

R171197
SIMS
SIDNEY

TORRA

MEMORANDUM FOR

P. 64

Mr. William Sims,

Bldg. C, Apt. 12,

2162 Sherbrooke St., West,

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-S-595 F.D.283

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Oct. 30, 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

SIMS, Sydney Torrance, LAC

R.171197 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.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

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.....	None	—	—
2	Children of the Deceased and dates of their Births.....	None	—	—
3	Father of the Deceased.....	William Sims	46	Box 149 Farnham, Que
4	Mother of the Deceased.....	^{Grace} Mrs. E. H. Sims	46	Apt 12, 2162 Sherbr. W., Montreal, Que
5	Brothers of the Deceased	Full Blood William Edward Sims	26	Apt 12, 2162 Sherbrooke W., Montreal, Que.
		Half Blood	—	—
6	Sisters of the Deceased	Full Blood Elizabeth Heyes Sims	18	Apt. 12, 2162 Sherbrooke W., 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	Sidney Torrance Sims
9	Date of his birth	July 18 th , 1921
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Toronto Oct. 16, 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Quebec (last 12 yrs.) (b) Ontario (2 yrs) (c) New York (7 yrs) (d) Ontario (1st year)
14	Nature of employment before enlistment.	Aero Engine Mechanic
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal (2162 Sherbrooke)

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.	Royal Bank of Canada Greene Ave / (Joint Account)
20	Amount of War Savings Certificates held by deceased.	May have several with effects at St. Hubert
21	Amount of Victory Loan Bonds held by deceased.	No
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.	No joint life insurance with desert with sister
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.	Not to our Knowledge
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.	\$1300 to Jos. C. Wray by Mother
<p>(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 elsewhere 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.)</p>		

(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

*..... Brother of the deceased.

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

..... William E. Sims {Signature of Informant
2162 Sherbrooke West Address

Rev. Sydenham B. Lindsay

8047 BRESLAY ROAD

MONTREAL

CERTIFICATE

..... hereby certify that, to the best of my knowledge and belief..... William E. Sims

See above. { Name of Informant } is the Brother of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at..... Montreal Que., this 9th day of November 1943. The Church of the Advent, Westmount

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

..... Sydenham B. Lindsay Qualification..... Church of England Clergyman.

Address..... 3047 Breslay road, Montreal.

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

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname SIMS FULL Christian Names SYDNEY TORRANCE
2. Present Address 1351 Green Ave., Westmount P. Q. Telephone WI 4229
3. Permanent Address 1351 Green Ave., Westmount P. Q.
4. Place of Birth Toronto, Ontario Canadian Citizenship
5. Date of Birth July 18th., 1921 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth

7. Occupation Mechanic 8. Religion Presbyterian State denomination
9. Languages English (fluently) State proficiency
10. Next of Kin (Full Name) Grace Helen Heyes SIMS Relationship Mother
" Address 1351 Green Ave., Westmount, P. Q.
11. Father (Full Name) William SIMS Birthplace Toronto Ontario
" Address 2192 Dorchester West, Montreal P. Q. Citizenship Canadian
" Occupation Radio Sports Announcer
12. Mother (Full Maiden Name) Grace Helen Heyes Birthplace Toronto, Ontario
" Address 1351 Green Ave., Westmount P. Q. Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date	Reason for discharge
<u>N.A.</u>				<u>Rec'd JUL 3 1942</u>	
				<u>O.K. J.C.B.</u>	
				<u>R.C. N.</u>	
				<u>S.L. P.A.</u>	

14. Honours, Awards, Mentions N. A.
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.

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Lachine High School, Lachine, P. Q.	1927	1935	Primary
High School—Collegiate Institute, etc.....	Lachine High School	1935	1939	2nd year completed
Technical School				
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Charles Gurd & Co., Mtl. Que.	Helper	1939	1940	Better Position
Canada Car & Foundry	Acceteline Welder	1940	1940	Better Position
R. A. F. FERRY COMMAND Mtl. Que.	Mechanic	1941 1940	1941	Released
Nordayne Aircraft Co., Mtl. Que.	Mechanic	1941		still employed

23. Flying Experience (in Hours) Solo.....NO.....Dual.....NO.....Passenger.....30 hours.....

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.....None.....

25. Sports engaged in. State: extensively, moderately, occasionally.....Rugby & Rowing (moderately).....

26. AIR FORCE DUTY you wish to enlist for ~~Flying Duties~~ ^{Ground Duties.} A. E. M. Y. T..P.

If for Ground Duties, state Air Force trade in which you wish to enlist.....
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
Rev. Sydneyham LINDSAY	3047 Resident Road, Westmount Que.	Minister
Joe KENWORTHY	132 Coolbreeze Ave., Lakeside Que.	Clerk
J. T. McDONALD	10 Prince Edward, Valois Que.	Dept. Store Manager
Reg. HARCOURT	4636 Marcel Ave., N. D. C. Que.	Lineman

28. Other information that may have any bearing on this application.....No.....

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 19th.....1942.....Signature.....S. T. Lewis.....

