R141536
CHEVALIER
JOSEPH BRUNO

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R 141536 CHEVALIER JOSEPH BV FS 3

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

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

PREFIX NUMBER NAME RANK CODE

IBM 83961

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRIC. 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
		391779													RIBBON ISSUED
															MEDAL ISSUED

CP

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~~660 11/2/5-a~~

4957. 21/2/5-0

Mrs. Marie R. Chevalier (Widow)
4455 Coolbrook ave., apt 16,
Montreal,

~~N.D.G.~~, 18/10/49.
Que.

~~Apt. 45.~~
18 Nov. 49.

comes on file

MEMORIAL BAR
DATE DESP.....
REGN. NO 3789

Per/1306/216/P.1.

RECEIVED
DEC 27 1943
CASUALTY
SECTION

Royal Air Force Station,
Pershore,
Worcestershire.

3rd December 1943.

Dear Mrs. Chevalier,

I am writing to express my sincere sympathy with you in the loss of your husband, Flight Sergeant Joseph Bruno Vianney Chevalier, who was killed as the result of a flying accident on 25th November 1943.

Your husband was the Wireless Operator Air Gunner of a Wellington aircraft which took off from R.A.F. Station, Stratford-on-Avon, on the night of 25th November 1943 to undergo a night flying exercise and at 22.53 p.m. the aircraft crashed near Warwick. The crash was a severe one and it may be of some consolation for you to know that your husband must have been killed instantly.

Flight Sergeant Chevalier had almost completed his training and it is very sad that this should have happened so early in his career. His death will undoubtedly be a loss to the Service.

The funeral took place at Pershore Cemetery, at 3 p.m. on Monday 29th November 1943, with full Service honours, and the Service was conducted by The Rev. Group Captain McCarthy, the Roman Catholic Padre for the Royal Canadian Air Force Overseas. I am enclosing a few photographs which were taken during the Funeral Procession and Interment Service, which I hope will be of some interest to you. A Wreath was sent from the Officer Commanding and all other ranks of R.A.F. Station, Pershore.

Your husband's personal belongings have been gathered together and will be forwarded to the Royal Air Force Central Depository, where they will be held for a period before being forwarded to you through the Administrator of Estates, Ottawa.

War Graves are cared for by the Imperial War Graves Commission and a temporary wooden cross will be erected pending the provision of a permanent memorial. I am instructed to explain to you that the erection of private headstones cannot be permitted and that the question of reinterment if desired, could only be considered after the War.

With renewed expressions of sincere sympathy,

I remain,

Yours sincerely,

Group Captain.

Mrs. M. Chevalier,
87, DeCastelnau Street,
Montreal,
CANADA.

COPY FOR H.Q. OTTAWA
1040-C-1095
R/A1536 F/S. CHEVALIER, J.B.V.
(NUMBER) (RANK) (NAME)

MÉMORANDUM POUR

Mme Marie R. Chevalier,
~~7051, rue St.Denis,~~ 4445 Coolbrook.
MONTREAL, P.Q. Apt #6
Notre-Dame-de Grace
Montreal

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

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 1040-C-1905 FD 575

ESTATES BRANCH JAN 14 1944 OTTAWA NATIONAL DEFENCE

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

le 5 janvier 1944

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

CHEVALIER, Joseph Bruno Vianney, F/Sgt.,

No. R.141536, R.C.A.F.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule, en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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

(L.M. Firth) Lt.-Colonel,
L'administrateur des successions,

par (N.O. Seagram) S/Ldr.,
Par Wmhota A/Sgt.

OG: jab

M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		Marthe Bissonnette Chevalier	24	7051 St Denis
2	Enfants du défunt et dates de naissance.....		Non pas d'enfants		
3	Père du défunt.....		Jules Chevalier	66	87 De Castelnau
4	Mère du défunt.....		Léa Latour	55	87 De Castelnau
5	Frères du défunt	Frères germains	Rev-J Luc Chevalier	28	Rundingdon
			Gabril Chevalier	24	R.C.O.C. OVERSEAS
			Yves Chevalier	17	87 De Castelnau
		Demi-frères	Paul Chevalier	40	L'assomption
			Alphonse Chevalier	36	2302 Beaubien
			Rev-Rosaire Chevalier	34	Saint Esprit
6	Sœurs du défunt	Sœurs germaines	Alice Chevalier	29	87 De Castelnau
			Yvette Chevalier	24	87 De Castelnau
			Françoise Chevalier	20	87 De Castelnau
			Thérèse Chevalier	14	87 De Castelnau
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants
			Augustin Chevalier 5 mois		mort 1917
			Noël Chevalier 8 mois		mort 1920
			Jérôme Chevalier 9 mois		mort 1925
			Joseph Roger Chevalier 1 jour		mort 1932
			Demie-sœur Annette Chevalier 4 mois		mort 1907

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Joseph Bruno Blarney Chevalier
9	Date de sa naissance.	29 Mai 1918
10	Lieu et date de son mariage.	Cathedrale Montréal 18 Decembre 1942
11	Lieu et date du mariage de ses parents.	St Laurent de Mtl 4 Juin 1912

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	L'Assomption
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Québec 25 Ans (b) Canada (c) (d)
14	Nature de son emploi avant son engagement.	Religieux Professeur
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Canada Montréal

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	Pas à ma Connaissance
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Marié - Province de Québec
19	Avait-il un compte d'épargnes dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé.	En angleterre ~~Au Canada~~ Local
20	Montant des certificats d'épargne de guerre que possédait le défunt.	Non
21	Montant des bons de la victoire que possédait le défunt.	Non Awaiting re ~~Au~~ Au Canada
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	L'industrielle 500 ~~00~~ ~~XX~~ Son épouse Marthe Bissonnette Chevalier
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	Non

AUTRES DÉTAILS

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

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

(VOIR AU VERSO)

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

DÉCLARATION

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis

le/la* Veuve du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public.

Marthe Bissonnette Chevalier — Signature du déclarant

1051 St Denis Montréal — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Marthe Bissonnette Chevalier (Nom du déclarant)

*Voir plus haut

est le/la* femme du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à Montréal ce 10ème jour de Janvier 1944

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public. Roméo Ledieu, Titre Commissaire de la cour supérieure

Adresse 8243 St Denis Montréal

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

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

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

Bureau des Pensions Ottawa.

Monsieur.

Veuillez voir à ce que les effets de mon mari me soient retournés par vous et non par mon beau frère, le frère ~~de~~ le ~~tuteur~~. ~~Vous~~ pour ~~vendre~~ et ~~mettre cela~~ ~~sur~~ avec le ~~reliquat~~ de ~~toute~~ de mon mari et le montant d'argent en Banque. Je suis héritière par mon contrat de Mariage de tout ce qui lui appartient.

espérant qu'il n'aura pas trop de retard.

Je demeure

Mme Vianney M. Bissonnette
Chevalier.

R.C.A.F. Special Reserve

N° MATRICULE R 141536 ... VERSÉ À #4 Manning Depot, Quebec, P.Q. ... MÉTIER Wireless Aig. Gunner Std.

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 CHEVALIER Prénoms en entier JOSEPH BRUNO VIANNEY

2. Adresse actuelle 8000, rue Drolet, Montreal, P.Q. Téléphone AUCUN

3. Adresse fixe 8000, rue Drolet, Montreal, P.Q.

4. Lieu de naissance L'Assomption, P.Q. Nationalité Canadien

5. Date de naissance 29 mai, 1918 Marié, célibataire, veuf, séparé, divorcé Celibataire

6. Enfants AUCUN

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

7. Profession Professeur 8. Religion Catholique romain
(Indiquez la confession religieuse)

9. Langues Francais, couramment, Anglais, un peu
Degré de connaissance

10. Plus proche parent (nom en entier) Jules Chevalier Degré de parenté Pere

Adresse du plus proche parent 8000, rue Drolet, Montreal, P.Q.

