R164697
DONNELLY
WILLIAM PAUL

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(*10512) Wt. 27731—1629 10,000 9/42 T.S. 700

2

ROYAL AIR FORCE

R.A.F. Form 412

PROCEEDINGS OF COURT OF INQUIRY OR INVESTIGATION

opened on (date) 1st October, 1943

at (place) No. 21 (P) A.F.U. Wheaton Aston

by order of Group Captain A.H. Peck D.S.O. M.C. to inquire into the FLYING ACCIDENT on (date) 29/9/43

at (place) HENBURY (nearest town) MACCLESFIELD

*Here insert any special terms of reference.

and (i) To establish the facts called for in the Findings set out below.
(ii) To give an opinion as to the cause of the accident, the degree of responsibility of any person concerned (see K.R. & A.C.I., para. 1319 (3)), and if thought desirable, to make recommendations.
(iii) To inquire specially into*

A/13600/1

COMPOSITION OF THE COURT (OR NAME OF INVESTIGATING OFFICER)

	Rank	Name	Unit
President	S/Ldr	J.A. SIMPSON (Investigating Officer)	No.5 (P) A.F.U.
Members (a)			
In attendance (a)			

1040-D-537

LIST OF WITNESSES

Rank	Name	Unit (if civilian say so)	Rank	Name	Unit (if civilian say so)
F/O	E. ROWBOTHAM	P.T.S. Ringway	S/Ldr	L.E. SPEER, A.F.C.	21 (P) A.F.U.
1st Police Reserve Constable	L.A. MARSHALL	County Police Gawsworth	F/Sgt	HEMMING, R.T.	21 (P) A.F.U.
	R.W. MARSDEN, F.R.C.P.	Civilian Doctor	Sgt	LINCOLN, E.J.	21 (P) A.F.U.
	L. BUXTON	Civilian Farmer	Sgt	MURPHY, R.	21 (P) A.F.U.
F/O	A. ROWLAND	21 (P) A.F.U.	L.A.C.	THOMPSON, D.S.	21 (P) A.F.U.

FINDINGS (b) OF THE COURT OR INVESTIGATING OFFICER

(NOTE THE COURT OR INVESTIGATING OFFICER MUST REFER TO A.P. 837, SECTION 51)

1. Description of aircraft.

Type and Mark	Dual or single control	Damage to Airframe (c)	Engine(s) Type and Series	Engine Number(s) A.M. No.	Engine Number(s) Makers No.	Damage to Engine(s) (d)	Whether aircraft was fit for the Flight
OXFORD I LW. 959	Dual	Total	CHEETAH X	PORT A.421351	R.R. 5963	Serious	Yes
				STBD A. 421340	R.R. 5952	Serious	

2. Description of Occupants.

Name (e)	Rank	Unit	Duty, e.g., Pilot, A.G. etc.	No. of aircraft in which he was occupant	Where seated	Extent injured (f)
MUNRO, D.J. (Captain)	Sgt	21(P) A.F.U.	Instructor	LW.858	Right Hand Seat	Fatally
DONNELLY, W.P. R.164697	Sgt	21(P) A.F.U.	Pilot u/t	LW. 959	Left Hand Seat (Normal)	Fatally

G/45511

NOTES.—(a) If present by reason of Specialist qualifications, nature of these to be stated (vide A.P.837 S.51, para. 1360 (iii)).
(b) The Findings must be based on and supported by the recorded evidence.
(c) and (d) Indicate as "Total," "serious," "slight" or "no damage."
(e) If more than one aircraft involved, insert here first, in order, names of occupants of aircraft entered first above. Captain of each aircraft to be stated. In the case of Dominions personnel service number is to be given.
(f) Classify as "Fatally, missing, seriously, slightly or uninjured."

3/3

3. The purpose of and instructions for the flight(s) were as follows :

Aircraft Type and Number	(i) Who authorised the flight(s)? (ii) For what purpose? (iii) Special instructions (if any). (iv) Was instruction being given? If so, by whom?
OXFORD I LW.959	(i) Flight Commander (ii) To carry out Cross Country Practice No.5 (Low Flying Cross Country) Route- Base - Ellesmere - Helsby - Prestbury - Madeley - Rusbon - Base (iii) Special Instruction - "Return to base if weather deteriorates". (iv) The instructor, Sgt. Munro, was present as the Safety Pilot, as required by the Syllabus of Training.

4. The aircraft took off as follows :

Aircraft Type and Number	Time	Place (from which)	Weather conditions (including strength and direction of surface wind) at the time and place of take-off.
OXFORD I LW.959	15.00 hrs	WHEATON ASTON	Surface Wind - Westerly 1-/15 m.p.h. Visibility - About 3 miles Cloud Base - Generally 1000 ft. but occasioanl patches at 600 ft.

5. The accident occurred at the place and on the date set forth on the front page of this Form. Further details are as follows :

Time	Exact location of crash, including height (*g*) where relevant,	Weather conditions (including strength and direction of surface wind) at the time and place of accident.
16.05 hrs	Map ref. $\frac{3}{4}$ inch sheet 4 = VK.3494 The aircraft, Oxford LW.959, crashed about 100 yds. N.E. of Henbury Church - height A.S.L.600 ft - after striking trees about 50/60 ft. tall. Sketch plans attched to proceedings.	Surface Wind - Very light Visibility - Poor Weather - Slight drizzle of rain and misty. Cloud base - Possibly less than 100 ft. above trees.

6. The flying experience of the pilot prior to this flight was :

PILOT(S) (*h*)	Hours flown (quote to nearest hour)											
	Within 6 months prior to accident					Total solo (Day and Night)		Total solo (Night) (*k*)		By Instruments (*l*)	Hours on Link Trainer (*m*)
Name and where trained.	Type of aircraft including type quoted in para. 1.	Day and Night		Night (*j*)		On type quoted in para. 1	On all types	On type quoted in para. 1	On all types		
		Dual	Solo	Dual	Solo						
SGT, MUNRO. D.J.											
21 E.F.T.S. BOOKER Lakeland Aero Sch. Fla. U.S.A.	MAGISTER	6.00	10.00			340.00				43.00	43.00
Cochran Field.G.A. U.S.A.	ANSON		1.00				469.00				
Moody Field,G.A. U.S.A.	OXFORD	12.00	290.00								
A.F.U. CHIPPING NORTON											
B.A.T. CHIPPING WARDEN											
2.F.I.S. MONTROSE											
SGT. DONNELLY, W.P.											
11 E.F.T.S. QUEBEC	HARVARD	50.00	45.00			18.00				49.00	39.00
13 S.F.T.S. ST. HUBERT	OXFORD	42.00	18.00				134.00				

G 4551/2

NOTES.—(*g*) Give (i) height (above sea level) of ground at scene of accident ; (ii) Height above ground of any obstacle struck by aircraft before impact with the ground, as applicable.
(*h*) Include all pilots involved in accident except any whose flying hours it would serve no useful purpose to quote.
(*j*) and (*k*) Only to be quoted if accident occurred at night.
(*l*) and (*m*) To be quoted only if loss of control occurred at night, or in bad visibility necessitating instrument flying, or while flying artificially blind.

4

7. We (I) have examined the following aircraft, engine, flight authorization book, and pilot's flying log book, and also Form 700 and have ascertained :

Description of book and form	Remarks, including material facts supplementing or confirming evidence of witnesses and whether all necessary inspections were carried out prior to the flight.
R.A.F. Form 700 " " 701 Pilot's Flying Log Book Flight Authorisation Book	All necessary inspections were carried out and the aircraft had been refuelled before the Flight. The Flight was properly aythorised and the Pilot's Flying Log Books are in order.

NOTE.—If any of these Documents have not been examined, this must be stated and reason given.

8. ~~We~~ (I) have visited the scene of the accident before aircraft was removed and have found the following material facts :

No secret equipment was found among the wreckage. The wreckage was adequately guarded until removed. Both bodies were removed before my arrival, but the evidence shows that parachutes were worn and unused.

9. We (I) have been unable to obtain the evidence of the following material witnesses :

Name	Rank	Unit	Reasons precluding obtaining of evidence	How concerned with accident
The evidence of all material witnesses has been obtained.				

10. **CONCLUSIONS.** Under this Heading the following should always be included :

(a) Brief description of the accident and its attendant circumstances.
(b) Diagnosis of cause or causes including all contributory factors.
(c) Recommendations, if called for.

4593.2

(a) Oxford LW. 959 was flying from the direction of Prestbury, about 800 yds. to starboard of its track - Prestbury to Madeley - and 2 miles south of Prestbury, when it struck the top branches of a 60 ft. tree, then a 40 ft. tree forty yds. ahead. The aircraft then struck the ground forty yds. further on, slithered along the ground on its belly fifty yds. until it struck a 4 ft. bank of earth and telescoped. The aircraft was completely wrecked. The Safety Pilot, Sgt. Munro (Flying Instructor) was killed outright. The only other member of the crew, Sgt. Donnelly, a Canadian Pilot u/t, died about two hours later in hospital.

(B) It is considered that the accident was due to the pilot striking the tree tops on rising ground when flying in conditions of poor visibility.
(i) The trees struck are on the summit of high ground which is 600 ft.A.S.L. This is about 230 ft. above aerodrome level when the altimeter is set at zero before take-off.
(ii) There was a slight drizzle of rain which may have blurred the perspex.
(iii) The weather was misty and visibility poor. Cloud base was little above tree top height.

(c) In view of the briefing instructions given before the commencement of the Flight, and the special instruction inserted in the Authorisation Book by the Flight Commander, it is considered that the Safety Pilot made an error of judgement in not abandoning the flight before the weather deteriorated and in not landing at the nearest available aerodrome.