FOR OFFICIAL USE ONLY

John Shore cpl. *A.L. 24*
26-6-42 *24/3/42*

(A) Report of Interviewing Officer—

Type *Very Very Good* General appearance *Clear*

Suitability for (state in what capacity) *DPYT - Ground Crew A.E.M. Cantierville*

(not qualified for direct entry)

Date *24/3/42* Signature *J. Shore* Rank *Cpl.*

(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 *June 26th, 1942* Signature *B. Shore* Rank *T-0*

(C)

DECLARATION MADE BY MAN ON ATTESTATION

I, *Sydney Torrance SIMS* 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 *June 26th, 1942* 19 *42* Signature *S T Sims*
Signature of Recruit

(D)

OATH TAKEN BY MAN ON ATTESTATION

I, *Sydney Torrance SIMS* do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date *June 26th* 19 *42* Signature *S T Sims*
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, PQ.* this *26th* day of *June* 1942...

Signature of Officer *B. Shore* Rank *T-0* #13 Recruiting Centre, Montreal, PQ.
Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

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

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

3. Have you ever worn glasses? Yes

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

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

glaucoma 5-6 yrs. I certify T. Sims

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

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

Scar upper R. skin

2. Height 5 feet 8 inches.

3. Weight 179 pounds.

4. Complexion Fair

5. Color of Eyes Hazel Hair Blond

6. Development

Good
Fair
Poor

7. Chest Measurement 33 1/2 Full expiration 37 1/2 inches

Range of expansion 4 inches inches

8. Hearing—Right WV Left WV

Tympana—Right N Left N

9. Vision—Without glasses—Right 20/40

With glasses—Right 20/20

Left 20/40

Left 20/20

10. Condition of mouth and teeth.....

11. Urine—Albumen.....

neg

Sugar.....

Positive

neg exam

12. Abnormalities (Congenital and Pathological) found on Examination. N.I.

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

2-2-42 May 108313 neg
 Any special remarks of the Medical Officers

31-1-42 Sugar neg
26.6.42 he fit exam

Part 2 Cont'

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 120/45

17. Colour Vision Def. Blue

Date Jan 30 1942

1942

Dr. Jones
 President

Dr. Smith
 Member

Member

Aero Engine Mechanic (Y.T.)
R.C.A.F. *Special Reserve*
ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.171197
A.F. No.

SIMS
Surname

SYDNEY TORRANCE
Christian Names

PRESBYTERIAN
Religion

Born *18-7-21* Place *Toronto, Ont* 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)

Grace H. Sims (mother)
2162 Sherbrooke, W. apt 12
Montreal, P.Q.

CIVIL EDUCATION

CIVIL OCCUPATIONS AND EXPERIENCE

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

Technical School Business Courses

University *18 wks (WETP) (Technical).*

Electrical Welder 1 yr.
Mechanic 2 yrs.

PREVIOUS SERVICE

ENLISTMENT

Med. Cat.

DATE

Med. Cat.

DATE

Nil

Date *26-6-42*

A4B 26 6 42

At *Montreal*

Term *Duration*

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
<i>AC2</i>		<i>26 6 42</i>	<i>A.E.M. (YT)</i>		<i>26 6 42</i>	TRADE	GP	%	P or F	DATE
<i>AC1</i>	<i>DR0</i>	<i>6 1 43</i>	<i>A.E.M. "B"</i>	<i>DR0182</i>	<i>1 OCT 43</i>	<i>A.E.M. (YT)</i>	<i>S</i>		<i>P</i>	<i>4 8 42</i>
<i>LAC.</i>	<i>DR0</i>	<i>234 1 10 43</i>				<i>DR0183 A.E.M.</i>	<i>C</i>			<i>6 Jan 43</i>
						<i>A.E.M. DR0182</i>	<i>B</i>		<i>P</i>	<i>1 OCT 43</i>
						<i>DR0.234. A.E.M.</i>	<i>B</i>		<i>P</i>	<i>1 10 43</i>

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
<i>27-6-42</i>	<i>4-8 To 42</i>	<i>Graduation P.L.W.O.P.</i>					
<i>9-2-43</i>	<i>22-2-43 (14)</i>	<i>A4 DR029</i>					
<i>DR035</i>	<i>above leave cancelled Hospitalized</i>						
<i>12-2-43</i>	<i>15-2-43 3 days</i>	<i>S.4 DR038</i>					
<i>15-2-43</i>	<i>1-3-43 (14)</i>	<i>A4 DR038</i>					
<i>11-9-43</i>	<i>1-10-43 (21)</i>	<i>SICK L. DR0217</i>					

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR 13	RIC	RIC					
	Montreal	Montreal	26-6-42				
MOR 13	#13 R.C. Mtl	#5 Lachine	6-8-42				
DRD-157-HR	-TOS	#5 M. Depot	5-8-42				
DRD-215-42	Albiont without leave	2354 0600	6-9-42				
D.R.O. 217/42	discharged from St Anne's Military Hospital	St Anne's Bellevue	9-9-42				
DRD 218/42	Cancelled entire for AWL in DRD 215/42						
DRD 219/42	Admitted to St Anne's Military Hospital	St Anne's Bellevue, Que	3-9-42				
D.R.O. 224/42	#5 M.O.	T.T.S. St Thomas	18-9-42				
			DRD 227				
PRD 265/42	Adm Str Hosp St Thomas		30-10-42				
DRD 275/42	Disch Str Hosp	3-11-42					
DRD 292/42	Adm Str Hosp	1-12-42					
DRD 7/43	T.T.S.	#13 SFTS					
	ST. THOMAS	ST. HUBERT	7 Jan 43				
DRD-14 TOS	T.T.S.	13 SFTS	8 Jan 43				
DRD-23-	admitted Str Hosp		15-1-43				
DRD 35	adm Str Hosp		2-2-43				
DRD 42	disch. Str Hosp		12-2-43				
DRD 197	Adm S.M.D. Hosp. LACHINE		6-8-43				
DRD 219	Disch Str Hospital		9-9-43				
DRD 241 SOS	HAVING DIED	8th Oct /43					
DRD 249	Admitted Str Hospital		5-10-43				
" 249	Transferred to S.M.D. Hospital		7-10-43				

