									
Co.		FULL NAME: Mrs.	M.C. Bel	lerine.		ISHIP mot	les).							
		ADDRESS: 2210	Melrose	ave.	montreel 2 p.R.O.									
		FULL NAME:			RELATIO	NSHIP								
	9510	ADDRESS:			D.R.O.									
10. PREVIOUS ARMY, NAVY OR AIR FORCE		20. PAY ENTRIES (OF	FENCE FORFE	ITURES, STOP	PAGES IN RED INK)									
4th Division Sign. Coy Symn.	-1937 to date	RATE CHANGES ETC.	+ 1 1	D. R. O.	RATE CHANGES ETC.	EFFECTIV	D. R.O.							
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11. HONOURS-AWARDS, MENTIONS AUTHORIT	Y DATE													
12. FLYING EXPERIENCE ON ENLISTMENT (22.(A) ADD		2	LISTMENT	<i>h</i>		
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tennes.			1 /	P. Comments										

R.C.A.F. FORM A.28 150M—10-41 (1009) H.Q. 885-A-28	ė.	ORD OF PAY	
CLAIM FOR OUTFIT ALLOWANCE FORWARDED	APPOINTED OR ENLISTED AT ONTHER ON 25.10.41	MARRIED OR SINGLE	NAME IN FULL Rellexive, Lomer Low
RATE	OF PAY	ASSIGNMENTS	DEPENDENTS ALLOWANCE REMAR
D.R.O. EFF. NO. DATE RANK GROUP A.S. RAYE OF QUE RATE 1.12.41 A.S. RAYE OF QUE RATE 1.13.41 A.S. RAYE RATE A.S. RAYE A.S. RAY	DED. CASUALTIES AFFECTING RATE OF PAY DED. JAN. A. A. Momas Ont Semustered Elect Arp C"	ASSIGNEE Non Eff. 1-8-42: Belluins, Marin and Total Belluins, Marin and 1-8-42 25 00 25 BELLERIVE MA MOTHER 1-9-42 30 00 30 V MEM 8 1-43 30 00	FORWARDED AWARDED DATE OO 30.10.41 Mother OO 911
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Catholic High School of Montreal Board of Governors: REV. GERALD J. McShane, S.S., D.D., LL.D. CHAIRMAN: REVEREND M. P. REID, P.P. REVEREND J. J. STANFORD, P.P. HON. W. L. McDougall, M.D. E. J. MULLALLY, M.D. E. McG. Quirk, Esn. PRINCIPAL'S OFFICE: TELEPHONE: P. Monahan, Esq. W. M. WEIR, Esq. 3465 DUROCHER STREET MArquette 2713 W. H. ATHERTON, Ph.D., L.L.D., LITT. D., HON. SEC'Y. Montreal, July 8, 1941 To the Royal Canadian Air Force Recommending Mr. Gomer Bellerive Dear Sirs: While I was principal of Daniel O'Connell School, during the school years 1935-36 and 1936-37, Mr. Gomer Bellerive was a student of the Ninth and Tenth Grades (now Tenth and Eleventh) in the Commercial Section. Due to the fact that Mr. Bellerive was a French speaking student following a difficult English course he did not succeed in passing all the subjects of his final examinations. However, considering the circumstances, he did very well. Because Mr. Bellerive was a very good student and because he has an excellent character, I recommend him for a position of trust with the Royal Canadian Air Force. Yours very sincerely, BA/GD R.C.A.F. Records Office

15th December, 1942.

Mrs. H.C. Bellerive. 2210 Melrose Avenue. Montreal, Quebec.

Dear Mrs. Bellerive:

I have learned with deep regret of the death of your son, Leading Aircraftman Comer Couture Bellerive, on Active Service on December 12th and I wish to offer my sincere and heartfelt sympathy.

It is so unfortunate that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your son was serving.

Yours sincerely.

(L.S. Breadner)
Air Marshal,
Chief of the Air Staff.

WG/

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION TORBAY NFLD ELEC. (C. GRP) R135419 NUMBER RANK TRADE R.C.A.F. R.A.F. R.A.A.F. R.N.Z.A.F. OTHER BELLERIVE, WAS AIRMAN ON INDEFINITE MARITAL STATUS NO SINGLE LEAVE WITHOUT PAY? NEXT OF KIN AS SHOWN ON MRS. H.C. BELLERIVE REC. OF SERV. & RELATIONSHIP AGREES 2210 MELROSE AVE., **ADDRESS** MONTREAL, QUE. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP 2210 MELROSE AVE. **ADDRESS** MONTREAL, QUE. RELIGION CANADIAN FRENCH CANADIAN OTHER R.C. MO MRS. HIERONYME COUTURE BELLERIVE, PARENTS NAMES FATHER LIVING ON ENLISTMENT 2210 MELROSE AVENUE, YES ADDRESS MOTHER LIVING ON ENLISTMENT MONTREAL, QUEBEC. XEE/NO WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? IF SO, WAS HE A B.C.A.P.P. TRAINEE? 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? 7205 TORBAY M539 d/14-12-42 AUTHORITY CAS. SIG. NO. CASUALTY DETAILS: KILLED 12-12-42 - FIRE AT ST. JOHNS, NFLD. M.F.M. 5 ATTACHED TO LAST WILL ATTACHED TO XE /NO YES/NO NOTIFICATION TO A. OF E.? NOTIFICATION TO A. OF E?