11. Père (nom en entier) Jules Chevalier Lieu de naissance Lavaltrie, P.Q.

Adresse 8000, rue Drolet, Montreal, P.Q. Nationalité Canadien

Profession Menuisier

12. Mère (nom de fille en entier) Lea Latour Lieu de naissance St. Sauveur, P.Q.

Adresse 8000, rue Drolet, Montreal, P.Q. Nationalité Canadien

13. Détails du service dans les armées de terre, de mer ou de l'air: AUCUN

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

R.C.A.F. Records Office
Rec'd. NOV 5 1941
O.K. P.C. I.B. D.A.G.
R.C. M.P. A.
S.L. P.A.

14. Honneurs, récompenses, citations AUCUN

15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? NON

16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? NON Si oui, où? N.A.

Quand? N.A. Résultat N.A.

17. Avez-vous déjà réformé de quelque service armé de Sa Majesté pour inaptitude physique? NON

Si oui, indiquez la nature de l'infirmité N.A.

18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? NON

Si oui, indiquez la nature de l'infirmité N.A.

19. Avez-vous jamais été trouvé coupable de délit? NON Si oui, indiquez-en la nature N.A.

20. Avez-vous des dettes? NON Si oui, donnez des détails N.A.

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

243-109

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Ecole de l'Assomption, Assomption, P.Q.	1923	1924	Primaire
Cours supérieur—Collège, etc.	Ecole St. Vincent Ferrier, Montreal, P.Q.	1924	1932	Primaire, 9e annee
Cours technique				
Autres cours universitaires ou scolaires	Ecole Normale de Rigaud, Rigaud, P.Q.	1936	1938	Cours d'ecole normale (Diplome)
Cours par correspondance				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
M. Huot, St. Eustache, P.Q.	Cultivateur	1932	1934	Pour entrer en communaute
Communaute des Clercs St. Viateur, Joliette, P.Q.	Professeur	1934	1941	Raison personnelle

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

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

Dactylographie

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

Gouret, Balle Molle, moderement

26. Service aéronautique dans lequel vous voulez vous engager {~~Service à terre.~~ / ~~Service navigant.~~ Service navigant. W.O.A.G.}

~~Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez~~ Commis de bureau MITRAILLEUR

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
Walter Heroux	8054, rue St. Denis, Montreal, P.Q.	Principal
Rev. Pere S. Sylvestre csv	Maison Provinciale, Joliette, P.Q.	Provincial des Clercs de St. Viateur
M. Jean Arthur Huot	St. Augustin, Co. des Deux-Montagnes, P.Q.	Cultivateur
M. Leonard Gauthier OK	8456, rue Lajennesse, Montreal, P.Q.	Proffesseur

28. Autres renseignements se rapportant à votre demande d'engagement J'ai deja suivi, a Rigaud, en 1937-38 un cours de culture physique et d'exercices militaires donne par le St.-Quartier Maitre Labbe. J'ai obtenu un diplome "Grade A" avec titre d'Instructeur de cadets.

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 3 octobre, 19 41 Signature Vianney Chevalier

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.
54/199 F.B. Rachell F/O

NOV 3 1941

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) *Rapport de l'officier qui a eu une entrevue avec le candidat—*

Type d'homme.....Apparence générale.....

Aptitudes pour (indiquez à quel titre).....

Date.....Signature.....Grade.....

(B) *Rapport sur l'épreuve professionnelle—*

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.....

.....

Date.....Signature.....Grade.....

(C) **DÉCLARATION D'ENGAGEMENT DE LA RECRUE**

Je, soussigné, Joseph Bruno Vianney Chevalier 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 3 novembre 1941 Vianney Chevalier
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

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

Date 3 novembre 1941 Vianney Chevalier
Signature de la recrue

(E) **DÉCLARATION DE L'OFFICIER CERTIFICATEUR**

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à Montreal, P.Q. ce 3eme jour de novembre 1941.

F.B. Rachell F/O — RCAF. Recruiting Centre, Montreal, PQ.
Signature de l'Officier — Grade — Unité

Finger Printed
Date 3-11-41
Initials. E.B

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 23 2. Avez-vous souffert d'une des maladies suivantes·

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

3. Avez-vous jamais porté des lunettes? Yes

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

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

Observations des examinateurs Glasses worn for 1 year. Has not worn them for 5 yrs.

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) no.

2. Taille 5 pieds 5 ½ pouces. 3. Poids 136 livres.

4. Teint Fair. 5. Couleur des yeux Blue Cheveux L. Brown

6. Développement { Bon / Passable / Médiocre } 7. Tour de poitrine—Expiration 34½ pouces

Degré d'expansion 3 pouces

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

9. Vue—sans lunettes—droit 20/60 avec lunettes—droit N. C.

gauche 20/25 gauche

10. État de la bouche et des dents Edentulous

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 T B T~~ C 4/41
A 3 B C 4/41
A 1 B C 4/41

Observations spéciales des médecins Part 2 Cont'.

To D P & N N for refraction.
Oct 4/41 See D P & N H report
E R A.
6-10-41 95482 - X-Ray neg. D.H.S.
3-11-41 R.C. normal

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 135/75
17. Colour Vision N. 2 ft. & 20 ft. Lamp.

Date Oct 3 1941

Louis R. Jersey — Président
A. Moorhouse Capt. — Membre
Louis R. Bruce — Membre

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 ~~CANADIA~~N ~~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) Chevalier Joseph Bruno Vianney
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank J-14536 Ae2

(3) Unit #4 "M" Depot, Quebec.

(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? no Number of boys Nil Girls Nil

Names and ages

N.A.

(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]

R.C. [illegible] 1941
Rec'd NOV 8
O. K. C.I.B.
R. C. N. I.

(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? No.

If so, state her full name and Postal Address

N.A.

(11) Is your father alive? Yes.

If so, state name and address, occupation Chevalier Mr. Jules 8000 Drolet St. Montreal, Que. (Engineer)

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

(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.

N.A.

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

(14) Is your mother alive? Yes

If so, state name and address Chevalier Mrs. Lea (Latour) 8000 Drolet St. Montreal, Que.

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

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

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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? No.
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 N.A.

Full Name

Postal Address

Amount contributed monthly during the past six months

N.A

(18) Are you insured? Yes.

If so, in what Company? Industrial Ins. Co. Ltd.

(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.

Virginy Chevalier
(Signature of officer or man)

Date Nov. 4, 1941

[illegible]

for Officer Commanding # 4 "M" Dept. Ludus

Date Nov. 4, 1941

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.

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, Vianney Chevalier of the City / ~~Town~~ / Village / ~~Township~~ of Montreal in the County District of Quebec, Province of Quebec, (Civil Occupation) a member of the Royal Canadian Air Force, Number R.141536 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 wife Marie Robertine Marthe Chevalier. 87 De Castelnau St. Montreal Que. My whole estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Marie Robertine Marthe Chevalier (Name) 87 De Castelnau St. Montreal, Que (Address), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 31st day of December 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.

X Chevalier J.B.V. Sgt.
(Signature of Testator)

First Witness sign here.

(5) Norman Duff
(Signature)
No. 1 Y Depot Halifax NS
(Address)
Clerk.
(Occupation)

Second Witness sign here.

[signature]
(Signature)
No. 1 Y Depot Halifax NS
(Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F Records Office
Rec'd FEB 15 1943
D. K. ..... C I.B. .....
R. C. ..... N I. .....
S. L. ..... P A. .....

[OVER]

E.18676. PERSONAL EFFECTS OF CAN/R.141536. F/SGT. CHEVALIER. J.B.V.