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10,

1. SURNAME.....SIMS.....
2. CHRISTIAN NAMES.....SYDNEY TORRANCE.....
3. APPLYING FOR ENLISTMENT AS.....AERO. ENGINE MECHANIC.....

SELECTION BOARD

4. PERSONNEL OFFICER
Education.....XI.....
A to L Score.....24.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)
2 yrs H.S. Satisfactory A.L. score. Has experience as a mechanic. Above average physique
Should make good .

RECOMMENDED FOR.....W.E.T.P. TECH. A.E.M.....
SUITABLE FOR COMMISSION.....No.....

Signed R.J. LABROSSE F.L.

5. MEDICAL OFFICER
Medical Category.....

ASSESSMENT: (Physical; Temperamental)

RECOMMENDED FOR.....
SUITABLE FOR COMMISSION.....

Signed

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

RECOMMENDED FOR.....
SUITABLE FOR COMMISSION.....

Signed

FOUND ACCEPTABLE FOR.....A.E. Mac. W.E.T.P.....

DATE:

A.F.M. 5
24.12.41

for *Blanche T.O.*
Commanding Officer,
No.13 Recruiting Centre, RCAF.,
Montreal, P.Q.

125

Date of last instance of drunkenness.....

GENERAL CONDUCT SHEET

(IN BLOCK LETTERS

for J.H. Keens, Wing Commander, T.T.S. St. Thomas, Ont.

R.C.A.F. R. 71
10M-6-42 (2401)
H.Q. 1062-3-53

ROYAL AIR FORCE FERRY COMMAND

BRITISH AIR MINISTRY

DORVAL, Que.

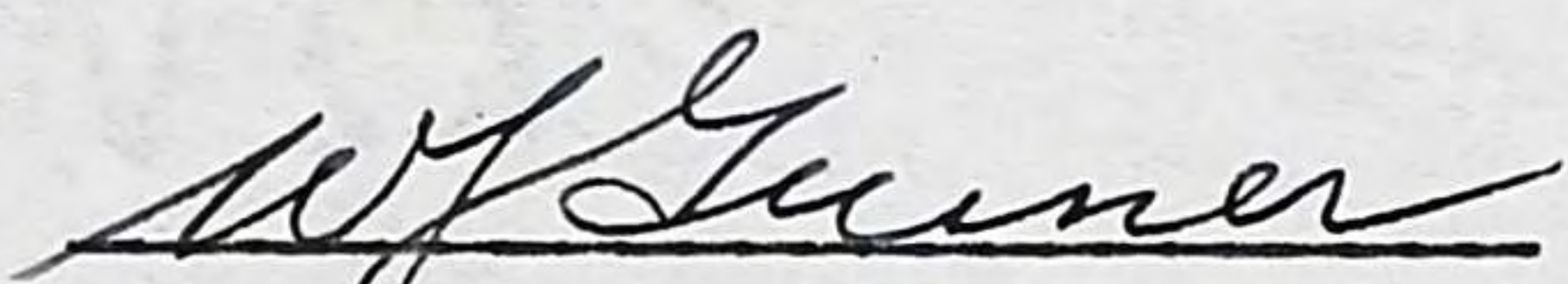
October 25, 1941.

TO WHOM IT MAY CONCERN:

I have no hesitation in recommending the bearer,
Sydney Sims, for a position of Aero Mechanic.

During the time I was Chief Engineer at this firm's
Newfoundland airport he worked under me for about four months
and I found him to be a very willing, dependable and conscientious
worker.

R.A.F. FERRY COMMAND

A handwritten signature in dark ink, appearing to read 'W. Turner', written over a horizontal line.

W. Turner, CHIEF INSPECTOR

ADDRESS ALL COMMUNICATIONS
TO THE REGISTRAR-GENERAL
PARLIAMENT BUILDINGS, TORONTO



ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY
REGISTRAR-GENERAL'S BRANCH

January-15-1942

This Certificate of Birth is issued for Military,
Naval and Air Force purposes only

THIS IS TO CERTIFY that the
Birth of the person named hereunder
is of record at the office of the
Registrar-General of Ontario as of
the date and place noted.