10. (*Continued*)

11. This accident (is not) ~~is~~ being investigated by the Accidents Investigation Branch.

Signature of ~~[redacted]~~ (or Investigating Officer) (Sgd) J.A. Simpson S/Ldr

" (Member of Court)

" " "

Date of signing 4th October, 1943.

REPORT OF COMMANDING OFFICER File Ref. No.

Adequate briefing ensured that both pilots were aware they might encounter bad weather in the vicinity of the hilly country which lay on their track and were further instructed to return to base if weather deteriorated.

Signature of C.O. (Sgd) J.H. Brown. W/Cdr

Date of signing 4th October, 1943. Commanding R.A.F. Station Wheaton Aston

REMARKS OF GROUP COMMANDER File Ref. No.

I concur in the conclusions of the Investigating Officer and report of the Commanding Officer. Action has been taken by this Headquarters to ensure that briefing instructors emphasise the necessity of pilots returning to base, or landing at the nearest airfield in the event of weather deterioration (see Appendix "A")

45 G

Signature (Sgd) R.C. Barling G/Capt SASO

Date of signing 14.10.43 for G/Capt Commanding No 21 Group

FORWARDING REMARKS OF COMMANDER-IN-CHIEF File Ref. No FTC/82439

No additional comment.

Date of signing 2 Nov 43 Signature (Sgd) R.R. Burie S/L
for Air Officer Commanding in Chief
Flying Training Command.

Sgt. Donnelly W.P. copy to H.O.

ROYAL AIR FORCE.

Form 551.

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM.

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.

1. Surname ....DONNELLY.....Christian Names (in full) WILLIAM PAUL.....

Rank ....Sgt.....Number R164697.....Unit 21 (P) AFU.....

Date and time of accident 29.9.43. (1600 hrs)....Place of accident : Henbury Nr. Macclesfield

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

Aircraft Accident:- Oxford I - No. L.W. 959 .

NO WITNESSES.

3. (*a*) Description of injuries :—

Fractured Femur (L) Concussion, Shock, Multiple Contusions.

(*b*) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later?

(i) Caused Death. (ii).....

(*c*) Whether (i) admitted to hospital or (ii) provided with medical comforts (*see* para 2312 K.R. & A.C.I.)

(i) Admitted to Parkside EMS Hospital Macclesfield. (ii).....

Date 7/12/43. Signature of Medical Officer Harcourt. S/Ldr.

Wt. 13614/376 160,000 5/43 W. H. & S. 668/69

[OVER

4. Commanding Officer's statement :—

(*a*) Was the injury sustained

(i) In the performance of air force duty? Yes.

(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? No.

(iii) On leave?

(*b*) If the answer to (*a*) (ii) is in the affirmative state

(i) By whom was the game, etc., organised and under whose authority?

(ii) The nature of the game, etc., (*e.g.*, football)

(iii) Was the officer or airman detailed to take part in it (*a*) as a member of an air force team, or (*b*) to compete as an individual? (*a*) (*b*)

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv.) For what service event was the practice held?

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority?

(vi) If so, under what authority and supervision?

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot ?

(*c*) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2))

(*d*) Was the injury due to his own fault, *i.e.*, did it arise from negligence or misconduct or any blameworthy cause within his own control? No.

If so, state in what way

(*e*) Was anyone else to blame? If so, give name and particulars No.

(*f*) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place No.

(ii) An investigating officer? Yes.

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(*g*) In the case of an airman, if the answer to question (*d*) is in the affirmative, state whether hospital charges have been or will be recovered (*see* K.R. 2312.)

Signature ? W/Cdr.

Date 14th November, 1941. *Commanding* No. 21 (P) AFU. RAF.

R. 153234,
LAC. MURPHY, B.R.,
R.A.F. STATION,
CRANFIELD,
BUCKS.

O/C PERSONNEL DIVISION,

Dear Sir,

I would appreciate very much any information you could give me regarding the death of a friend of mine, Sgt. pilot Paul William Donnelly, R.C.A.F., who died on Sept. 29th of injuries received on active service. If possible, I would like to know the cause of his death and the place of burial.

Yours Respectively,

Lac. Murphy, B.R.

From:- Wing Commander J.H. Brown
Commanding

R.A.F. Station, (14)
Wheaton Aston,
Little Onn,
Church Eaton,
Staffs.

Ref:- 21(P)AFU/C/3504/2/P.1.

24th October 1943.

Dear Mr. Donnelly,

Before you receive this letter you will have been informed by Air Ministry, Records Office, of the very sad loss of your son, Sgt. William Paul Donnelly, who was killed in an aircraft accident on 29th September, 1943.

Unfortunately, owing to the time taken to communicate under present conditions, it was not possible to ascertain your wishes regarding the funeral in the time available and I had, therefore, to arrange for his burial without reference to you. You will, I am sure, understand the necessity for this action and I sincerely trust that the arrangements we were able to make were what you would have wished.

Your son's funeral took place at Chester on Monday, the 4th instant, at 14.00 hours, the service being conducted by a Chaplain of the Canadian Royal Air Force, after which your son's body was interred in the R.A.F. Regional Cemetery at Blacon Hill, Chester. Full Service honours were accorded; the pall-bearers were brother pilots of his own Unit, and the "Last Post" was sounded at the end.

Wreaths were sent from the Officer Commanding and Officers, Warrant Officers and Sergeants, Airmen and Airwomen of this Unit. I am enclosing a number of photographs of the funeral, which I know you would wish to see. The number of the grave is A.860.

You will wish to know that all war graves are taken care of by the Imperial War Graves Commission, who will erect a temporary wooden cross pending the provision by them of a permanent memorial. I am instructed to explain also that the question of re-interment (if this were to be desired) could only be considered at the conclusion of hostilities.

Mr. D. Donnelly,
4643, Sherbrooke Street West,
MONTREAL, Quebec, Canada.

(Over)

Your son was, as you probably know, still engaged in the concluding stages of his flying training prior to transfer to operational command, and it was in the course of this training that he unfortunately lost his life. The accident is at present under investigation, but it has already been revealed that there was no defect in either the engines or the aircraft. It would appear that the aircraft struck some rising ground in conditions of very bad visibility, whilst carrying out an authorised low flying cross-country flight. Your son's instructor, Sgt. Donald Munro, who was the only other occupant of the aircraft, was also killed. Should you wish to communicate with Sgt. Munro's parents, they reside at - 13 Viewforth Gardens, Edinburgh, 10.

His personal effects have been collected and forwarded to the R.A.F. Central Depository, Colnbrook, Slough, Bucks., in accordance with the usual procedure in such circumstances, and they will be communicating with you direct in early course. In the meantime, I am enclosing herewith his Flying Badges, as I know you would wish to have them at the earliest possible time.

Reports show that your son displayed great promise as a pilot and was most popular with both the instructional staff and his comrades in training alike. His loss is, therefore, to us also a very real one indeed.

May I now express the greatest sympathy which all of us feel with you in the sad loss you have sustained.

Yours very sincerely,

(Sgd) J.H.BROWN

W/Cdr.

R164697 (NUMBER) SGT. (RANK) DONNELLY (NAME) W.P.
P/FILE No. 40.9255
LETTER RECEIVED 28:10
ORIGINAL SENT 29:10
COPY TO OTTAWA 1-11
PHOTOS SENT TO 29:10

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

M.L. 4038 2 AIR
E330/17

DECEASED MEMBER'S NAME: William P. (CHRISTIAN NAMES) Donnelly (SURNAME)

REGISTER NO.

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 25488

DATE 5 Oct/45

SERVICE NO. R.164697

FINAL RANK OR RATING Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE 29 Sep/43

DATE OF DISCHARGE 29 Sep/43

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 493/30 EQUAL TO 16 COMPLETE PERIODS AT $7.50	120.00	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 95 LESS 13 INELIGIBLE DAYS, EQUAL TO 82 DAYS @ 25C. PER DAY	20.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$ 3.70	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ _____	$	
TOTAL	$ 4.95 ×7 = $ 34.65	
NO. OF DAYS 95/183	×$ 34.65	17.99

JV 237
OCT 25 1945

D. WAR SERVICE GRATUITY	158.49
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	158.49

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ (2) =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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
PEN	AMS

TREASURY

CHECKED BY	DATE
	10.10.45

SERVICE REPRESENTATIVE

H.Q.1040-D-537 FD.276

ESTATES BRANCH

OTTAWA CANADA, January 19, 1945.

Mr. Daniel Donnelly,
Apartment 24,
4643 Sherbrooke St. West,
Montreal, Quebec.

DONNELLY, William P., Sgt. (Deceased)
No. R.164697, R.C.A.F.

Dear Mr. Donnelly:

Distribution can now be made of the amount of money here at credit of your late son.

The total amount available for distribution is made up as follows:

Cash found in effects.....	$ 67.68
Post Office Savings account, Wolverhampton..	89.96
Balance of pay and allowances.....	47.32
Total....	$204.96

The whole amount is payable to you as the sole beneficiary named in your son's Will on file in this Branch.

Treasury has been requested to send you direct a cheque payable to your order in the above amount of $204.96, and on receipt of same will you kindly sign and return the enclosed form of acknowledgment.

Yours faithfully,

(L.M.Firth) Colonel,
Director of Estates.

deR/JN
Encl.

Wed 24-9-43
Ces Not - d/ 9-11-43

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)

DEC 8 1944

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.

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(1) Name of Officer or Other Rank DONNELLY WILLIAM PAUL
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R 164697

(3) Unit NO. 5 MD LACHINE QUE.

