R136671
BROCHU
JOSEPH WILLRO

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R-136671
SGT. BROCHU J.W.M.
BORN: SEPT. 4, 1921
DIED: MAY 31, 1943
M.I. 587-15-6-43-R.C.A.F.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full JOSEPH WILFRID JOSEPH MARCEL BROCHU (b) Reg'l. No. R 136471
2. (a) Arm of service R.C.A.F. (b) Unit S.M.H. LANCASTER (c) Rank AC 2
3. (a) Date of birth March 1922 (b) Have you any dependents? No. (c) Place of residence at time of enlistment QUEBEC. EST COURT.
4. (a) Place of enlistment QUEBEC. (b) Date of enlistment 6-2-42.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Three years High School
7. If you attended a university, give name of university and standing or degree secured No.
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French + English (b) What languages do you read well? French + English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? Yes.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Time Keeper. (b) State how long you had worked at this trade or occupation 2½ months.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified No.
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment Nov 21/41.
15. Give details of last employer, if any: Name Canadian National Railways Address Edmundston N.B.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Time Keeper.
17. (a) If your last employment was in a business of your own, state nature and address of business No. (b) Date of discontinuing it Nov 21/41.

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer ..... Address .....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) .....
20. (a) Your specific occupation ..... (b) Number of years' experience at this occupation with any employer .....
21. (a) Did your employer promise definitely to give you employment on discharge? ..... (b) Did your employer refuse to promise you employment on discharge? ..... (c) Do you wish to return to your former employment? .....

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) No.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Commercial aviation

DATE 24-2-42. 194..... SIGNATURE Joseph Brochu

CONFIDENTIAL

SPECIAL RESERVE

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

(2) ROYAL CANADIAN AIR FORCE

Medical Board held at Quebec, P.Q. *Date* 6-2-42

FILE NUMBER

Surname BROCHU *Chr. Names* Joseph Wilbrod Marcel
Nature of Commission M2 *Date of Birth* 4-9-21 *Married or Single* Single
Branch General List *Hours Flown* ½ hr
Address Escourt (Temiscouata) 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 At 7 years of age (tinted glasses)
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears Earache at 9 years of age
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
(x) Any Illness or Injury not mentioned above None

Education Equiv. 4 years High School
Present Occupation None Hobbies Plays with radio apparatus
Previous Service None
Athletics Skiing - tennis - swimming (moderately)
Habits—Smoking 10-12 cig. a day Alcohol Socially
FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health (52) good Dead—Cause
Mother Alive—Health (50) bad health Dead—Cause
Brothers (4) Alive—Health good (....) Dead—Cause
Sisters (0) Alive—Health (....) 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 6-2-42 *Signature* Marcel Brochu *Witness* [signature]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Alert

Body Marks, Scars, Deformities None

Size of Thyroid Gland Normal

Surgical Abnormalities None

Results of Wounds, Injuries, Operations None

	Date 6-2-42 Assessing Room	Date ... Assessing Room	Date ... Assessing Room
Height (ins.)	70½		
Weight (lbs.)	145		
Chest Circumference (ins.)	31-33		
Body Build (lbs.)	n		
Leg Length (ins.)			
Pulse Rate — Sitting	76		
Pulse Rate — Standing 1st	108		
Pulse Rate — Standing 2nd	108		
Pulse Rate — After Exercise	108		
Pulse Rate — Time to Normal	0		
Arterial Walls	soft		
Blood Pressure — Systolic	130		
Blood Pressure — Diastolic	70		
Heart — Size	N		
Heart — Sounds	N		
Heart — Rhythm	N		
Lungs	N		
Breath held	95		
Expiratory Force	200		
Vital Capacity (Best of 5)			
Reflexes — Knee	N		
Reflexes — Ankle	N		
Reflexes — Triceps	N		
Reflexes — Abdominal	N		
Reflexes — Plantar	N		
Cranial Nerves	N		
Balancing Rod	R. L. N.A.	R. L.	R. L.
Self Balancing	R. L. 1s 1?	R. L.	R. L.
Tremors — Fingers	none		
Tremors — Eyelids	none		
Abdomen — Liver	N		
Abdomen — Spleen	N		
Abdomen — Muscular Tone	N		
Urine — Albumen			
Urine — Sugar			
Initials of M.O.			

	Date ... Assessing Room	Date ... Assessing Room	Date ... Assessing Room
Height (ins.)			
Weight (lbs.)			
Chest Circumference (ins.)			
Body Build (lbs.)			
Leg Length (ins.)			
Pulse Rate — Sitting			
Pulse Rate — Standing 1st			
Pulse Rate — Standing 2nd			
Pulse Rate — After Exercise			
Pulse Rate — Time to Normal			
Arterial Walls			
Blood Pressure — Systolic			
Blood Pressure — Diastolic			
Heart — Size			
Heart — Sounds			
Heart — Rhythm			
Lungs			
Breath held			
Expiratory Force			
Vital Capacity (Best of 5)			
Reflexes — Knee			
Reflexes — Ankle			
Reflexes — Triceps			
Reflexes — Abdominal			
Reflexes — Plantar			
Cranial Nerves			
Balancing Rod	R. L.	R. L.	R. L.
Self Balancing	R. L.	R. L.	R. L.
Tremors — Fingers			
Tremors — Eyelids			
Abdomen — Liver			
Abdomen — Spleen			
Abdomen — Muscular Tone			
Urine — Albumen			
Urine — Sugar			
Initials of M.O.			

Remarks on any Abnormalities Found

Date 6-2-42

Normal reaction (slight nystagnus to Berany Chair test

Date

Date

40 mm. Hg. Test

Date 80 sec: 7/776/666/665/655/566/6 L.B.

Date

Date

Date

Remarks by Consultant.