Sydney Torrance Sims

Toronto

July-18-1921

Name of Father Wm. Sims

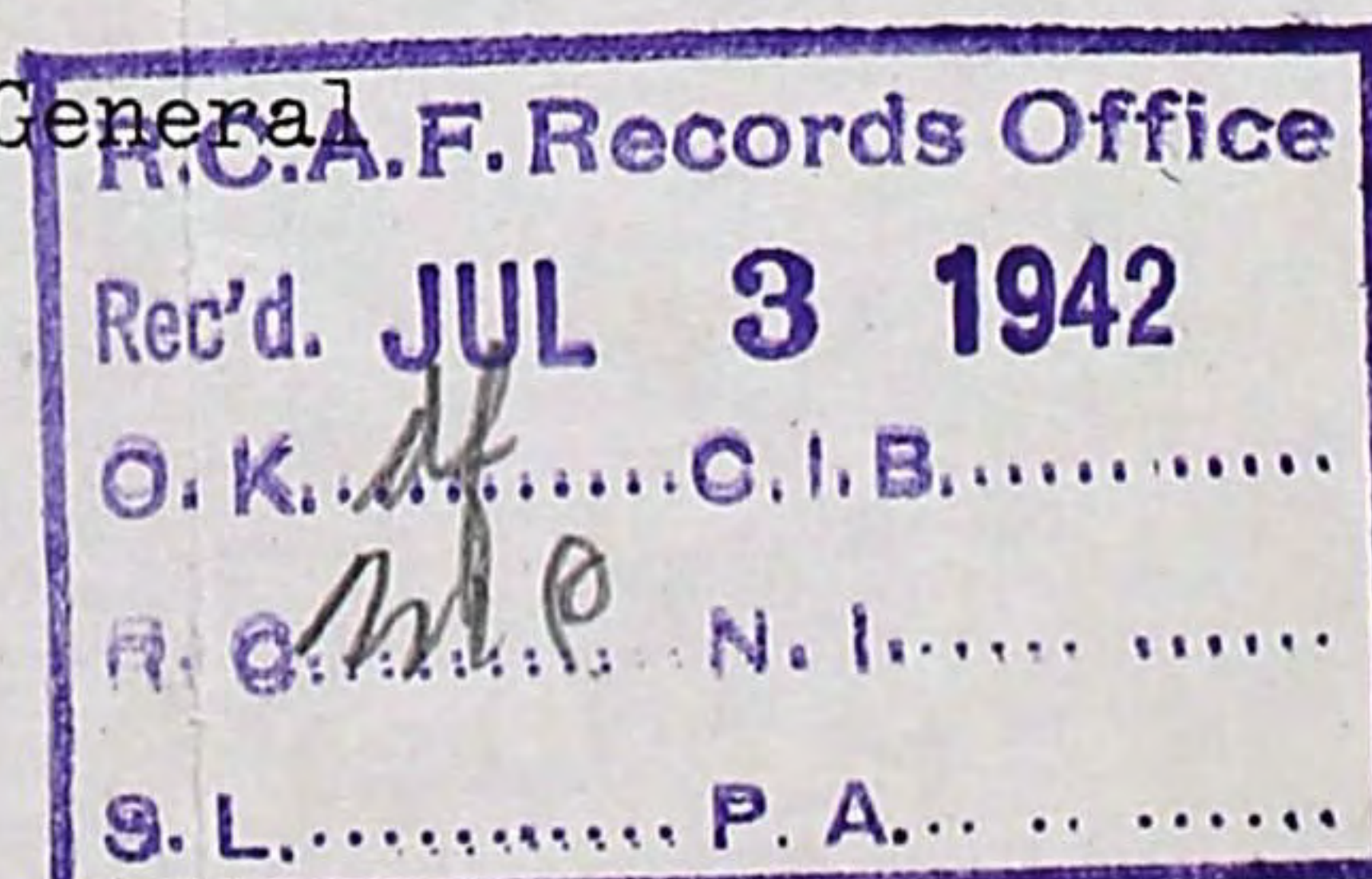
Maiden Name of Mother Grace Helen Heyes

Reg-Aug-17-1921
1921-4-307

J. V. Johns.

Deputy Registrar-General

AB



copy made

PATHOLOGICAL INSTITUTE
McGill University.

AUTOPSY REPORT

Autopsy No. 12010.

NAME Sims, LAC S.T.

HOSPITAL #5 "M" Depot, Lachine, P.Q.

AGE: 22

SEX M

EXTENT: Complete

AUTOPSY BY Dr. C.R. Maclean.

DATE OF ADMISSION Oct 5/43 DATE OF DEATH Oct 7/43 DATE OF AUTOPSY Oct 8/43

AUTOPSY 3½ HOURS AFTER DEATH.

ACUTE ENCEPHALOPATHY OF UNKNOWN EXACT ETIOLOGY

PROVISIONAL PATHOLOGICAL DIAGNOSIS

Acute encephalopathy of unknown etiology
Acute bronchopneumonia (both lower lobes)
Acute tracheitis and bronchitis
Acute hyperplasia of spleen (620 grams)
Infarct of spleen (recent, large)
Chronic passive hyperaemia of liver (2250 grams)
Hyperplasia of abdominal and thoracic lymph nodes (moderate)
Hyperplasia of bone marrow (femur)
Fatty metamorphosis of liver (slight)
Obsolete tuberculosis of mesenteric lymph node (Calcified)
Congenital anomaly of kidney (Horseshoe)
Congenital cyst of urachus
Patent foramen ovale of heart
Accessory spleen (small)
Sulphonamide therapy)

B. MacKenzie.

The provisional Neuropathological report (Mtle. Neurol. Inst.)
Acute Toxic Encephalopathy.

S/L. Kershman.

24 November 3

Mrs. Grace H. Sims
2162 Sherbrooke St.
Apt. 12 "C" Building
MONTREAL, Que.