(4) Are you married? NO

(5) If married, state,

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

(*b*) Present postal address of wife

RECEIVED DEC 4 1944 D.H.Q. OTTAWA NATIONAL DEFENCE RECRUITING BRANCH

(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 Girls

Names and ages

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

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

Name ~~D. DONNELLY~~

Postal Address ~~#643 SHERBROOKE~~

[SEE OTHER SIDE]

#5 Eq. Regt
Moncton N.B.

(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 D. DONNELLY

4643 SHERBROOKE ST. W. — ACCOUNTANT.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO.

(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? NO

If so, state name and address

(15) If your mother is a widow, are you her sole or partial support? NO

(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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company? PRUDENTIAL LIFE INSURANCE
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
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.

W. P. Donnelly
(Signature of officer or man)

Date May 26th. - 1942.

E. Lewis S/L
Officer Commanding #5 M.D. LACHINE

Date 26/5/42

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

E.17590. Personal Effects of R.164697 SGT. DONNELLY, W.P.

1. Wooden Box containing:-
8. pairs Black Socks.
5. Pairs Socks, thick.
1. pair Brown shoe laces.
2. pairs Gloves, woollen.
1. pair Braces.
1. Vest.
1. Suit Pyjamas.
4. Shirts blue.
2. pair Pants.
8. Handkerchiefs.
2. Pencils.
2. Studs.
1. Tube Eversharp leads.
1. Kit bag handle, metal.
3. Locks.
1. Necklace, Black with crucifix.
1. Black Comb.
1. Wrist Watch (Westclox.)
2. India Rubbers.
1. Fountain Pen (sky writer)
1. Leather case for fountain pen.
1. Crested metal identity wrist band. with crested ring attached.
1. Gillette Safety Razor with 4 blades in case.
1. Holdall containing:-
2. Boot brushes.
1. pair Scissors.
1. Hair brush.
1. Housewife.
1. Leather wallet containing:-
3. Negatives.
12. photographs.
1. Crested Leather wallet contg:-
1. Mirror.
1. Comb.
1. Nail file.
1. St. Christopher medallion.
10. Keys plus red dice.

1. Book "Through Soviet Russia."
1. Address Book.
1. Leather letter box (initials P.D.) containing:-
27. Letters.
2. Cards.
4. Telegrams.
1. Poem.
1. Sheet of paper.
1. New American Encyclopedia.
1. Large torch case.
1. English Dictionary (green)
1. Blue cloth case contg:-
5. Books.
1. Blue leather belt.
1. pair Bathing trunks.
2. Books "Numerology" and "Coming Battle of Germany."
1. Daily Telegraph World Map.
1. Wooden article for darning.
1. Crested leather washing bag - zip.
1. Tube - wooden- contg:- Pencils and Leads.
1. Chain (part only)
1. Black covered loose leaf notebook.
1. Leather writing case - blue -contg:-
1. Part used writing pad. Unused envelopes.
15. Photographs.
24 Letters.
2. Cards.
1. Telegram.
1. Photograph (post card)

1. Post Office Savings Bank Book WOLVERHAMPTON No. 109084 and
1. Certificate stating that deceased was subscribing for £/ 50 Fourth Victory Loan Bonds extracted by Unit and forwarded to Officer i/c Estates, R.C.A.F. Overseas Headquarters, LONDON.W.C.2.

Original Station Inventory signed ? Paterson P/O undated.
Effects checked at the Central Depository on 10.11.43.

MEMORANDUM FOR [redacted]

P. 64

Mr. Daniel Donnelly,
4643 Sherbrooke St. W.
Montreal, Que.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 1040-D-537 FD. 276

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Nov. 19th. 1943

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

DONNELLY, William Paul, Sgt.

R.164697 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.

CNT/CF

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

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Daniel Donnelly	54	apt. 24/4643 Sherbrooke St. West.
4	Mother of the Deceased.....		Gertrude Donnelly	Died	April 1st. 1940.
5	Brothers of the Deceased	Full Blood	Daniel George Donnelly	25	402 - 32nd. Street Saskatoon, Sask.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. J.P. Cochrane	30	3410 Atwater Ave. Montreal
			Mrs. R.T. Shearer	29	122 Lewis Ave. Montreal
			Mrs. J. Hall	27	1804 Tupper St. Montreal
		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 Paul Donnelly
9	Date of his birth	September 7th. 1922.
10	Place and date of his marriage.	Single.
11	Place and date of his parents' marriage.	Montreal April 24th. 1912.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(*a*) Montreal, Que. all his life. (*b*) (*c*) (*d*)
14	Nature of employment before enlistment.	Office Work. just a few months.
15	State whether he owned the premises in which he lived and, if so, where situated.	He lived at home.
16	Name place where deceased stated he intended to make his permanent home.	Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	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.	Nothing in Montreal. He stated in a letter, he had started Saving Overseas.
20	Amount of War Savings Certificates held by deceased.	None
21	Amount of Victory Loan Bonds held by deceased.	He was paying for a bond out of his wages, and was to be a present to me.
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.	Prudential Ins. Co. 500.00 beneficiary, father, Daniel Donnelly, War claims in force. so only amount paid in will be returned.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (*a*) His own separate board and lodging while on service. (*b*) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None.
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.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*father of the deceased.

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

Daniel Donnelly — Signature of Informant

Apt. 24/4643 Sherbrooke St. West. — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Daniel Donnelly {Name of Informant} is the* father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Westmount this 22 day of November 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: W. Gerald McDonagh — Qualification: Parish Priest.

Address: 37 Cote St. Antoine Road

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 the other side before commencing to complete.

RCAF - R 60

W I L L.

(1) I, W. P. Donnelly of the (City / ~~Town~~ / ~~Village~~ / ~~Township~~

of Montreal in the County District of _____

Province of Quebec. Clerk
Civil Occupation

a member of the Royal Canadian Air Force, Number R.164691 do hereby revoke all former Wills by me made and declare this to be my LAST WILL,

(2) I Give, Devise, And Bequeath unto

My Father
Dan Donnelly
4643 Sherbrooke St. West

(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 Dan Donnelly 4643 Sherbrooke St. West
Name Address

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

IN WITNESS WHEREOF I have hereunto set my hand this 26th day of May 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 suscribed our names as witnesses.

W. P. Donnelly
Signature of Testator

(5)
WITNESSES:

Paul Cowan
CLERK
No. 5 Manning Depot, Lachine, Quebec

Wm Lieber
CLERK
No. 5 Manning Depot, Lachine, Quebec

R.C.A.F. Records Office
Rec'd MAY 30 1942

T

N O T E

(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 St., 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 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.

G E N E R A L

Generally speaking, under the Lawa 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)

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R164697 RANK SGT. UNIT 21 XX (P) AFU

TRADE PILOT (SP GR) (OVERSEAS)

NAME DONNELLY, WILLIAM PAUL

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

MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. DANIEL DONNELLY, (FATHER)

ADDRESS 4643 SHERBROOKE ST., W., MONTREAL, QUE.

NAME ADDRESS D.A.B. NOT SHOWN

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. D. DONNELLY, (FATHER)

ADDRESS 4643 SHERBROOKE ST., W., MONTREAL, QUE.

FATHER'S NAME

ADDRESS MR. & MRS. DANIEL DONNELLY, LIVING ON ENLISTMENT YES

MOTHER'S NAME 4643 SHERBROOKE ST., W., LIVING ON ENLISTMENT YES

ADDRESS ~~MONTREAL~~ MONTREAL, QUE.

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

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-----PCX935-----d-30-SEPT-43.

ESTATES BRANCH NOV 11 1943 M.O. OTTAWA NATIONAL DEFENCE

"DIED" 29-SEPT-43 AS A RESULT OF INJURIES SUSTAINED DURING FLYING ACCIDENT (OVERSEAS)

(AT HENBURY, MACCLESFIELD CHESHIRE, ENGLAND.) (ADMITTED TO PARKSIDE EMERGENCY HOSPITAL.)

(NEXT OF KIN ADVISED 30-SEPT-43.

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

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

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

DATE 9-NOV-43.

FOR CHIEF OF THE AIR STAFF

△TS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 25279

Westmount, Que.
Nov. 18/43.

The Secretary,
Dept. of National Defence for Air,
Ottawa, Ont.

1040-D-537

20 AM 10 00
RECEIVED
NOV 22 1943
CASUALTY
SECTION

Dear Sir

I want to thank you for giving me all the details of my dear sons death.

He was the youngest of my family and so full of life.

"I suppose each case will be dealt with in turn."

Before he left for overseas he told me he had bought a bond and was paying it out of his wages, and it was to come to me. Also there may be other monies due him. I am sending those facts as it might help to clear your records.

Yours truly,
W. Donnelly

apt. 24/4643 Sherbrooke St. W.
Westmount
Que.