EYE EXAMINATION

History	Nothing		
Visual Acuity	R. $^{20}/_{20}$, $\bar{c}$ 2.50 = 20/200		
	L. $^{20}/_{20}$, $\bar{c}$ 2.50 = 20/200		
Colour Vision	Normal (Is.9)		
Red, Green			
Diaphragm Test (P.D. = 6.1)	Bar at 2 between 4 - 5		
Convergence	C. = 8 cms.		
	S. C. = 13 cms.		
Accommodation	R. croud at 10		
	L.		
Cover Test	Div. r.r.		
Fundi and Media			
Fields			
Remarks: Conv. & Accom. tests borderline			
	Initials of M.O. [signature]	*Initials of M.O*	*Initials of M.O*
	Date 6-2-42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Nothing

Hearing	R. Ear	W.V. 20		
	L. Ear	W.V. 20		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	Patent		
Cochlear Apparatus	R. Ear			
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		Healthy		
Teeth		Suttered		
Gums		N		
Pharynx		Red & drip		
Nasopharynx		Red		
Nose		Patent		
Larynx		Nil		
Remarks: Small pediculated tumor on right side of tongue		*Initials of M.O* [signature]	*Initials of M.O*	*Initials of M.O*
		Date 6-2-42	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date....6-2-42.....

Candidate of very bright mentallity, responds splendidly to tests, except eye convergence and accommodation which are borderline

Assessed A-1-B A-3-B

A-1-B A-3-B

Leonard St. Pierre F/Lt

N Duche F/Lt

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

N Duche F/Lt

MEMORANDUM FOR **P. 64**

Mr. Joseph E. Brochu,
Estcourt,
Temiscouata Co., P.Q.

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. 1040-B-13 FD.154

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH
JUN 23 1943
H. Q.
OTTAWA
NATIONAL DEFENCE

June 18, 1943.

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

BROCHU, Joseph Wilbrod Marcel, Sgt.

R.136671 R.C.A.F.

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.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

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

IGR:MW

M.F.W. 77
6M-4-43 (9515)
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.....		Single		
2	Children of the Deceased and dates of their Births.....		Single		
3	Father of the Deceased.....		E Brochu	52 years	Estcourt Co Dem. P.Q.
4	Mother of the Deceased.....		Marie Blanche Dube	51 years	Estcourt Co Dem P.Q.
5	Brothers of the Deceased	Full Blood	Sgt. Jean Brochu R.C.A.F. André Brochu Jacques Brochu Gilles Brochu	23 years 19 years 18 years 13 years	Victoriaville Co Arthabaska Estcourt P.Q. Estcourt Estcourt
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Nil		
		Half Blood	Nil		

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
	Nil	Nil	

8	Full r
9	Date
10	Place
11	Place
12	Place
13	State resid
14	Natu
15	State so, w
16	Nam perm
17	Did
18	If m in th com cont
19	Did give
20	Am
21	Am
22	If pay ther
23	Is a nec
24	Did An h " p
25	Ha P a
	and zon aut the

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Brochu Joseph Wilfrid Marcel Sgt.
9	Date of his birth	4th Sept 1921
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	St. Agapit Co Lotbinière Que 18 Aug. 1919

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Leonard Co Nicolet P.Q.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Quebec Only (b) (c) (d)
14	Nature of employment before enlistment.	College
15	State whether he owned the premises in which he lived and, if so, where situated.	Nil
16	Name place where deceased stated he intended to make his permanent home.	Do not know

PARTICULARS OF ESTATE

17	Did he leave a Will?	No
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?	
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.	No
20	Amount of War Savings Certificates held by deceased.	Nil
21	Amount of Victory Loan Bonds held by deceased.	2 $50.00 XX Each = $100.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Yes Northern Life Assurance Co $500.00 J.E. Brochu X Nil
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

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.	No No
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.	Yes

(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 elswhere 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

*Father of the deceased.

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

J.E. Brochu (Joseph Emile) } Signature of Informant

Estcourt Que. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mr J.E. Brochu

See above. { Name of Informant } is the is the father 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 Estcourt this 21st day of June 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Geo-H-Letourneau, C.SS.R Qualification parish priest

Address Estcourt, Terrebonne, P.Q.

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

SPECIAL RESERV-

N° MATRICULE R.136671 VERSÉ À #14 Rec. Centre, Quebec, P.Q. MÉTIER Pilot or Observer

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 BROCHU Prénoms en entier JOSEPH WILBROD MARCEL
2. Adresse actuelle Escourt, Temiscouata, P.Q. Téléphone P.A.
3. Adresse fixe Escourt, Temiscouata, P.Q.
4. Lieu de naissance St-Leonard, Nicolet, P.Q. Nationalité Canadien
5. Date de naissance 4 septembre 1921 ~~Marié~~, célibataire, ~~veuf, séparé, divorcé~~ Célibataire
6. Enfants

Nom	Date de naissance	Nom	Date de naissance
P.A.			

7. Profession Journalier 8. Religion Catholique-Romaine (Indiquez la confession religieuse)
9. Langues Francais et anglais couramment. (Degré de connaissance)
10. Plus proche parent (nom en entier) Joseph Emile Brochu Degré de parenté Pere
    Adresse du plus proche parent Escourt, Temiscouata, P.Q.
11. Père (nom en entier) Joseph Emile Brochu Lieu de naissance St-Isidore, Dorchester, P
    Adresse Escourt, Temiscouata, P.Q. Nationalité Canadien
    Profession Chef de gare
12. Mère (nom de fille en entier) Marie-Blanche Dube Lieu de naissance St-Agapit, Lotbiniere, PQ
    Adresse Escourt, Temiscouata, PQ Nationalité Canadienne
13. Détails du service dans les armées de terre, de mer ou de l'air:

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

R.C.A.F. Records Office
Rec'd. FEB 11 1942
O.K. O.K.
R. C.B.D. N.I.
S.L. P.A.

14. Honneurs, récompenses, citations Aucune
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? Non
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? Non Si oui, où? P.A.
    Quand? P.A. Résultat P.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 P.A.
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? Non
    Si oui, indiquez la nature de l'infirmité P.A.
19. Avez-vous jamais été trouvé coupable de délit? Non Si oui, indiquez-en la nature P.A.
20. Avez-vous des dettes? Non Si oui, donnez des détails P.A.

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

35 - 11

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Ecole d'Escourt, PQ	1927	1934	Primaire
Cours supérieur—Collège, etc.	College d'Arthabaska, PQ	1934	1940	Superieur (11ieme)
Cours technique				
Autres cours universitaires ou scolaires				
Cours par correspondance				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
	Sans ouvrage	1940	1941	
C.N.R. Edmunston, N.B.	Commis (time-keeper)	Juin 1941	Nov. 1941	Ouvrage termine
	Sans ouvrage	Nov. 1941	1942	

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

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

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement
Ski, Patin, Tennis, Natation, Baseball, Chasse, Peche, Bicycle, 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 N. F.

