R141625
CLIMIE
WILLIAM BENZIE

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R141625

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R 141625
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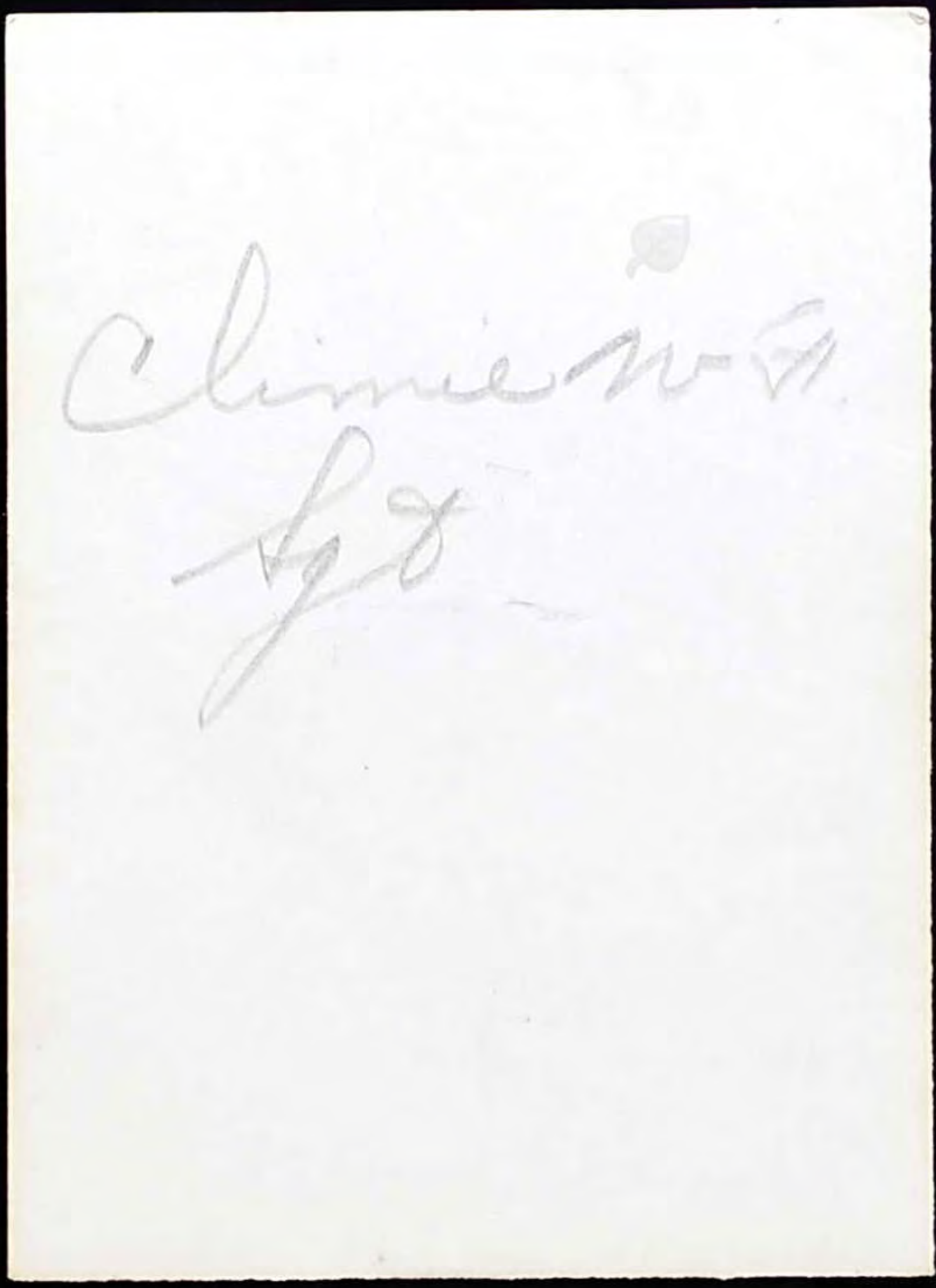

R.C.A.F. FORM NO. R. 325

R0 141625 CLIMIE WILLIAM BF WO2 2

1 NUMBER 9 E 29 RANK

SERVICE AWARD CARD

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.						
✓		✓							✓	✓					Op. King	
										✓						AWARD
																AWARD AND CLASP
									2899							APPLICATION DISPATCHED
																RIBBON ISSUED
															7 8 46	MEDAL ISSUED

42035 14-3-50

PREFIX NUMBER NAME RANK CODE

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

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Not an Estates case.

Deceased 23 Aug 43

Mrs. Mary S. Climie, (mother)
4542 Mont Eagle Place,
Los Angeles 41, California,
U.S.A.

10 Jun 48

MEMORIAL BAR
DATE DESP
REGN NO 2411

NAME CLIMIE, William Benzie Forbes FILE NO. 1040-C-477

W.O.2
RANK ~~F/SGT.~~ Air Gunner CATEGORY ~~MXSSXMGX~~ REG. NO. R141625
PRESUMED DEAD

DATE OF DEATH: 23 Aug 43 MOTHER LIVING: Yes WIFE: NA

MINISTERIAL CARD: 6/10/43 ROYAL MESSAGE: APR 28 1944 MEMORIAL CROSS TO CHAPLAIN: APR 19 1944

To mother

To mother: 11 Jan 44

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. Adam Climie,
48 Markham Place,
Westerleigh,
Staten Island N.Y.U.S.A.

COMMAND:

RELIGION: Pres.

ROYAL CANADIAN AIR FORCE

SERVICE
AND
PAY BOOK

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

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

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

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

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

M.B.K. 24/8/43 pid.

Air Force No. 1416725 Surname Clinie

Christian Names (in full) William Gerzie Forbes

Date of Birth 1-10-21 Religion Presb.

Date of Enlistment/~~Appointment~~ 19-11-41

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

Occupation in Civil Life Handyman

Signature of Holder

Name and Address of Next-of-Kin

Adam Clinie (father)
4 8 Markham Place Westerleigh
Staten Island N.Y. U.S.A.

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

Certified Correct J. H. Mackenzie F/Lt

Date 3-4-43 Place R.C.A.F. O.S. H.Q. London

RAF. Rank as at 1.3.43 Sgt Air

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
A/G.	18.4.42		

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
Sgt.	14.8.42		

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

Particulars	Date and Authority	Signature and Rank of Officer

R.C.A.F. Special Reserve

Airerew Pilot or

AIR FORCE No. R 141625 POSTED TO #2 M.D.Brandon,Man. TRADE Observer Std

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname CLIMIE Full Christian Names WILLIAM BENZIE FORBES
2. Present Address Lafon Inn, 1006 Sherbrooke St. W., Montreal, P.Q. Telephone MA. 0555
3. Permanent Address 48 Markham Place, Westerleigh, Staten Island, N.Y. U.S.A.
4. Place of Birth Glasgow, Scotland Citizenship British
5. Date of Birth October 1, 1921 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children NONE

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Student 8. Religion Presbyterian (State denomination)
9. Languages English fluently (State proficiency)
10. Next of Kin (Full Name) Adam Climie Relationship Father
    " Address 48 Markham Place, Westerleigh, Staten Island, N.Y., U.S.A.
11. Father (Full Name) Adam Climie Birthplace Scotland
    " Address 48 Markham Pl., Westerleigh, Staten Island, N.Y., USA Citizenship British
    " Occupation Mechanic
12. Mother (Full Maiden Name) Mary Stuart Forbes Birthplace Scotland
    " Address 48 Markham Pl., Westerleigh, Staten Is., N.Y. USA Citizenship British
13. Details of any Naval, Military or Air Force Service: NONE

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
N.A.						

R.C.A.F. Records Office
Rec'd NOV 24 1941
O.K. JC
B.C. BD
S.L. P.A.