Your file 1040-D-537 (R.O.4)

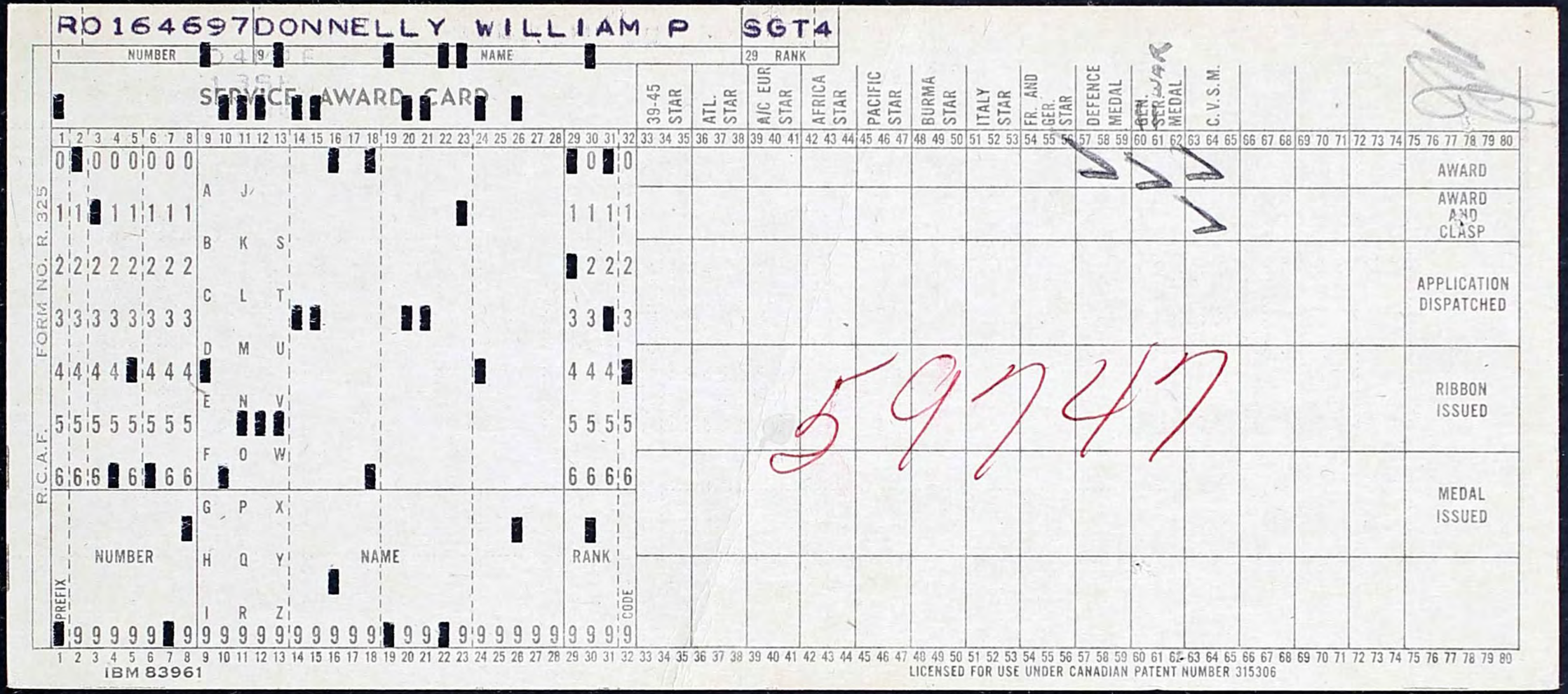
The family of

Mrs. D. Donnelly

wish to express their deep appreciation

of your kindness and sympathy

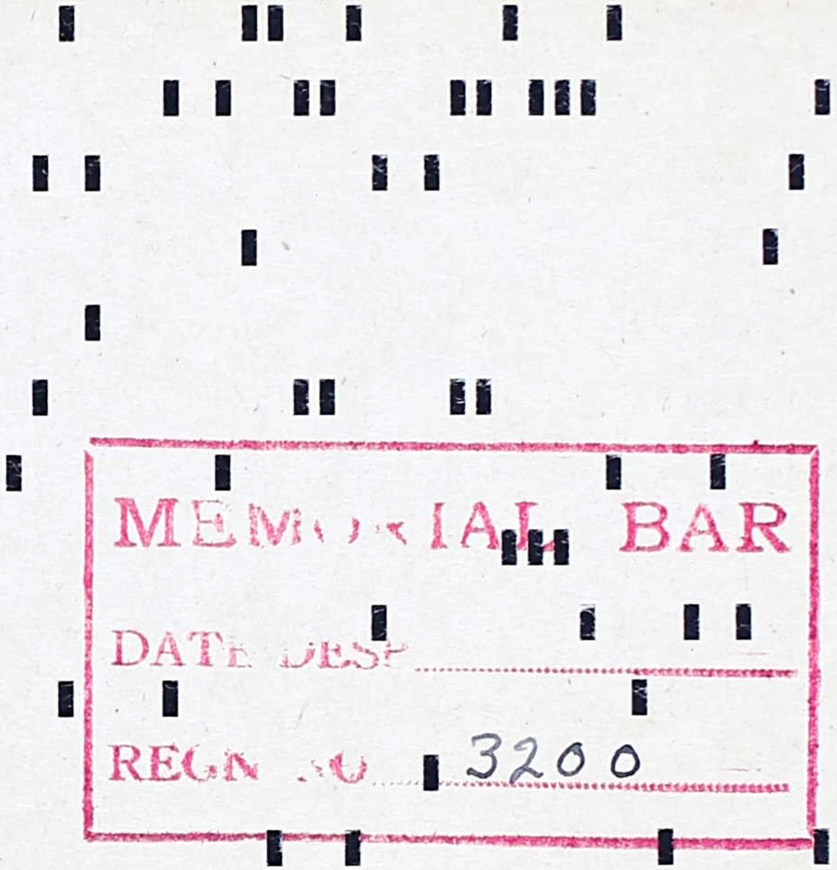
in their recent sorrow


R0164697 DONNELLY WILLIAM P SGT 4
1 NUMBER 9 NAME 29 RANK
SERVICE AWARD CARD
FORM NO. R. 325
R.C.A.F.
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.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
PREFIX
NUMBER
NAME
RANK
CODE
59747
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

850 - 26/1/50

Daniel Donnelly (Father)
4643 Sherbrooke St., W.,
Montreal,
Que.

Jan.-45.



R.C.A.F. Special Reserve

AIR FORCE NO. R164697 POSTED TO #5 "M" Depot, Lachine, P.Q. TRADE Observer Pilot Y.T. ~~Std~~.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname DONNELLY Full Christian Names WILLIAM PAUL
2. Present Address 4643 Sherbrooke St. W., Montreal, Que. Telephone Fi. 5351
3. Permanent Address 4643 Sherbrooke St., W., Montreal, Que.
4. Place of Birth Montreal, Que. Citizenship Canadian
5. Date of Birth September 7th, 1922 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children NONE

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

7. Occupation Office boy 8. Religion Roman Catholic (State denomination)
9. Languages English, fluently (State proficiency)
10. Next of Kin (Full Name) Daniel Donnelly Relationship Father
    " Address 4643 Sherbrooke St. W., Montreal, Que.
11. Father (Full Name) Daniel Donnelly Birthplace Montreal, Que.
    " Address 4643 Sherbrooke St. W., Montreal, Que. Citizenship Canadian
    " Occupation Accountant
12. Mother (Full Maiden Name) Gertrude Elizabeth Doyle Birthplace ~~xxxxxx~~ Montreal, P.Q.
    " Address deceased Citizenship Canadian
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. MAY 29 194 O.K. S.L. F.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. 1062-3-83

452 - 3/8

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St. Leo's Academy, Westmount, Que.	1930	1940	Primary, 2 years of high school, 9th grade
High School—Collegiate Institute, etc.				
Technical School	Sir Georges Williams College, Montreal, Que.	1940	--	1½ year of high school, 6 months in 11th grade (Night School)
University or School other than above				
Correspondence Courses, etc.	WETP-Acad (Grad)			May 5, 1942

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
UNEMPLOYED		1940	1941	
Noorduyn Aviation, Cartierville, Que.	Time keeper	June 1941	July 1941	Illness
Continental Can Co. of Canada Ltd., Montreal, Que.	Office boy	Oct. 1941	Jan. 1942	To join the RCAF

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

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

NONE

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

Baseball, Swimming, Skating, 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 Y.T.P
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
J.L. Curry	Continental Can Co. of Canada Ltd., Montreal, P.Q.	Chief clerk
R.R. Randall ✓ 25-2-42 O.K.	4643 Sherbrooke St. W., Westmount, Que.	Retired Banker
William Wilson ✓ 25-2-42 OK	17 Chesterfield Ave., Westmount, Que.	Business man
William Kierns	2130 Prud'homme Ave., Montreal, P.Q.	Business man

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 January 22nd, 19 42 Signature ~~William Paul Donnelly~~ W. P. Donnelly

NATIONAL REGISTRATION CERTIFICATE PRODUCED. 80/58

FOR OFFICIAL USE ONLY

MAY 25 1942

(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 Paul Donnelly,.....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.....May 25th.....19 42. W. P. Donnelly
Signature of Recruit

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

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

Date.....May 25th.....19 42. W. P. Donnelly
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.....25th.....day of.....May.....19 42.

.....
Signature of Officer

.....
Rank

#13 Recruiting Centre, Montreal, P.Q.
Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19 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 not withheld any relevant information.

Signature of Applicant

Examiner's Remarks *re* above Travis — 1942. W. P. Donnelly.

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

1. Identification marks or scars (if operative obtain history) Scar left knee.

2. Height 6 feet 1 3/4 inches. 3. Weight 145 pounds.

4. Complexion medium 5. Color of Eyes Blue Hair L. Brown

6. Development { Good / Fair / Poor } 7. Chest Measurement—Full expiration 35 inches

Range of expansion 3 inches

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

9. Vision—Without glasses—Right 20/20 With glasses—Right } nil

Left 20/20 Left }

10. Condition of mouth and teeth good

11. Urine—Albumen + Sugar —

12. Abnormalities (Congenital and Pathological) found on Examination nil

CKN A1B A3B H TB

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 S.2-42

Any special remarks of the Medical Officers X-ray 108685 Neg 4/2/42 H & B Neg. C.K.N.