1. Carton contg;-
5. Handkerchiefs.
1. Pr. socks.
1. Rag Doll.
1. Pr. Canvas shoes.
1. Steel Mirror.
2. Prs. Pyjamas.
9. Singlets.
8. Prs. Drawers.
1. Pr. Braces.
3. Towels.
4. shirts.
13. Prs. socks.
1. Pr. stockings.
1. Pr. shoe laces.
5. Coat Hangers.
9. Handkerchiefs.
1. Booklet.
1. Clasp Knife & Lanyard.
2. Cycle Pumps.
1. comb.
1. Prayer Book.
2. Films.
2. Crucifix.
2. Prs. Swimming Trunks.
1. Pr. Leather Gloves.
1. Padlock.
1. Button Hole.
2. Cards Wool.
2. Cards Thread.
1. Camera "Kodak""Bullet"
1. Pr. Garters.
1. Ronson Service Outfit.
1. WAG. Badge.
1. Pr. Tweesers.
1. Soap Box.
2. Bundles Letters.
1. Diary.
1. Pipe.
1. Dictionary.
1. Wooden Elephant.
4. Dice.
2. Spanners.
34. Coins.
1. Magnifying Glass.
1. Kit Bag Handle.
1. Knife.
6. Pencils.
1. Leather Holdall.
2. Dusters.
1. Medallion.
1. Pr. shoe trees.
2. Ties.
1. Napkin.
1. Pr. Pants,long.
1. Cycle Lamp.
1. Belt.
2. Kit Bags Blue.
1. Vest. winter.

1. Bicycle retained at Unit pending disposal instructions.

1. R.C.A.F. Pay Book (with Will) forwarded to RCAF. Overseas Headquarters, 201, Lincoln's Inn Fields, London. W.C.

The following item is not recommended for return to next of kin:-
1 cigarette case (damaged)

Original station inventory signed by D.L. Roberts P/O (undated) and by ??S/O on 3/12/43

Effects checked at Central Depository on 16/12/43 and 28/12/43

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

Have effects (if any) been forwarded to the (i) Base Personnel Staff Officer ?

..... (ii) Standing Committee of Adjustment ?.....Yes.....

To be answered by all Units.

CROSSES. (Strike out as necessary.)

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

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

(Signed) ..... Unit 23 O.T.U. Pershore.

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

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

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

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

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

16

BURIAL RETURN.

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

(Date) 4th December 1943

PLACE OF BURIAL Pershore Cemetery Map Reference Sheet 81
(and name of Cemetery) P.3188660

Grave No. R.97 Personal or Official No. R.141536

Unit No. 23 Operational Training Unit, Pershore.

Name : (Surname) CHEVALIER (Initials) J.B.V.

Rank FLIGHT SERGEANT Religion R.C.

Date of Death 25.11.43. Date of Burial 29.11.43.

Means of Identification Documents, Identity Discs etc

[P.T.O.

F/S. Chevalier J.B.V. Copy to Ottawa 18/12/43

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

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

Cancels F.765C. Lo 82/43

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

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

(i) One copy direct to Air Ministry, C.I. (Accidents).

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

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

(iv) One copy through usual channels to Command Headquarters.

[*In addition*, and *only* if casualties to airmen are involved.]
(v) One copy direct to Records Office.

If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

A.564 25/11/43

18

1. Unit	Group No.	Command	Serial No. of Form
No. 23 O.T.U.	91	[illegible]	83/43

2. Date of Incident 25.11.43.

Time 17.53 hours

Site of Incident

(*a*) Name of airfield or landing ground —

(*b*) Place (if (*a*) not applicable) [illegible]

(*c*) County [illegible]

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

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

Nature
(i) Operational or Non-operational? Non-operational
(ii) Day or Night flying? Night
(iii) Purpose Training

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

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

Details of Airframe and Engine.	Airframe.	Engine. Single or Port.	Engine. Starboard.	Engine. Centre Port.	Engine. Centre Starboard.
Type	Wellington	Hercules XVI	Hercules XVI		
Mark or series	X	46128/ 346932 *a*	94012/ 346912 *a*	*a*	*a*
R.A.F. No. (and makers' No. for engines)	JA 450 *b*	*b*	*b*	*b*	*b*
Total hours run	163.25	166.45	168.35		
Date last installed in Airframe	—	3.9.43. *b*	3.9.43 *b*	*b*	*b*
c Extent of damage	E Burnt Total	E	E		

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

5. ALL OCCUPANTS OF AIRCRAFT and FLYING EXPERIENCE OF PILOTS.

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

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. See Note (ii)					
					Part A. Total Solo (Day & Night).		Part B (see Note (i) below). Solo (Night).		Part C (see Note (iii) below).	
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instruments.	Link Trainer.
Pupil Pilot	Dubord J.J.	Sgt	R159966	K	148	190	16	33	66.20	15.20
" Nav.	Morand, R.F.	Sgt	R136820	K						
" W/Op	Chevalier, J.B.V.	F/S	R141536	K						
" A/B	Vennes, M.J.	Sgt.	R136704	K						
" A/G	Gagnon T.V.	Sgt	R187072	K						

All French Canadians.

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

6. STAGE OF FLIGHT.
A. Picketed or at moorings. F. In flight.
B. Starting up. G. Landing.
C. Stationary other than A or B. H. Towed or manhandled.
D. Taxying. J. Not known.
E. Taking off

Quote A or B or C, etc., as appropriate: G

7. DID FIRE OCCUR ? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."

Yes

8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.
A. Day (daylight). E. Moonlight.
B. Dusk (half light of evening). F. Not known.
C. Dawn (half light of morning).
D. Dark (no moon or moon obscured).

Quote as A or B or C, etc , as appropriate and amplify in Part 12(B) if neccessary.

9. IF INCIDENT occurred when taxying on, taking off from or landing on a runway state "Yes."

Yes

D

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

DURATION of flight since last take off : Hours 1 Minutes 45 If engine failure occurred during take off quote height.....

The verbal report of Rear Gunner was as follows :

"On the first approach the "green" was received and when starting to hold off for landing, the aircraft started to shake and vibrate. The engines were then opened up very slowly by the pilot and height was only gained at a very slow rate of climb, finally at 2,000 feet the pilot levelled out. On the downwind leg the second "green" was obtained but about two seconds afterwards the pilot said "fire off a red" and then warned the crew to take up their crash positions. This he repeated twice and a short time later he said that he was unable to hold the aircraft any longer and started to scream. The aircraft then went into a dive followed by what appeared to be a spin to the starboard. The rear gunner's turret was working the entire time and he swung the turret round to port. Just before the dive started, the aircraft was vibrating very badly and the engines appeared to be going slowly".

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

Propellers and engines were stripped for examination.
Both propellers were found in "full fine Pitch". All Junk Heads were removed from both engines and in No.10 Cylinder of Starboard Engine, the sleeve was found to be seized at the top of its stroke in the cylinder barrel.
The sleeve ball housing was sheared from its attachment and had dropped into the crankcase. No.10 Piston Articulating Rod has snapped and the piston had been forced into the crankcase causing a large obstruction - this would account for the severe vibration of the starboard Engine.
No.4 Piston was also damaged and a piece of the Piston head is missing but this is thought to be due to some portion of No.10 Piston being thrown about inside the crankcase.
It is considered that the primary cause of the engine failure was the seizing of No.10 Sleeve. The Starboard propeller was NOT feathered. Modifications E.1230 and E.1460 were both incorporated in this engine. The engine is being held pending disposal instructions.

Is Form 1022 or 1023 being rendered? If "Yes" state which } 1022 Signature C.LONGSTAFF W/Cdr.

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

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

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

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

A. Accident occurred at night whilst aircraft was circling Stratford aerodrome preparatory to landing. Mark II drem lighting in force.

B. Engine failure at low level during overshoot.

C. From the survivor's report and the technical report, it seems obvious that the primary cause of the accident was failure of the starboard engine. It would appear that the engine failed during the overshoot and the technical report indicates that the vibration would have been very severe. It would seem that in his panic the pilot omitted to feather the starboard propeller and no doubt this led to loss of control.

Signature (Signed) A.P.Dart, W/Cdr. *Commanding* No.2.Wing, R.A.F.Pershore *Date* 11.12.1943

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

(i) Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation? Yes or No..... If any such assistance was rendered, the recommendation is to be forwarded separately.

(ii) Remarks.

Accident was primarily due to failure of one engine. The Pilot was apparently unaware which engine had failed, probably because the excessive vibration was causing him much concern and he failed to read his instruments.

An Investigation would serve no useful purpose.

Signature (Signed) G.V.Lane, G/Capt. *Commanding* No.23 O.T.U. *Date* 11.12.1943.