14. Honours, Awards, Mentions NONE
15. Are you now on any Naval, Military or Air Force Reserve? NO
16. Have you previously made application to join the R.C.A.F.? NO If so, where? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? NO
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? NO If so, state particulars N.A.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-82

248-11

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Public School 30	1928	1936	Primary
High School—Collegiate Institute, etc.	Curtis High School	1936	1937	Academic Course
Technical School	Southampton High	1937	1941	" "
University or School other than above				
Correspondence Courses, etc				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
John Gratton Southampton, N.Y.	Mechanic's Helper	Summers 1939 & 1940		To return to school
Miss Carol Morton	Handyman	Summer 1941		Summer finished

23. Flying Experience (in Hours) Solo NONE Dual NONE Passenger NONE

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.

Competition in gas model planes

25. Sports engaged in. State: extensively, moderately, occasionally Track, football, extensively

Cross country & other sports moderately

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

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

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

Name	Address	Occupation
Frank L. Goble 17-11 ✓	Box 256, Southampton, N.Y., U.S.A.	Accountant
W.K. Dunwell 17-11 ✓	C/o Bathing Corp. of Southampton, Southampton, N.Y.	Manager
Rev. J. Armstrong	65 South Main St., Southampton, N.Y., U.S.A.	Minister
Alex. Coutts	Huntting Street, Southampton, L.I., N.Y.	Bookkeeper

28. Other information that may have any bearing on this application

NONE

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

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

Date November 17th 19 41 Signature ~~William Foote Elmill~~ William C Elmill

British subject

NATIONAL REGISTRATION CERTIFICATE PRODUCED.

19/11/41

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer*—

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test*—

Trade in which tested.....

Result.....

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

.....

Date.....Signature.....Rank.....

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

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

Date November 19th 1941 William F. B Climie
Signature of Recruit

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

I, William Benzie Forbes CLIMIE .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date Nov. 19th, 1941 19..... William F. B Climie
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

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

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

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

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

L'Langlois Plt Off RCAF Recruiting Centre, Montreal, PQ
Signature of Officer Rank Unit

Finger Printed
Date 19-11-41
Initials GB

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 20 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? No

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 given the Q any relevant information.

William [illegible]
Signature of Applicant

Examiner's Remarks *re* above

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

1. Identification marks or scars (if operative obtain history)
Vaccination on left arm.

2. Height 5' feet 6½ inches. 3. Weight 137 pounds.

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

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 32 inches

Range of expansion 2½ inches

8. Hearing—Right WV 20 Left WV 20 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right N.B

Left 20/70 Left N.B

10. Condition of mouth and teeth Healthy.

11. Urine—Albumen Neg Sugar Neg.

12. Abnormalities (Congenital and Pathological) found on Examination

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

AIR
~~ATS~~
A3/B

Any special remarks of the Medical Officers
Unhadeness and slight roughness.
Nov. 19-194. Recheck Normal

Part 2 Cont'd.
13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure S. D. 130/85
17. Colour Vision N. Ish.

Date Nov 18th 19 41

W. S. Cummins
President

[illegible]
Member

Member

AIR FORCE No. R141625

SURNAME: CLIMIE, FULL CHRISTIAN NAMES: WILLIAM BENZIE FORBES

ENLISTMENT PLACE Montreal DATE 19-11-41

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.
TPS	2 M.D. Brandon	19 11 41	2 M.D. 250
SOS	2 M.D. Brandon	30 1 42	2 M.D. 25.
TOS	10 S.F.T.S. Dauphin	31 1 42	10 S F 30
SOS	10 S.F.T.S. Dauphin	28 3 42	10 S F 72
TOS	T.I.T.S. Saskatoon	29 3 42	T.I.T.S. 79
SOS	T.I.T.S. Saskatoon	6 6 42	T.I.T.S. 133.
TOS	K.I.T.S. Trenton.	7 6 42	E 171
SOS	K.I.T.S. Trenton	4 7 42	E 183
T.O.S.	6 O.T.U. Mountain View.	5 7 42	MV 162
S.O.S.	6 B&G S. Mtn. View	15 8 42	MV 196 A
TOS	#1 Y Depot Halifax	16 8 42	1 Y 251
	address of N.O.K. change.		
	Mrs. M.S. Climie		
	4542 Mont Eagle Place		
	Los Angeles 41		
LAC	Calif. U.S.A.	5-11-42	
SOS	Tobacconist	26 10 42	E 551
	Missing 22/ PCX/977	23 8 43	
		22 8 43	
	CAS/W/89		
	W.S.B. Corp. 30-7-44		
	Pres. Dead	23 8 43	
	PCX 278	27 12 43	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
A.C.2	19 11 41	2 M.D. 250
8		
LAC	19 6 42	E 172
T/Sgt (pd)	14 8 42	MV 196 A
T/Flt. Sgt.	14 2 43	A.F.R.O. 297 P. 638
P/WO2	14 8 43	A.F.R.O. 297

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
19-11-41	R100	A1B. A3B.	
Stm Hosp.	10-2-42	14-2-42	10 S F 36-42

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
P. or O.	S.	19 11 41	2 M.D. 250
3018			—
Air G.		19 6 42	E 172
a.g.	S.G.	14 8 42	MV 196 A

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
9-1-42	15-1-42	7	Amended L.W.P.	2 M.D. 411 2 M.D. 10
9-1-42	15-1-42	7	Comp. L.W.P.	2 M.D. 411
23-5-42	2-6-42		Spe.	7 I.T.S. 123
23-5-42	5-6-42	incl.	Special	7 I.T.S. 133
15-8-42	28-8-42	14	embarkation	MV 196 A

R.C.A.F. OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | U.C. PRES. R.C. HEB. MIS. OTHER RELIGION | PREV. SERV. PIC. | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. R141625 R

CLIMIE, WILLIAM BENZIE FORBES

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 19-11-41

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 1-10-21 — PLACE Glasgow, Scot. — CITIZENSHIP British 4

FATHER (FULL NAME) Adam Climie

BIRTHPLACE Scotland

MOTHER (FULL MAIDEN NAME) Mary Stuart Forbes

BIRTHPLACE Scotland.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X USA.

JUNIOR MATRICULATION X Graduate USA.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

6

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

Mechanics helper - 3 summers.
Handyman - 1 summer season

9500

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
air Gunner's Badge	MV 196A	14-8-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Presbyterian

4

14. LANGUAGES English

1

15. SPORTS Track football cross country & other sports
Competition in gas model planes.

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: Adam Climie — RELATIONSHIP Father

ADDRESS: 48 Markham Place, Westerleigh — D.R.O.

FULL NAME: Staten Is. N.Y. USA — 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.
Rtn Allce	15/28 8 42	1Z237			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	19 11 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ pub gtrs		21-11-41	2MD280
	Ftrs & Ctns	31-1-42	10SF30
P.2 & R		29-3-42	71B79
S L T I W	#C100814	22-5-42	71TS123

22.(A) ADDRESS PRIOR TO ENLISTMENT

48 Markham Place, Westerleigh, Staten Is. N.Y. USA.

X3600

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OH

R60	R79	B465	X-RAY	FM-13	IDN. CARD	
28-11-41	MAR 9 '42	25-11-41				

EP

Aircrew Pilot or Observer (Stat)

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

R141625	CLIMIE	WILLIAM BENZIE FORBES	Presbyterian
A.F. No.	Surname	Christian Names	Religion

Born 1-10-21 Place Glasgow Country Scotland Citizen of Britain Racial Origin Scotch

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)

adam climie (Father)
48 Markham Place, Westerleigh, Staten Island, N.Y., USA

CIVIL EDUCATION

High School Entrance X Jr. Mat. 41/45 Sr. Mat.