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
J.H. Chenard	Escourt, Temiscouata, P.Q.	Tresorier de la paroisse
J.W. Saindon	Escourt, Temiscouata, P.Q.	Marchand
Alphonse Durette	Escourt, Temiscouata, P.Q.	Officier de douane
Raoul Guerette	Escourt, Temiscouata, P.Q.	Gerant

28. Autres renseignements se rapportant à votre demande d'engagement J'ai un frere dans le C.A.R.C. Sergent(J.A. BROCHU) R.10186 et je desirerais suivre ses traces.

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 5-2- 19 42 Signature Marcel Brochu

(A) *Rapp*

Type

Aptit

Date.

(B) *Rapp*

Métie

Résul

Autre

Date.

(C)

Je, s

mentionn

où que ce

ainsi que

Sa Majest

Date.....

(D)

Je, so

solennelle

Date.....

(E)

J'ai a

elle serait

Les q

Je m

inscrite te

à.....

District Electoral: 69
Arr. de Votation: 84
Marcel Brochu
BB 3

NATIONAL REGISTRATION CERTIFICATE PRODUCED. Chs. Fournier F/O.

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 Wilbrod Marcel BROCHU 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 6 février 1942 Marcel Brochu
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

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

Date 6 février 1942 Marcel Brochu
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 Quebec, P.Q. ce 6ième jour de février 1942

Chs Fournier — F/O — Centre de Recrutement No.14, C.A.R.C. Unité Quebec, P.Q.
Signature de l'Officier — Grade

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 20 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 Earache at 9
(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.

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

Signature de la recrue

Observations des examinateurs

N A

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 10 1/2 pouces. 3. Poids 145 livres.

4. Teint ruddy 5. Couleur des yeux bleue Cheveux chatain

6. Développement { Bon / ~~Passable~~ / ~~Médiocre~~ } 7. Tour de poitrine—Expiration 31 pouces

Degré d'expansion 2 pouces

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

9. Vue—sans lunettes—droit 20 avec lunettes—droit N H

gauche 20 gauche N H

10. État de la bouche et des dents fair

11. Urine—Albumine neg Sucre neg

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

none

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

A-B. A3/B

Part 2 Cont'd.

Observations spéciales des médecins

13. Reflexes N

X-Ray 118 - Neg - 6-2-42

14. Heart N

15. Lungs N

16. Blood Pressure S. D. 130/70

17. Colour Vision Normal Ishig

Date ..... 19.....

A Bouchè F/L/T — Président

Leonard St. Belisle Lt — Membre

Membre

R0136671 BROCHU JOSEPH WM SGT 4

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

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

25780

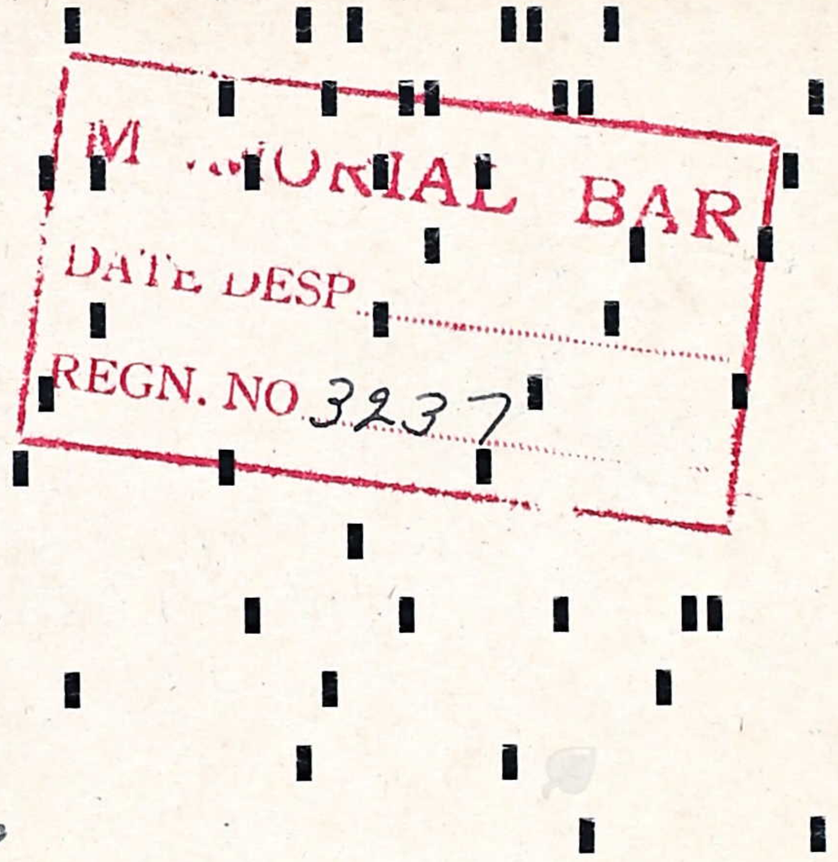
PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Joseph E. Brochu (Father)
Estcourt,
Temiscouata Co.,
Que.

May-44.



3397 19-10-49

NAME BROCHU, Joseph Wilbrod Marcel FILE NO. 1040-B-13

RANK Sgt. Pilot CATEGORY KILLED REG. NO. R136671

DATE OF DEATH: 31 May 43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 14 June 43 ROYAL MESSAGE: 28-7-43 MEMORIAL CROSS TO CHAPLAIN: 27-7-43

To mother & father To mother & father DEL'D TO MOTHER: 29-7-43

To mother & father 14 June 43 DEL'D TO WIFE:

Mr. & Mrs. Joseph Emile Brochu,
Estcourt, County, Temiscouata County,
Que.

COMMAND: No. 3.

RELIGION: R.C.