*11591—8836] Wt. 48544—3196 100,000 2/43 T.S. 700

23-4-44

French

NAME CHEVALIER, Joseph Bruno Vianney FILE NO. 1040-C-1095

RANK F/Sgt W.O.A.G. CATEGORY KILLED REG. NO. R141536

DATE OF DEATH: 25-Nov-43 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 18-12-43 ROYAL MESSAGE: APR 5 1944 MEMORIAL CROSS TO CHAPLAIN: APR 1 - 1944

To wife (french card) DEL'D TO MOTHER:

Father & mother request a Min. Card- also wife as she lost hers. Cards being sent 18-5-44 DEL'D TO WIFE:

Mme. J.B.V. Chevalier,
87, rue de Castelnau,
Montreal, Quebec.

mother
M et Mme. Jules Chevalier,
same as wife

COMMAND: No. 3 T.C.

RELIGION: R.C.

INTERVIEW REPORT R.C.A.F. Special Reserve

AGE 23
HEIGHT 5'7
WEIGHT 150

SURNAME CHEVALIER

CHRISTIAN NAMES JOSEPH BRUNO VIANNEY

MARRIED NO NO. OF CHILDREN N.A.

N.F.

FLYING
PILOT
OBSERVER
W.A. GUNNER X

EDUCATIONAL:- NUMBER OF YEARS 15

High School 2yrs. Technical Commercial

University (Name and Dates of Attendance)

Standing other Countries

FLYING EXPERIENCE:- Total hours NONE

Commercial Hours Solo Dual

Private Hours Solo Dual Pass NONE

No. hours & types during last 2 yrs. NONE

MILITARY AND OTHER TRAINING

Rigand Cadets.

SPORTS:- (What branches) softball, baseball, hockey (mod.)

HOBBIES:- study of mathematics, stenography.

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

Colourless sort of young man. Has good education, not particularly energetic, knowledge of English limited. Might improve with Air Force Training.

Keen to join up as W.O.A.G. and has necessary schooling qualifications. Pleasant and well mannered. Has been a teacher general courses.

REFERENCES CHECKED / SATISFACTORY
REFERENCES CHECKED / UNSATISFACTORY
REFERENCES NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Borderline.

BEST FITTED FOR

DATE: 3-10-41

RECRUITING CENTRE: Montreal, P.Q.

R.C.A.F. Records Office
Rec'd. NOV 5 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.

Signature of Officer
P. Chevalier F.O.

A.F.M. 5

APPROACH
Confident X
Nervous
Easy X

CARRIAGE
Upright X
Medium
Athletic

DRESS
Neat X
Conservative X
Clean X
Careless

PHYSIQUE
Medium X
Heavy Set
Slender

SPEECH
Clear
Slow X
Hesitant

RESPONSE
Quick
Deliberate X
Slow X

MANNER
Alert
Confident X
Sincere X
Reserved X
Nervous
Overbearing
Irresponsible

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

M.F.M. 16D
200M—9-40 (6828-9)
H.Q. 1772-39-1763

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE.

This form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man Chevalier, Joseph Bruno Vianney Official No. R141536

Rank Sgt Unit No 1 "Y" Depot,

Unit Stationed at Halifax, N.S.

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificates of Marriage, Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

Names of Parties to Marriage	Date of Marriage	Place of Marriage	*STATUS S., B., W. or D.	Name and Designation of Official Performing Ceremony
Chevalier, Joseph Bruno Viannay	18-12-42	Montreal, Que	B	Rev. J. Papineau (RC)
Bissonnette, Marthe	18-12-42	Montreal, Que.	S	

* STATUS: S.–Spinster. B.–Bachelor. W.–Widow or Widower. D.–Divorced.

Particulars of Birth Certificates Produced

Name of Child	Date and Year of Birth	Place of Birth	Full Name of	
			Father	Mother

Particulars of Death Certificates Produced

Name of Deceased	Date of Death	Place of Death	Name and Designation of Signer of Certificate

FEB 15 1943
A.K. C.I.B.
R.C. N.I.

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents attached, hereunder—(If none, insert 'Nil').

Date 31-12-42 S/Ldr., No 1 "Y" Depot, Halifax, N.S.

PAYMASTER UNIT

(L. S. Calvert) Senior Accountant Officer

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname CHEVALIER, Christian Names J.B.V.

Number R141536 Rank LAC

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 42 To 7-11-42 From 27-4-42

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator 1 hours.

(b) In Flying Classroom, listening watch 3 hours.

(c) In 2-seat aircraft as sole operator 26 hours.

R.C.A.F. Records Office
Rec'd. MAR 25 1943
O.K.
T.C. JB N.I.
S.I. JB P.A.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

Above average
~~Average~~
~~Below average~~

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	42	Signals Organization	150	121
Radio Equipment	250	125	Armament	100	82
Morse (buzzer and lamp)	200	200	Drill and P.T	50	42
Procedure	200	160	TOTALS	1000	772

Maximum Marks, 1000. Marks Obtained 772 Percentage 77.2 Pass or Fail Pass

Position in Class 10 No. in Class 34

R.C.A.F. Records Office
Rec'd. MAR 25 1943
JB N.I.
JB P.A.

5. Date authorized to wear Wireless Operator's Badge 7-11-42

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:— 288 .....

.....

.....

7. Turret manipulation training: 2 hrs. 50 mins.

.....

.....

.....
Officer Commanding

No. 1 Wireless School

FOR ARCHIVES DOCUMENTS ONLY

Date 7-11-42 .....

To be passed to No. .....B. G. S.

PART II

ARMAMENT TRAINING

1. No. 1 .....B. G. S. Course No. 42-B .....

2. Dates of Courses:— From 9-11-42 ..... To 7-12-42 .....

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Bolingbroke	13:10			13:10
A				

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test ..... 2. %

(*b*) Beam Relative Speed Test ..... 2.4 %

(*c*) Under Tail Test ..... 2.2 %

5. *Total Rounds Fired*—

Ground ..... 900 %

Air to Ground ..... 600 %

Air to Air ..... 1835 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination ..... (100 Marks) 100 MARKS 95 75

(*b*) Practical and Oral Examination ..... (100 Marks) 77

(*c*) Ability as Firer ..... (250 Marks) 100

(*d*) ~~Qualities as an N.C.O.~~ ..... (~~100 Marks~~)

Totals ..... 550 (~~600~~ Marks) 347

7. Position in Class ..... 9 ..... No. in Class ..... 25 ..... Pass or Fail .....

8. Date authorized to wear Air Gunner's Badge ..... 7-12-42 .....

9. Comments on suitability for Commissioned Rank .....

10. Remarks ..... Has worked hard and should be a reliable gunner. .....

.....

.....
~~Squadron Leader~~
(W. J. Peace) *Chief Instructor*

No. 1 B. G. S.

Turret Man: 6:50

Date 6-12-42 .....

11. *Final As*

W

Be

12. Percenta

13. Recomm

14. Remark

.....

.....

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Character		Maximum Marks	Marks Obtained	Total	%
	Max	Obtain.				
Wireless School	500	288	1000	772	1060	70.6
Bombing and Gunnery School	250	180	550 ~~600~~	347	527	65.9
TOTALS	750	468	1550 ~~1600~~	1119	1587	69.0

12. Percentage.....Pass or Fail..... Position in Class.....7.....

No. in Class.....25.....

13. Recommended for Commissioned Rank..... Assessment.....
(yes or no) *(ex., above average)*

14. Remarks.....Hard worker but requires leadership.....

.....Not suitable for commissioned rank.....

.....C. D. Bell-Irving #1.7a.

.....Group Captain..
(A.D.Bell-Irving) *Officer Commanding*
No.....1.....B. G. S.

Date....6-12-42.....