Dear Mrs. Sims:

Your letter dated October 23rd was received, and an investigation was made into the circumstances of the final illness of your son L.A.C. Sims, S.T. (R.171197).

From the information contained, it would appear that your son suffered from an obscure type of inflammation of the brain. This illness in its early stages, when your son was in hospital at No. 13 S.F.T.S., St. Hubert, showed itself by nausea, vomiting, and pains in the abdomen and back. On examination, no signs of serious disease of the nervous system or indeed of any system were present.

Under these circumstances, your son was kept under observation in hospital with symptomatic treatment being administered. On October 6th, 1943 he seemed to be feeling somewhat better. On further examination there was still no signs pointing towards a serious illness. It was not until the morning of October 7th, 1943 that your son suddenly had a seizure in which he became unconscious for a short period of time and from this time forward his condition became progressively worse. Treatment was administered and he was transferred to No. 5 Manning Depot Hospital, Lachine where more comprehensive facilities were available for his treatment.

Taking into consideration, the obscure picture presented by the early stages of your son's disease, it is considered that reasonable and adequate attention was given to him under the circumstances.

May we extend our sincere sympathy in your bereavement. Your loss is the loss of the Royal Canadian Air Force as well.

Yours very truly,

(J.H.B.Hilton)
Flight Lieutenant
for Chief of the Air Staff

F/L JHB HILTON/BAW

11th October, 1943.

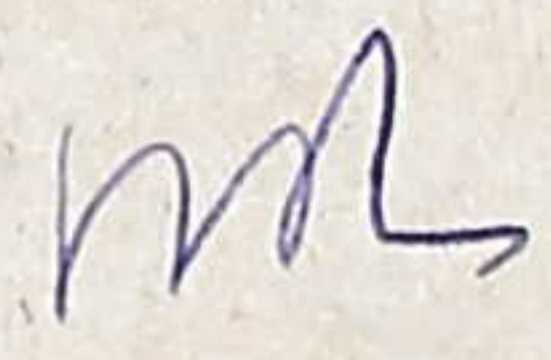
Mrs. William Sims,
Bldg. C. Apt. 12,
2162 Sherbrooke St., W.,
Montreal, Quebec.

Dear Mrs. Sims:

I have learned with deep regret of the death of your son, Leading Aircraftman Sydney Torrance Sims, on Active Service on October 8th and I wish to offer both you and Mr. Sims my sincere and heartfelt sympathy.

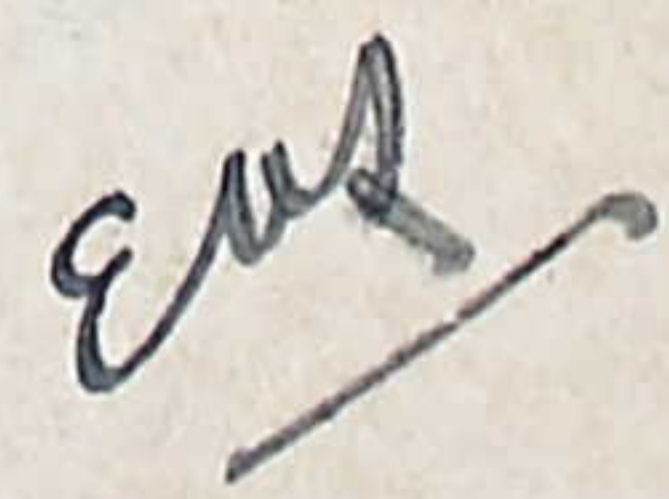
It is so unfortunate that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your son was serving.

Yours sincerely,



(H.R. Anderson)
Air Vice-Marshal,
Deputy Chief of the Air Staff.

/30



1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R171197 R171197	LAC	Sims	Sidney Torrance
5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
No. 13 S.F.T.S., St. Hubert, Quebec	8th October, 1943	1040-S-595	Presbyterian
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Died of meningitis in the R.C.A.F. at No. 5 Manning Depot, Lachine, Quebec		William Mrs. Grace-H. Sims (Mother) Bldg. "C", 2162 Sherbrooke St. West, Apt. 12 Montreal, Quebec	
11. LOCATION OF UNIT AT TIME OF CASUALTY			
No. 13 S.F.T.S., St. Hubert, Quebec			
NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.			
12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Soldiers Plot Mount Royal Cemetery	Montreal, Quebec	Grave..... Lot G.943 Plot..... Grave No. 395 Row Section C	395
16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO	
yes	SH. 1483	Mrs. Grace H. Sims (Mother)	

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R171197**

RANK **L.A.C.**

UNIT **NO. 13 S.F.T.S.
ST. HUBERT, QUE.**

TRADE **A.E.M. (C)**

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

NAME **SIMS, SYDNEY TORRANCE**

MARITAL STATUS **SINGLE**

RELIGION **PRESBYTERIAN**

CANADIAN **YES**

FRENCH CANADIAN

OTHER

NEXT OF KIN AS SHOWN ON
REC. OF SERV. & RELATIONSHIP

MRS. G.H.H. SIMS (MOTHER)

ADDRESS

**BLDG. C, APT. 12,
2162 SHERBROOKE STREET, WEST,
MONTREAL, QUEBEC.
AGREES.**

NAME
ADDRESS
D.A.B.