Technical School Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

mechanic's helper 1939-40 Summers
Handyman 1941 Summer

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
None	Date 19-11-41	A1B A3B	19 11 41		
	At Montreal				
	Term Duration				

RANK	Auth.	Date	TRADE	Auth.	Date	TRADE TESTS AND COURSES	GP	%	P or F	Date
Q No 2		19 11 41	P-O		19 11 41					
LAC	DRO122	19 6 42	Remus Air Gunner	DRO120	19 6 42	P-O	5		P	17 11 41
Sgt		14 8 42	air gunner Sp Sp.		14 8 42	Obs.				2 7 42

LEAVE

From	To	Auth. and Description
9-1-42	15-1-42	DRO. 10 7 days Compassionate leave (without pay)
15-8-42	28-8-42 incl.	Embarkleave

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
14 8 42	awarded X Auth. to wear AIR gunners Badge			

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

(OVER)

CANADA B.C.A.T.P.

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOA 13	R/C Mtl, Que	#2 M D Brandon	19-11-41				
			DRO 280.				
DRO 312	#2 M.D. Brandon.	#34 SFTS Assiniboia	31-12-41				
DRO 25	No 2 MD Brandon	No 50 SFTS Dauphin	30-1-42				
DRO 36	Admitted to Station Hospital		10-2-42.				
DRO 92	Disch from Stat. Hosp.		4-2-42				
DRO 92/42	#10 SFTS Dauphin	#7 I.T.S. Saskatoon	28-3-42				
DRO. 133/42	#7 ITS	KTS TRENTON	6-6-42				
TOS-DRO 171	7 ITS	K-T-S Trenton	7-6-42				
SOS-DRO 183	KTS Trenton	6 B&G Mountain View	4-7-42				
DRO 196 A.	Ont. Viewfort.	V Halifax N.S.	15-F-42				
DRO 276	[illegible]	[illegible]	22-9-42.				
DRO 313	IAP Depot	RAF TP	26-10-42				
		Lab Bn -	27.10.42.				
		Dis. MC.	4-11-42.				
	(3 Bn Y)	SPRC.	5-11-42.				
14/42 (11/93) 9/42 (9/94)	3. P. R. C.	1659 Yk.	16. 11. 42				
6/43 (13/25) 9/43 (13/29)	1659 Cl.	419. Sqn.	25-1-43				

Finger Printed
Date 19-11-41
Initials EB
P

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.

M 22/23/8/45

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

Official No. CAN. R 141625 Name CRIMIE. CRIMIE, William Benjamin Parker Rank T/Sgt. 365

(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Air Gen. Special Qualifications

(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 1.10.21. Religion Presby. Occupation in Civil Life Handyman

Last Enlisted 19.11.41 Current Engagement Def to.

If a member of the Auxiliary Air Force

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

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

A. Crimie (Father) 48 Starchan Place Tobermory Staten Island NY USA

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.")

Nok Kin

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.
Mt View	14 Depot.	15-8-42.
14 Depot.	RAF. TP.	26.10.42
	Lub Bar.	27.10.42
	Dis Mk.	4-11-42
(32 W)	3 PRC.	5-11-42.
14/42 3 PRC.	1659 Flight	16.11.42.
1659 C.U.	419 Sqn	25/1/43
419 (RCAF) Sqdn	434 (RCAF) Sqdn	15.6.43
434 Sqdn.	No. 1 RAF Depot.	

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

* Authority.	Description.	Date of Effect.
	Enlisted AC2. Recruit.	19.11.41.
	LAC on Air Gen Std	19.6.42.
	T/Sgt. Air Gen Spec.	14.8.42.

Section 3.—Good Conduct Badges.

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

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

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

960

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.
			AC	AC				
Sgt	VG	A/G	SAT	SAT	—	—	31/12/42	[illegible] w/c
Sgt	VG	A/G	SAT	SAT	—	Recommended	25/1/43	[illegible] w/c
SGT	VG.	AG.	Sat	Sat	Sat		15.6.43	[illegible] S/L
SGT.	VG	A.G	Sat	Sat	—	Rec'd.	25/9/43	[illegible] W/C

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

434 POR 9/43	Priv Leave 26-7-43 to 1-8-43 (7 days)			R.W. C124623		[illegible] F/L
" 24/43	29. 5. 43	4. 6. 43	7 days Pr.	RW. C002976	— . —	[illegible] S/L
" 9/43	3. 4. 43	9. 4. 43	7 days Pr.	RW 406123 F1672		
" 17/43	20. 2. 43	26. 2. 43	7 days Pr.	RW. 406856 F1672	— . —	
" 9/43.	3. 2. 43	9. 2. 43	(7 days Priv	RW 406251 F1672		
POR 10/42	24-11-42	30-11-42	(7 days priv leave)	RW468674	419 RCAF SQDN.	F/L

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.

#7 M.S.B. Course 50 "E" R144625 27-4-42.

R.C.A.F. Special Reserve

CONFIDENTIAL

R.C.A.F. M. 2
300M—4-41 (87)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* Nov. 18th/41

FILE NUMBER

Surname CLIMIE *Chr. Names* WILLIAM BENZIE FORBES
Nature of Commission M2-1 *Date of Birth* 1-10-21 *Married or Single* Single
Branch Gen. List. *Hours Flown* None
Address 48 Markham Place, Westerleigh, Staten Island, New York, U.S.A.

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 Tonsilitis — NO
Diphtheria, Scarlet Fever or Scarlatina — NO
(iv) STOMACH or BOWEL TROUBLE — NO
Chronic Indigestion or Pain after Food — NO
(v) KIDNEY or BLADDER TROUBLE — NO
Syphilis or Gonorrhœa — NO
(vi) TROPICAL DISEASE — NO
Malaria — NO
Dysentery — NO
(vii) EYE TROUBLE or Inflammation of Eyelids — NO
Wearing of Glasses — NO
Colour or Night Blindness — NO
(viii) EAR TROUBLE, Earache or Discharge from Ears — NO
Deafness, Noises in the Ears, or Dizziness — NO
Frequent Colds in Head, Catarrh or Obstruction — NO
Prolonged Hoarseness or Loss of Voice — NO
Sea, Car or Train Sickness — NO
Discomfort on Swings, Roundabouts, Switchbacks — NO
(ix) OPERATIONS — NO
(x) Any illness or Injury not mentioned above — NO

Education High School 4 years 1941
Present Occupation Student Hobbies Gas model planes.
Previous Service NIL
Athletics Football, track, cross-country
Habits—Smoking 20 c.a.d. Alcohol NIL
FAMILY HISTORY—Consumption NOO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health ~~heart trouble~~ Dead—Cause 1941
Mother Alive—Health good Dead—Cause N.A.
Brothers (0) Alive—Health (....) 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 accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 18-11-41 *Signature* W. Benzie Climie *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..medium.. *(b)* Mentality ..alert..
Body Marks, Scars, Deformities ..vaccination left arm..
Size of Thyroid Gland ..no palpable enlargment..
Surgical Abnormalities ..NIL..
Results of Wounds, Injuries, Operations ..NIL..