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

ADMINISTRATOR OF ESTATES, OTTAWA

FOR CHIEF OF THE AIR STAFF



DEPARTMENT OF PUBLIC HEALTH & WELFARE

Death Certificate

I hereby Certify that R135419 ACZ	BELLERIVE, GOMER COUTURE
of R.C.A.F.Station, Torbay, Newfo	oundland aged twenty-one years
sex male, died on the	L2th day of December , 194 2.
at Knights of Columbus Hostel, St	. John's, Newfoundland and that to the
best of my knowledge and belief the cau	ise of death was as herein stated.
Primary Disease Extensive third d	legree burns.
Complications	
	(Signed) Surrell 7 Registered Medical Practitioner
	Address RCAF Station, Torbay, Newfoundland
*Full Address	Date 15th December 1942.

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Do not write in this space

FORM 6	DOMINION BUR	REAU OF STAT	ISTICS	-QUEBEC DEAT	TH TRANSC	RIPT		
1. PLACE OF	Municipal OVERSEAS (NEWFOUNDLA county	Official name civil municip	ali-			Place an X or applies to this mu		s territory
DEATH	DEATH Street No.			Hospital or Institution				
2. LENGTH OF STAY	or institu-	(b) In munici- pality where death occurred	Months	Days Ye	ars Months Days	(d) In Canada (if immigrant)	Years Months	Days
3. NAME Surname.			Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH				
OF (Block letters)			write in this space	December 12th 42 (Month) (Day) (Year) 23. I HEREBY CERTIFY that I attended deceased from 19				
B Street Melrose Ayonue 2210								
4. D Official name of civil municipality or township.								
Municipal Quebec county				and last saw halive on				
5. SEX 6. NATIONALITY 7. RACIAL ORIGIN Widowed or Divorced (Write the word) 9. If matried give 19				Immediate cause Give disease, injury or tion which caused death, mode of dying, such as hea asphyxia, asthenia, etc.	not the	aREATHfire		
name of wife or hus- band of deceased 10. BIRTHPLACE (ueboc (Province or Country)				Morbid conditions, if an rise to immediate cause order proceeding backwar immediate cause).	y, giving (b)			
11. DATE OF October 11th 1920				Other morbid conditions tant) contributing to death causally related to in cause.	(if impor- but not mmediate			
hrs. ormin. Z 13. Trade, profession or Electrician Lind of work, as spinner, Electrician				III mentioned on this certificate, give (a) Date of appearance				
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc				25. If a woman, was there a pu		.19		
15. Date deceased last oc 12/42 spent in this occupation occupation					SHAPE TO SHAPE THE SHAPE TO SHAPE THE SHAPE TH			
17. NAME 18. BIRTHPLACE (Province or Country)				State findings				
FATHER Bellerive, Hieronyme Couture Quebec				Accident, suicide or homicide				
MOTHER (Maiden Name)	Godin, Marie-Ange	Quebec		Manner of injury Nature of injury		w sustained)		
19. Place of burial, cremation or removal				Specify whether injury occurred in public place place				
20. Date of burial 19				Signed M.D.				
or or	ame of parish church			Address		Date	Large Committee of the	10
THIS BURIAL OF County (c) Municipal county (d) Civil municipal county (d) Civil municipal county (e) Municipal county (f) Civil municipal county (d) Civil municipal county (e) Municipal county (f) Civil municipal county (e) Civil municipal county (f) Civil municip			28. Sign (cur	28. Signature of person who fills in the form (curate proper hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of the burial was made.				
(d) D	ate(Month) (Day		This sign	ature authorizes the collector this form as authentic.	to accept	(Voir l'autre cô	té pour le franc	cais)

Exhibit A.

PERSONAL EFFECT LAC BELLERAVE G.C. R-135419

	PERSONAL EFFECT LAC BELLERIVE G.C. R-1354					
1	BLUE KIT BAG					
1	BUNDLE PERSONAL PAPERS & STATIONARY					
2	PHOTO ALBUMS					
1	NOTE BOOK					
1	BOX PHOTO PRINTS					
1	LEATHER SHAVING KITS					
1	BATHING SUIT & MONEY BELT IN CARTON					
1	CHRISTMAS CAKE IN TIN					
1	IRON & CORD					
1	BOX PERSONAL EFFECTS					
2	SUITS PYJAMAS					
t	THE ASP					
L	TIN PERSONAL EFFECTS					
2	SETE SUMMER UNDERWEAR					
1	KHAKI SHIRT					
2	PAIR BLUE WOOLLEN SOCKS					
l	boot brush $\omega \hat{\mathcal{Y}}$:					
1	CELLULOID RULER					
L	KIT BAG HANDLE					
2	SMALL WHITE CLOTH BAGS					
L	HANDLE AND LOCK					
	COMB					
L	BAG PERSONAL CLEANING SUPPLIES					
	BUNDLE OF UMMAILED CHRISTMAS CARDS					
	2 KEYS ON STRING					
	IDENTIFICATION DISC # 1. & 2					
3	KEYS					
	PICTURES					

DRIVERS LICENSE



DEFENCE DEPARTMENT OF NATIONAL

AIR FORCE



STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

FILE NO.

DATE

24359

PAYEE ADDRESS

Mrs. Marie A. Bellerive, 2210 Melrose Ave., Montreal, 28, Que.

SERVICE NO. FINAL RANK OR RATING

6 Sept/45 R135419 LAC

DATE OF TERMINATION OF OVERSEAS SERVICE

N.A.

DATE OF DISCHARGE

12 Dec/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS.

COMPLETE PERIODS AT \$7.50

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 $\times 7 = \$$

NO. OF DAYS_ 183

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

97.50

97.50

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

20.00 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

97.50

97.50

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE V THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

CHECKED BY

TREASURY CHECKED BY

DATE

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services

Rec'd SEP 7 1945

P. & A. SECTION