NEXT OF KIN AS SHOWN ON
CAS. SIG. & RELATIONSHIP

MRS. GRACE H. SIMS (MOTHER)

ADDRESS

**2162 SHERBROOKE STREET, WEST,
N.D.G., MONTREAL, QUEBEC.**

FATHER'S NAME

MR. & MRS. WILLIAM SIMS

ADDRESS

**BLDG. C, APT. 12,
2162 SHERBROOKE STREET, WEST,
MONTREAL, QUEBEC.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

MONTREAL, QUEBEC.

LIVING ON ENLISTMENT **YES**

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

5 M.D.---H842---d-08-OCT-43.

**"DIED" OF NATURAL CAUSES 08-OCT-43 AT STATION HOSPITAL NO. 5 M.D.,
LACHINE, QUEBEC (MENINGITIS OF UNKNOWN ETIOLOGY)**



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

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

DATE **20-OCT-43**

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

mmp amptee
41510

FOR CHIEF OF THE AIR STAFF

ATS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

2995

WILL

(a) Names in full to be written. (1) (a) I, Sydney Lorraine Sims of the City Town Village Township
of Montreal in the County of
District
Province of Que (Civil Occupation)

a member of the Royal Canadian Air Force, Number R.171197 do hereby
revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife",
"father", "mother",
"friend", etc.
(b) Insert the name of
beneficiary(y)(ies) in
full.
(c) Insert the
address(es) if known.
(d) Here state "all of
my estate" or the
particular articles or
money intended to be
given.
See reverse side for
example.

(2) I GIVE, DEVISE AND BEQUEATH unto my

- (a) Mother
(b) Mrs Grace, Helen, Heyes Sims
(c) 2162 Sherbrooke W. Bld C. apt 12
Montreal
(d) all my Estate

Draw a diagonal line
through Para. (3) if not
applicable, i.e., if all Es-
tate disposed of in Para.
(2) above.

(3) All the remainder of my estate I give, devise and bequeath unto:

- (a)
(b)
(c)

Name and address of
Executor.

(4) I appoint Mrs G. H. H. Sims 2162 Sherbrooke W. Bld C apt 12
(Name) (Address)
to be the Executor of this my Last Will.
Executrix Montreal

IN WITNESS WHEREOF I have hereunto set my hand this seventh
day of Aug 7, 1942

Signed and acknowledged by the Testator, in the
presence of us present at the same time who in
his presence, at his request, and in the presence
of each other have hereunto subscribed our
names as witnesses.

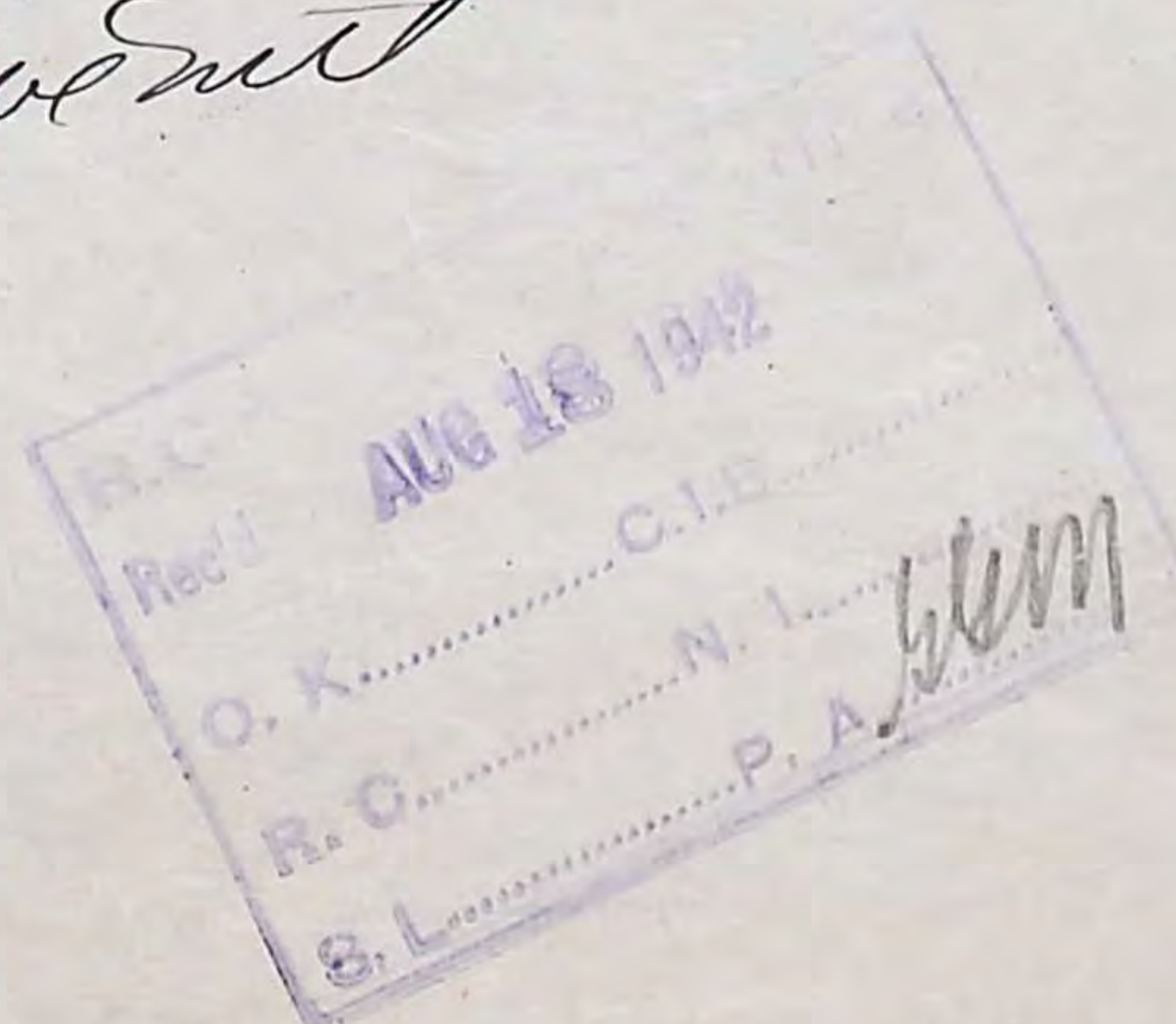
First Witness sign
here.