AIR FORCE No. R136671

BROCHU, JOSEPH WILBROD MARCEL [redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 6-2-42

RE-ENLISTMENT

C.R. FILE NUMBER

14

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	Quebec R/C amended	7	2	42	2 RC 11; 18
SOS	Quebec R/C	22	2	42	Que RC 15
T.O.S.	5 M.D. Lachine	23	2	42	5 M.D. 46
TOS	Quebec R/C	6	2	42	Que RC 18
SOS	5. M.D. Lachine	14	3	42	5 MD 64
TOS	4. M.D. Quebec	15	3	42	4 MD 66
SOS	4. MD Quebec	22	5	42	4 MD 123
T.O.S.	5 M.D. Lachine	23	5	42	5 MD 122
S.O.S.	5 M.D. Lachine	25	5	42	5 MD 124
TOS	9 S.F. Summerside P.E.I.	26	6	42	9 SF 125
Att	9 SF T.S. Centralia for duty disch. + ftrs	22/6	6/7	42	9 SF 148 179
SOS	9 SF Centralia	1	8	42	9 SF 179
TOS	6 ITS Toronto	2	8	42	6 ITS 184
SOS	6 ITS Toronto	3	8	42	6 ITS 185
TOS	3 ITS Victoriaville P.Q.	2	8	42	3 Its 187 194
SOS	3 Its Victoriaville	4	8	42	3 Its 194
SOS	3 Its Victoriaville	24	10	42	3 Its 255
TOS	11 EF Cap de la Madeleine	25	10	42	11 EF 89
SOS	11 EF TS	27	12	42	11 EF 109
TOS	13 SF St Hubert	28	12	42	13 SF 311
SOS	13 SF T.S. St. Hubert	30	4	43	13 SF 91 AO
TOS	9 Bgs mont joli	1	5	43	9 Bgs 109
SOS	9 Bgs mont joli	31	5	43	9 Bgs 132
	having Died 31-5-43 (9 Bgs 132).				
	Killed	31	5	43	
	9 BG N 41	31-5-43			
	W. S. S. Comp	3	10	44	
	Cashwell				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
Ac2.	6	2	42	2 RC 11
.8.				
LAC	26	9	42	3 Its 233
T/sgt. pd.	16	4	43	13 SF 91 AO

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.
6-2-42	R100	A1B. A3B.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
P. or O.	S.	6	2	42	2 RC 11
301 S.					—
Pilots	S	26	9	42	3 Its 255
pilots Sp.	S	16	4	43	13 SF 91 AO

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Catey P.A.	13 SF 91 AO	

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
7-2-42	22-2-42		L.W.P.	2 RC 11
25-9-42	11-10-42	16	amended Spec leave	3 Its 233 3 Its 233
25-9-42	18-11-42	23	Sp. Leave	3 Its 233
17-4-43	1-5-43	14	Sp "	13 SF 91 AO

AIR FORCE No. R136671 R

BROCHU, JOSEPH WILBROD MARCEL

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 6-2-42

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 4-9-21 — PLACE St. Leonard, Nicolet, Que. — CITIZENSHIP British 1

FATHER (FULL NAME) Joseph Emile Brochu

BIRTHPLACE St. Isidore, Dorchester, Que.

MOTHER (FULL MAIDEN NAME) Marie-Blanche Dube

BIRTHPLACE St. Agapit, Lotbiniere, Que. ✓

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X — Que.

JUNIOR MATRICULATION Equiv — Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

3

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

clerk-(Timekeeper) 5 mos (C.N.R.)

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilots Flying Badge	13SF.91AO	16-4-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION R. Catholic

1

14. LANGUAGES French & English

3

15. SPORTS Skiing, skating, tennis, swimming, baseball, hunting, fishing, cycling, Reading

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: Joseph Emile Brochu — RELATIONSHIP Father

ADDRESS: Escourt, Temiscouata, 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.
pay-(day) Subs. allo-(day)	6 2 42	2 ra 11			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	6 2 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. qtrs + draw rtns		23-2-42	5 M.D.46
Occ. qtrs + draw rtns		15-3-42	4 M.D.66
Issued Spec. Hcarr #C 130765		25-9-42	3 Its 240

22.(A) ADDRESS PRIOR TO ENLISTMENT

Escourt, Temiscouta, Que.

27000

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) O.H.F.

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	KX
5-3-42	11-2-42	24-2-42				

8-17

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R136671	BROCHU	Joseph, Wilfrid, Marcel	R. C.

Born 4-9-21 Place St. Leonard, P.Q. Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 6-2-42	High School Entrance Jr. Mat. yes Sr. Mat.	N. A.
At #14 R.C. Quebec	Technical School Corres. Courses	
Term Duration of War	University	

RANK	DATE	Med. Cat.	Date
AC2	6 2 42	A1B3	6 2 42
LAC	26 9 42		
~~T/Sgt.~~	16 4 43		

CIVIL OCCUPATIONS AND EXPERIENCE

Time-Keeper 1941

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
P/O	Std			6 2 42					
Reqmnt. Pilot Stat. Group				26 9 42					
Remnd. Pilot Spec. Group				16 4 43					

PARTICULARS OF FAMILY ~~M~~ S ~~D~~

Wife | Maiden Name | Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

Joseph Emile Brochu (father)
Estcourt, Lemieux Co.
P.Q.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
7-2-42	22-2-42	In Leave Without
25-9-42	18-10-42	DRO 233/42 P 2 y
23 Days	A/7 Ro 1305, d/7-11-41	Special Leave.
23-12-42	28-12-42	AFHQ A24/5
17-4-43	1-5-43 (14 days)	Special.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
16-4-43	Awarded		Pilot Flying Badge	DRO 91.
16-4-43	Categorized	P/A	DRO 91.	