Part 2 Cont'd.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure S. D. 130/70

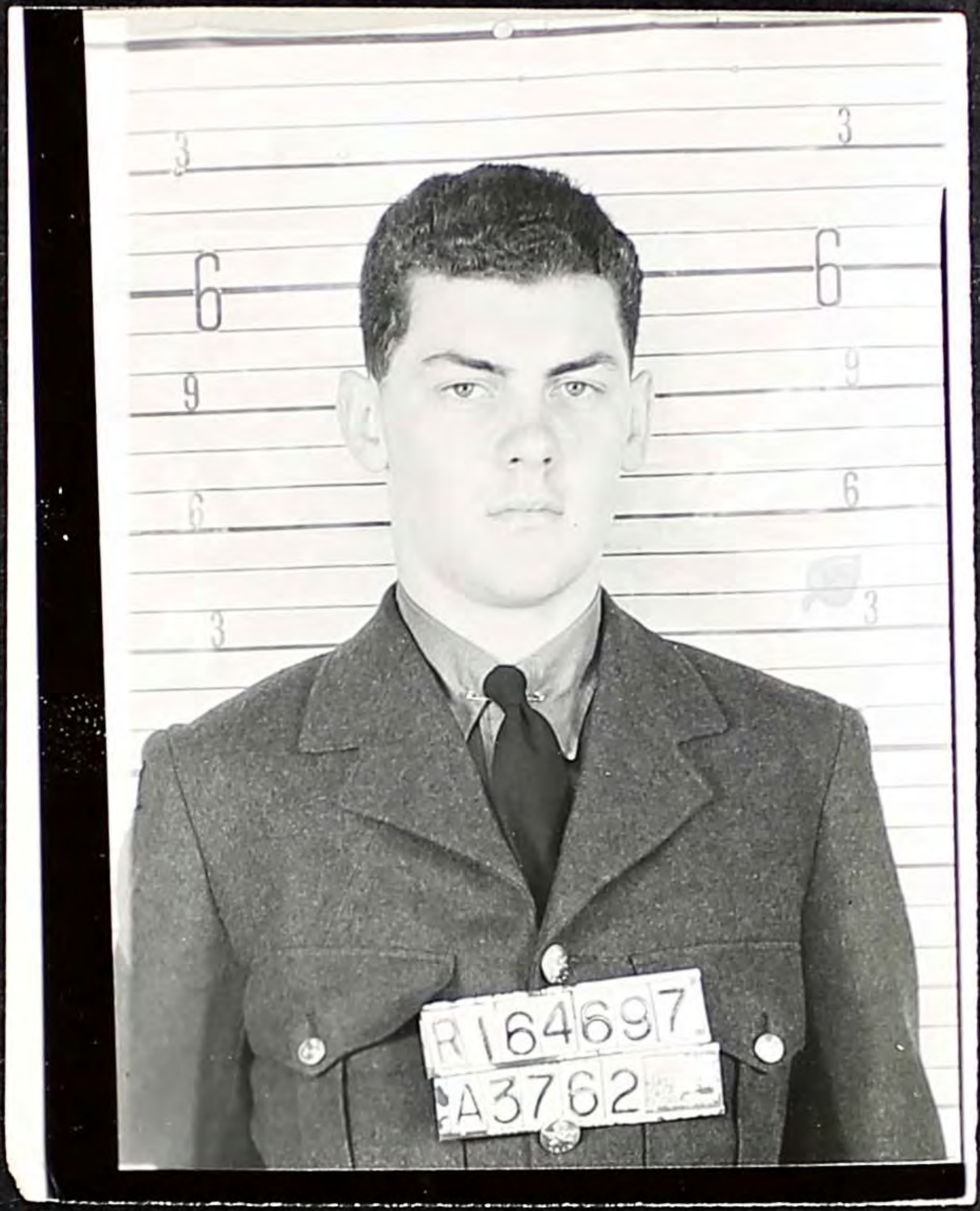
17. Colour Vision N GL

Date 3/2/42. 19

C. K. Nunn M.D. President — Member — Member

R 164697 1647

Donnelly W.P.


R 164697
A3762

R.A.F.

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

THIS BOOK MUST BE PRODUCED ON DEMAND
BY ANY CANADIAN AIR FORCE OFFICER
AND

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.

K/29.9.43
CK 349.

Air Force No. R164697 Surname Donnelly

Christian Names (in full) William Paul

Date of Birth 7-9-22 Religion R.C.

Date of Enlistment/Appointment 25-5-42

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

Occupation in Civil Life

Line Keeper, Office Boy

Signature of Holder W. P. Donnelly

Name and Address of Next-of-Kin

Daniel Donnelly
4643 Sherbrooke St. W.
Montreal Que.
(father)

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

Certified Correct R A Dunnell Plo

Date 11-6-43 Place 1 K Repat Hqs

2

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
Pilot (Spec)	11-6-43	DR0138	R.A. Dunnell P/O

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
Sgt.	11-6-43	DR0138	R.A. Dunnell P/O

3

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
1250	27 June 43	J.A.M. Hutchison P/O

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP A	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
26.5.42.		

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
Kahn neg	27.6.43	—	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

PRESCRIPTION FOR SPECTACLES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O.....

DENTURES SUPPLIED

Particulars	Date	Initials of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

SURGICAL APPLIANCES ISSUED

Particulars	Date	Initials of M.O.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

MEDICAL INSTRUCTIONS TO PERSONNEL ON LEAVE IN CANADA

1. Personnel on leave or pass or otherwise absent from their parent unit who require medical attention are to report to the nearest R.C.A.F. Medical Officer. In cases of urgency when the services of an R.C.A.F. Medical Officer are not available, report to:

(a) An R.C.A.M.C. Medical Officer,

(b) A Medical Officer of the Dept. of Pensions and National Health, or

(c) A civilian medical practitioner,

in that order.

2. When it is necessary to call in other than an R.C.A.F. Medical Officer, arrangements are to be made to notify the R.C.A.F. Medical Officer, if one is located in the vicinity, in order that he may assume charge of the case. Immediate action is also to be taken to notify the individual's Commanding Officer in the event that the illness is of serious nature and likely to delay reporting to the unit on termination of leave.

3. All accounts for attendance upon personnel on leave rendered by civilian hospitals or civilian practitioners are to be forwarded in triplicate to the nearest administrative centre of the Dept. of Pensions and National Health for payment.

4. Personnel who, while on leave, are in contact with a case of infectious disease are, on the termination of their leave, to report to their Station Medical Officer before they enter any barrack block, mess or other building on the station.

WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....
states that he has executed a Will and that the same has been deposited with.....
at.....
Signature of Officer.....
Rank or Appointment.....
Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....
Rank or Appointment.....
Date.....

Date Certificate extracted.....
Signature of Officer.....Unit.....

To Whom sent.....

To Whom sent.....
Unit.....

Date Will extracted.....
Signature of Officer.....Unit.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

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

R/29.9.43.

ROYAL AIR FORCE.

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

Official No. CAN R.164697 Name DON NELLY William Paul. Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Pilot "Spec" Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 7.9.22. Religion R.C. Occupation in Civil Life Timekeeper 1941-41. Office Boy 1941-42.

Last Enlisted 25.5.42. Current Engagement D. of W.

If a member of the Auxiliary Air Force

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

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

Mr. D. Donnelly (Father) 4643 Sherbrooke St. W. Montreal Que. 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.")

N of K

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

Section I.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
13 S.F.T.S.	1 Y Depot	25.6.43.		P or O Std. AC2.	25.5.42.
1 Y Depot	R.A.F.T.P.	27.6.43.		Pilot Std. LAC.	24.10.42.
	Emb. Halifa x	30.6.43.		Pilot "Spec" T/Sgt.	11.6.43.
	Dis. Emb. U.K.	7.7.43.			
Int. C. 99	3 P.R.C.	8.7.43.			
3 P.R.C.	11(P) AFU	3-8-43			
11 (P) AFU	21 (P) AFU	15. 8. 43			
21 (P) AFU	Died as result of flying accident	29. 9. 43.			
				(Received from No 21 (P) AFU. on 591 Serial 194/43)	

Section 3.—Good Conduct Badges.

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

F.1250 No. CAN. 2728
RCAF. Identity Card No. 8829.

* 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.	VG.	Pilot	(AC) Sat	(AC) Sat	—	Recd	29.9.43	M. C. Brown S/L.

POR 18/43. 7 Days Priv: Leave 20.7.43-26.7.43. RW. C809188 A Earl W/O

Record of Leave and Issue of Free Travelling Warrants

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 Pilots Flying Badge	11.6.43.

Confidential

PILOT

R.A.F. TRAINING REPORT.

R.A.F. Form 5014

No. 21 ADVANCED FLYING UNIT

1. Surname DONNELLY Christian Names William Paul
2. Number R164697 3. Rank Sgt. 4. Course No. 69 A.F.
5. Posted from No. 3 P.R.C. 6. Date course commenced 4.8.43. 7. Date course ended - 8. Posted to Killed 29.9.43.

9. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	210
(b) Applied Flying	200	110
(c) Instrument Flying ...	250	125
(d) Night Flying	100	50
(e) Link Trainer	50	28
Total	1,000	523
PER CENT.		52.3

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

Degree of Suitability for further training	0 Not at all suitable	1 Moderately suitable	2 Definitely suitable	3 Extremely suitable
11. As a Flying Instructor			X	

(Mark "X" in appropriate column.)

12. **Remarks :**

Pre-selected at P.R.C. for F.I.S. Converted to twins on this Course - progress at first slow - possibly due to lack of interest in twins.

Date 4/10/43 Signed A.G. Green. S/Ldr.
for Officer Commanding. 21 (P) A.F.U

(N.B.—Flying Times and Accident Record shown overleaf)

13. **Flying Times** (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instrument	*Link Trainer
OXFORD	Day ...	10.45	27.00	15.20	—	—	6.15	3.30
	Night...	3.00	4.00	3.15				

14. **Flying Accidents.—All** flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
OXFORD	29 Sep 1943	D	5/CP/43	Low Flying Cross Country	W.O.	Unknown	

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
"W.O." —Write off.