(5) J. J. L. Sims (Signature of Testator)
4054 St. Charles St.
(Permanent Home Address)

Second Witness sign
here.

Clark (Occupation)
L. J. Garneau (Signature)
5676 McHymn Avenue
(Permanent Home Address)
Clark (Occupation)

(Witnesses are not to be beneficiaries.)



(OVER)

To be made out in duplicate

M.F.M. 5
25M-6-42 (4975)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank SIMS, SYDNEY TORRANCE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R171197 AC2

(3) Unit No. 5 M.D. Lachine, Que.

(4) Are you married? No

(5) If married, state, ✓

(a) Full name of your wife NA

(b) Present postal address of wife NA

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

(7) Are you a widower? NA

(8) Have you any children? NA Number of boys NA Girls NA

Names and ages NA

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

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

Name NA

Postal Address NA

[SEE OTHER SIDE]

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

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

(11) Is your father alive? yes address unknown

If so, state name and address, occupation William Sims

Radio announcer.

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

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

N.A.

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

(14) Is your mother alive? yes

If so, state name and address 2162 Sherbrooke W Bld C Apt 12

Mrs Grace Helen Heyes Sims

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

Amount contributed monthly during the past six months N.A.

(18) Are you insured? No

If so, in what Company? N.A.

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N.A.

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.

Date Aug 7 / 42

Syd T. Sims
(Signature of officer or man)

Date 7. 8. 42

H.H. Funk
for Officer Commanding No. 5 MD Machine Gun

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.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
AIR

DECEASED
MEMBER'S
NAME

Sydney T.

Sims

(CHRISTIAN NAMES)

(SURNAME)

PAYEE

Receiver General of Canada,
Director of Estates,
Ottawa, Ont.

ADDRESS

n.a.

REGISTER NO.

23135

FILE NO.

DATE

26 Oct 45

SERVICE NO.

R171197

FINAL RANK OR RATING

LAC

DATE OF DISCHARGE

8 Oct 43

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 431 EQUAL TO 14 COMPLETE PERIODS AT \$7.50

\$ 105.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ X7 = \$

NO. OF DAYS 183 X \$

D. WAR SERVICE GRATUITY

105.00

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

105.00

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

P. & A. Bal. Trans. Trst Account
Journal Voucher # 6265

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

hrh

CHECKED BY

lgs

TREASURY
CHECKED BY

DATE

30-10-45

SERVICE REPRESENTATIVE

LAC6

[illegible]

Mrs. Grace H. Sims (mother)
Bldg. C, apt. 12, 2162 Sherbrooke St. W.,
Montreal,
Que.

Feb. -46.

1426-7-11-49

MEMORIAL BAR	
DATE DESP	
REGN. NO	3298

NAME SIMS Sydney Torrance FILE NO. 1040-S-595
RANK LAC A.F.M. CATEGORY DIED REG. NO. R171197

DATE OF DEATH: 8-Oct-43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 28-10-43
To mother & father

ROYAL MESSAGE: FEB 23 1944 MEMORIAL CROSS
TO CHAPLAIN:

FEB 16

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. William Sims,
Bldg. C. Apt. 12,
2162 Sherbrooke Street, West,
Montreal, Quebec.

COMMAND:

RELIGION: Pres.

AIR
FORCE
No.

R.171197

SIMS,

SYDNEY

TORRANCE

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE
NUMBERPLACE *Montreal, Que.*DATE *24-6-42*

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.
<i>TTS</i>	<i>Montreal Kic</i>	<i>26 6 42</i>	<i>M 16 63</i>
<i>SOS</i>	<i>Montreal Kic</i>	<i>5 8 42</i>	<i>M 16 74</i>
<i>TOS</i>	<i>SMD Machine</i>	<i>8 8 42</i>	<i>5 M 187</i>
<i>SOS</i>	<i>SMD Machine</i>	<i>18 9 42</i>	<i>SMD 224</i>
<i>TOS</i>	<i>115 St. Thomas</i>	<i>19 9 42</i>	<i>TTS 222 23</i>
<i>TD</i>	<i>TTS 229 at SSFTJ for NCOs course</i>	<i>27 11 42</i>	<i>TTS 229</i>
<i>SOS</i>	<i>TTS St. Thomas</i>	<i>7 1 43</i>	<i>TTS 7</i>
<i>TOS</i>	<i>13 S.F.T.S. St. Hubert</i>	<i>8 1 43</i>	<i>13 S.F. 14</i>
<i>SOS</i>	<i>13 SF St. Hubert</i>	<i>8 10 43</i>	<i>13 SF 24</i>
<i>W. S. G. Gung</i>		<i>5 4 44</i>	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
<i>AC 2</i>	<i>26 6 42</i>	<i>M 16 63</i>
<i>AC 5</i>	<i>6 1 43</i>	<i>13 S.F. 14</i>
<i>A.C. 6</i>	<i>1 10 43</i>	<i>13 SF 234</i>