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
	Quebec	Quebec					
Reqn #1108	#14 R.C.	#14 R.C.	6-2-42	DRO 240/42	Issued Dpte.	Warrant Co.	30-9-42.
M.O. R 13	#14 R.C. Que	#5 M.D. Lachine	23-2-42	DRO 255/42	Victoriaville	34 T.S. Cap de la Madeleine P.Q.	11 E.F.T.S. 24-10-42.
DRO 46/42 T.O.S.	#5 M.D. LACHINE	#4 M.D. QUEBEC	28-2-42				
DRO 64/42	#5 M.D. LACHINE	#4 M.D. QUEBEC	14-3-42				
DRO 123	#4 M.D.	#5 M.D.		DRO #105	#11 EFTS	#13 SFTS	28-12-42
DRO 124/42	Quebec	Lachine	22-5-42	Cap de la Madeleine, Que.		St. Hubert, Que.	
	#5 M.D.	9 SFTS	25-5-42	DRO 91 16-4-43	#13 SFTS	~~#9 B+G~~ #9 B+G.	30-7-43
DRO 148/42 Attached to RCAF	Det. #9 SFTS	Centralia	Awaiting for				
duty, discipline, rations and quarters	off		22-6-42	DRO 132 d/2-6-43	S.O.S.	Training	died
DRO 179/42 Ceases to	be attached	off	6-7-42			31/May/43.	
DRO 179/42	9 SFTS CENTRALIA, ONT	6 ITS Toronto, Ont	1-8-42				
DRO 185	#6 I.T.S	#3 I.T.S	3-8-42				

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

(OVER)

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M. 20/10

1. SURNAME ..... BROCHU

2. CHRISTIAN NAMES ..... Joseph Wilbrod Marcel

3. APPLYING FOR ENLISTMENT AS ..... Pilot or Observer

SELECTION BOARD

4. PERSONNEL OFFICER

Education ..... 11e - Quebec

Aptitude Score 24

ASSESSMENT: (Educational Standing: Ability to Learn: Personal Background)

RECOMMENDED FOR ..... Pilot or Observer

SUITABLE FOR COMMISSION ..... N.C.O. rank

Signed J. L. Gaudet Flt

5. MEDICAL OFFICER

Medical Category A-1-B A-3-B

ASSESSMENT: (Physical, Temperamental) Bright mentallity, a little shy - Responds splendidly to physiological tests except eye convergence & accommodation which are borderline.

RECOMMENDED FOR: ..... Pilot or Observer

SUITABLE FOR COMMISSION ..... Yes

Signed Leonard A. Bélanger Flt

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness) Intelligent - Straight for word - Good natured Excellent character - Of cheerful disposition - Neat - Has had good family influences - Bilingual - Has initiative - Studious - Of good moral conduct - Is a brother of 10186 Sgt. Jean Alfred Brochu, R.C.A.F.

RECOMMENDED FOR ..... Pilot or Observer

SUITABLE FOR COMMISSION ..... N.C.O. rank

Signed J. R. O. Gibeault F/O.
for J.R.O. Gibeault F/O.

FOUND ACCEPTABLE FOR ..... Pilot or Observer

Chs Bourne F/O
Commanding Officer
No. 14 Recruiting Centre,
R.C.A.F. Quebec.P.Q.

DATE:

A.F.M. 5
24.12-41

R.C.A.F. FORM A.2R
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

P or O

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

APPOINTED OR ENLISTED AT Quebec, Que. ON 6-2-42 (T.O.S. for Pay 23-2-42)

MARRIED OR SINGLE Single

No. R 136671

NAME IN FULL BROCHU, J. W. M.

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
46	23-1-42	AC2	S	AS	1 80	- -	1.80	NA	No. 5 "M" Depot, Lachine, Que.
233	26-1-42	L.A.C.	S	A.S.	1 50				Rect L AC
89	26-10-41	LAC	S	AS	150	75	225		F/P

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Rec. Gen. (Vict. Loan)	1-3-42	7 21	
Rec Gen (V.L.)	1-10-42	7 21	
REC. GEN (3 VL)	1-11-42	8 11	

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class. * Do not ded. after Sept. 1942

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
23-1/26/2-42	6	7 80	- -	——	- -	ø	7 80	- -	- -	- -	ø	——	- -	- -	- -	- -	7 80	ø	S.O.S. to #4 M.D.
1-1/31/1-42	14	18 90	- -	——	- -	ø	18 20	3 36	- -	- -	ø	——	- -	- -	15 00	18 36	- -	— 16	1-2-42. D.O. 62 C.R. Gamble Wo
15-3-42 Bl-3-42	17	22 10				ø	22 10	3 85			— 16					4 01	18 09	ø	D.O. 66 T.O.S. to #4 M.D. eff 15-3-42.
1-4-42 30-4-42	30	39 -					39 -	7 21							16 -	23 21	15 79	ø	
1-5-42 22-5-42	22	28 60					28 60	5 28						7 32	16 -	28 60		ø	D.O. #123 S.O.S. to #5 M.D. Lachine eff 22-5-42
23 5/31/5-42	3	3 90					3 90	72									3 17		S.O.S. to #9 S.F.T.S. Summerside EFF. 23/5/42. D.R.O. "I.X.X."
2-6/15	6	7 80				3 17	10 97	1 20								1 20	9 97		D.O. 25 T.O.S. #1 S.F.T.S. 26-5-42
1-30-6	30	39 00				9 77	48 77	7 21				X MESS	100	10 00	15 00	38 21	10 00	56	#R43 #59
1-31-7	31	40 30				56	40 86	7 21				"	100	11 00	16 00	35 21	5 65	ø	
1-1-8	1	1 30					1 30	24								24		1 06	D.O. 179. S.O.S. to 6 I.T.S. Tor. EFF. 1-8-42.
2-3/8	2	2 60				1 06	3 66	48								48		3 18	D.O. 185 S.O.S. to 3 I.T.S. Victoriaville Que EFF: 3-8-42
4/31-8	28	36 40				3 18	39 58	6 49							16 00	22 49	17 09	—	T.O.S. eff 4-8-42. D.R.O. 187 & D.R.O. 194
1-25-9	25	32 50																	
26-30	5	7 50	11 50 x				51 50	7 21						51 00	16 00	74 21		22 71	x R.A. 33 Da. D.O. 234
1/24-10	24	36 00					36 00	—			22 71			13 29		36 00		—	S.O.S. to #11 E.F.T.S. EFF. 24-10-42. D.O. 55
25-10 31-10-42	7	15 00					15 00											15 00	T.O.S. EFF. 25-10-42 D.O. 89
NOV. 1-27	20	67 50 300				15 00	82 50	8 41							41 00	49 41	33 09	6 00	S.O.S. to 13 E.F.T.S. EFF. 27-12-42 D.O. 109
12-42	27	60 75					68 75	8 41							30 00	38 41	31 34	~~6 00~~	AUTH. R/A 23-11 TO 28-11-42 D.O. 89 (60 DAYS)
28-31-12	4	9 00					9	—			6 00					6 00		3 00	
1-31-1	31	69 75				3 00	72 75	8 41			E887-P1058		217		30 00	40 58	32 17	—	
1-28-2	28	63 00					63 00	8 41							27 00	38 41	27 59	—	
1-31-3	31	69 75					69 75	8 41							30 00	38 41	31 34	—	

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 Quebec, Que ON 6-2-42 (T.O.S. for pay 23-2-42)

MARRIED OR SINGLE Single

No. R136671 NAME IN FULL Brochu, J. W. M.

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
89	26-10-42	LAC	S	A/S	1 50	75	2 25		F/P
91	16-4-43	SGT.	SG	A/S	3 70		3 70		

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Forward			8 41
Third Victory Loan	1-5-43	8 41	Nil
Fourth Victory Loan	1-5-43	16 80	16 80
BROCHU, Mr. Joseph Emile	1-6-43	15 00	31 80
Rec. Gen. 4th Victory Loan (MFM/13)	1-5-43	16 80	15 00
BROCHU, Mr. Joseph Emile	1-6-43	15 00	NIL

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
cancelled			

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. 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
1-15-4	15	33 75											72 84				
16-30-4	15	55 50	7 00	R/A (14da) DO.91			96 25	8 41					15 00		96 25		Ø
1-31/5	31	114 70					114 70	16 80					10 00	35 00	61 80	52 90	
				Rec. Gen. 4th V.L.	16 80						PY-E/284 (Cops)		1 58				
				2-10 (Cash)	36 05		52 85								1 58		51 27
						51 27					Estates Cheque # 63250	51 27					

CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT

DRO 91 Leave 17-30/4/43 (14da)
DRO 91 S.O.S.-EFF 30/APL/43 TO #9 B&G MONT JOLI PQ
R. P. Salmon F/L
DO109 - T.O.S. Eff. 1-5-43
DO132 - S.O.S. Having Died. 31-5-43
G. Andrew F/L

ATO
R. H.

ROYAL CANADIAN AIR FORCE

R.C.A.F. T.58A
Revised: 1-42

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME...Brochu,.....CHRISTIAN NAMES.....J.W.M..... NUMBER..R136671...RANK..LAC...

I.T.S. #3 VICTORIAVILLE COURSE NO....59..... FROM.....3-8-42.....TO..25-9-42.....

E.F.T.S.#11...Cap-Mad....COURSE NO....67..... FROM...25-10-42.....TO...11-12-42.....

S.F.T.S#13 St.Hubert,P.Q..COURSE NO....71..... FROM.....28-12-42.....TO.....16-4-43.....

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

(1) G.I.S. RESULTS

SUBJECTS	Finals			Supps.		
	ITS %	EFTS	SFTS	ITS %	EFTS	SFTS
1. Mathematics	72					
2. Law, Discipline	59					
3. Navigation	63	80	85		152	
4. General Studies						
5. Airmanship	74	119	128			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	72					
10.Armament (written)	78	30	76			
11.Armament (Practical)		33	37			
12.A/C Recognition	89	69	50			
13.Drill	88					
14.Signals (Written)	86	90	40			
15.Signals (Practical)			90			
16.Meteorology	46		40	54		
TOTAL OBTAINED	739	421	546		489	
TOTAL POSSIBLE	1000	700	750		700	
PERCENTAGE	74	60.1	72.8			
NUMBER IN CLASS	126	36	62			
POSITION IN CLASS	98	32	52			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours x Armament	70	x10
Instrument	70	93
Clear Hood	103	20
Navigation	36	10
TOTAL OBTAINED	209	50
TOTAL POSSIBLE	300	75
PERCENTAGE	69.6	67.1
NUMBER IN CLASS	35	62
POSITION IN CLASS	22	45

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

(4) FLYING TIME

School	Type A/C	DAY		NIGHT		Formation	Instrument	Link	NAVIGATION		Dual to First Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		
.1E.F.T.S.	Finch 2	30.35	27.00	3.20	1.00	-	8.45				11.35	-
#13 SFTS	HarvardII	55.35	63.30	6.40	9.30	12.50	26.05	20.00	5.55	9.00	4.25	

(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.

(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.							
S.F.T.S.	AA	A	BA	BA	A	AA P1	A

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

	Marks Obtained
Flying (Para.3)	508
G.I. S. (Para. 1)	546
Character & Leadership(Para8)	416
TOTAL	1470
PERCENTAGE	65.4
STANDING IN CLASS	58

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	94
S.F.T.S.	322
TOTAL	416

(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 ....April.16.1943.....

G.R. Searle

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

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

(a) I.T.S. Keen & confident. Hard worker. Splendid service spirit. Mature & straight-forward. Average ability.

Alternative Recommendation: Air Bomber.

L.A. Porteous F/L
for Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

(b) E.F.T.S. Interested but has difficulty with English - Good worker.

Early tendency to level off on landings. Learns easily. Average ability.

J.G. Elliott, C.G.I.

A.R. Morrissette F/L Ass't. C.F.I.

Paul Edland S/L

P.E.DAVID S/L C.F.I.
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
No. E.F.T.S.

(c) S.F.T.S.

Low average pilot; weak on circuit, forced and precautionary landings. Should be checked frequently.
Low average instrument pilot; overcontrols laterally and with rudder. Should be checked frequently.
Not recommended for commission.

G.R. Searle

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

(d) S.F.T.S.

G.R. Searle W/C

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.

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~LAC~~ Sgt NO. R-136671 NAME Brochu, J.W.M.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT						MULTI-ENGINE AIRCRAFT						CREW DUTIES			PASSENGER	TOTAL
			DAY			NIGHT			DAY			NIGHT							
			1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	OBSERVER	AIR GUNNER	OTHER		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
			Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins
#	1942																		
11 E F T S	Nov	1			2 30														2 30
	"	8			3 05														3 05
	"	15			3 30														3 30
	"	22			1 10														1 10
	"	29	11 40		6 40														18 20
	Dec	6	4 25		4 15														8 40
	"	13	7 25		3 05			1 05											11 35
	"	27	3 30		6 20	1 00		2 15											13 05
TOTAL			27 00		30 35	1 00		3 20											61 55
#13 S F T S	16/4/43		63 30		55 35	9 30		6 40											135 15
			90 30		86 10	10 30		10 00											197 10

W R Brown F/L
Officer Commanding No. 1 Squadron
#18 S.F.T.S.-R.C.A.F. ST. HUBERT, QUE.