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (ENGLAND)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this te[redacted]
City | Town | Village | Parish | Towns[redacted]

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: CHEVALIER (*Block letters*)

Given names: JOSEPH BRUNO VIANNEY

Do not write in this space

4. RESIDENCE

Street: Drolet Street No. 8000

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: May (Month) 29th (Day) 1918 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Air Gunner

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

15. Date deceased last worked at this occupation: Nov.25/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Chevalier, Jules	Quebec
MOTHER (Maiden Name)	Latour, Lea	Quebec

19. Place of burial, cremation or removal

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November (Month) 25th (Day) 19 43 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in flying accident

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

Accident, suicide or homicide: Accident (State which) Date: Nov.25th 19 43

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

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**: public place

Signed....M.D.

Address....Date....19....

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

For (R.C.A.F. Records Officer)

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

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

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

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

To be answered by all Units.

CROSSES. (Strike out as necessary.)

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

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

(Signed) L.P. Sherwood & Co Unit 23 O.T.U. Pershore.

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

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

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

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

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

BURIAL RETURN.

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

(Date) 4th December 1943

PLACE OF BURIAL Pershore Cemetery Map Reference Sheet 81.
(and name of Cemetery) P.3188660

Grave No. R.97 Personal or Official No. R.141536

Unit No. 23 Operational Training Unit, Pershore.

Name : (Surname) CHEVALIER (Initials) J.B.V.

Rank FLIGHT SERGEANT Religion R.C.

Date of Death 25.11.43. Date of Burial 29.11.43.

Means of Identification Documents, Identity Discs etc

[P.T.O.

1040-C-1095

KILLED

NO. R141536 RANK F/S NAME CHAEVALIER, Joseph Bruno V.

UNIT OVERSEAS EFF.DATE 25-11-43 K.R.(AIR)

Auth: C.L.#575 d/30-11-43

xDMS(Air)Sig.rec'd.....
xSig. rec'd. from unit.....
xR.51 (Airmen).....
E.236 Deficiency List.....
xR.71 General Conduct Sht.....
xR.72 Service Conduct Sht.....
xReasons for discharge.....
xProforma.....
xDate Board sent to Pensions:
E.F. date.....
Discrepancies.....
xNot necessary for deaths

xAuthority for discharge.....n.a.
xR.15a Discharge Cert.....n.a.
M.10 (including M.13).....
xM.227 Medical Board.....n.a.
MFB465a Dental Envelope.....
xDental Exam. on discharge.....n.a.
xDec. of C. of I.(Deserter).....n.a.
Death Certificate.....

Date file rec'd.....
Checker's signature.....M.J.....
21/2/44

AIR FORCE No. R141536

CHEVALIER, JOSEPH BRUNO VIANNEY
SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 3-11-41

RELIGION
R.C.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
29-5-18	L'Assomption	Que. Can	British	

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	1 yr
HIGH SCHOOL ENTRANCE		SENIOR MATRICULATION	
TECHNICAL SCHOOL		UNIVERSITY	2 yrs. Normal School
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	French

CIVIL OCCUPATIONS AND EXPERIENCE

7300	

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
3-11-41	A1B A3B		
11-5-42	A1B A3B		

OFFICERS

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

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

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED — Single Married
WIFE (FULL MAIDEN NAME) OR HUSBAND — Martha Bissonnette
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE Montreal, P.Q. DATE 8-12-42
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
Jules Chevalier father 8000 Drolet St. Montreal P.Q.
Mrs Marie R Chevalier wife 87 de Castelnau E Montreal P.Q.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC 2	3 11 41	4 MD 264	Key Cl	3 11 41	4 MD 264
LAC	27 5 42	1 WS 163	Key Cl	7 12 42	1 BAS 318
T/Sgt pd	7 12 42	1 BAS 318			
A/F/Lgt	7 6 43	00.692/43			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
W.A.A.	S		P	3 10 41
"	pp			7 12 42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R141536

SURNAME: CHEVALIER, FULL CHRISTIAN NAME: JOSEPH BRUNO VIANNEY

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 3-11-41

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
7 12 42	A/G Badge	1 B&S 318

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
5 5 43	Good.	Training only

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
SoS	1 B&S Jarvis to 7 Depot	28 12 42	1 B&S 325
SoS	7 Dep. to 31 P.D. Moncton	17 1 43	14/18
SoS	31 P.D. Moncton	19 1 43	B 18.2 7
	111 OTU Nassau		
SoS	1 Y Depot to RAF T.P.		
	C.M.B. Halifax	23 6 43	
	Disemb. U.K	1 7 43	C 6 75
TOS	at 3 PRC	2 7 43	Instr C 95
SOS	3 PRC to 1 O.T.U	24 7 43	3 PRC 186
TOS.	Reshow from 1(C) OTU	31 8 43	Reshow 48/43
	CTBA Beauchêne	15 9 43	1(C) O.T.U 27/43
	F/A KILLED FROM 230 O.T.U.	25 11 43	AFRO 2610/43 CR 403

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Stn. Hosp 17/19-11-41	4 MD 275-277

B Mk. 33.6.43

AIR FORCE No. R141536 R

CHEVALIER, JOSEPH BRUNO VIANNEY

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 3-11-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

7. BIRTH DATE 29-5-18 PLACE Que L'Assomption CITIZENSHIP British

FATHER (FULL NAME) Jules Chevalier

BIRTHPLACE Que.

MOTHER (FULL MAIDEN NAME) Lea Lafaur

BIRTHPLACE Que

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Que

JUNIOR MATRICULATION 1 yr. "

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY 2 yrs Normal School Que

CORRESPONDENCE COURSES

1

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

farming 2 yrs

teacher 1 yrs

7300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Nil Air Gunners Badge	BGS 318	7-12-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION RC

1

14. LANGUAGES French English slightly

2

15. SPORTS hockey - softball

typing

16. SINGLE-MARRIED-WIDOWER SEPARATED-DIVORCED Single

WIFE (FULL MAIDEN NAME) Marthe Bissonnette

PLACE OF MARRIAGE Montreal PQ DATE 18-12-42

AUTHORITY (IF AFTER ENLISTMENT) 175

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: Jules Chevalier RELATIONSHIP Father

ADDRESS: 8000 Droled St. Montreal Que D.R.O.

FULL NAME: Mrs Marie R Chevalier RELATIONSHIP Wife

ADDRESS: 87 de Castelnau St Montreal PQ D.R.O. 149

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	3 11 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. Gov. gtrs & draw rations		4-11-41	4 M D 264
Occ. gtrs & draw Uns		19-12-41	5 M D 201

22.(A) ADDRESS PRIOR TO ENLISTMENT

8000 Droled St. Montreal Que

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	Kx
6-11-41	JAN 15 '42	4-11-41				

AIR FORCE No. R141536

CHEVALIER, JOSEPH BRUNO VIANNEY [redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 3-11-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

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

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	4 M.D. Quebec	3	11	41	4 M.D. 264.
SOS	4 MD Quebec	18	12	41	4 MD 303
T.O.S.	5 MD Lachine P. 2.	19	12	41	5 M.D. 201
S.O.S.	5 MD Lachine	25	4	42	5 M.D. 97
T.O.S.	1 W.S. Montreal	26	4	42	1 W.S. 103
SOS	1 W.S. Montreal	7	11	42	1 W.S. 268
TOS	1 B.G.S. Jarvis	8	11	42	1 B.G.S. 295
SOS	1 B.G.S. Jarvis	28	12	42	1 B.G.S. 325
TOS	1 "Y" D. Halifax	29	12	42	1 Y 6.
SOS	1 Y Depot Halifax	17	1	43	1 Y 18
TOS	31 P.D. Manitoba	17	1	43	31 PD 15
SOS	31 PD Manitoba	19	1	43	31 PD 18
	111 OTU Nassau				
TOS	RAF FC Dorval	10	5	43	FC 17
SOS	RAF FC Dorval	23	6	43	FC 26.
	Overseas				
	Killed	25	11	43	AFRO 2610/43
	SOS to overseas	23	6	43	
	(-9) to 3PRC	12	7	43	
	3PRC to 10TU	24	7	43	
	Killed Nov 25-43				
	PCX 840 Nov 27-43				
	W sg 20 11 44				
~~[illegible]~~	Completed - cancelled MAR 1 1945	22	2	45	no claim
19673	COMPLETED	1	5	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A le 2	3	11	41	4 M.D. 264.
8.				
Lac	27	5	42	1 W.S. 163
T/Sgt (pd)	7	12	42	1 B.G.S. 318
T/FS pd.	7	6	43	GB 692

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.
3-11-41	R 100	A1B. A3B	
Stm. Hosp	17-11-41	19-11-41	4 MD 275-277
11/5/42	M 2	A1B, A3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W.A.G.	S	3	11	41	4 MD 264.
304 S.					—
WAG	SG	7	12	42	1 B.G.S. 318

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
22-4-42	26-4-42	4		5 MD 95
8-12-42	23-12-42	incl 16	Special	1 B.G.S. 318
15-12-42	29-12-42	14	emb.	1 B.G.S. 325
11-5-43	22-5-43	12 inc.	Priv. L.	FC 18.
16-6-43	22-6-43	7	annual	31 PD. 144
	.144			

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. CAN.R.141536 Name CHEVALIER Joseph Bruno Vianney Rank T/SGT
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade WO.AG.Sp Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 29.5.18 Religion R.C Occupation in Civil Life Farming 1932-34

Last Enlisted 3.11.41 Current Engagement Teacher. 1934.-41
D of W

If a member of the Auxiliary Air Force

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

Name, address and relationship of legal next of kin (to be entered in pencil): wife
Mrs V Chevalier 87 De Castelnau St Montreal Canada

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")
Miss A Chevalier 87 De Castelnau St Montreal Canada

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

Section 1.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
31 P.D	111 OTU	20.1.43
111 OTU	RAF.FC. Dorval	3.5.43
45 Group	31 P.D	3.6.43
	Emb Halifax	23.6.43
	UK	1.7.43
Int.C.95	3 PRC	2.7.43
3 PRC	No. 1 O.T.U.	24.7.43
No.1(C)OTU. 23OTU	23.O.T.U. Killed in Flying Accident	31.8.43. 25/8/43
Clothing etc returned to Stores or otherwise explained. E Barnes W/O I/C Accountant Officer R.A.F. Stn Rockcliffe		

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

* Authority.	Description.	Date of Effect.
	WO.AG.Std AC2	3.11.41
	" " LAC	27.5.42
	" Sp T/SGT	7.12.42
POR 64/43	Promoted T/F/Sgt	7.6.43.

Section 3.—Good Conduct Badges.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(*11902—10349) Wt. 54527—5881 50M 4/43 T.S. 700

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	V.G.	W/Op/AG. Ceases strength for training only					31.8.43.	[illegible] S/Ldr
Sgt	V.G.	W/Op/AG	ON STRENGTH FOR TRAINING ONLY				7.11.43	[illegible] S/Ldr

175/43 3 PRC 14.7.43 to 18.7.43 Record of Leave and Issue of Free Travelling Warrants 5 days Rest leave RR [illegible] W/O

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

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

Authority.	Nature.	Date of Effect.
	Awarded Air Gunner Badge	7.12.42

CONFIDENTIAL. (Substitute.)

11/2/10

5015

R.A.F. TRAINING REPORT.

W.Op/A.G./ ~~W.O.M/A.G.~~

No.111 OPERATIONAL TRAINING UNIT.

1. Surname....CHEVALIER.....Names.....Joseph Bruno Vianney.....

2. Number....R.141536.....3. Rank..Sgt.....4.Course No.....2.....

5. Posted to .....

6. Date Course commenced...3.2.43.

7. Date Course ended..3.5.43....

8. Posted to...45 Gp. T.C. Dorval.

9. GROUND EXAMINATIONS			10. FLYING TIMES (At this Unit.)		
Subject	Marks Allotted	Marks Obtained	Types of Aircraft.	DAY	NIGHT
(a) Armament	300	243	Mitchell	38.40	15.45
(b) Signals	300	222			
Total	600	465	Liberator	27.45	8.55
PER CENT.		77			

11.	Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
		100	50.

12. REMARKS: Average,discipline poor.

Date.....18th..May.1943.

Signed....A/C..Easton.....S/Ldr.
for Officer Commanding.

COPY

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname CHEVALIER, Christian Names J.B.V.

Number R141536 Rank ~~LAC~~ S.A.C.

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 42 To 7-11-42 From 27-4-42

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator 1 hours.

(b) In Flying Classroom, listening watch 3 hours.

(c) In 2-seat aircraft as sole operator 26 hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

Above average
Average
~~Average~~
~~Below average~~

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	42	Signals Organization	150	121
Radio Equipment	250	125	Armament	100	82
Morse (buzzer and lamp)	200	200	Drill and P.T	50	42
Procedure	200	160	TOTALS	1000	772

Maximum Marks, 1000. Marks Obtained 772 Percentage 77.2 Pass or Fail Pass

Position in Class 10 No. in Class 34

5. Date authorized to wear Wireless Operator's Badge 7-11-42

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:— 288

7. Turret manipulation training: 2 hrs. 50 mins.

G. H. Dinnie W/C
Officer Commanding
No. 1 Wireless School

FOR ARMENG DOCUMENTS ONLY

Date 7-11-42

To be passed to No. .....B. G. S.

PART II

ARMAMENT TRAINING

1. No. 1 B. G. S. Course No. 42-B

2. Dates of Courses:— From 9-11-42 To 7-12-42

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Bolingbroke A	13:10			13:10

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test ..... 2. %
(*b*) Beam Relative Speed Test ..... 2.4 %
(*c*) Under Tail Test ..... 2.2 %

5. *Total Rounds Fired*—

Ground ..... 900 %
Air to Ground ..... 600 %
Air to Air ..... 1855 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination	(100 Marks)	75
(*b*) Practical and Oral Examination	(100 Marks)	77
(*c*) Ability as Firer	(250 Marks)	100
(*d*) ~~Qualities of Leadership~~	(~~150 Marks~~)	
Totals	550 (~~600~~ Marks)	347

100 MARKS

7. Position in Class 9 No. in Class 25 Pass or Fail ////

8. Date authorized to wear Air Gunner's Badge 7-12-42

9. Comments on suitability for Commissioned Rank 180

10. Remarks Has worked hard and should be a reliable gunner.

Squadron Leader
(W.J.Peace) *Chief Instructor*
No. 1 B. G. S.

Date 6-12-42

Turret Man: 6:50

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Character		Maximum Marks	Marks Obtained	Total	%
	Max	Obtain.				
Wireless School	500	288	1000	772	1060	70.6
Bombing and Gunnery School	250	180	550 ~~600~~	347	527	65.9
TOTALS	750	468	1550 ~~1600~~	1119	1587	69.0

12. Percentage ..... Pass or Fail ..... Position in Class ..... 7 .....

No. in Class ..... 25 .....

13. Recommended for Commissioned Rank ..... Assessment .....
(yes or no) *(ex., above average)*

14. Remarks ..... Hard worker but requires leadership. .....

..... Not suitable for commissioned rank. .....

.....

..... Group Captain ..
(A.D.Bell-Irving) *Officer Commanding*
No. ..... 1 ..... B. G. S.

Date ... 6-12-42 .....

INTERVIEW REPORT R.C.A.F. Special Reserve

AGE 23
HEIGHT 5'7
WEIGHT 150

SURNAME CHEVALIER — N.F.

CHRISTIAN NAMES JOSEPH BRUNO VIANNEY

MARRIED NO — NO. OF CHILDREN N.A. — FLYING: PILOT / OBSERVER / W.A. GUNNER X

EDUCATIONAL:- NUMBER OF YEARS 15

High School 2yrs. Technical ____ Commercial ____

University (Name and Dates of Attendance) ____

Standing other Countries ____

FLYING EXPERIENCE:- Total hours NONE

Commercial Hours Solo ____ Dual ____

Private Hours Solo ____ Dual ____ Pass NONE

No. hours & types during last 2 yrs. NONE

MILITARY AND OTHER TRAINING

Rigand Cadets.

SPORTS:- (What branches) softball, baseball, hockey (mod.)

HOBBIES:- study of mathematics, stenography.

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

Colourless sort of young man. Has good education, not particularly energetic, knowledge of English limited. Might improve with Air Force Training.