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
<i>ACM (WEP)</i>	<i>1</i>	<i>26 6 42</i>	<i>M 16 63</i>
<i>ACM</i>	<i>1</i>	<i>6 1 43</i>	<i>TTS 5</i>
<i>ACM</i>	<i>1</i>	<i>1 10 43</i>	<i>13 SF 234</i>

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
<i>27-6-42</i>	<i>Grad.</i>	<i>14</i>	<i>Leave P</i>	<i>M 16 63</i>
<i>8-2-43</i>	<i>22-2-43</i>	<i>14</i>		<i>13 S.F. 29</i>
<i>12-2-43</i>	<i>15-2-43</i>	<i>3</i>	<i>Sick</i>	<i>13 S.F. 38</i>
<i>15-2-43</i>	<i>1-3-43</i>	<i>14</i>		<i>13 S.F. 38</i>
<i>11-9-43</i>	<i>1-10-43</i>	<i>21</i>	<i>Sick</i>	<i>13 SF 217</i>

TRADE
PROFICIENCYCHARACTER
ASSESSMENTDATE OF
R41

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D. R. O.
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3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
------	------	----------	---------

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D. R. O.
QUARTERS	CONFINED	RET'N DUTY	

<i>26-6-42</i>	<i>1000</i>	<i>A4B</i>	
<i>Stn Hosp</i>	<i>3-9-42</i>	<i>9-9-42</i>	<i>SMD 219-217</i>
<i>Stn Hosp</i>	<i>30-10-42</i>	<i>3-11-42</i>	<i>TTS 265-275</i>
<i>Stn Hosp</i>	<i>1-12-42</i>	<i>14-12-42</i>	<i>TTS 292-307</i>
<i>Stn Hosp</i>	<i>29-12-42</i>	<i>1-1-43</i>	<i>TTS 4.7.</i>
<i>Stn Hosp</i>	<i>2-2-43</i>	<i>12-2-43</i>	<i>13 SF 35, 42</i>
<i>Stn Hosp</i>	<i>19-1-43</i>		<i>13 SF 23</i>
<i>Stn Hosp</i>	<i>7 10 43</i>	<i>8 10 43</i>	<i>SMD 242-240</i>
<i>Stn Hosp</i>	<i>5 10 43</i>	<i>7 10 43</i>	<i>13 SF 249</i>
<i>Stn Hosp</i>	<i>6-8-43</i>	<i>9-9-43</i>	<i>13 SF 219-197</i>

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
<i>Qual. mem. A.E.M.</i>	<i>1</i>	<i>10 43</i>	<i>13 SF 182</i>

*Died**8 10 43 13 SF 241**COMPLETED**28 7 43**Died**8 10 43**H 842**8 10 43*

OVERSEAS

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38R.C.A.F.
ENLISTMENT
MARITAL STATUS
PRESENT
HIGH & TECH. SCHOOL EDUCATIONC.O.F. BAR.
U.C. PRIOR
RELIGION
PRO.
MIS. OTHER PREV.
SERV.

PROVINCE OF ENLISTMENT

DISCHARGE

AC

AIR
FORCE
No.

R.171197

SIMS,

SYDNEY

TORRANCE

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE
NUMBER

PLACE *Montreal, Que.*
DATE *26-6-42*

RECORD OF SERVICE AIRMEN

F. FORM R44 (B)
DM-12-41 (1346)
H. Q. 1062-3-58

7. BIRTH: DATE PLACE CITIZENSHIP *2*

18-7-21 Toronto Ont British

FATHER (FULL NAME) *William Sims*

BIRTHPLACE *Toronto Ont.*

MOTHER (FULL MAIDEN NAME) *Grace Helen Heyes*

BIRTHPLACE *Toronto, Ont.*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *x Que.*

JUNIOR MATRICULATION *2 years H.S.*

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES *2*

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

Helper Charles Gurd & Co. 1939-40

Acetelene Welder 1940-40

Mechanic RCAF Ferry Command 1941-41

" Noorduyn Aircraft 1941-42

2801-

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

11. HONOURS-AWARDS, MENTIONS

AUTHORITY DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO - DUAL - PASSENGER *30*

13. RELIGION *Pres.*

14. LANGUAGES *English*

15. SPORTS *Rugby & Rowing.*

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED *Single*

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

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: *Grace Helen Heyes Sims* RELATIONSHIP *Mother*

ADDRESS: *1351 Green Ave. Westmount* D.R.O.

FULL NAME: *Que.* 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.

FWK cancelled 6 9 12 57.0.215

21. ENGAGEMENTS

TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O.

duration 26 6 42

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM TO DATE D.R.O.

22.(A) ADDRESS PRIOR TO ENLISTMENT

1351 Green Ave., Westmount, Que.

22310

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60 R79 B465 X-RAY AFM-13 IDN: CARD *KX*

29-7-42