13 S F T S

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R136671 RANK SGT. TRADE PLT (SP GR) UNIT 9 BGS

NAME BROCHU, JOSEPH WILBROD MARCEL

S E MONT JOLI P.Q. E

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X	Commanding Officer No 9 B & G School Mont Joli. P.Q.			

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. JOSEPH E. BROCHU, (FATHER)

ADDRESS ESTCOURT, TEMISCOUATA COUNTY, QUE.

NAME / ADDRESS / D.A.B. NOT SHOWN

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. J.E. BROCHU, (FATHER)

ADDRESS ESTCOURT, TEMISCOUATA COUNTY, QUE.

RELIGION R.C. CANADIAN FRENCH CANADIAN YES OTHER

PARENTS NAMES MR. & MRS. JOSEPH EMILE BROCHU,

ADDRESS ESTCOURT, TEMISCOUATA COUNTY, QUE.

FATHER LIVING ON ENLISTMENT YES

MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? ~~YES~~/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

ESTATES BRANCH JUN 14 1943 H. Q. OTTAWA NATIONAL DEFENCE

AUTHORITY CAS. SIG. NO. 9 BGS QUEBEC---N41---d-31-MAY-43. 9497

CASUALTY DETAILS:

"KILLED" --31-MAY-~~43~~ 43 AS THE RESULT OF A FLYING ACCIDENT (~~AT~~ ESTCOURT QUEBEC) (SOUTH RIVIERE DU LOUP) ~~(MOTOR CYCLE)~~

(FAMILIARIZATION ON TYPE)

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

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

DATE 10-JUNE-43.

J. Lucas Turcot 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

FORM F

(3)

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".

PROVINCE OF QUEBEC—STATISTICAL RETURN OF DEATH—MINISTRY OF HEALTH AND SOCIAL WELFARE

1. PLACE OF DEATH — Municipal county: Temiscouata — Official name of civil municipality or township: Estcourt, Quebec. — *Place an X over the word which applies to this municipality or this territory*: City | Town | Village | Parish | Township

Street: ____ No. ____ Hospital or Institution: ____

2. LENGTH OF STAY

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

3. NAME OF DECEASED — Surname: BROCHU (Block letters) — Given names: Joseph Wilbrod Marcel

4. RESIDENCE — Street: ____ No. ____ — Official name of civil municipality or township: Temiscouata — Municipal county: Estcourt — Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country):

11. DATE OF BIRTH: September (Month) 4th (Day) 1921 (Year)

12. AGE OF DECEASED: Years 21 | Months 9 | Days | If less than one day old ____ hrs. or ____ min.

OCCUPATION

13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.: Pilot R.C.A.F.

14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER: Mr. Joseph Emile Brochu	
MOTHER (Maiden name):	

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)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

Name of Undertaker (*For cities only*)

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: 31st May 19 43

The medical certificate under this sealed flap is CONFIDENTIAL and SECRET

No one has the right to see it until it reaches the statistical offices of the Ministry of Health. Anyone who breaks this seal is liable to prosecution.

AUTHORITY FOR BURIAL or TRANSPORT

I, the undersigned licensed medical practitioner and signer of this confidential medical certificate, declare, by placing my initials in the appropriate space, that the person named in this certificate died from:—

A — natural causes (non—violent, non—contagious, non—epidemic) — [ ]

B — violent, sudden, accidental or unexpected death (*Coroner*) — [ ]

C — natural causes BUT of INFECTIOUS or CONTAGIOUS nature (*Health regulations*) — [ ]

and that the competent municipal authority may authorize the transport of the body, and the clergy carry out the burial in the regular manner.

and that the body MUST NOT be embalmed, transported or buried without the authority of the coroner (Ch. 153, R. S.) or unless in conformity with the Public Health Act or the regulations made thereunder.

N.B. *When the medical practitioner initials "B" or "C", the clergy must not permit burial or the municipal authority allow transport until the health regulations or those of the coroner's Act have been fulfilled. It is sufficient that these authorities have only a general statement as to the cause of death to decide what procedure is to be followed.*

Signed: J.O. Lemoine S/L M.D.

Address: #9 B&C School, Mont Joli Date: 31st May 1943.

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

Original signed by Coroner.

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)

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

WILL

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

(1) I, BRACHU. JOSEPH. WILBRAM. MARCEL. of the City / Town / Village / Township of ESTCOURT. in the County / District of TEMISCOUATA

Province of QUEBEC., Timekeeper (Civil Occupation)

a member of the Royal Canadian Air Force, Number R. 136671 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Last Permanent Civilian Address

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

(2) I GIVE, DEVISE AND BEQUEATH unto my Father.
Joseph Emile Brochu.
ESTCOURT.
TEMISCOUATA.
QUE.

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto all my Estate

(4) I appoint Joseph Emile Brochu (Name) Same as above (Address)
ESTCOURT. TEMISCOUATA. QUE., to be the Executor / ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 24 day of February 1942.

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.

Marcel Brochu (Signature of Testator)

First Witness sign here.

(5) [illegible] Bastien. (Signature)
#5 M.D. Lachine Que. (Address)
Clerk (Occupation)

Second Witness sign here.

Romeo Lagacé (Signature)
#5 M.D. Lachine Que. (Address)
Clerk (Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd MAR 5 1942
O.K. C.I.B.
R.C. L.D. N.I.
S.L. P.A.

[OVER]

To be made out in duplicate

M.F.M. 5
50M—8-41 (1292)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank.....JOSEPH. WILBROR. MARCEL. BROCHU.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank.....R 136671 AC2

(3) Unit.....# 5 M.D. Saskatoon Que RCAF

(4) Are you married?.....NO

(5) If married, state,

(*a*) Full name of your wife.....N.A.

(*b*) Present postal address of wife.....N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons.....N.A.

(7) Are you a widower?.....NO

(8) Have you any children?.....N.A. Number of boys..... Girls.....

Names and ages.....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....N.A.

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name.....N.A.

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? N.O.

If so, state her full name and Postal Address N.A.

(11) Is your father alive? Yes.

If so, state name and address, occupation Joseph Emile Brochu. Estcourt Témiscouata. Que. Station Agent.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? Na.

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. Na.

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? Na.

(14) Is your mother alive? Yes.

If so, state name and address Marie Blanche Brochu. Estcourt Témiscouata. Que.

(15) If your mother is a widow, are you her sole or partial support? Na.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment Na.

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? Na.

(17) Are you contributing to the support of any dependents, other than those shown above? Na.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship Na.

Full Name Na.

Postal Address Na.

Amount contributed monthly during the past six months Na.

(18) Are you insured? (Great) Yes.

If so, in what Company? Great West Montreal.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes.
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Marcel Brochu
(Signature of officer or man)

Date 24-2-42.

G. Adamson Jr
for Officer Commanding H.S.M.D. Hachinas Ques

Date 24-2-42

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

Exhibit "A" to Proceedings of
Committee of Adjustment.

INVENTORY OF PERSONAL EFFECTS OF
R136671 Sgt. Brochu, J.W.M. (Deceased)

	Parka	1 ea.
	Sweatshirt	1 ea.
	Towels	4 ea.
	Rubbers	1 pr.
	Athletic Support	1 ea.
	Garters	1 pr.
	Whisk Broom	1 ea.
	Socks	4 pr.
	Handkerchefs	7 ea.
	Pyjamas	2 pr.
	Shirts	3 ea.
	Summer Underwear	1 set
	Black Ties	2 ea.
	Woolen Scarf	1 ea.
	Mirror	1 ea.
	Soap	1 cake
	Shaving Cream	1 tube
	Leather Shaving Kit	1 ea.
X	Electric razor c/w cord and leather case	1 ea.
	Tie holder (leather)	1 ea.
X	Camera	1 ea.
	Cuff Link	1 ea.
	Playing Cards in leather case	1 deck
	Pipe	1 ea.
	Penknife	1 ea.
	Braces	1 pr.
	Prayer Beads	1 string
	Quebec Liquor Permit	1 ea.
	Chesterfield Cigarettes	2 cartons
	" "	2 pkgs.
	Pipe Tobacco	10 pkgs.
	Cross	1 ea.
	Clothes Brush	1 ea.
X	Ronson Lighter	1 ea.
X	Waterman's Pencil	1 ea.
X	Waterman's Pen	1 ea.
X	Waterman's leather case	1 ea.
	Leather Key case	1 ea.
X	Keys	4 ea.
	Leather Writing Case	1 ea.
	Leather letter folder	1 ea.
	Leather Pocket Book	1 ea.
	Montreal Street Car Tickets	4 ea.
	Return Tickets (St. Hubert to Montreal)	2 ea.
	Quebec Ferry Ticket	1 ea.
	Religious Medal	1 ea.
	CPR Railway Ticket (Montreal to Trois Rivieres)	1 ea.
	National Registration Card	1 ea.
	Souvenier of Halifax License Holder	1 ea.
	Blank application form - (Knights of Columbus)	1 ea.
	Receipt from John Miller Quebec Furniture for $21.58	1 ea.
	Cash sale invoice from John Miller for $3.75	1 ea.
	Hunting License for Prov. of Que. for 1941	1 ea.
	Hunting License for Prove of Que. for 1942	1 ea.

J.W.B.

	Driver's License for Prov. of Que. 1941-42	1 ea.
	Certificate of Discharge from Merchant Marine	1 ea.
	One Dollar Meal Ticket	1 ea.
	Aircraft Spotters Guide	2 ea.
	R.C.A.F. Notebooks	3 ea.
	Precis Silhouette of Aircraft	2 ea.
	Cloud Atlas for Aviators	1 ea.
	Air Force Diary	1 ea.
	Black Note Books	2 ea.
	Prayer Book	1 ea.
	Pocket Dictionary	1 ea.
	Canada's Air Heritage	1 ea.
	Elementary Meteorology for S.F.T.S.	1 ea.
	Writing Pad	1 ea.
	Book Silhouette of Japanese Aircraft	1 ea.
	3 cent stamps	3 ea.
	1 cent stamps	3 ea.
	Envelope containing photograph & negatives	1 ea.
	Flight Calculator	1 ea.
	Book of Mathematics	1 ea.
	Kit Bag Lock	1 ea.
	Kit Bag Hasp	1 ea.
	Ski Mitts	1 pr.
	English Half Crown	1 ea.
(b)	Westinghouse Radio	1 ea.
(b)	Commodore Bicycle	1 ea.
X	Personal Letters	1 bundle.

X Articles thus marked forwarded under separate cover by Registered mail on 4th, June, 1943.

(b) Articles thus marked retained at this Unit pending information from Administrator of Estates.

J.R. Lowery Flt

(J.R. Lowery) Flight Lieutenant
President of the Committee of
Adjustment.

Certified the above items were shipped in (1) one case our outgoing shipment # 342 dated 3/6/43.

C.W.G. MacDonald

(C.W.G. MacDonald) F/L.

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 685-A81

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4 AIR

STATEMENT OF WAR SERVICE GRATUITY

A26025

DECEASED MEMBER'S NAME: Joseph W.M. (CHRISTIAN NAMES) Brochu (SURNAME)

REGISTER NO.

FILE NO. 24990

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

DATE 1 Oct/45

SERVICE NO. R.136671

FINAL RANK OR RATING Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

DATE OF DISCHARGE 31 May/45

		$	¢
A.	TOTAL QUALIFYING SERVICE — NO. OF DAYS 464/30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50	
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	$ - ×7 = $
NO. OF DAYS ____/183	×$

D.	WAR SERVICE GRATUITY		112.50
E.	DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
	OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	
F.	TOTAL AMOUNT PAYABLE		112.50

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Records Received OCT 18 1945 P. & Pol. Trans. Trust Account Journal Voucher # G230

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
HRH	LGS

TREASURY — CHECKED BY ____ DATE 2.10.45

SERVICE REPRESENTATIVE

ΔT