Keen to join up as W.O.A.G. and has necessary schooling qualifications. Pleasant and well mannered. Has been a teacher general courses.

REFERENCES CHECKED / SATISFACTORY
REFERENCES CHECKED / UNSATISFACTORY
REFERENCES NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Borderline.

BEST FITTED FOR ____

DATE: 3-10-41

RECRUITING CENTRE: Montreal, P.Q.

P. Chevalier F.O. — Signature of Officer

A.F.M. 5

APPROACH: Confident X; Nervous; Easy X

CARRIAGE: Upright X; Medium; Athletic

DRESS: Neat X; Conservative X; Clean X; Careless

PHYSIQUE: Medium X; Heavy Set; Slender

SPEECH: Clear; Slow X; Hesitant

RESPONSE: Quick; Deliberate X; Slow X

MANNER: Alert; Confident X; Sincere X; Reserved X; Nervous; Overbearing; Irresponsible

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

M E M O R A N D U M

To: Commanding Officer,
No. 1 Bombing & Gunnery School,
Jarvis, Ontario.

PERMISSION TO MARRY

I, No. R 141536 Chevalier J. B. V.
request Permission to Marry
Miss Marthe Bissonnette-Sarasin
(address): 4585 Bld Decarie, Montreal

Attached hereto is character reference of the prospective bride from
Padre Arthur Lavigne
4727 Fabre Ave. Montreal

The marriage is to be solemnized as soon as arrangements are completed, on the following date 15th December

I ~~have not~~ have completed six months Service in the R.C.A.F.

I ~~am not~~ am an airman pupil undergoing training.
Expected to receive W.A.G's wing on Dec. 5th

Date of Enlistment 3-11-41 Sgd. R-141536 L.A.C. Chevalier J.B.V.
No. Rank Name

Flight G.I.S.
or
Unit No 1 B & G. School JARVIS, ONT.

Permission to marry granted. You are to notify your Flight Commander when the marriage has been completed and forward your marriage certificate to the Orderly Room, of your Station for record purposes and qualification for Separation Allowance if applicable.

The records of the above noted airman have been checked to show he is single (a widower) and is eligible to marry.

W S Wallace F/L

Commanding Officer,
No. 1 Bombing & Gunnery School,
Jarvis, Ontario.

Date 27-11-42

R.C.A.F. RECORD OF KIT

NAME ~~Chevalier J.B.~~ CHEVALIER J.B.V. RANK AC2

OFFICIAL NO. R141536 DATE OF ENLISTMENT 3.11.41

UNIT #4 Manning Depot STATION Quebec

INSTRUCTIONS

1. One copy of this form is to be prepared for officers and airmen issued with clothing and accoutrements. The initial issue is to be completed as far as available stock will permit.

2. It is to record all issues and exchanges, each issue or exchange being initialled by the individual against the item covered. Issues and exchanges are to be recorded in black or blue ink. Any items withdrawn are to be shown in ink with a reference to the R.V. number by which the items are brought to charge. In the case of discharge, items suitable for re-issue are to be brought to charge by C.R.V. and a notation made against those retained by the individual or not worth cost of cleaning for re-issue.

3. The applicable Ref. No. for sized articles of clothing is to be inserted on this form at time of issue.

4. On transfer this form is to be forwarded immediately and is to be retained by the Equipment Officer or Senior Service Officer at the new Unit.

5. The following size roll is to be completed at the time initial issues are made,—

ITEM	BOOTS, ANKLE	CAPS, F.S.	COATS, G.W.	JACKETS, K.D.	JACKETS, S.B.	
SIZE						
ITEM	SHIRTS, S.G.	TROUSERS, K.D.	TROUSERS, S.B.			
SIZE						

CERTIFICATES TO BE SIGNED ON TRANSFER

CERTIFIED THAT THE RECORD DETAILED OVERLEAF IS CORRECT			CERTIFIED THAT THE RECORD DETAILED OVERLEAF HAS BEEN VERIFIED		
On transfer to the undermentioned Unit	Date	Signature of Issuing Officer	On transfer from the undermentioned Unit	Date	Signature of Receiving Officer
#1 Wireless Sch Montreal Que	2/4/42	J. Lemieux F/O	#5 M.D. Lachine Que	30.4.42	M. Davis F/O

R.C.A.F. E.147
50M—11-41 (1277)
H.Q. 1062-6-138

Ref. No.	Description of Articles	RECORD OF ISSUES AND EXCHANGES																	
		Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
	(Sect. 22B)																		
1	BAGS, KIT	1	8/4/42	JBV	✓	24/11/42	RV 7901												
52	BAGS, KIT, R.C.A.F.	1	6/11/42	JBV	✓														
5	BRACES	1	"	JBV	✓														
6	BRASSES, BUTTON	1	"	JBV	✓														
7	BRUSHES, BOOT, BLACKING	1	"	JBV	✓														
8	BRUSHES, BOOT, POLISHING																		
9	BRUSHES, BUTTON	1	6/11/42	JBV	✓														
12	BRUSHES, SHAVING	1	"	JBV	✓														
13	BRUSHES, TOOTH	1	"	JBV	✓														
16	CAPS, COMFORTER	1	"	JBV	1	11/12/42	R.V. 7403												
	COLLARS, BROAD-CLOTH, S.G.																		
	COLLARS, COTTON, S.G.	2	8/4/42	JBV															
	COLLARS, FLANNEL, S.G.	2	6/11/42	JBV	✓														
	COMBINATIONS, S. UNDERWEAR																		
20	COMBS, HAIR	1	6/11/42	JBV	✓														
21	CORDS, IDENTITY, DISC																		
22	DISCS, IDENTITY:— No. 1																		
23	No. 2																		
	DRAWERS, WINTER	2	6/11/42	JBV	✓														
26	FORKS, TABLE	1	14-12-42	JBV															
	GLOVES, LEATHER, BLACK	1	6/11/42	JBV	1	1/12/42	JBV												
28	HOLDALLS	1	"	JBV	✓														
29	HOUSEWIVES	1	"	JBV	✓														
	JACKETS, SWEATER	1	"	JBV	✓														
35	KITS, RAZOR	1	"	JBV	✓														
31	KNIVES, CLASP	1	14-12-42	JBV															
32	KNIVES, TABLE	1	14-12-42	JBV															
33	LANYARD, CLASP KNIFE	1	14-12-42	JBV															
34	PINS, COLLAR, SAFETY	1	25/12/42	JBV	✓														
	SHIRTS, BROAD-CLOTH, S.G.																		
	SHIRTS, COTTON, S.G.	1	31/3/42	JBV	1	8-4-42	JBV												
	SHIRTS, FLANNEL, S.G.	1	6/11/42	JBV	✓														
	SHIRTS, KHAKI, COTTON																		
	SHIRTS, SERVICE (LONG SLEEVES)	2	6/11/42	JBV	✓	20/4/42	RV 7866												
	SHIRTS, SERVICE (SHORT SLEEVES)																		
	SHIRTS, WINTER	2	6/11/42	JBV	✓														
43	SOCKS	3	"	JBV	✓														
44	SPOONS	1	14-12-42	JBV															
46	TIES, BLACK	2	6/11/42	JBV	✓														
47	TOWELS, HAND	2	"	JBV	✓														
	Blankets	2	"	JBV	~~2/12/42 RV 7303~~							2/14-12-42 RV 7557							
	Buckles Brass	1	5/4/42	JBV															
	Buttons Large	4	5/4/42	JBV															
	Buttons Small	2	5/4/42	JBV															
	Rings Split	6	5/4/42	JBV															
	(Sect. 22D)																		
	BOOTS, ANKLE, LEATHER	1	6/11/42	JBV	1	9/4/42	JBV	1	14/										
5	LACES, BOOT, BLACK																		
	SHOES:—																		
	CANVAS	1	19/11/42	JBV	✓														
	CANVAS RUBBER																		
	SOLED																		
	(Sect. 22E)																		
	JACKETS, KHAKI, DRILL, R.C.A.F.	1	5/4/42	JBV	1	14/12/42	RV 7900												
	TROUSERS, KHAKI DRILL	1	5/4/42	JBV	1	"	" 7900												
✓	TROUSERS, SERVICE	1	6/11/42	JBV	1	25/12/42	JBV	1	14/12/42	RV 7901	1	14/12/42	RV 7866						

Ref. No.	Description of Articles	RECORD OF ISSUES AND EXCHANGES																		
		Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
	(Sect. 22F)																		
	CAP, FIELD, SERVICE, O.R.	1	6/4/42	JBV	1	7/42	JBV												
	CAPS, WINTER, CLOTH, PATT.	1	"	JBV															
	COATS, GREAT, WARM	1	20/11/42	JBV	✓														
	JACKETS, SERGE, BLUE	1	6/11/42	JBV	1														
	TROUSERS, SERGE, BLUE	1	"	JBV	1														
	Hose Tops	1	6/11/42	JBV	✓														
	Shirts Flannel	1	6/11/42	JBV	✓														
	Badges, Combat	1	14/12/42	JBV															
	(Sect. 22G)																		
	COATS, WATER-PROOF RUBBER	1	6/11/42	JBV	✓														
	MITTS, WINTER	1	"	JBV															
	OVERALLS, COMBINATION	1	6/11/42	JBV															
	OVERSHOES	1	6/11/42	JBV															
	RUBBERS, BLACK																		
	(Sect. 22H)																		
41	BADGES:— AIR GUNNERS																		
6	ARM, BLUE:— CROWNS																		
10	PROPELLORS	4	7/42	JBV															
12	WIRELESS OPERATOR																		
	ARM, DRAB:— CROWNS:—																		
14	JACKETS																		
15	SHIRTS SERVICE																		
19	PROPELLORS	2	5/42	JBV															
21	WIRELESS OPERATOR																		
22	CAP, R.C.A.F.	1	6/11/42	JBV	✓														
54 26	COLLAR MEDICAL FLYING, PILOTS R.C.A.F.																		
27	OBSERVERS																		
	CHEVRONS:— BLUE:—																		
29	2 BAR																		
30	3 BAR																		
	DRAB:— 2 BAR:—																		
31	JACKETS																		
32	SHIRTS SERVICE																		
	3 BAR:—																		
33	JACKETS																		
34	SHIRTS SERVICE																		
	(Sect. 23)																		
	ACCOUTREMENTS SETS:—																		
32	CORPORALS AND BELOW																		
33	SERGEANTS AND ABOVE																		
	Leather Equip. w.	1	7/42	JBV															
37	BOTTLES, WATER MK. VII																		
	EQUIPMENT, WEB:— BLUE-GREY:—																		
8	ATTACHMENTS, BRACE																		
9	BELTS, WAIST																		
10	BRACES, LEFT																		
11	BRACES, RIGHT																		
12	CARRIERS, CARTRIDGE–L																		
13	CARRIERS, CARTRIDGE–R																		
15	CARRIERS, WATER BOTTLE																		
16	FROGS, BAYONET																		
17	HAVERSACKS																		
18	HOLSTERS, PISTOL																		
19	PIECES, SIDE																		
34	POUCHES, AMMUNITION																		
21	RUCKSACKS, LOWER																		
20	RUCKSACKS, UPPER																		
22	SLINGS, RIFLE																		
23	STRAPS, ADJUSTMENT																		
24	STRAPS, SUPPORTING RUCKSACKS																		

Ref. No.	Description of Articles	RECORD OF ISSUES AND EXCHANGES																	
		Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
	(Sect. 23B)																		
39	HELMETS, STEEL, MK. I																		
25	LANYARDS, PISTOL, BLUE																		
26	TINS, MESS																		
29	TINS, MESS, STRAPS																		
30	WHISTLES																		
31	WHISTLES, THONGS																		
	Flying Clothing and Specialist Issues																		
	(Sect. 22C)																		
	BOOTS, AVIATION, WINTER, N.P.																		
	GAUNTLETS, CHAUFFEURS, R.C.A.F.																		
	GLOVES, GAUNTLET																		
	GLOVES, SILK																		
13	GOGGLES, AVIATION MASK MK. III CL*	1	10/42	[illegible]	1	11/12/42	RU	7900											
	HELMETS, FLYING, TYPE B:— Consisting of:— CAPS, FLYING	1	10/42	[illegible]	1	"	RU	7900											
15	COVERS, EAR																		
16	PADS, RUBBER																		
	SUITS, AVIATION, SUMMER																		
	SUITS, AVIATION, WINTER, N.P.	1	10/42	[illegible]	1	11/12/42	RU	7900											
	(Sect. 22G)																		
1	APRONS, COOKS																		
	CAPS, COOKS																		
7	CAPS, MECHANICS																		
	COATS, SHEEPSKIN LINED																		
	GLOVES, LEATHER WORKING																		
	JACKETS, WHITE, DUCK																		

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
M.O.R 13	R/CMTL, QUE.	#4 M.D QUEBEC	3-11-41				
DRO 275	Admitted	Hospital	17-11-41				
DRO 277	Discharged	Hospital	19-11-41				
DRO 302	#4 M.D. Quebec	#5 M.D Lachine	18-12-41				
DRO 201/41	TOS # 5 MD	Lachine Que	19-12-41				
DROPT [illegible] 268	[illegible]	[illegible]	25-4-42				
	#1 P.D. Montreal	#1 P.R.C. Jarvis	7-11-42				
DRO 325	#1 B.G.	#1 Depot Halifax	28-12-42				
Married to Miss Mathe Buissonnette on 14-12-42 at Montreal Que. Rev. J. Papineau (R.C.) Lachine to rect. D.H.Q. 18-12-42.							
DRO 18	1 P. Depot	31 P.D.	17.1.43.				
	31 P.D.	111 O.T.U.	20.1.43				
Def Ord	111 O.T.U.	Rat Portage	5 May 43				
	45 Fd. Dorval	31 P.D.	3.6.43				
	MONCTON HE		23.6.43				
	Emb. —	Canada	23.6.43				
	Disemb.	M.K.	1.7.43				
	Cpls.	3 P.R.C.	2.7.43				
	3 P.R.C.	To 1 O.T.U.	24.7.43.				
TOS	Penshaw	from 1(K) O.T.U.	31.8.43				
	C.T.B.F.	Beauview	15.9.43				
F/A	Proceed	from 23 O.T.U.	25-11-43	C.R. 403			

Finger Printed
Date 3-11-41
Initials E.B

AIRCREW WIRELESS AIR GUNNER (STD)

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

R141536	CHEVALIER	JOSEPH BRUNO VIANNEY	R. C.
A.F. No.	Surname	Christian Names	Religion

Born 29-5-18 Place L'ASSOMPTION, QUE Country CANADA Citizen of CANADA Racial Origin FRENCH CANADIAN

PARTICULARS OF FAMILY

M. S. D. W.

Wife's Maiden Name

Present Address (in pencil)

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

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

Mrs Marie Roberline Matte Chevalier
87 de Castelnau St.,
Montreal Que. (Wife)

CIVIL EDUCATION

High School Entrance X Jr. Mat. 2 YRS Sr. Mat.

Technical School Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

FARMING 1932-34
TEACHER 1934-41

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
NONE	Date 3-11-41				
	At MONTREAL				
	Term DURATION				

RANK	Auth.	Date	TRADE	Auth.	Date
AC2		3 11 41	WAG		3 11 41
Lac	163	77 5 42			
T/Sgt.	318.	7 12 42.			

TRADE TESTS AND COURSES				
Trade	GP	%	P or F	Date
WAG	5		P	3 10 41
WAG.	Gp	318.	P	7 12 42.

LEAVE

From	To	Auth. and Description
22-4-42	26-4-42	4 days = 95-
15-12-42	29-12-42	(14) Emb ORO 325-
11.5.43	22.5.43	(12) POR 18/43
~~Board S.T.U.C.~~		

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
7 12 42.			Awarded Air Gunners Badge.	318.
5 May 43	Good.	Wopay on strength for Training		7/CT