(*11077—10274) Wt. 38188—P2393 30M 12/42 T.S. 700
(*12116—10274) Wt. 12085—49 40M 5/43 T.S. 700

Confidential R.A.F.—TRAINING REPORT R.A.F. Form 5012A

PILOT

NO. 1520. BEAM APPROACH TRAINING FLIGHT

1. Surname DONNELLY. Christian Names : WILLIAM PAUL.

2. Number : R.164697. 3. Rank : SERGEANT. 4. Course No. : 78.

5. Posted from No. 21 (P) A.F.U. 6. Date Course commenced 24.8.43. 7. Date Course ended 31.8.43. 8. Posted to No. 21 (P) A.F.U.

9. Flying Times (at this Unit) :

Type of Aircraft	Day		Night		Beam Flying	Instrument Flying	Passenger	Link Trainer
	Dual	Solo	Dual	Solo				
OXFORD. I.	11.00	-	-	-	11.00	6.40	-	4.30

10. Flying Tests

SUBJECT	Marks Allotted	Marks Obtained
(a) B.A. PROCEDURE AND "Q" CODE (LINK TRAINER)	200	115
(b) RECEIVER OPERATION	100	60
(c) INSTRUMENT FLYING...	250	115
(d) CLOUD AND NIGHT FLYING	250	115
(e) GENERAL APPLICATION OF B.A. PROCEDURE (FLYING)	200	110
TOTAL	1,000	515
	PER CENT. :	51.5%

11. Remarks :

This N.C.O. produced good performances when he concentrated and really tried but generally completed a disappointing course. General instrument flying needs concentrated practice.

Date 4.9.43. Signed D.C. Langford S/LDR.
Officer Commanding.

(*12550—10896) Wt. 19599—861 20M 7/43 T.S. 700

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

1. SURNAME.....DONNELLY.....

2. CHRISTIAN NAMES.....WILLIAM PAUL.....

3. APPLYING FOR ENLISTMENT AS.....PILOT OR OBSERVER.....

SELECTION BOARD

4. PERSONNEL OFFICER

Education.....3 years High School.....

A to L Score.....28.....

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

Satisfactory educational qualifications, and A.L. score to follow the course.
Successfully passed the S.K. Tests in maths.

RECOMMENDED FOR.....D:P:Y:T: AIRCREW, ... Mtl.....

SUITABLE FOR COMMISSION.....No.....

Signed B. Labrosse, F/O.

---

5. MEDICAL OFFICER

Medical Category.....A1B., A3B.....

ASSESSMENT: (Physical; Temperamental)

Fit.

RECOMMENDED FOR...Pilot or Observer.....

SUITABLE FOR COMMISSION.....No.....

Signed C.N. Norris.

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Tall, rather, thin boy, who has played no team games. Neat appearance. Says he is extremely keen to fly. Suitable if strong enough.

RECOMMENDED FOR. Pilot or Observer Y.T.P.....

SUITABLE FOR COMMISSION.....Too young.....

Signed G. Common. F/O.

FOUND ACCEPTABLE FOR.....P.S.T. Course I/N.E.T.P.....

Commanding Officer

No.13 Recruiting Centre.

DATE: 18.5.42

A.F.M. 5
24.12.41

MAY 25 1942

Observer or Pilot 4T (Std)

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

R 164697 | DONNELLY | WILLIAM PAUL | R.C.
A.F. No. | Surname | Christian Names | Religion

Born 7-9-22 Place Montreal Que Country Canada Citizen of Canada Racial Origin 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)

Daniel Donnelly (Father)
4643 Sherbrooke St W. Montreal Que

CIVIL EDUCATION

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

Technical School Business Courses

University WETP Course DnP

CIVIL OCCUPATIONS AND EXPERIENCE

Time Keeper 1941-41
Office Boy 1941-42

PREVIOUS SERVICE

None

ENLISTMENT

Date 25-5-42
At Montreal
Term Duration

Med. Cat.	Date	Med. Cat.	Date
A1B A3B	25 5 42		

RANK	Auth.	Date	TRADE	Auth.	Date
AC2		25 5 42	Dor P Y/T		25 5 42
LAC	DRO 264/42	24 10 42	I.I.S. Std.	DRO 166/42	14 7 42
T/Sgt.	DRO 138	11 6 43	Remust. Pilot Stat. Grp.		24 10 42

TRADE TESTS AND COURSES

Trade	GP	%	P or F	Date
Dor P Y/T	S		P	18 5 42
I.I.S.	Std			14 7 42
Remust. Pilot Stat.				24 11 42
Remust. Pilot Spec. Group				11 6 43

LEAVE

From	To	Auth. and Description
22-10-42	15-11-42. DRO 264/42. 24 Days.	
AFAO A.24/5, d/30-6-42. Special leave.		
12-6-43 - 26-6-43 (14 days) Embarkation DRO 138.		

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
11 6 43	Awarded Pilot Flying Badge			DRO 138
11 6 43	Categorized PA.			

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
MOR 13	B/c Intl Que	#5 Lachine Que	25-5-42				
D.R.O. 124/42	T.O.S. #6	N.D. Lachine Que	25-5-42				
D.R.O. 157/42	#5 M.D.	#5 E.D.	3.7.42				
DRO 206/42	#5 E. La Prairie P.Q.	#3 U.S. Victoriaville P.Q.	29-8-42				
DRO 264/42.	Entitled to ration allowance of 50 cents per diem from 22-10-42 to 15-11-42. 24 Days. Art. 196(4) 7. R. & Q.						
DRO 279/42.	34 T.D. Victoriaville, P.Q.	11 E.F.T.S. Cap de la Madeleine, P.Q.	21-11-42.				
DRO #9/43	#11 EFTS Cap de la Madeleine, Que	#13 SFTS St. Hubert, Que.	24-1-43				
DRO #138	#3 I.T.S. St. Hubert.	#1 Y Depot. Halifax	25-6-43.				
	Embarked. New York.		30.6.43.				
	Disemb. U.K.		4.7.43.				
	3 PRC. Sqn. 899.		8.7.43.				
	S.O.S. 3 PRC 30 No 11. (P) AFU.		3.8.43				
	att 11 (P) AFU - Portsom		3/11.8.43				
	att 21 (P) AFU - 1530 BAT.		27/31. 8/8.43				
F/A. Died of Injuries from 21 (P) AFU.			29.9.43	C.R 379			

Montreal May 2nd
P 1.64 697

No. 3 MEDICAL SELECTION BOARD,
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F.,
VICTORIAVILLE, P.Q.

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

CONFIDENTIAL

2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* Feb 3, 1942.

FILE NUMBER

Surname Donnelly *Chr. Names* William Paul
Nature of Commission ..... *Date of Birth* 7 Sept 1922 *Married or Single* Single
Branch ..... *Hours Flown* .....
Address Westmount Que.

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 T'S X A 1940	
(x)	Any illness or Injury not mentioned above	No

Education 3 Years High School
Present Occupation Unemployed Hobbies Stamps
Previous Service None
Athletics Baseball
Habits—Smoking -0- Alcohol -0-
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Dead—Cause Brandio Pneumonia
Brothers (1) Alive—Health Good (0) Dead—Cause
Sisters (3) Alive—Health Good (0) 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 3-2-42. *Signature* W. P. Donnelly *Witness* E. R. Morse

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Wiry *(b)* Mentality Knee
Body Marks, Scars, Deformities Scar Left Knee; removed tonsils & adenoids left tonsil
Size of Thyroid Gland N
Surgical Abnormalities None
Results of Wounds, Injuries, Operations Good

	Date 3-2-42	Date 25-5-42	#3248 Date 7-9-42	Remarks on any Abnormalities Found
Height (ins.)	6.13/4	/	72	
Weight (lbs.)	145		153	Date
Chest Circumference (ins.)	33½		33	
Body Build (lbs.)				
Leg Length (ins.)	Ample		42	
Pulse Rate — Sitting	72	72	72	
Pulse Rate — Standing 1st	108	108		
Pulse Rate — Standing 2nd	96	96		
Pulse Rate — After Exercise	120	120		
Pulse Rate — Time to Normal	20"	35"		
Arterial Walls	Soft		soft	Date
Blood Pressure — Systolic	130	115	110	
Blood Pressure — Diastolic	70	78	82	
Room Temperature				
Heart — Size (in cms.)	N	〃	〃	
Heart — Sounds	N	〃	〃	
Heart — Rhythm	N	reg	reg	
Lungs — Inspection	N	〃		
Lungs — Palpation	N	〃		
Lungs — Percussion	N	〃		
Lungs — Auscultation	N	〃		
Lungs — Expiratory Force	140			Date 7-9-42
Lungs — X-Ray				Cardiac clinic good; Gait: heel only, accurate
Reflexes — Knee	N	N		
Reflexes — Ankle	N	〃		
Reflexes — Triceps	N	〃		
Reflexes — Abdominal	N	〃		
Reflexes — Plantar	N	〃		
Cranial Nerves	N	〃		
Balancing Rod	R. L.	R. L.	R. L.	
Self Balancing	R. L. 1FS 1FS	R. L.	R. L.	
Tremors — Fingers	St St	none		Date
Tremors — Eyelids	SF SF	none		
Abdomen — Liver	N	〃		
Abdomen — Spleen	N	〃		
Abdomen — Muscular Tone	Good	good		
Urine — Albumen	Pos	N		
Urine — Sugar	Neg	N		
Initials of M.O.	CKN.	St. G.		