	Date 18-11-41	Date 27-4-42. #7 M.S.B.	Date	Remarks on any Abnormalities Found
Height (ins.)	66½	67		
Weight (lbs.)	137	146		*Date*
Chest Circumference (ins.)	32-34½			
Body Build (lbs.)	+3			
Leg Length (ins.)	40½	40		
Pulse Rate — Sitting	72	72		
Pulse Rate — Standing 1st	96			
Pulse Rate — Standing 2nd	72			
Pulse Rate — After Exercise	96			
Pulse Rate — Time to Normal	15"			
Arterial Walls	soft	N		*Date*
Blood Pressure — Systolic	130	140		
Blood Pressure — Diastolic	85	90		
Room Temperature	warm			
Heart — Size (in cms.)	N	N		
Heart — Sounds	N	N		
Heart — Rhythm	N	N		
Lungs — Inspection	N	N		
Lungs — Palpation	N			
Lungs — Percussion	N	N		
Lungs — Auscultation	N	N		
Lungs — Expiratory Force	120			
Lungs — X-Ray				*Date*
Reflexes — Knee	hyperactive	N		
Reflexes — Ankle	N			
Reflexes — Triceps	N	N		
Reflexes — Abdominal	N			
Reflexes — Plantar	Fl Fl	#		
Cranial Nerves	N			
Balancing Rod	R. L. 0 0	R. L.	R. L.	
Self Balancing	R. L. 4 4	R. L. 1S 1S	R. L.	
Tremors — Fingers	MC MC	MF		*Date*
Tremors — Eyelids	NO	O		
Abdomen — Liver	N	n		
Abdomen — Spleen	N	n		
Abdomen — Muscular Tone	good	n		
Urine — Albumen	neg.	n		
Urine — Sugar	neg.	n		
Initials of M.O.	C	AWL		

40 mm. Hg. Test ..65".. 8/121011,121010,1099,898,7
Date
Date
Date
Date

EYE EXAMINATION

History	NIL		
Visual Acuity	R. 20/20, c 2.50 = 20/200	20/20 2.50 20/200	
	L. 20/20, c 2.50 = 20/200	20/20 2.50 20/200	
Colour Vision	N. Ish.	Ish. N.	
Red, Green	Eso 1D maddox bar thru	M.ROD ESO 1 Bar 4	
Diaphragm Test (P.D. = 60)	4 at 4½	P.D. 63 AT 2	
Convergence C. =	7 cms.	7	
Convergence S. C. =	9 - R cms.	9	
Accommodation R	8	9	
Accommodation L	9 (9½ cms.)	9	
Cover Test	Ortho	Sl. Lat Div. Both R.R.	
Fundi and Media	N -cupping	N	
Fields	Full - normal	FULL	
Remarks:	NIL	A1B A3B	
	Initials of M.O.	*Initials of M.O.* AWL	*Initials of M.O.*
	Date 18-11-41	*Date* 27-4-41	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	T & A 1931		
Hearing R. Ear	w v 20'	wv 20'	
Hearing L. Ear	w v 20'	wv 20	
External Ear, Meatus Membranes R. Ear	N	N	
External Ear, Meatus Membranes L. Ear	N	N	
Middle Ear, Eustachian Tubes R. Ear	N Patent	N	
Middle Ear, Eustachian Tubes L. Ear	N Patent	N	
Cochlear Apparatus R. Ear			
Cochlear Apparatus L. Ear			
Vestibular Apparatus R. Ear			
Vestibular Apparatus L. Ear			
Buccal Cavity	H	N	
Teeth	clean	N	
Gums	H	N	
Pharynx	H	N	
Nasopharynx	not seen	N	
Nose	septum irreg. nares clear	Marked deviation of	
Larynx	not seen	Septum 50% Airway.	
Remarks:	NIL		
	Initials of M.O.	*Initials of M.O.* AWL	*Initials of M.O.*
	Date 18-11-41	*Date* April 27/42	*Date*

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

Nov. 18/41 The candidate is physically well developed but seemingly quite nervous, and fidgety. Failed balancing rod, and unsteady on self-balancing. Marked tremors of fingers. Otherwise fit. Will report back in a few days for recheck.

Cat. AtBt

J. H. Stevenson

D. Hutton F/Lt

Nov. 19/41 Recheck on balancing tests. Gives a normal response.

Fit A1B A3B

J. H. Stevenson

D. Hutton F/Lt

ALTITUDE TOLERANCE TEST Date 30/7/42

		Symptoms		Recommended for:
No. of 2 hr tests at 35,000 feet	1.	nil on 2	runs	~~A. flying to 35,000 ft. or over~~
	2.			
	(3)	mild on 1	"	(B) limited flying to 35,000 ft.
		moderate on	"	~~C. flying only to 25,000 ft.~~
		severe on	"	

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date #7 M.S.B. 27-4-42.

CATEGORY APPROVED
A1B/P3B
APR 27 1942
A. W. Lafin F/L
for D.M.S. Air

Cheerful, well adjusted. Never too bright at school some trouble with Mother. Good at sports. Likes Flying, Wants Pilot. Should be satisfactory.

(2) A.W.L.

Night Visual Acuity AVERAGE (12)

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. R141625 NAME Clinie, W. F.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT						OBSERVER		AIR GUNNER		OTHER					
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL											
			(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
For the period ending 14-8-42																													22	55					22	55
No. 6 B. & G. SCHOOL MOUNTAIN VIEW - ONT.															L. Cameron S/LDR. O/C GROUND INSTRUCTION SCHOOL No. 6 B. & G. SCHOOL MOUNTAIN VIEW - ONT.																					

PART II

ARMAMENT TRAINING

1. No. 6 B. G. S. Course No. 35

2. Dates of Courses:— From 6-7-42 To 14-8-42

AIR TRAINING

GUNNERY

3. *Flying Time*:—

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Battle	1800			18	00
Baolingbroke	455			4	55
				22	55

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

(*a*) Beam Test ..... 9.8 %
(*b*) Beam Relative Speed Test ..... 3.72 %
(*c*) Under Tail Test ..... 8.05 %

5. *Total Rounds Fired*—

Ground 650
Air to Ground 800
Air to Air 3055

6. *Assessment*— Marks Obtained

(*a*) Written Examination ..... (100 Marks) 70
(*b*) Practical and Oral Examination ..... (100 Marks) 73
(*c*) Ability as Firer ..... (250 Marks) 175
Totals ..... (450 Marks) ~~318~~

7. Position in Class 10 No. in Class 18 Pass or ~~Fail~~
8. Date authorized to wear Air Gunner's Badge 14-8-42
9. Character and Leadership—Assessment (Maximum 250 Marks) 110 Marks.
10. Remarks His Air Firing results are below average

D. L. Farmer F/O ~~S/L~~
for Chief Instructor
No. 6 B. G. S.
Date 14-8-42

11. *Final Assessment*:—

Course	Training Marks Max.	Training Marks Obtained	Character and Leadership Max.	Character and Leadership Obtained	Totals Max.	Totals Obtained	Totals %
Wireless School	~~1000~~	NA	~~500~~	NA	~~1500~~	NA	NA
Bombing and Gunnery School	450	318	250	~~110~~	700	428	
TOTALS	~~1450~~ 450	318	~~750~~ 250	110	~~2200~~ 700	428	

12. Position in Class 12 No. in Class 18
13. Remarks He is keen and Industrious. He should make a good N.C.O.

T. Leasson Sqn W/C
for Officer Commanding
No. 6 B. & G. S.
Date 14-8-42

S-10

R.C.A.F. T. 82 (Revised)
25M—10-41 (1045)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname CLIMIE Christian Names William Forbes

Number R.141625 Rank LAC

INSTRUCTIONS

Instructions regarding the use and distribution of this form are contained in Air Force Administrative Order A.51/24.

PART I

WIRELESS TRAINING

1. No..... Wireless School. Course No..... To..... From.....

2. *Flying Times*—

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

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

(c) In 2-seat aircraft as sole operator.....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~~
~~Below average~~

4. *Ground Training*—

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

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

Position in Class..... No. in Class.....

5. Date authorized to wear Wireless Operator's Badge.....

6. Character and Leadership—Assessment (Max. 500 Marks)..... Marks.

ALTITUDE TOLERANCE TEST Date 8/30/42

No. of 2 hr tests at 35,000 feet

1. Symptoms
2. nil on 2 runs
(3) mild on 1 "
moderate on ..... "
severe on ..... "

Recommended for.....
Officer Commanding
~~A. flying to 35,000 ft. or more~~
(B.) limited flying to 35,000 ft.
~~C. flying only to 25,000 ft.~~
No. ..... Wireless School
Date.....

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

CANADA B.C.A.T.P.

25

ROYAL CANADIAN AIR FORCE

TO: THE SECRETARY
Department of National Defence for Air,
Ottawa, Ontario, Canada.

Canada 21-5-42 19.....
File No. 12-4-9.
Please quote in any reply.

FROM: COMMANDING OFFICER... No. 7. I.T.S. Saskatoon, Sask. .....

Subject: AIRCREW, CEASED (or INTERRUPTED) TRAINING

R.141625	AC2	CLIMIE, William	Aircrew	Standard
Number	Rank	Name in Full	Trade	Group

ROYAL AIR FORCE [ ] ROYAL CANADIAN AIR FORCE [X]
ROYAL AUSTRALIAN AIR FORCE [ ] ROYAL NEW ZEALAND AIR FORCE [ ]

1. Training of the above mentioned airman in course No. 50 for Potential Pilot or Observer.
has been discontinued at No. 7 I.T. School for the following reason:

a. Service Casualty (Killed)
b. Service Casualty (Injured)
c. Medical (Other than Casualty)
d. Failed in Course of Instruction X

If any Reason Other than Those Mentioned Give Explanation Above.

2. Accordingly this airman has been:

a. Retained at this Unit on Course Number _____ and File Retained at this Unit.
b. Posted to Composite Training School, Aircrew Squadron, Trenton. Effective Date 6-6-42, Report Date 8-6-42 and File Containing Appropriate Training Form Passed to Trenton.
c. Discharged [ ] and File Passed to Director of Airmen Personnel Services.

3. This airman is recommended for (Use the following when posting airman to Composite Training School, Aircrew Squadron Trenton)

a. Training as Air Observer [ ]
b. Training as Wireless Operator (Air Gunner) [ ]
c. Training as Air Gunner [X]
d. Remustering to Ground Trade [ ]
e. Remustering to General Duties [ ]
f. Discharge [ ]

If any Other Recommendations Give them on Above Line

4. Remarks: **Very pleasant, good personality. Not brilliant in studies but eager to be aircrew in any capacity to which he is suited. Recommend remuster to A.G.**

(L.C. Russell) Wing Commander.
Signature.

COMMANDING OFFICER NO. 7 I.T. SCHOOL

Distribution:
Distribute Parts 1,2,3,4,5 in all cases.
Part 1. Secretary Dept. of National Defence for Air.
Part 2. Air Officer Commanding No. Training Command
Part 3. Director of Airmen Personnel Services
Part 4. Director of Medical Services, R.C.A.F., Air Force H.Q.
Part 5. Retain at Unit of Origin.

Distribute Parts 6,7,8,9 only when posting airman to Trenton. In other cases destroy these copies.
Part 6. President Medical Selection Board, Composite Training School, Aircrew Squadron, Trenton
Part 7. Commanding Officer } Composite Training School Aircrew Squadron Trenton.
Part 8. Re-selection Board }
Part 9. Trade Test Board }

PART
Form R.C.A.F. T.91

This copy

**President Medical Selection Board,
Composite Training School,
Aircrew Squadron, Trenton.**

ROYAL CANADIAN AIR FORCE

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

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME. CLIMIE ..... CHRISTIAN NAMES.... William ..... NUMBER R.141625.. RANK AC2.....

I.T.S #7 Saskatoon, Sask.. COURSE NO.. 50 ...FROM. 30-3-42 ..... TO... 22-5-42 .....

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

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

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

(1) G. I. S. RESULTS

Subjects	Finals			Supps.		
	ITS	EFTS	SFTS	ITS	EFTS	SFTS
1. Mathematics	69					
2. Law, Discipline	78					
3. Navigation	61					
4. General Studies	78					
5. Airmanship						
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	40					
10. Armament (Written)	40					
11. Armament (Practical)						
12. A/C Recognition	87					
13. Drill	62					
14. Signals (Written)	127					
15. Signals (Practical)						
16. Meteorology						
TOTAL OBTAINED	642					
TOTAL POSSIBLE	1000					
PERCENTAGE	64.2					
NUMBER IN CLASS	163					
POSITION IN CLASS	149					

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours		
Instrument		
Clear Hood		
Navigation		
TOTAL OBTAINED		
TOTAL POSSIBLE		
PERCENTAGE		
NUMBER IN CLASS		
POSITION IN CLASS		

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

(4) FLYING TIME

School	Type A/C	DAY		NIGHT		Formation	Instrument	Link	NAVIGATION		Dual to First Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		

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

School	Type of 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.							

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

	Marks Obtained
Flying (Para. 2)	
G. I. S. (Para. 1)	
Character & Leadership (Para. 8) Total	
TOTAL	
PERCENTAGE	
STANDING IN CLASS	

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	
S.F.T.S.	
TOTAL	

(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. .....

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

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

(a) I.T.S. Link. 36. Very pleasant, good personality. Not brilliant in studies, but eager to be aircrew in any capacity to which he is suited. Recommend remuster to A. G.

Posted to K.T.S.,
6-6-42

(L.C. Russell) Wing Commander.
Commanding Officer
No. 7 I.T.S.

(b) E.F.T.S.

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

(c) S.F.T.S.

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

(d) S.F.T.S.

Commanding Officer,
No. 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 Clear 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. Special Reserve

INTERVIEW REPORT

AGE 20
HEIGHT 5 - 8
WEIGHT 149

SURNAME CLIMIE — N.F.

CHRISTIAN NAMES WILLIAM BENZIE FORBES

MARRIED ____ NO. OF CHILDREN ____ — FLYING — PILOT X

Class. test 45 — OBSERVER ____

W.A. GUNNER ____

EDUCATIONAL:- NUMBER OF YEARS 13

High School 4 Technical ____ Commercial ____

University (Name and Dates of Attendance) ____

Standing other Countries ____

FLYING EXPERIENCE:- Total hours ____

Commercial Hours Solo None Dual None

Private Hours Solo None Dual None Pass None

No. hours & types during last 2 yrs. ____

MILITARY AND OTHER TRAINING

N.A.

SPORTS:- (What branches) ____

HOBBIES:- Competitions and Building and Flying Gas Models

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

VERY PERSONABLE YOUNG MAN. VERY KEEN AND INTELLIGENT.

CO-OPERATIVE. WELL MANNERED. RECOMMEND HIGHLY.

POTENTIAL OFFICER MATERIAL.

REFERENCES CHECKED / SATISFACTORY
REFERENCES CHECKED / UNSATISFACTORY
REFERENCES NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK? YES.

BEST FITTED FOR P. & O.

DATE: 17-11-41 RECRUITING CENTRE: MONTREAL, P.Q.

L. LANDERMANN P/O
Signature of Officer

APPROACH
Confident X
Nervous
Easy X

CARRIAGE
Upright
Medium X
Athletic

DRESS
Neat X
Conservative X
Clean X
Careless

PHYSIQUE
Medium X
Heavy Set
Slender

SPEECH
Clear X
Slow
Hesitant

RESPONSE
Quick X
Deliberate
Slow

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

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

A.F.M. 5

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

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Montreal ON 19-11-41

MARRIED OR SINGLE S Hole No. R141625

NAME IN FULL CLIMIE William Benzie Forbes

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
	1-12-41	AG2	S.	A.S.	1 30				No. 2 "M" Depot. Brandon
17Y	19-6-42	LAC	S	A.S.	1 50	—	1 50	—	Reclass LAC 19-6-42
162	5-7-42	LAC	S	AS	1 50	75	2 25		Ent. to Cont. 3/Pay
196A	14-8-42	SGT	SP. GRP.	AS	2 95		2 95		Remds. A/G SP. GRP. & APP. SGT (T) (PAID)

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Mrs. Climie, Mary Stuart (Mother)	1-9-42	36	36 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class.

Period 1941	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
DEC 1-31	31	40 30				40 30								15 00	15 00	25 30	
JAN 1942 1-30 FEB	30	39 00					39 00				DRO 11 AMENDMENT	~~9 10~~		—		40 30	1 30
JAN 30-31	1	1 30					1 30			1 30					1 30		nil
FEB 1-28	28	36 40					36 40						13 00 / 5 00		18 00	18 40	nil
MAR 1-28	28	36 40					36 40						20 00	20 00	40 00		3 60
29-31-3	3	3 90					3 90			3 60					3 60		30
1-30/4	30	39 00				30	39 30							20 25	20 25	19 05	
1-31/5	31	40 30					40 30						27 85	20 25	48 10		7 80
1-6/6	6	7 80					7 80			7 80					7 80		0
7-18/6	12	15 60					33 60						29 60 / 10 00		39 60		6 00
19-30/6	12	18 00															
1-4/7	4	6 00					6 00			6 00					6 00		0
July 5-31	27	60 75					60 75							25 00	25 00	35 75	0
1-13	13	29 25					35 15						82 35		82 35		47 20
14-15/8	2	5 90															
16-31	16	47 20		R.D. 15-28/8/42 INCL. DRO. 237	7 00		54 20			47 20					47 20		7 00
1-30/9	30	88 50				7 00	95 50	36 00			A/365		10 00	20 00			
											A390		15 50		81 50	14 00	
1-26/10	26	76 70					76 70	31 20			A497		22 25	25 00	78 45		1 75
										1 75							1 75

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

- Gtd. leave w.o. pay (7 days) DRO 10.
- DRO 11 Amends leave w/o pay DRO 10 for: Gtd Com leave with pay
- DRO 25 SOS 30-1-42 lo SFTS Dauphin [signature] F/L
- DRO 30 TOS FROM # 2 M DEPOT BRANDON MAN AT #10 SFTS DAUPHIN MAN EFF 31-1-42
- DRO 72 SOS EFF 28-3-42 TO No 7 I.T.S. SASKATOON SASK. [signature] S/L
- DRO 78 T.O.S. 7 ITS eff 29-3-42
- DRO #133 KTS SOS EFF 6-6-42 [signature] F/O
- DO 171 TOS KTS 7-6-42 DO 172 REMOST A.G. 19-6-42
- 183 SOS KTS TO 6 B&G MTN-VIEW 4-7-42 [signature] W.O.V.
- DO 196A SOS TO #1-Y-3. HALIFAX, N.S. 15/8/42 [signature] P/O
- S.O.S. for E. 551 (n) eff 26-10-42 [signature]
- DW Audited by Treas 21-11-42 [signature]

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 Climie William (b) Reg'l. No. R-141625
2. (a) Arm of service Air (b) Unit # 2 Manning Depot R.C.A.F. Trenton Ont. (c) Rank A.C.2 "G"
3. (a) Date of birth Oct 1-1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment New York City U.S.A.
4. (a) Place of enlistment ~~Montreal~~ Que. Montreal (b) Date of enlistment Nov 19 1941

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? N.A.
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.) XX Senior Mat Equiv.
7. If you attended a university, give name of university and standing or degree secured N.A.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? Eng. (b) What languages do you read well? Eng.

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? N.A.

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

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? N.A.
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?

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.) N.A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Aviation

DATE Dec 2 1941 194 SIGNATURE William Climie

R.C
Rec'd DEC 9 1941
O.
R. C.
P. A.

FRANK L. GOBLE
BOX 256
SOUTHAMPTON, NEW YORK

August 27th, 1941.

TO WHOM IT MAY CONCERN :

I have known William Climie for several years and have always found him to be courteous, dependable, honest, ambitious, and exceedingly thorough in any task he begins. He is anxious to learn more, and I am sure he will succeed in his chosen field if given an opportunity.

F. L. Goble

THE BATHING CORPORATION OF SOUTHAMPTON
SOUTHAMPTON, N. Y.

To whom it may concern:-

This is certify that I have known William Climie of Southampton N.Y. about three years.

He is a young man of good family and excellent character and I am pleased to recommend him for any responsible position.

William K. Dunwell

W. K. DUNWELL

Aug. 26 I94I

14

No. 434 Squadron,
Great Britain.
1st September, 1943.

Mrs. A. Climie,
48 Markham Place,
Staten Island,
New York, U.S.A.

Dear Mrs. Climie:

By the time you receive this letter you will doubtless have received official notification of the fact that your son, R.141625, Sergeant William Forbes Climie, has been missing on operations since the 22nd/23rd August, 1943.

Your son was not only a valued Air Gunner of this squadron but he was highly popular with all ranks and will be sorely missed by his many friends and acquaintances here.

I can well understand the shock and grief that the sad tidings brought to you and I join with all the Officers, Non Commissioned Officers and Airmen of this unit in extending to you our heartfelt sympathy in this hour of bitter trial. There is always the possibility that your son may be alive and well even if a prisoner of war in enemy hands and we are all hoping for the best. There is no information to hand at the present time to justify this hope but you may rest assured that any information which may be received at some future date will be forwarded to you immediately.

Your son's personal effects have been carefully gathered together and forwarded to the Standing Committee of Adjustment, Central Depository, Royal Air Force, Colnbrook, Slough, Bucks., and they will communicate with you in due course.

Please allow me once again to express the deep and lasting sympathy which we all feel with you at this time.

Yours sincerely,

C.E.Harris W/C

(C.E.HARRIS) W/C,
Officer Commanding,
No.434 Squadron (R.C.A.F.).

R.141625 (NUMBER) S.G.T. (RANK) CLIMIE W.F. (NAME)
P/FILE No. 4.0.7.8.K.
LETTER RECEIVED 3.9.43.
ORIGINAL SENT 11.9.43.
COPY TO OTTAWA 11.9.43.
PHOTOS SENT TO N/A.

MINUTE 1.

(25)

D.P.S.

No.434 Squadron reported that Halifax aircraft, EB.255., with a crew of eight, failed to return from an operational attack on Leverkusen. It left base at 2120 hours on the 22nd August, 1943, after which no further news was received.

2. A telegram from the International Red Cross Committee, quoting German information, states that Sgt. Harrison, Sgt. Ledford, Sgt. Climie and one not R.C.A.F., and four unknown as killed on the 23rd August, 1943. As this completes the crew of eight, it is possible to assume that the four unknown are Sgt. Betts, Sgt. Morgans, Sgt. Ebbers and one not R.C.A.F.

3. An extract from an official German totenliste No.172., confirms Para.2., and states they were buried on the 24th August, 1943, in the cemetery at St. Trond.

4. It is accordingly submitted that the death of CAN/R106093. W.O.2. E.A. Morgans, CAN/R98963. Sgt. W.H. Ledford, D.F.M., CAN/R141625. F/Sgt. W.B.F. Climie, CAN/R134551. Sgt. N.C. Betts, CAN/J18463. P/O. R.S. Harrison, and CAN/R121772. Sgt. H.B. Ebbers, be presumed for official purposes to have occurred on the 23rd August, 1943.

5. The remaining two members of this crew were not R.C.A.F. personnel.

/12/43. R.C.A.F. Casualties Officer.

MINUTE 2.

Paragraph 4 of Minute 1 approved.

/12/43. Wing Commander,
for Director of Personal Services.

POST PRESUMPTION MEMORANDUM 4182

For I[redacted]rmation Only

Date: 5.11.46.

Relating to Halifax EB.255, Missing on 22/23.8.43, S.7.(Cas.C.5.)

FILE NO.	RANK	NUMBER	NAME	INFORMATION
				BELGIUM
P.407788/43	F/Sgt.	1334076	FORD, E.J.A.	This crew are buried at St.TronD,
	Sgt.	R106618	HARRISON, R.S.	Graves 297, 298, 299, 300. The
	Sgt.	R98963	LEDFORD, W.H., (D.F.M.)	remaining four members are in graves 301 to 304 which will be marked
	F/Sgt.	R141625	CLIMIE, W.B.F.	collectively.
	F/Sgt.	R134551	BETTS, N.G.	
	Sgt.	1213720	WALSHAW, D.H.	CASE CLOSED
	W.O.II.	R106093	MORGANS, E.A.	
	Sgt.	R121772	EBBERS, H.B.	

Circulation to:

Amendments (B.1.)
Chron.Cards (B.1.)
S.7.(Cas.C.5.)
Presumptions (B.3.)
Miss Crabbe (A.3. for A.G.13.)
Cas.Can.
R.A.A.F. O.H.Q.
P.File.

G.96673.

Copy for R.C.A.F.
Reference:- P.407788/43.

Extract from German Documents E.V. 7877/43.

Type of aircraft Halifax.

Date and time of crash 23.8.43. at 00.30 hrs.

Location :- Hees, 5 km. W. of Maastricht.

Nature of crash :- Unknown

Crew:-		Grave Numbers.
(1)	F/Sgt. Ford	297
(2)	Sgt. Harrison	298
(3)	Sgt. Ledford.	299
(4)	F/Sgt. Climie	300
(5)	4 Unknowns	301-304
(6)		
(7)		

Cemetery:- St. Trond

Other information

Copies to :-

Signed M.R.3. C.I.

Date 21.1.47.

0,955904

R.1.1625
Climie, W.F.B.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R141625 RANK FLIGHT SERGEANT UNIT 434 SQDN. OVERSEAS

TRADE AIR GUNNER (SP GR)

NAME CLIMIE, WILLIAM BENZIE FORBES

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

MARITAL STATUS SINGLE RELIGION PRESBYTERIAN CANADIAN

FRENCH CANADIAN OTHER BRITISH

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. ADAM CLIMIE ~~(WIFE)~~ (MOTHER)

ADDRESS 48 MARKHAM PLACE, WESTERLEIGH, STATEN ISLAND, NEW YORK, U.S.A.

NAME ADDRESS D.A.B. MRS. MARY S. CLIMIE SAME ADDRESS.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. ADAM CLIMIE (FATHER)

ADDRESS 48 MARKHAM PLACE, WESTERLEIGH,----------FATHER NOW DECEASED. STATEN ISLAND, NEW YORK, U.S.A.

FATHER'S NAME FATHER DECEASED. YES (SINCE DECEASE)

ADDRESS LIVING ON ENLISTMENT NO

MOTHER'S NAME MRS. ADAM CLIMIE LIVING ON ENLISTMENT YES

ADDRESS 48 MARKHAM PLACE WESTERLEIGH, STATEN ISLAND, NEW YORK, U.S.A.

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

NOT KNOWN---BEING OBTAINED.

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY---PCX278---d-27-DEC-43. NR38/28 DEC

PREVIOUSLY REPORTED "MISSING" 23-AUG-43 AFTER AIR OPERATIONS (OVERSEAS) AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED"

NOW "PRESUMED DEAD" 23-AUG-43 FOR OFFICIAL PURPOSES.

ESTATES BRANCH JAN 10 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

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

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

DATE 5-JAN-44.

FOR CHIEF OF THE AIR STAFF

ATS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 28635

R.C.A.F. G. 65
2M—8-43 (3429)
H.Q. 885-G65

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 6464

This is to Certify that R141625 (Number) FLIGHT SERGEANT (Rank)

CLINIE, WILLIAM RENZIE FORBES (Name in full) R.C.A.F. (Unit)

has been officially reported as missing since the 23RD day of AUGUST, 1943, and that, full inquiries having been made, there appears to be conclusive proof that he is dead. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 3RD day of JANUARY, 1944

(T.K. McDougall)
Wing Commander,
R.C.A.F. Records Officer.

ROYAL CANADIAN AIR FORCE RECORDS OFFICE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township: Enlisted Montreal, Que.

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

(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: CLIMIE (*Block letters*)

Given names: WILLIAM BENZIE FORBES

Do not write in this space

4. RESIDENCE

Street: Markham Place No. 48

Official name of civil municipality or township: Westerleigh

Municipal county: Staten Island Province: New York, USA.

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

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

10. BIRTHPLACE (Province or Country): Scotland

11. DATE OF BIRTH: October (Month) 1st (Day) 1921 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: 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: Aug.23/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Climie, Adam	Scotland
MOTHER (Maiden Name)	Forbes, Mary Stuart	Scotland

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: August (Month) 23rd (Day) 1943 (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) Previously reported missing after air operations, now due to for official purposes, presumed dead.

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: Aug.23rd 19 43

Manner of injury: Presumed killed during air operations (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)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc. .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc. .....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le

.....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) .....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b) .....

dû à

(c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion .....19.....

(b) Durée de la maladie .....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? .....Date de l'opération.....19.....

Constatations .....Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide .....Date.....19.....
(Spécifier)

Manière de la blessure .....
(Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature .....**M.D.**

Adresse .....**Date** .....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

MEMORANDUM FOR **P. 64**

Mrs. Adam Climie,
48 Markham Place,
Westerleigh, Staten Island,
New York, U. S. A.

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-C-477 F.D.363

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Jan. 13, 1944

ESTATES BRANCH JAN 24 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

CLIMIE, William Benzie Forbes, F/Sgt.

R.141625 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.

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

CNT/MK

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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.....		✓		
3	Father of the Deceased.....		Adam Clinie	42	Djed, January 2/42
4	Mother of the Deceased.....		Mary S. Clinie	44	48 Markham Place Staten Island, N.Y. U.S.A.
5	Brothers of the Deceased	Full Blood	No Brothers		✓
		Half Blood	✓		✓
6	Sisters of the Deceased	Full Blood	No Sisters		✓
		Half Blood	✓		✓
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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	William Benzie Forbes Clinie
9	Date of his birth	October 1st, 1921
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Glasgow, Scotland, Dec. 24, 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Glasgow Scotland
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) 20 (twenty years) in New York U.S.A.
14	Nature of employment before enlistment.	Ran the Station wagon for Private Houses
15	State whether he owned the premises in which he lived and, if so, where situated.	—no
16	Name place where deceased stated he intended to make his permanent home.	Staten Island, N.Y.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Do not knows
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	Single
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.	understood he had a deposit in a bank in England —
20	Amount of War Savings Certificates held by deceased.	None that I know of.
21	Amount of Victory Loan Bonds held by deceased.	✓
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.	Union Central Life Ins. Co $1.000.00 Mary S. Clinie. beneficiary
23	Is application for Probate or Letters of Administration necessary (see page 1)?	not that I know.

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 debts known to me
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.	No funeral expenses

(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

*Mother, of the deceased.

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

Mrs. Mary. Stuart Colmie — {Signature of Informant}

48 Markham Pl. Westerleigh Staten Island New York U.S.A. — Address

CERTIFICATE

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

See above. Mary S. Colmie {Name of Informant} is the Mother 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 Staten Island, N.Y. this 19th day of January 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — Fred M. Sellers — Qualification Clergyman

Address 136 Kingsley Ave, Staten Island, NY U.S.A.

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

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, William Benzie Forbes Clinie of the ~~City~~ ~~Town~~ ~~Village~~ ~~Township~~

Last Permanent Civilian Address

of Staten Island in the County District of

~~Province~~ STATE of New York, U.S.A., Student
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R 141625 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(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

Mr. Adam Clinie
48 Markham Place, Westerleigh,
Staten Island, New York.
U. S. A.

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 Mr. Adam Clinie (Name) as above (Address)

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

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

November 19 41.

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.

William B. Forbes Clinie
(Signature of Testator)

First Witness sign here.

(5) V B Podborski
(Signature)

R.C.A.F. Brandon
(Address)

Clerk
(Occupation)

Second Witness sign here.

A. H. Towers
(Signature)

R.C.A.F. Brandon
(Address)

Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

NOV 28 941
R. C. ... C. I. ...
R. C. ... N. I. ...
S. L. ... P. A. ...

[OVER]

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....$.....00 and my household goods and effects",
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. .....$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....$.....00",
and any personal gift, if desired.

(3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.

(4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.

(5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....

.....
(Signature)

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 CLIMIE William Benzie Forbes
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R141625 AC 2 "S"

(3) Unit NO 2 MANNING DEPOT, R. C. A. F. ARENA BUILDING, BRANDON, MAN.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

(7) Are you a widower? NO

(8) Have you any children? NO 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 NA

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

Name NA

Postal Address.....

R.C.A.F. Office NOV 28 1941 O.I.B. O. K. N. I. R. C. P. A. S. L.

[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? No.

If so, state her full name and Postal Address NA

(11) Is your father alive? YES

If so, state name and address, occupation Adam Climie,
48 Markham Place, Westerleigh, Staten Island, N.Y. U.S.A. Mechanic.

(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 Mary Climie,
48 Markham Place, Westerleigh, Staten Island, N.Y. U.S.A.

(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? 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 NA

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company?
(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.

+ William B. J. Climie X
(Signature of officer or man)

Date 22-11-41.

---

for Officer Commanding

Date 22-11-41.

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.

NO. 2 MANNING DEPOT R. C. A. F.
ARENA BUILDING, BRANDON, MAN.

P.37247. PERSONAL EFFECTS OF NO. CAN/R.141625 T/F/SGT. CLIMIE (W.E.F.)

Contained in trunk:-
One black suitcase damaged.
Also contained in trunk:-

- 1 Photograph Album.
- 1 Writing case red with letters & photographs, & Newspaper clippings.
- 1 Large training photograph.
- 1 Negative album.
- 2 Wallets containing:-
- 1 Canadian coin, newspaper clippings Photographs.
- 1 pair of black Oxfords.
- 12 pairs of socks.
- 2 New Testaments.
- 3 Brevets.
- 1 Address Book.
- 1 Gaberdine Windbreaker.
- 1 Money Belt.
- 1 Fawn Jacket (Tartan inside)
- 2 pairs of Pyjamas.
- 1 Kontax Camera.
- 1 Kontax Guide.
- 3 Pullovers. 2 sweaters
- 10 pairs of shorts.
- 2 Towels.
- 6 Vests.
- 4 Face Cloths.
- 1 Hair Brush.
- 2 Tooth Brushes.
- 1 pair of Suspenders.
- 3 Belts.

30.5.44

Next of Kin:
Mrs. A. Climie, (Mother)
48, Markham Place,
Staten Island, New York,
U.S.A.

21.4.44 & P. effl

- 25 Handkerchiefs.
- 1 brown zipper bag.
- 1 Torch.
- 1 box containing 4 coins. Also collar pin.
- 1 pair of armbands.
- 1 Brown wallet.
- 1 Razor.
- 1 gem razor kit. (one)
- 1 Address Book.
- 4 Keys.
- 2 Nail Files. (only)
- 1 lock.
- 1 Rubber Stamp.
- 2 pencils.
- 1 brown leather bag containing
- 1 Hair Brush.
- 1 Box.
- 1 Clothes Brush.
- 1 Comb.
- 1 Toothbrush in case.
- 1 Blue Scarf.
- 12 Shirts.
- 1 5 year Diary.
- 1 pair of scissors.

One Resident Aliens Identification Card was extracted by Unit & forwarded to ~~xxx xxxxxxxxx, xxxx. xxxxs., xxx xxxxxxxxxx.~~ Officer in charge of Estates.

1 French Vals + Cards

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

C-3154-54

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE — AIR

STATEMENT OF WAR SERVICE GRATUITY

CLEARED T.E.C.B. D-122-44

DECEASED MEMBER'S NAME: William B.F. (CHRISTIAN NAMES) Climie (SURNAME)

REGISTER NO. 26507
FILE NO. 16 Oct/45
DATE R.141625
SERVICE NO. WO 2
FINAL RANK OR RATING 23 Aug/43
DATE OF DISCHARGE

PAYEE: Mrs. Mary B. Climie
ADDRESS: 48 Markham Place, Staten Island 2, N.Y., U.S.A.

DATE OF TERMINATION OF OVERSEAS SERVICE 23 Aug./43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 643/30 EQUAL TO 21 COMPLETE PERIODS AT $7.50		157.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 302 LESS 13 INELIGIBLE DAYS, EQUAL TO 289 DAYS @ 25C. PER DAY		72.25
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE	PAY	$ 3.85	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
	ADDITIONAL PAY	$	
		$	
		$	
	DEPENDENTS' ALLOWANCE 1/30 OF $	$	
	TOTAL	$ 5.10 ×7 = $	35.70
	NO. OF DAYS 302/183	×$ 35.70	58.91
D. WAR SERVICE GRATUITY			288.66
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE			288.66
G. YOUR PORTION OF GRATUITY IS—			
[redacted] DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ [redacted] TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $		100% =$	288.66

NOV 5 1945 R.G. N.I. R.L. P.A.

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	TREASURY CHECKED BY	DATE
PEN	LGS		18/10/45

SERVICE REPRESENTATIVE

ΔT

P.A.

R141625 (R.O.)

OTTAWA, Canada, 7th August, 1946.

R E G I S T E R E D

Mrs. Mary S. Climie,
48 Markham Place,
Westerleigh,
Staten Island, N.Y.

Dear Mrs. Climie:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son Warrant Officer Class II W.B.F. Climie.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks) G/C
R.C.A.F. Records Officer.

/TED

R.C.A.F. Special Reserve

INTERVIEW REPORT

AGE 20
HEIGHT 5 - 8
WEIGHT 149

SURNAME CLIMIE

CHRISTIAN NAMES WILLIAM BENZIE FORBES

MARRIED ____ NO. OF CHILDREN ____

N.F. ____

FLYING: PILOT X
OBSERVER ____
W.A. GUNNER ____

EDUCATIONAL:- NUMBER OF YEARS 13

High School 4 Technical ____ Commercial ____

University (Name and Dates of Attendance) ____

Standing other Countries ____

FLYING EXPERIENCE:- Total hours ____

Commercial Hours Solo None Dual None

Private Hours Solo None Dual None Pass None

No. hours & types during last 2 yrs. ____

MILITARY AND OTHER TRAINING

N.A.

SPORTS:- (What branches) ____

HOBBIES:- Competitions and Building and Flying Gas Models

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

VERY PERSONABLE YOUNG MAN. VERY KEEN AND INTELLIGENT.

CO-OPERATIVE. WELL MANNERED. RECOMMEND HIGHLY.

POTENTIAL OFFICER MATERIAL.

REFERENCES CHECKED / SATISFACTORY
REFERENCES CHECKED / UNSATISFACTORY
REFERENCES NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK? YES.

BEST FITTED FOR P. & O.

17-11-41 MONTREAL, P.Q.
DATE: RECRUITING CENTRE:

L. Landermann P/O
L. LANDERMANN P/O
Signature of Officer

A.F.M. 5

R.C.A.F. Records Office
Rec'd. NOV 24 1941
O.K. ... C.B. ....
R.C. ... I. ....
S.I. ... P.A. ....

APPROACH
Confident X
Nervous ____
Easy X

CARRIAGE
Upright ____
Medium X
Athletic ____

DRESS
Neat X
Conservative X
Clean X
Careless ____

PHYSIQUE
Medium X
Heavy Set ____
Slender ____

SPEECH
Clear X
Slow ____
Hesitant ____

RESPONSE
Quick X
Deliberate ____
Slow ____

MANNER
Alert X
Confident X
Sincere X
Reserved X
Nervous ____
Overbearing ____
Irresponsible ____

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