40 mm. Hg. Test
Date 8/888/888/999/999/ = 60 secs.
Date 60 - 7/111211/101010/8109/977 G.E.P.
Date 50 sec finish lag
Date

EYE EXAMINATION

History	Nil		No symptoms.
			C.P.H. 20/20.
Visual Acuity	R.20/20 , c ± D = 20/200	Pinhole 20/25-2 20/20	20/30 c 2.50 20/200
	L.20/20 , c ± 2.50 = 20/200	20/20	20/20 c 2.50 20/200
Colour Vision	Normal Ishihara		Corr. 18/24 # 9
Red, Green	MR 0.5D Eso.		M.R. Ortho.
Diaphragm Test (P.D. = 62)	4/5 at 5	6 2 Bars at 3	6 2 Bars at 3
Convergence C. =	6 cms.		6
Convergence S. C. =	double at 8½ cms.		10
Accommodation R.	BL.		11
Accommodation L.	10½		
Cover Test	Ortho		St. Div. Dev./RR.
Fundi and Media	Normal		N
Fields	Normal		N
Remarks:		A1B A3B	A. 1B A 3B. Borderline Accom.
	Initials of M.O. Sra	*Initials of M.O.* S.t.G.	*Initials of M.O.* VFM
	Date Feb. 3rd, 1942.	*Date* 25-5-42	*Date* 7/9/42

EXAMINATION OF EAR, NOSE AND THROAT

History T.A. (1940)

Hearing	R. Ear	W.V. 20'	WV 20
	L. Ear	W.V. 20'	WV 20
External Ear, Meatus Membranes	R. Ear	Normal	N
	L. Ear	Normal	N
Middle Ear, Eustachian Tubes	R. Ear	Patent	pat
	L. Ear	Patent	pat
Cochlear Apparatus	R. Ear	--	
	L. Ear	--	
Vestibular Apparatus	R. Ear	--	
	L. Ear	--	
Buccal Cavity		Clean	healthy
Teeth		Good	good
Gums		Healthy	N
Pharynx		healthy	clean
Nasopharynx		not seen	N
Nose		clear	no obst-
Larynx		not seen	N
Remarks: NIL		*Initials of M.O.* Sra	*Initials of M.O.* [illegible]
		Date Feb. 3rd, 1942.	*Date* 7-9-42

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

3/2/42 Albumen- AT BT

C-K- Nfld
D Hutton Flt Lt

4/2/42 Physically fit assessed

A1B A3B

C-K- Nfld
D Hutton Flt Lt

25-5-42 Recheck fit. A1B A3B G.E.Peloquin F.L.

FAMILY Mother died of bronchopneumonia at 5-2 yrs 1 age after being 10 yrs. bedridden c albinitis - remaining sibl. neg.

EDUCATION 3½ yrs. H.S. - the last 1½ yrs at night school - liked maths -

INTELLIGENCE average

MOTIVATION Keen on aviation for years - lacked education when was broke out - took pre-enlistment course when available - wanted like to be bomber pilot as first choice - very keen to get overseas & bomb Berlin

EMOTIONAL STABILITY → good

COMMENTS Highly motivated boy 7 just 20 yrs - wants has been an invalid since last war - always interested in flying - prepared to work hard - a good prospect for aircrew

Flg Wilson F/L

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

FIT Date 7-9-42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

Date.....

M.O. J.D. Macdonald Slt.

-- E.E.G. N·8

-- E.C.G.

-- L.P.C. 2

Nihg t visual acuity quality: 14

Score: 15

FIT Date 4/2/42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O. D Hutton Flt Lt

Fit

A1B		N.V.C.
A3B	Turret	N.V.C. 15
A3B		N.V.C.
A3B	Vision	
A3B	Radio	
Sig:		
Date	12	2 42

APPENDIX "C"
M.10/40

R. C. A. F.

EVIDENCE OF EDUCATION

This is to certify that DONNELLY W.B. (Name) has been a student at the PRE-ENTRY AIRCREW EDUCATIONAL COURSE

at Montreal University-Mtl (Place) under the auspices of:

DOMINION PROVINCIAL YOUTH TRAINING PROGRAMME)
CANADIAN LEGION EDUCATIONAL SERVICES) Underline to indicate
DEPARTMENT OF EDUCATION, PROVINCE OF..Quebec..)

He has taken the final R.C.A.F. examinations in _____ (Subject)

_____ (Subject) and _____ (Subject) and has obtained

the following marks:

Subject	Mark	(Delete word not applicable)	
ENGLISH	83	Pass	Fail
SCIENCE	71	Pass	Fail
MATHEMATICS	33	Pass	Fail

Date: May 18-42

Signed Jas L. White F/O (Teacher)

A.J.M.59
27.11.41

See attached memo

R.C.A.F. Records Office
Rec'd. MAY 29 1942
O. K. ..... C. B. .....
R. C. ..... N. I. .....
S. L. ..... P A. .....

ST. LEO'S ACADEMY

360 CLARKE AVE.
WESTMOUNT, QUE.

September 30. 1940.

To Whom it May Concern:

The following are the notes of William Paul Donnelly for the year 1939-1940.

Religion	64%
Eng. Lit.	53%
Eng. Comp.	71%
History	67%
Algebra	86%
Geometry	77%
Fr. Grammar	76%
Physics	78%
Latin Grammar	65%
Average	71.1%

ST. LEO SCHOOL
2nd High
360 CLARKE AVENUE
Westmount

Brother George,

Principal.

ST. LEO'S ACADEMY
360 CLARKE AVE.
WESTMOUNT, QUE.

January 21, 1942.

Royal Canadian Air Force,
[redacted] Bishop Street,
Montreal.

To Whom it May Concern:

This is to certify that William Paul Donnelly has completed in this School the Curriculum of the Second Year High in the year 1940.

Brother George,

Principal.

SIR GEORGE WILLIAMS COLLEGE
OF THE MONTREAL Y.M.C.A.

1441 DRUMMOND STREET
MONTREAL
CANADA

OFFICE OF REGISTRAR AND BURSAR
EDWARD F. SHEFFIELD, B.A.

January 22, 1942.

Officer Commanding,
Recruiting Centre,
Royal Canadian Air Force,
Montreal, Quebec.

Dear Sir:

This is to certify that William Paul Donnelly of 4643 Sherbrooke Street West, Montreal, has been a student in the Evening High School of this College from the fall of 1940 to the present time. During the academic year 1940-41 he completed the third year (Grade X) with an average of 61%. This year he is following a course in Grade XI from which he will graduate in the spring.

Very truly yours,

E. F. Sheffield

Registrar.

EFS:EW

R.C.A.F Records Office
Rec'd. MAY 29 1942
O.K. ... O.B. ...
R.C. ... N.I. ...
S.L. ... P.A. ...

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 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: DONNELLY (*Block letters*)

Given names: WILLIAM PAUL

4. RESIDENCE

Street: SHERBROOKE STREET No. 4643

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		SINGLE

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

10. BIRTHPLACE (Province or Country): MONTREAL, QUEBEC

11. DATE OF BIRTH: SEPTEMBER (Month) 7th (Day) 1922 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: 29/SEPT/43

16. Total years spent in this occupation: ONE

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	DANIEL DONNELLY	QUEBEC
MOTHER (Maiden Name)	GERTRUDE ELIZABETH DOYLE	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: SEPTEMBER (Month) 29th (Day) 43 (Year)....19....

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) DIED AS A RESULT OF INJURIES SUSTAINED IN A 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 Date: SEPTEMBER 29 43....19....

(State which)

Manner of injury: 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)

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)

25488/R164697

Westmount. Que.
Sept. 5/45.

1945 SEP 6 PM 3:13

The Secretary.
Dept. of National Defence for Air,
Ottawa. Ont.

Att. R. C. A. F. Records Officer

Referred to.....
File No.....
Chgd to.....

Dear Sir:

In reply to your letter of Aug. 17th.
Re: R164697 - Donnelly, W. P. Mrs Son
File No R164697 (R-2-1-2)

I have never received any deferment
allowance, nor any money that
was left at the time of his death, as
his will was made in my favor.

I suppose this gratuity will have
to apply to The Service Estate.

SEP 12 1945

I want to thank you for all your
trouble in my sad loss. Every one
has been very nice.

yours truly,
W. P. Donnelly

Off. 24/4643 Sherbrooke St. West.

CONFIDENTIAL.

Medical Statistical Office.

Unit 21 (P) AFU.

SICK REPORT

MEDICAL INSPECTION REPORT*

R.A.F. Form 624.

Station Wheaton Aston.

Date 29th. September 1943.

Official No.	Rank	Name and Initials	Whether a defaulter or if for duty †	Disease	Medical Officer's Remarks	Disposal
R.164697	Sgt	DONNELLY. William Paul .			Admitted to Parkside E.M.S	
Pilot					Hospital, Macclesfield 29/9/43 at 17.00hrs	
Age - 21 yrs.					(approx) - Died 19.05 hrs s/d.	
Diagnosis -		Fracture Femur			(Flying Accident)	
		Concussion and Shock				
		Muliple Contusions and bruises.				

RECEIVED
22 OCT 1943
R.C.A.F. MEDICAL
STATISTICS OFFICER

- 5 OCT 1943

* Strike out whichever is not applicable.
† State nature of duty for which warned. In the case of men for medical inspection the reason, such as "joining the station," &c., should be stated against their names.

Orderly N.C.O.'s Signature.....

Medical Officer's Signature..... S/Ldr.

Wt. 23124/1307. 2650M. 8/42. V.B. 51-1768/1

To be Discharged from.....Hospital tomorrow to.....(Unit).

Official No.	Rank	Name and Initials	Disposal

349
27

R.C.A.F. FORM A.28
40M—12-41 (1370)
H.Q. 885-A-28

RECORD OF PAY

A.C. ~~O or P~~

69

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

APPOINTED OR ENLISTED AT Montreal, Que. ON 25-5-42

MARRIED OR SINGLE Single

No. R 164697

NAME IN FULL DONNELLY, W. P. AC-2

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
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	Assignee	Eff. Date	Amount	Total	Date App. Forwarded	Relationship	Amount Awarded	Eff. Date	N.D.T. Class.
124	25/5/42	AC2	S	AS	1 30	—	1 30	NA	No. 5 "M" Depot, Lachine, Que.	Rec Gen of Can (4th v.L.)	1-May-43	8 40	8 40					
264	24-10-42	LAC	S	A.S.	1 50		1 50		RECL. LAC.									
98	23-11-42	LAC	S	AS	1 50	75	2 25		F/P									
138	11-6-43	SGT	SPEC	A/S	3 70		3 70											

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
25-31/5/42	7	9 10					9 10									—	9 10	
1-30/6	30	39 00				9 10	48 10			Ø				20 00	20 —	28 10	Ø	
1-3/7/42	3	3 90				Ø	3 90										3 90	S.O.S. to #5 EQUIPMENT DEPOT MONCTON N.B. EFF 3-7-42 D.R.O. #158 [signature]
4-31/7	28	36 40				3 90	40 30							20 00	20 00	20 30		
1-29/8	29	37 70					37 70				I.V. #2743 I.V. 2844	1 35 1 32	15 03	20 00	37 70			SOS to #3 I.T.S. Victoriaville, P.Q. EFF 29.8.42. DRO 206 [signature]
30/31.8	2	2 60					2 60								—		2 60	TOS eff 30-8-42. DO. 210
1/30.9	30	39 00				2 60	41 60							22 00	22 00	19 60	—	
1/31.10	31	40 30					40 30						56 00	20 00	76 00	—	35 70	
24/31.10	8	1 60	12 00							35 70			9 40					R.A. 24 DA. DO 264
1/21.11	21	31 50					45 10								45 10		—	S.O.S. TO #11 EFTS. EFF. 21.11.42. DO 279. [signature] F/O
22-11 30-11-42	9	19 50					19 50						19 50		19 50		—	TOS EFF 22-11-42 DO 98
DEC	31	69 75					69 75							34 00	34 00	35 75	—	
1-23 JAN	23	2 50 51 75					54 25							36 00	36 00	36 25	18 00	R/A 24-12 TO 28-12-42 DO [illegible] (5 DAYS) SOS TO 13 SFTS. EFF. 23-1-43 [signature]
24-31-1	8	18 00					18 00	—		18 00			5 00		23 00		5 00	T.O.S. eff 24-1-43 DO 27
1-28-2	28	63 00					63 00	—		5 00				26 00	31 00	32 00	—	
1-31-3	31	69 75					69 75	—						34 00	34 00	35 75	—	
1-30-4	30	67 50					67 50							33 00	33 00	34 50	Ø	
1-31-5	31	69 75					69 75	8 40						30 00	38 40	31 35	Ø	DRO #138 EMB. LEAVE-12-26/JUNE/43 (14 da)
1-10-6 11-25-6	10 15	22 50 55 50	7 00	R/A (14 da) DO #138			85 00	7 00					78 00		85 00		Ø	DRO #138-S.O.S.-EFF. 25/JUNE/43 TO #1 [illegible] HALIFAX N.S. [signature]
																	Ø	Audited by treasury 18/6/43 [signature]

R.C.A.F. FORM A.28
40M—12-41 (1370)
H.Q. 885–A–28

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO............ ON............ APPOINTED OR ENLISTED AT............ ON............ MARRIED OR SINGLE............ NO............ NAME IN FULL............

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
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	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.

PERIOD	NO. OF DAYS	AMOUNT OF PAY	SUB. ALLCE.	OTHER CREDITS		CREDIT B/F	TOTAL CREDITS	ASS. PAY	PEN. DED. & N.D.T.		DEBIT B/F	OTHER DEBITS		CAS. PAY	MID PAY	TOTAL DEBITS TO THIS COLUMN	END PAY	DEBITS & CREDITS TO NEXT ACCOUNT	CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT
				DESCRIPTION	AMOUNT							DESCRIPTION	AMOUNT						

AIR FORCE No. R164697

SURNAME: DONNELLY, FULL CHRISTIAN NAMES: WILLIAM PAUL

ENLISTMENT — PLACE Montreal, Que. DATE 25. 5. 42

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44 (B) 30M-12-41 (1346) 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.	5 M D Lachine	25	5	42	5MD124
	=				
S.O.S	5 M D Lachine	3	7	42	5MD159
T.O.S	#5 E D Moncton	4	7	42	5ED159
S.O.S	5 E D Moncton N. B	29	8	42	5ED206
T.O.S	3 D S S Victoriaville Que	20	8	42	3DSS210
S.O.S	3 Dts Victoriaville	21	11	42	3Dts279
T.O.S	11 E F Cap de la Madeleine	22	11	42	11EF98
S.O.S	11 C F T S	23	1	43	11EF9
T.O.S.	13 S F T S. Rockcliffe	24	1	43	13SF27
S.O.S	13 S F T S.	25	6	43 AD	13SF138
T.O.S.	1 "Y" Halifax	12	6	43	1Y160
S.O.S	1 Y D. Halifax R.C.A.F. Trainees Pool	27	6	43	1YD164A
	W.S.G. computed	3	10	44	
	Died of Injuries 29-9-43 PC x 935 30-9-43				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	25	5	42	5MD124
	8.			
LAC	24	10	42	3Dtl264
A/Sgt. (pd)	11	6	43	13SF138 AD

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.
9.2.42	Kiw	D.B A3B	
7-9-42	Mo 2	(fit)	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
O/A (R.W.E.T.P.)	8	25	5	42	5MD124
	300 8.				
Aircrew I/T	8	26	6	42	5ED166
AG & WOp	accepted	9	accepted	42	5MB178
Pilot	Age	11	6	43	13SF134 AD

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categ 'A' 13SF138 AD		

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Transf Class 75		9 4 43	13SF134 AD

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
22-10-42	15-11-42	24		3Dtl264 AD
12-6-43	26-6-43	14	proceeding.	13SF138

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D.R.O

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

AIR FORCE No. R164697 R.

DONNELLY, WILLIAM PAUL
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal, Que. — DATE 25.5.42.
RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44 (B)
30M-12-41 (1346)
H. Q. 1062-3-58

7. BIRTH: DATE 7.9.22 — PLACE Montreal, Que. — CITIZENSHIP British 2

FATHER (FULL NAME) Daniel Donnelly.

BIRTHPLACE Montreal, Que.

MOTHER (FULL MAIDEN NAME) Gertrude Elizabeth Doyle (deceased)

BIRTHPLACE Montreal, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Que.
JUNIOR MATRICULATION x
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
W.E.T.P. Grad. Passed S.K. test. 6

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

unemployed. 1940-41
time keeper June-July. 1941.
office boy. Oct/41 Jan./42

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil.

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Awarded Pilots Badge	A.O. 135F138	11-6-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION R.C.

1

14. LANGUAGES English

1

15. SPORTS baseball, swimming, shaking.

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: Daniel Donnelly. — RELATIONSHIP father
ADDRESS: 4643 Sherbrooke St. W., Montreal, Que. — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	25 5 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

22.(A) ADDRESS PRIOR TO ENLISTMENT

4643 Sherbrooke St. W., Montreal, Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	AK
	30-5-42	26/5/42				B.E.D.

AIR FORCE No. R164694

DONNELLY (SURNAME) WILLIAM PAUL (FULL CHRISTIAN NAME)

ENLISTMENT/APPOINTMENT
PLACE Montreal Que
DATE 25-5-42

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
7-9-22	Montreal Que	Can.	Can.	Can.

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION 2 Yrs.
HIGH SCHOOL ENTRANCE ✓	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES W.E.T.P. Course	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Time Keeper 1941-41
Office Boy 1941-42

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
25-5-42	A1B A3B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED S
WIFE (FULL MAIDEN NAME) OR HUSBAND
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE DATE
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)
Daniel Donnelly (Father)
4643 Sherbrooke St W
Montreal Que.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

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)

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	25 5 42		D or P. Y.T.	25 5 42	
LAC	24 10 42	264	I.T.S. Std.	14 7 42	166
T/Sgt.	11 6 43	138	Remus. Pilot Std.	24 10 42	

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
D. or P. Y.T.	S		P	18 5 42
I.T.S.	Std.			14 7 42
Remus Pilot	Std.			24 11 42
Remus Pilot	Spec.			11 6 42

AIR FORCE No. R164697

DONNELLY — SURNAME

WILLIAM PAUL — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal Que.

DATE 25-5-42

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
20.7.43	26.7.43	7	P.L.	3 PRC 181/43

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
11 6 43	Categorized	P.A.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
11 6 43	Pilot Flying Badge	DRO 138

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	#11 EFTS	#13 SFTS	24 1 43	#9/43
	#13 SFTS	#1 'Y'	25 6 43	#138
	#1 Y Depot	RAFTP	27 6 43	DRO 166
	~~Emb. Can.~~ New York		30 6 43	
	Dis. Emb. U K		7 7 43	
	3 PRC Int C99		8 7 43	
SOS	3 PRC to 11 (P) AFU		3 8 43	3 PRC 196/43
Att	11 (P) AFU — Porton		3/14 8 43	21 (P) AFU 1/43
Att	21 (P) AFU — 1520 BAT.		24/31 8/8 43	1520 BAT 12/43
	F/A Died of Injuries from 21 (P) AFU		29 9 43	CR 379 AFRO 2101/43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY