R179370
ALLEN
WARD WILLIA

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36

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

E-2694

REGIMENTAL No. D-513567

Militia Unit taken On Strength V. R. C.

1. Surname (Block Letters) ALLEN
2. Christian Names (In Full) Ward
3. Present Address AUBREY, P. Q. Co. Chatauguay
4. Place of Birth AUBREY, P. Q. Date of Birth 14 March 18
5. Religion United 6. Occupation Farmer
7. Next-of-Kin ALLEN Mrs. Mabel
(NAME AND ADDRESS)
same
8. Physical Description: Height 5'8¾" Weight 150
Color of Eyes Brown Color of Hair Brown
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
R. C. A. F. Machinist

Dated this 10 day of Jan 19 41

Training Centre No. 40

Ward Allen
(SIGNATURE OF MAN)

J. Shirley Sharp
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

N.P.A.M. TRAINING CENTRE No. 40 COURSE 3 STAMP EN G FEB 8 1941

TRAINING CERTIFICATE STAMP

Category "A"

NO. 40 CANADIAN MILITIA TRAINING CENTRE

H

R. Howard
Lieut. Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

A. Education:-

To 10th grade.

B. Trades Experience:-

1 yr. with refrigeration company; servicing farming.

C. Interest in learning trade:-

wishes to continue work in refrigeration.

D. General Intelligence:- average

Manual Dexterity:- Slow.

E. Arm of service for which recommended.

R. C. A. F.

F. Remarks:-

Nil.

NO. 40 CANADIAN MILITIA TRAINING CENTRE

J. A. Dixon Lieut.

O/C A. Company

DEPARTMENT OF VETERANS AFFAIRS

AWARDS ARMY TRAINEE

WAR SERVICE RECORDS

M

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
ALLEN, Ward	D-513567	Pte	FILE No.

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
	30 Days Training
	2438
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO ADDRESS:	(1)
(2) <u>MEMORIAL CROSS</u> WIDOW ADDRESS:	(2)
(3) <u>MEMORIAL CROSS</u> MOTHER ADDRESS:	(3)

Sgt. Allen W.O.

Copy to Ottawa 12/1/44

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

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

C.9

13

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

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

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

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

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

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

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

P.411724

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

A0.738 17.12.43.

1. Unit	Group No.	Command	Serial No. of Form
166 Squadron	1	Bomber	166/302/68/P.1

2. Date of Incident ..... 16.12.43.

Time ..... 23.50 hours.

Site of Incident

(*a*) Name of airfield or landing ground..... ½ mile due north of Caistor

(*b*) Place (if (*a*) not applicable) .....

(*c*) County ..... Lincolnshire.

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

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

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

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

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

Details of Airframe and Engine.	Airframe.	Engine. Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	Lancaster	Merlin	Merlin	Merlin	Merlin
Mark or series	III	38	38	38	38
R.A.F. No. (and makers' No. for engines)	W.385 *b*	A.10850/ 24586 *a* *b*	A.9212/ 24208 *a* *b*	A.10465 24561 *a* *b*	A.10751 24574 *a* *b*
Total hours run		*b*	*b*	*b*	*b*
Date last installed in Airframe	—				
c Extent of damage	E3	E1	E1	E1	E1

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

5. All Occupants of Aircraft and Flying Experience of Pilots.

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

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. *See* Note (ii)					
					Part A. Total Solo (Day & Night).		Part B (*see* Note (i) below). Solo (Night).		Part C (*see* Note (iii) below).	
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instruments.	Link Trainer.
Pilot	Miller S.F.	F/Sgt.	1503799	K	63	315	52	100	41	74
F/Eng.	Rudden T.	Sgt.	1676327	K						
A.B.	Haney B. (Can)	Sgt.	R.158965	K						
Nav.	Hine H.G.A.	Sgt.	1394419	K						
M.U.G.	Miles H.E.	Sgt.	1237269	K						
WO/Air.	Murphy J.H. (Aus)	F/Sgt.	425337	K	Pilot posted in w.e.f. 14.11.43 from 1667 Con. Unit.					
R/Gunner	Allen W.W.J. (Can)	Sgt.	R.179370	K						

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

6. Stage of Flight.	7. Did Fire occur? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. Conditions of Light in which Incident occurred.	9. If Incident occurred when taxying on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings. F. In flight. B. Starting up. G. Landing. C. Stationary other than A or B. H. Towed or manhandled. D. Taxying. J. Not known. E. Taking off	Yes.	A. Day (daylight). E. Moonlight. B. Dusk (half light of evening) F. Not known. C. Dawn (half light of morning). D. Dark (no moon or moon obscured).	
Quote A or B or C, etc., as appropriate ..... F	..... On ground	Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if neccessary. ..... D	..... N/A .....

10 Description of
as to the beh

Duration of flig

the pil
acknowl
At 23.5
The air
M.S.L.

11 Report by App
and cause of
required. (ii
serial numbe

Aircraf
was in
the air
collisi
of impa

Is Form 1022 c
If "Yes" state

RIENCE OF PILOTS.

ots and Pupil Pilots. *See* Note (ii)

art B (*see* e (i) below). lo (Night).		Part C (*see* Note [illegible] low).	
be ed 4.	All Types.	Instru-ments.	Link Trainer.
2	100	41	74

ed in w.e.f. 14.11.43
Con. Unit.

sible contributory factor.

INCIDENT	9. IF INCIDENT occurred when taxying on, taking off from or landing on a runway state "Yes."
loonlight. Not known.	
priate and D.	N/A

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

Duration of flight since last take off: Hours..... Minutes 15. If engine failure occurred during take off quote height.....

Aircraft airborne 16.26 hours on16.12.43 for operational sortie. At 23.37 the pilot identified himself on R/T and was given "Prepare to land". No acknowledgement was received. Flying Control continued to call him until 23.57 At 23.50 a telephone message from Caistor reported the aircraft has crashed. The aircraft caught fire and was extensively burned. Cloud base was 700 ft. above M.S.L. Visibility 1 - 2 miles. Height of ground at crash 370 ft.

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

Aircraft extensively burned. Propellors were not feathered and undercarriage was in up position. It is presumed that a certain amount of petrol was left as the aircraft burned for nearly two hours. Aircraft disintegrated after collision with three which was also shattered, leaving no clue as to the point of impact. No evidence of any technical failure found.

Is Form 1022 or 1023 being rendered? } No Signature G.L.Law F/Lt.
If "Yes" state which }

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

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

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

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

A. Aircraft crashed into high ground when attempting to locate the aerodrome through low cloud at night. Full airfield lighting Mark II with one Sandra in use.

B. Cloud base 700 ft above M.S.L. Aerodrome level 80ft. M.S.L. and scene of crash 370 ft. above M.S.L. The cloud base was therefore very dangerously low, particularly with ground up to 460 ft. within 5 miles of the aerodrome.

C. Aircraft returning from operations under the prevailing conditions should have been diverted. Unforunately the low cloud was extensive.

Signature C.Scragg W/Cdr. *Commanding* No.166 Squadron *Date* 19.12.43.

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

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

(ii) Remarks.

The base weather conditions on return from this sortie were much worse than forcasted. The pilot was average. Captains will be encouraged to consider the advisability of baling out those members of the crew not essential for locating and landing on the airfield before descending through low cloud.

Signature C.Scragg W/Cdr. *Commanding* No.166 Squadron *Date* 19.12.43.

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

Sgt. Allen W.W.J. Copy to H.Q

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 ....Allen.... Christian Names (in full)....Ward..William..James.

Rank ....Sgt.... Number..R179370..... Unit ..166..Squadron.....

Date and time of accident..16.12.43..... 23.30 Place of accident ...Caistor.....

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.

Killed in aircraft accident to Lancaster LM.385 at Caistor on 16.12.43. Unit signal AO.738 dated 17.12.43 refers.

Ian

3. (*a*) Description of injuries :— Multiple. Dead.

(*b*) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later? (i) N/A (ii) NO

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

Date 9/1/44. Signature of Medical Officer [signature] R/O

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? No

(*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? ..... No .....

(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 ..... for

Date 16/1/194.4 *Commanding* ..... Commanding,
No. 166 Squadron,
Royal Air Force.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R179370 RANK SGT. UNIT 166 SQUADRON OVERSEAS

TRADE AIR GUNNER (SP GR)

NAME ALIEN, WARD WILLIAM JAMES

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

MARITAL STATUS SINGLE RELIGION U.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. ALFRED RICHARD ALLEN (FATHER)
ADDRESS AUBREY, QUEBEC.

NAME ADDRESS D.A.B. AGREES.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. A.R. ALLEN (FATHER)
ADDRESS AUBREY QUEBEC

FATHER'S NAME MR. & MRS. ALFRED RICHARD ALLEN
ADDRESS AUBREY QUEBEC LIVING ON ENLISTMENT YES

MOTHER'S NAME LIVING ON ENLISTMENT YES
ADDRESS

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

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---PCX997---d-18-DEC-43. NR33/18 DEC

"KILLED" 16 IX-DEC-43 DURING AIR OPERATIONS (OVERSEAS)
(½ MILE DUE NORTH OF CAISTOR, LINCOLNSHIRE, ENGLAND)
DETAILED TO ATTACK BERLIN, GERMANY)

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

NEXT OF KIN ADVISED-----19-DEC-43.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO (2) M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

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

DATE 6-JAN-44.

FOR CHIEF OF THE AIR STAFF

ΔTS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 28670

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (ENGLAND) | Official name of civil municipality or township: | *Place an X over the word which applies to this municipality or this te...* 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: ALLEN (*Block letters*)

Given names: WARD WILLIAM JAMES

RESIDENCE

4. Street: No.

Official name of civil municipality or township: Aubrey

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): Quebec

11. DATE OF BIRTH: March (Month) 14th (Day) 1918 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Dec.16/43

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Allen, Alfred Richard	Quebec
MOTHER (Maiden Name)	Miller, Mabel	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: December (Month) 16th (Day) 1943 (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed during air operations

due to

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

due to

(c)....

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19....

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date: Dec.16th 19 43

Manner of injury: Killed during air operations (How sustained)

Nature of injury....

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

Signed....M.D.

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

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

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

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

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

....

(Voir l'autre côté pour le français)

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

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

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

RÉSIDENCE

4. Rue.....No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal.....Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....
(b) Municipalité civile de.....
(c) Comté municipal.....
(d) Date.....19.....
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....
que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

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

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

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

III Si une maladie contagieuse est mentionnée à ce certificat, donner
(a) Date d'éclosion.....19.....
(b) Durée de la maladie.....**jours**

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

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

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—
Accident, suicide ou homicide.....Date.....19.....
(Spécifier)
Manière de la blessure.....
(Dans quelle circonstance)
Nature de la blessure.....
Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

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

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

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

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

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

.....

(For English see other side)

MEMORANDUM FOR **P. 64**

Mr. Alfred Richard Allen,
Aubrey, 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. 1022-A-1816 F.D.351

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Jan. 20, 1944

ESTATES BRANCH
FEB 3 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

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

ALLEN, Ward William James, Sgt.

R.179370 R. C. A. F.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

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

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

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

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

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

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

ADB/MK

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.....		Alfred. Richard. Allen	57	Aubrey. Ave
4	Mother of the Deceased.....		(MABEL) Mrs. Alfred. Richard Allen	58	" "
5	Brothers of the Deceased	Full Blood	Lloyd. Alfred. Allen	24	" "
		Half Blood			
6	Sisters of the Deceased	Full Blood	(RUBY. ALLEN) Mrs. Eric. Hunter	30	120. Hillcrest Ave Montreal West
		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

8	Full names of th
9	Date of his birth
10	Place and date o
11	Place and date o
12	Place where dece
13	State, in order, t resided before en
14	Nature of employ
15	State whether he so, where situate
16	Name place wher permanent home
17	Did he leave a W
18	If married, and d in the U.S.A. or community of pro contract dealing
19	Did he have a Ba give name and ad
20	Amount of War S
21	Amount of Victor
22	If deceased had payable under ea there. Describe o
23	Is application for necessary (see pag
24	Did the deceased (*a*) His own (*b*) Service c An itemized acco hereto, and if "approved" ar particulars.
25	Have you or any part thereof? amount paid, a
	(NOTE:—The and burial is mad zone, and if a rela authorized in the the Government

t the deceased ever

DRESS IN FULL
ving Relative, opposite his
ame, and date of death
ch deceased relative

brey. Que
"

"

illcrest Ave
tral
West

heir children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Ward. William. James. Allen
9	Date of his birth	March 14th. 1918
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Howick. Que. Dec 23rd. 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Aubrey. Que
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) Quebec. Canada (c) (d)
14	Nature of employment before enlistment.	Refrigeration
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.	—

PARTICULARS OF ESTATE

17	Did he leave a Will?	—
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	—
20	Amount of War Savings Certificates held by deceased.	—
21	Amount of Victory Loan Bonds held by deceased.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Sun Life Assurance Co of Canada $2000.00 The Father
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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.	—
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.	—

(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.

.....Alfred. Richard Allen..... {Signature of Informant}

.....Aubrey. Que.....Address

CERTIFICATE

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

See above. .....{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.

Dated at.....Howick, Que.....this.....1st.....day of.....February.....19.44.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } .....Kenneth H. Woodward..... Qualification.....Clergyman (Howick United Church)

Address.....Howick, Que.....

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

My son informed me he had left a (Will) with the R.C.A.F. As all service men are requested to do so before proceeding overseas.

Would you please send me a copy of same.

Also state amount of money due his (service estate) if any.

As there are necsary in order to fill out-

Dominion and Provincial

Succession Duties. Papers

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

R.C.A.F. R. 60
(REVISED 1-42)
40M—1-42 (1617)
H.Q. 1062-3-45

WILL

(a) Names in full to be written.

(1) (a) I, Ward William James Allen of the ~~City~~ ~~Town~~ Village ~~Township~~

of Aubrey P.Q. in the County of Chateauguay ~~District~~

Province of Quebec Stockkeeper
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R-179370 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 beneficiar(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) Father and Mother.
(b) Mrs Mabel Allen.
(c) Mr. Alfred Richard Allen.
(d) Aubrey Quebec.

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

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

(a)
(b)
(c)

Not dated

Name and address of Executor.

(4) I appoint Alfred Richard Allen, Aubrey Que.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this ..... day of ..... 19.....

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.

Ward W. J. Allen.
(Signature of Testator)

First Witness sign here.

(5) J. C. Legault
(Signature)
138 - 12th Ave Lachine
(Permanent Home Address)
Clerk
(Occupation)

Second Witness sign here.

Roger Godin
(Signature)
4854 St Emile Mtl.
(Permanent Home Address)
Clerk
(Occupation)

Not dated

(Witnesses are not to be beneficiaries.)

Office
Rec'd DEC 18 194
C. K. C.I.B.
R. C. N. I.
S L P. A.

(OVER)

NOTE

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

(2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:

(a) my wife

(b) Mary Brown

(c) 26 Cherry Ave., Ottawa, Ont.

(d) all my estate

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. **$100.00**
and my household goods and effects".
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. **$100.00"**
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man. **$100.00"**
and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, the balance of my estate", or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, the balance of my estate in equal shares or in the event that one dies before the other, the balance to the survivor".

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

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

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the 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 set out in his will.

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)

R0179370 ALLEN WARD WJ SGT4

1 NUMBER 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. WAR MEDAL	C.V.S.M.					
33 34 35	36 37 38	39 40 41	42 43 44	45 46 47	48 49 50	51 52 53	54 55 56	57 58 59	60 61 62	63 64 65	66 67 68	69 70 71	72 73 74	75 76 77 78 79 80	
✓		✓							✓	✓					AWARD
										✓					AWARD AND CLASP
															APPLICATION DISPATCHED
			2438												RIBBON ISSUED
													7 8 46		MEDAL ISSUED

Op. Wing L.D.

PREFIX NUMBER NAME RANK CODE

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

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

3009. 15/3/50

Mrs. Mabel Allen (mother)
Aubrey,
Que.

Jan.-45

MEMORIAL BAR
DATE DESP.....
REGN. NO. 1766

NAME ALLEN, Ward William James FILE NO. 1022-A-1816

RANK Sgt. Air Gunner CATEGORY KILLED REG. NO. R179370

DATE OF DEATH: 16-Dec-43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 8-1-44 ROYAL MESSAGE: APR 20 1944 MEMORIAL CROSS TO CHAPLAIN: APR 5 1944

To mother & father

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Alfred Richard Allen,
Aubrey,
Quebec.

COMMAND: No. 3 T.C.

RELIGION: U.C.

AIR FORCE No. R.179370

ALLEN, WARD WILLIAM JAMES
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal Que DATE 15-7-42.
RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 14-3-18 | PLACE Aubrey, Que. | CITIZENSHIP British

FATHER (FULL NAME) Alfred Richard Allen

BIRTHPLACE Aubrey, Que.

MOTHER (FULL MAIDEN NAME) Mabel Miller

BIRTHPLACE Aubrey, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Que.
JUNIOR MATRICULATION 1 year H.S.
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES 2 years Refrigeration Technician Course

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

Service A.C. Refri. Co.	1935-36
Store Dept. C.B.A. Sdt.	1936-42

8306

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
awarded Air Gunners Badge	9 B/S 11621	14-5-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION U.C.

14. LANGUAGES English

15. SPORTS Skating Skiing Softball Baseball, Swimming fishing

Mechanic

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: Alfred Richard Allen — RELATIONSHIP Father
ADDRESS: Aubrey, 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	15 7 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Issued S.L.T.W.	C.70198	15-4-43.	98 & 92
Issued S.L.T.W.	C246968	14-5-43	98 & 116A1

22.(a) ADDRESS PRIOR TO ENLISTMENT

Aubrey, Que.

2408

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
20-7-42	8-8-42					Kx Pac

AIR FORCE No. R.179370

ALLEN, WARD WILLIAM JAMES

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE: Montreal, Que DATE: 15-7-42.

RE-ENLISTMENT: 8

C.R. FILE NUMBER:

RECORD OF SERVICE AIRMEN

13

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

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

S.O.S. or T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S	5 MD Lachine	15	7	42	5 MD 168
S.O.S	5 MD. Lachine	19	9	42	5 MD 224
T.O.S	6 B&G. Mountain View Ont	20	9	42	MV 229
T.O.S	9 B&G. Mont Joli	21	2	43	9 B&G 46
S.O.S	9 B&S mont Joli	28	5	43	9 B&S 116 A1
T.O.S	#"Y" Depot Halifax	29	5	43	1 Y 136
S.O.S	1 Y to RAF trainees pool	15	7	43	1 Y 154
	W sg Comp	18	10	43	
	Cas [illegible]				
	Killed 16-12-43				PET 997
	AO738 17-12-43				d. 18-12-43
	PCX997 18-12-43				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	15	7	42	5 MD 168
LAC	3	4	43	9 B&G 85
T/Sgt. (pd)	14	5	43	9 B&S 116 A1

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.
14-7-42	R 100	A1B A3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
AC (A.G.)	S	15	7	42	5 MD 168.
A.G. Sp		14	5	43	9 B&S 116 A1

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
15-5-43	29-5-43	14	pre-embarkation	9 B&S 116 A1

R.C.A.F. OVERSEAS 1 2 | ENLISTMENT MARITAL STATUS 3 4 5 | PRESENT MARITAL STATUS 6 7 8 | HIGH & TECH. SCHOOL EDUCATION 9 10 11 12 13 14 15 | C. OF E. 16 BAP. 17 U.C. 18 PRES. 19 R.C. 20 HEB. 21 PRO. 22 OTHER 23 RELIGION | PREV. SERV. 24 | PROVINCE OF ENLISTMENT 25 26 27 28 29 30 31 32 33 | DISCHARGE 34 35 36 37 | AC 38

39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77

AIR FORCE No. R 179370

SURNAME: Allen

FULL CHRISTIAN NAME: Ward William James

ENLISTMENT/APPOINTMENT — PLACE: Montreal — DATE: 15-7-42

RELIGION: U.C.

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

R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 665-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
14-3-18	Aubrey Que	Canada	Canada	Canadian

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION 1 yr.
HIGH SCHOOL ENTRANCE ✓	SENIOR MATRICULATION
TECHNICAL SCHOOL ✓	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Service 1935 - 1938
Store Dept. 1936 to date

PREVIOUS SERVICE

nil.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
14-7-42	A1B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: single

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)

Mr. A. R. Allen, (father) Aubrey, 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.
A.C.2	15 7 42		Aircrew A.G.	15 7 42	—
L.a.C.	3 4 43	AR 0 85			
T/Sgt.	14 5 43	" 116			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Aircrew A.G.	S		P	24 3 42
Air Gunner.	D R 0 114			14 5 43
#1 A.G. & G.B.G.	33/54			24/14 2/5 43

AIR FORCE No. R179370

SURNAME: ALLEN

FULL CHRISTIAN NAME: WARD WILLIAM JAMES

ENLISTMENT/APPOINTMENT
PLACE: Montreal
DATE: 15-7-42

RELIGION: U.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
27 8 43	9.9.43	14	Leave	81.OTU 10/9/43
8 12 43	15 12 43	6	Priv Leave	166 Sqd. 5/12/43

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

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
14 5 43	AIR GUNNER BADGE	DRO 116

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	Disemb. U.K.		24 6 43	C673
T.O.S.	at 3 P.R.C.		24 6 43	Int. C92
S.O.S.	3 P.R.C.	to 81 O.T.U.	6 7 43	3 P.R.C. 16/8/43
SOS	81 OTU	to [illegible]	9 9 43	81 OTU 14/9/43
ATT	to 1481 B&G Flight		15/9 43	166 yeu [illegible]
TOS'd	166 Sqdn from 166 yeu		14 11 43	~~166 yeu 20/11/43~~ 166 Sqd. ~~/~~43
F/B KILLED	FROM 166 Sqd.		16 12 43	AFRO 166/44; CAR 409
	Killed		16 12 43	166 Sqd 2/1/44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Emb.	16-6-43

R 79370 6560
EASTMAN—SAFETY—KODA

Allen, M. D.

R.C.A.F. No. 37
Name and Rank
Unit

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

THIS BOOK IS NOT NEGOTIABLE AND
WILL BE REPLACED FREE OF CHARGE
IF LOST OR MUTILATED

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.

Killed

Air Force No. R 179370 Surname ALLEN

Christian Names (in full) WARD WILLIAM JAMES

Date of Birth 14/3/18 Religion U.C.

Date of Enlistment/Appointment 15/7/42

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

Occupation in Civil Life Store Department

Signature of Holder W. J. Allen.

Name and Address of Next-of-Kin

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

Mr. Alfred Richard Allen (Father)
[illegible], Quebec.

Certified Correct M. I. Morton PSO

Date 20 May 1943 Place Naval Depot Halifax NS

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
A.C. Sp	14/5/43	116	M. D. Morton, A50

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
Sgt	14/5/43	116	M. D. Morton, A50

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	10/6/43	W Badgeman 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 O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
17.1.42	D.	J. F. HOPKIRK

Susceptibility Test	Date	Result	
Schick Test	28/10/43	Neg.	McDonnell.
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.

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.....

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.

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

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.....

CONFIDENTIAL

R.C.A.F. Special Reserve

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

FHH

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, Que. *Date* 14-7-42

FILE NUMBER

Surname Allen *Chr. Names* Ward William James
Nature of Commission M 2 *Date of Birth* 14-3-18 *Married or Single* Single
Branch Gen. List *Hours Flown*
Address Aubrey, Quebec.

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 — Diphtheria at 14 Scarlet Fever at 8
(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 — for reading only
Colour or Night Blindness — No
(viii) EAR TROUBLE, Earache or Discharge from Ears — No
Deafness, Noises in the Ears, or Dizziness — No
Frequent Colds in Head, Catarrh or Obstruction — No
Prolonged Hoarseness or Loss of Voice — No
Sea, Car or Train Sickness — No
Discomfort on Swings, Roundabouts, Switchbacks — No
(ix) OPERATIONS — No
(x) Any illness or Injury not mentioned above — Mumps, whooping cough, measles.

Education 1 yr. High School
Present Occupation Stookeepr C.N.R. Hobbies None
Previous Service 1 month training Jan 1940
Athletics Softball, football, swimming, skiing.
Habits—Smoking 18 cig. a day Alcohol Nil
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (1) Alive—Health Good (0) Dead—Cause
Sisters (1) 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 14-7-42 *Signature* W. W. Allen *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Medium *(b)* Mentality Average
Body Marks, Scars, Deformities Nil
Size of Thyroid Gland No palpable enlargement
Surgical Abnormalities Nil
Results of Wounds, Injuries, Operations Nil

	Date 14-7-42	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	68½			
Weight (lbs.)	148			Date
Chest Circumference (ins.)	34-36½			
Body Build (lbs.)	Normal			
Leg Length (ins.)	40			
Pulse Rate (Sitting)	90			
Pulse Rate (Standing 1st)	120			
Pulse Rate (Standing 2nd)	96			
Pulse Rate (After Exercise)	132			
Pulse Rate (Time to Normal)	Beats at 108 After 30"			
Arterial Walls	Soft			Date
Blood Pressure (Systolic)	120			
Blood Pressure (Diastolic)	88			
Room Temperature	Moderate			
Heart (Size (in cms.))	Normal			
Heart (Sounds)	Normal			
Heart (Rhythm)	Normal			
Lungs (Inspection)	Normal			
Lungs (Palpation)	Normal			
Lungs (Percussion)	Normal			
Lungs (Auscultation)	Normal			
Lungs (Expiratory Force)	170			Date
Lungs (X-Ray)				
Reflexes (Knee)	Normal			
Reflexes (Ankle)	Normal			
Reflexes (Triceps)	Normal			
Reflexes (Abdominal)	Normal			
Reflexes (Plantar)	Flex			
Cranial Nerves	Normal			
Balancing Rod	R. L.	R. L.	R. L.	
Self Balancing	R. L. 1S 1S	R. L.	R. L.	Date
Tremors (Fingers)	Nil			
Tremors (Eyelids)	Nil			
Abdomen (Liver)	Normal			
Abdomen (Spleen)	Normal			
Abdomen (Muscular Tone)	Good			
Urine (Albumen)	Negative			
Urine (Sugar)	Negative			
Initials of M.O.	J.P.StG			

40 mm. Hg. Test 1st Try. 70 sec. = 8/ 9 10 9, 9 9 10, 10 11 11, 11 7 7, 77.
Date
Date
Date
Date

History
Visual Acuity
Colour Vision
R/G, Green M.
Diaphragm Test
Convergence
Accommodation
Cover Test
Fundi and Med
Fields
Remarks: Al

History
Hearing
External Ear, Meatus Membranes
Middle Ear, Eustachian Tubes
Cochlear Apparatus
Vestibular Apparatus
Buccal Cavity
Teeth
Gums
Pharynx
Nasopharynx
Nose
Larynx
Remarks:

RKS ON ANY
LITIES FOUND

EYE EXAMINATION

History: Wore glasses for about 8 mths. for reading

Visual Acuity	R. 20/20, c —— = 20/200		
	L. 20/20, c —— + 2.5 D =		
Colour Vision	N ish		
~~Red/Green~~	M.R. Ortho		
Diaphragm Test (P.D. = 65)	Bar 1.5		
Convergence	C. = 6 cms.		
	S. C. = 9 ---) Rt cms.		
Accommodation	R. 11) Blur		
	L. 11)		
Cover Test	Mod div dev. R.R.		
Fundi and Media	Normal		
Fields	Normal		
REMARKS:	A1BA3B.		
	Initials of M.O. J.P.L.	*Initials of M.O.*	*Initials of M.O.*
	Date 14-7-42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History: Nil

Hearing	R. Ear W.V. 20		
	L. Ear W.V. 20		
External Ear, Meatus Membranes	R. Ear Normal		
	L. Ear Normal		
Middle Ear, Eustachian Tubes	R. Ear Patent		
	L. Ear Patent		
Cochlear Apparatus	R. Ear		
	L. Ear		
Vestibular Apparatus	R. Ear		
	L. Ear		
Buccal Cavity	Clean		
Teeth	Good		
Gums	Healthy		
Pharynx	Normal		
Nasopharynx	Not seen		
Nose	Clear		
Larynx	Not seen		
REMARKS:	Fit.		
	Initials of M.O. J.P.L.	*Initials of M.O.*	*Initials of M.O.*
	Date 14-7-42	*Date*	*Date*

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

14-7-42

Excellant physical specimen for air crew.
Average mentality.

Cat. A 1 B A 3 B.

J.P. St Germain M.D.

G.E. Peloquin F.L.

[illegible] Date 14.7.42
PILOT ✓
OBSERVER ✓
W/OPERATOR ✓
A/GUNNER ✓

M.O. [illegible]

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

DATE FEB 21 1943 CATEGORY APPROVED FIT: A1B A3B (Turret) A3B A3B (Vision) .....SMO	DATE MAY 14 1943 CATEGORY APPROVED FIT: ~~A1B~~ A3B (Turret) ~~A3B~~ ~~A3B (Vision)~~ On completion of training .....SMO

#9 Bombing & Gunnery School, Mont-Joli, P.Q.

Killed 16-12-43 CB409

FINAL TRAINING REPORT.
AIR GUNNER.

VC

Surname.....ALLEN.....Christian Names...WARD WILLIAM JAMES.....

Number..R.179370.....Rank...SGT.....Nationality...CANADIAN.....

Trained at No.....81.....Operational Training Unit.

Period at O.T.U. From..6.7.43.....To..27.8.43.....Course No...16.....

Posted To..1667 Con.Unit.....

GUNNERY.

G R O U N D T R A I N I N G

25 Yd. Range. (DAY)	NIGHT SIM. 25 Yd. Range.	NIGHT SIM. 400 Yd. Range.	400 Yd. Range. NIGHT.	C.C.G. from Ground. No. of Exs.	No. of Films.	No. of Assess-ment.	SHOT GUN from Shoulder. No. of Exs.	No. of Clays.	% Hits.
2	-	-	-	-	-	-	4	60	68

AIR TRAINING.

AIR TO SEA. No. of Exs.	AIR TO GROUND. No. of Exs.	% Hits.	SELF TWO. No. of Exs.	AIR DROGUE EX. 1. No.of Exs.	% Hits.	Size of Drogue.	AIR DROGUE EX. 2. No.of Exs.	% Hits.	Size of Drogue.
2	-	-	1	5	4.8	10'	-	-	-

NO. OF DRIFTS TAKEN. 46

RECOMMENDED FOR C.G.S. COURSE. No	C.C.G. Ex. No. 3. No.of Exs.	No. of Films.	% Assess.	C.C.G. Ex. No. 4. No. of Exs.	No. of Films.	% Assess.
RECOMMENDED FOR A.G.I. COURSE. No	2	4	70	3	6	70

SUBJECT.	ASSESSMENT.		SUBJECT.	ASSESSMENT.	
A/C RECOGNITION.	80	%	PRACTICAL HARMONISATION.	70	%
BROWNING GUN(PRACTICAL)	70	%	GUN CLEANING & MAINT.	70	%
TURRETS (PRACTICAL)	60	%	RUNNING COMMENTARY.	40	%

F.N. 20 Turrets 5 hours.

...../OVER.

AIR GUNNER (CONT'D)

REMARKS. (To include general assessment as A/Gn and exercises requiring further practice.)

Above Average all round, but his fighting commentary needs more practice

Decompression Chamber Test. Yes.

RECOMMENDED FOR COMMISSION. No FINAL ASSESSMENT AS A/G. 70 %

Date.....23.8.43..... .....E.H.BUXTON..... S/Ldr.
Chief Armament Instructor.

FLYING TIMES.

Type of Aircraft.	Day	Night	TOTAL.
ANSON	-	-	-
WHITLEY	53.00	39.25	92.25
Previous Flying.	20.20	-	20.20
Total.	73.20	39.25	113.45

Date....8.9.43..... .....C.G.MASTERS..S/L..for..W/Cdr.
Chief Instructor.

Date...8.9.43..... .....R.G.HARMAN.....G/Cpt.
Commanding No..81.....O.T.U.

S&T Miller's son

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

VC

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK S/L T. No. R179370 NAME ALLEN. W. W. J.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES				PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT													
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER			
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
#9. B & G. Mont Joli Que.	May 14/43																		Instr. 1/p.								20	20					20	20
																			for C.O., No. 9 B & G School, R.C.A.F.														

R.C.A.F. 17 1946
P.D.

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK..... NO..... NAME.....

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES					PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT													
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER			
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins

Sgt Williamson

T.82.

VC

TRAINING REPORT AIR GUNNERS

No. 1 A.G.G.S. & No. 9 B&G

1. Surname ALLEN Christian ~~Names~~ Ward William James

2. Number R179370 Rank ~~AC2~~ Sgt Course No. 51

3. Posted from Mountain View, Ont. Posted to #9 B&G School Mont Joli, P.Q. Duration of Course From Feb. 22/43

Posted to: No. 1 "Y" Depot, Halifax, N.S. To May 14/43

4. Aircrew Category A3B Tur. Height 5' 10" Girth 36

5.

EQUIPMENT USED				
Type Aircraft	Type Guns		Type Turrets	
Battle	In Air	Ground	In Air	Ground
[illegible]	V.G.O.	V.G.O. Browning	Bristol	Bristol F.N. B.P.

6. STAGE 1

	Marks Poss	Marks Obtd.
Armament Oral	100	55
Armament Written	300	233
Anti Gas	100	65
A C Recognition	100	70
Mathematics	50	38
Navigation	100	56
Law, Admin. Hygiene, etc.	100	75
Signals	100	78
TOTAL	950	670
		70.52%

7. STAGE 2

AIR & GROUND TRAINING			ASSESSMENT		
	Day	Night	Subject	Marks Poss	Marks Obtd
Flying Time	20:20		Written	150	90
Films Exposed	6		Practical and Oral	100	68
Hrs. Turret Manip	15:30		A C Rec.	100	50
Skeet Rounds			Drill	100	68
25 Yd. Range	770		Signals	100	55
200 Yd. Range	1100	100	Ability as Firer	100	73
Air to Ground	800		TOTAL	650	404
Air to Air	3500		Total Trng. Marks	1600	1074
% Hits A to A	3.8		Percentage		67.11
			Personal Assessment	800	504
			GRAND TOTAL	2400	

8. No. in class 54 Position in class 38 Pass Pass

9. Recommended for commissioned rank No

10. Experience in arming, loading and harmonizing turrets. 2:30 HOURS

ALTITUDE TOLERANCE TEST. DATE 31/3/43

No. of 2 hrs. tests at 35.000 feet

1.
2.
(3.)

Symptoms

nil on 3 runs
mild on ..... "
moderate on ..... "
severe on ..... "

RECOMMENDATIONS :-

(A.) Suitable for special high altitude duties.

~~B. Suitable for limited special high altitude duties.~~

~~C. Not suitable for high altitude duties.~~

Suitability for Further training As a Gunnery Instructor.	1. Not at all Suitable	2. Moderately Suitable	3. Definitely Suitable	4. Extremely Suitable.
	X			

12. Remarks:

Neat, sufficient self assurance, active, copperative, able to provide good leadership.

Date: May 14th, 1943

(G.O. Godson) Wing Commander
Chief Instructor

Date: May 14th, 1943

(R.H. Foss) Group Captain
Commanding Officer.

GROUP / UNIT Copy CANADIAN R. 179370. K.16.12.43, CD409

ROYAL AIR FORCE.

Form 373.

1. Rank.	2. Christian Names.	3. Surname.	4. Decorations.
SGT.	WARD WILLIAM JAMES	ALLEN.	

5. Type and date of commission or engagement, if Airman Pilot.

Date of expiry.

6. Branch or Trade.
A.G.

7. Date of award of flying badge. 14/5/43. (3/12/43)

Date of qualification as service pilot, % marks, and whether failed, and re-examined.

7a. Qualifications, including any symbols; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.

Killed

8. Types of service aircraft flown.

9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).

10. Date of birth.	12. If married: Date.
	5.

11. Religion.
U.C.

13. Medical classfn.	14. Date and place of last medical Exam.	15. *Date of last vaccination.	16. *Date of last inoculation. 1. T.A.B. 2. Cholera. 3. Plague.

9, 13-19 and 21 to be kept in pencil. *To be inserted in unit copy only.

CAN.R.179370 ALLEN W.W.J.

17. Permanent Address.

18. Next of kin. Relationship and address.
Father.
A.R. Allen,
AUBREY,
QUEBEC.

19. Name and address of person to be notified in case of casualty.

Instead of / *In addition to the Next of kin.

*Delete as necessary.

20. Periods in hospital, or sick quarters, or sick at home.

21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.

Wt. 44507/3061 380M. 2/42 KJ 51-4307

22. Courses of instruction : Subject.	Unit.	From	To.	Result and percentage of marks.
#9 B&G Mont Joli.	Course No 51			

23. Postings and Attachments.

To	Duty	"P" or "A"	Date	Authy.
Embarked			16/6/43	
Disembarked			24/6/43	
3 PRC.		P	24/6/43	
81 OTU		P	6.7.43	
1667 CU		P	9.9.43	
166 Sqdn.	Ops. injury	P.	14.11.43.	
	Killed	—	17.12.43.	

Postings and Attachments.

To	Duty	"P" or "A"	Date	Authy.

24. Attendances at Courts Martial.

Date	Under Instrn.	As P. or M.	Date	Under Instrn.	As P. or M.

R.C.A.F. Special Reserve

Appendix "D"
M.20/10

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

1. SURNAME.....ALLEN.....

2. CHRISTIAN NAMES...Ward.William.James.....

3. APPLYING FOR ENLISTMENT AS....S.T.....

SELECTION BOARD

4. PERSONNEL OFFICER

Education.....8.....

A to L Score..13.....

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

1 yr. H.S. A.L. score below critical level but may do as S.T. considering civil experience as refrigerator serviceman and stores clerk for C.N.R.

RECOMMENDED FOR.....A.G.....

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

24-3-42 Signed J.L.Gibault F/O

5. MEDICAL OFFICER

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

ASSESSMENT: (Physical; Temperamental) Excellent physical specimen for aircrew but rather unimpressive mentality.

RECOMMENDED FOR.....Aircrew.....

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

Signed J.P.St.Germain M.D.

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness) Applicant interested in W.O.A.G. not qualified academically - sturdy type - should be excellent material - driven car 6 years - considerable experience with .22 range shooting (competition)

RECOMMENDED FOR....A.G.....

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

15-7-42 Signed L.Landermann F/O

FOUND ACCEPTABLE FOR.....Aircrew.A.G.....

DATE: 15-7-42

for Commanding Officer,
No.13 Recruiting Centre, RCAF.,
Montreal, P.Q.

A.F.M. 5
24.12.41

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S F 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 individuals new unit.

---

(1) Name of Officer of Other Rank ALLEN Ward William James
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R 179370 AC2

(3) Unit No 5 M.D. 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 N.A.

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

(7) Are you a widower? No.

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

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[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

If so, state name and address, occupation ALFRED R. ALLEN Aubrey Farmer

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

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

/

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

(14) Is your mother alive? YES.

If so, state name and address Mable Allen Aubrey.

(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? YES

If so, in what Company? Sun Life Esurance.
(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. Allen.
(Signature of officer or man)

Date July 16/42.

L. Dennis Lt
Officer Commanding #5, M.D. Inchine, Que.

Date 16.7.42

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.

Aircrew A. G

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.179370 A.F. No. | Allen Surname | Ward William James Christian Names | United Religion

Born 14-3-19 Place Aubrey · 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)

Mr Alfred Richard Allen (Father)
Aubrey - Que

CIVIL EDUCATION

High School Entrance X Jr. Mat. 1 year Sr. Mat.

Technical School + Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Service. 1935-1936

Store Department. 1936 to date.

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
N.A	Date 15-7-42	AIB	14 7 42		
	At Montreal - Que	A3B			
	Term Duration				

RANK	Auth.	Date	TRADE	Auth.	Date
A.C.2		15 7 42	Aircrew A.G		15 7 42
LAC	DRO85	3 APR 43			
T/Sgt (Pd	-116	14 May 43			

TRADE TESTS AND COURSES				
Trade	GP	%	P or F	Date
Aircrew A.G	S		P	24 3 42
Air Gunner	Sp DRO 116			14 May 43

LEAVE

From	To	Auth. and Description
Issued SLTW# C 70198 d/15-4-43		DRO92
15-5-43	29-5-43 (14 Embkn Lv)	Lt DRO 116/43
Issued SLTW# C246968 D/14-5-43		DRO 116/43

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
14 5 43	Categorized A & G			DRO 116
14 5 43	Air Gunner's Badge			" 116

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
M.O.R. 13	#13 R.C.M.P.I	#5 Lachine. Que	15-7-42				
DRO 168/42	T.D.S. #5	M.D Lachine, Que.	15-9-42.				
DRO 225/42.	05 M.D	06 B&C	19-9-42				
DRO 46	Mt. View Ont.	9 B&C mont Joli	20-2-43				
DRO 85	Entitled to Continuous Flying Pay		3/APR/43				
DRO 116/43	9 B&C mont Joli	1st Depot Halifax NS	28/May/43				
	1 TP Repor.	R&R TP	15-6-43				
		Embo Halifax	16-6-43				
		Dio. UK	24-6-43				
	Int. R.92 3 PRC	No. 3 PRC	24-6-43				

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

ROYAL AIR FORCE.

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

Official No. CAN.R.179370 Name ALLEN, Ward William James Rank T/SGT
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 14.3.18 Religion U.C. Occupation in Civil Life Service 1935-36 Store Department 1936 to date

Last Enlisted 15.7.42 Current Engagement D OF W

If a member of the Auxiliary Air Force

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

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

Mr A. R. Allen Aubrey Quebec Father

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.")

Next of kin

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.
9 B. & G.	No.1 Y Depot	28.5.43		Air Gunner Std. AC.2	15.7.42
No.1 Y Depot	RAF.TP.	15.6.43		" " " LAC	3.4.43
	Emb.Halifax	16.6.43		" " Sp. T/SGT	14.5.43
	Dis. U.K.	24.6.43			
INT.C. 92	No.3 PRC	24.6.43			
No.3 PRC	81 OTU	6.7.43			
81 O.T.U.	1667 C.U.	9.9.43			
1667 C.U.	166 Sqdn	14-11-43			
166 Sqdn.	Killed on Active service	14.12.43			

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

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

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

typed. Heard

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	V.G.	A/G	On	Strength		for Training only	9.9.43	W.P. Scott. S/L
Sgt	V.G.	A.G.	u/t	—	—		14.11.43	[illegible] S/L
Sgt	VG	A/G	SAT	SAT		Rec'd	14.12.43	C. Scragg W/Cdr
POR C52/43	6 days Priv. 8-13.12.43				Rw	427490		[illegible] F/Lt
POR 14/43	14 Days Priv leave 24.8-9.9.43				R.W	C 153069		D. Buckley S/O.
	48 hr pass 5-6.8.43.							

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 Air Gunner's Badge	14.5.43

Wt. 52353/5105 275,000 3/40 W. H. & S. 668/56

ROYAL AIR FORCE.

General Conduct Sheet.

Form 121.

Official No. R 179370 *Name and Initials* ALLEN. W.W.J. *Date of Enlistment* 15.7.42 *Sheet No.* ONE *Signature and Rank.* *Date* 17.12.43

(IN BLOCK CAPITALS). (IN WORDS).

UNIT AND PLACE.	Date of Offence.	Rank.	Cases of Drunkenness (IN RED INK)	OFFENCE.	Witnesses.	Punishment Awarded.	Date of Award or of Order dispensing with trial.	By whom Awarded.	INITIALS AND RANK OF OFFICER MAKING ENTRY AND REMARKS, WITH DATE.
				CERTIFIED NO ~~NO PUNISH~~ ENTRY		[signature]	Flt., Adjt	No. 166 SQUADRON, R.A.F.	17.12.43

UNIT AND PLACE.	Date of Offence.	Rank.	Cases of Drunkenness (IN RED INK)	OFFENCE.	Witnesses.	Punishment Awarded.	Date of Award or of Order dispensing with trial.	By whom Awarded.	INITIALS AND RANK OF OFFICER MAKING ENTRY AND REMARKS, WITH DATE.

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ALLEN WARD J. (b) Reg'l. No. R 179370
2. (a) Arm of service R.C.A.F. (b) Unit MT. VIEW ONT. (c) Rank A.C.2
3. (a) Date of birth MARCH/18 (b) Have you any dependents? No (c) Place of residence at time of enlistment MONTREAL QUE
4. (a) Place of enlistment MONTREAL (b) Date of enlistment JULY 14/42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 YRS (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) GRADE 10
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer C.N.R. Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RAILWAY
20. (a) Your specific occupation STOCK KEEPER (b) Number of years' experience at this occupation with any employer 1 YR
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form UNDECIDED

Records Office Rec'd MAR 9 1943 M.K. C.I.B. R.C. A.K.I. S.L. P.A.

DATE FEB 15 1943 SIGNATURE W. J. Allen.

TRAINING REPORT AIR GUNNERS

No. 1 A.G.G.S. & No. 9 B&G

1. Surname ALLEN Christian Names Ward William James

2. Number R179370 Rank AC2 Course No. 51

3. Posted from Mountain View, Ont. Posted to #9 B&G School Mont Joli, P.Q. Duration of Course From Feb.22/43

Posted to: No. 1 "Y" Depot, Halifax, N.S. To May 14/43

4. Aircrew Category A3B Tur. Height 5' 10" Girth 36

5.

EQUIPMENT USED				
Type Aircraft	Type Guns		Type Turrets	
Battle	In Air	Ground	In Air	Ground
Battle	V.G.O.	V.G.O. Browning	Bristol	Bristol F.N. B.P.

6. STAGE 1

	Marks Poss	Marks Obtd.
Armament Oral	100	55
Armament Written	300	233
Anti Gas	100	65
A C Recognition	100	70
Mathematics	50	38
Navigation	100	56
Law, Admin. Hygiene, etc.	100	75
Signals	100	78
TOTAL	950	670
		70.52%

7. STAGE 2

AIR & GROUND TRAINING			ASSESSMENT		
	Day	Night	Subject	Marks Poss	Marks Obtd
Flying Time	20:20		Written	150	90
Films Exposed	6		Practical and Oral	100	68
Hrs. Turret Manip	15:30		A C Rec.	100	50
Skeet Rounds			Drill	100	68
25 Yd. Range	770		Signals	100	55
200 Yd. Range	1100	100	Ability as Firer	100	73
Air to Ground	800		TOTAL	650	404
Air to Air	3500		Total Trng. Marks	1600	1074
% Hits A to A	3.8		Percentage		67.1
			Personal Assessment	800	504
			GRAND TOTAL	2400	✓

8. No. in class 54 Position in class 38 Pass Pass

9. Recommended for commissioned rank No

10. Experience in arming, loading and harmonizing turrets. 2:30 HOURS

R.C.A.F. Records Office
Rec'd. JUN 22 1943
O.K. ..... C.I.B. .....
R.C. JB ... N.I. .....
S.L. JB ... P.A. .....

Suitability for Further training As a Gunnery Instructor.	1. Not at all Suitable	2. Moderately Suitable	3. Definitely Suitable	4. Extremely Suitable.
	X			

12. Remarks:

Neat, sufficient self assurance, active, copperative, able to provide good leadership.

Date: May 14th, 1943

(G.O. Godson) Wing Commander
Chief Instructor

Date: May 14th, 1943

(R.H. Foss) Group Captain
Commanding Officer.

Airman's Statement at Embarkation

1. Number R.179370 Rank Sgt. Name ALLEN WARD WILLIAM JAMES
Surname Christian Names

2. Name and address of person to be notified in case of casualty. MOTHER
MRS. ALFRED ALLEN
AUBREY QUEBEC Relationship, if any. MOTHER

3. Alternative or second name of person & address to be notified in case of casualty...
MR. ALFRED ALLEN
AUBREY QUEBEC

4. Legal next of kin(wife, if married, father if unmarried, mother if father deceased).
ALLEN ALFRED RICHARD
Surname Christian Names

5. Are you single, married, widower, divorced, separated? SINGLE

Full Christian & surname of wife.....

Address.....

6. If married, have you completed a will since marriage?.....If so, state location....

.....

7. Have you completed necessary documentation for dependent's allowance.....

8. Are your parents living? Father YES ....Mother... YES

9. Full Christian & surname of parents (if living)

Father.. MR. ALFRED RICHARD ALLEN

Address..... AUBREY QUEBEC

Mother.. MRS. MABEL ALLEN

Address..... AUBREY QUEBEC

10. Your own permanent home address..... AUBREY QUEBEC

11. Religious Denomination..... PROT

12. Have you Identification Discs?..... YES

Airman's usual signature W. J. Allen

Date..... 31-5-43

Office
JUN. 21 1943
O. i/c
R. C.
S. L. P. A.

NOMINAL ROLL

THE FOLLOWING WARRANT OFFICER ACC'TS (C.T.E. CANADA) NO. 1 "Y" DEPOT HALIFAX NS (NEW YORK) IS PROCEEDING ON TEMPORARY DUTY OVERSEAS EFFECTIVE 8-MAR-43 FOR E.608

1 WARRANT OFFICER ACC'TS (C.T.E.CANADA)

NO.	RANK	SURNAME	CHRISTIAN NAMES	TRADE	FROM
R69943	WOI	ADAMS	Jack Gilmore	CLK. ACC'T	No. 1 Y Dep.

R.C.A.F. Special Reserve

AIR FORCE No. R.179370 POSTED TO #5 M.D., Lachine, P.Q. TRADE Aircrew A.G.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname ALLEN Full Christian Names WARD WILLIAM JAMES
2. [redacted]ent Address Aubrey, Quebec. Telephone Howick 625R3.
3. Permanent Address Aubrey, Quebec.
4. Place of Birth Aubrey, Quebec. Citizenship Canadian.
5. Date of Birth March 14th, 1918. Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children

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

7. Occupation Store Department. 8. Religion Protestant, United Church.
   State denomination
9. Languages English fluently.
   State proficiency
10. Next of Kin (Full Name) Alfred Richard Allen Relationship Father
    " Address Aubrey, Quebec.
11. Father (Full Name) Alfred Richard Allen Birthplace Aubrey, Quebec.
    " Address Aubrey, Quebec. Citizenship Canadian.
    " Occupation Farmer.
12. Mother (Full Maiden Name) Mabel Miller Birthplace Aubrey, Quebec.
    " Address Aubrey, Quebec. Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

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

R.C.A.F. Records Office
Rec'd. AUG 3 1942
O.K. [illegible]
R.C. [illegible] A.I.
S.L. NO P.A.

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

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

505 - 196

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Aubrey School,	1924	1934	Primary Course, 7th year.
High School—Collegiate Institute, etc.	Aubrey, Quebec.			
Technical School	Howick High School,	1934	1935	1st year High compl[illegible]d.
University or School other than above	Howick, Quebec.			
Correspondence Courses, etc.	Utilities Engineering	1938	1940	Refrigeration Technician
	Institute, Chicago, Ill.,	U.S.A.		Course.

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
A.C. Refrigeration, Co., Notre-Dame St., Montreal, P.Q.	Service	1935	1936	Better position.
C.N.R., Montreal, P.Q.	Store Department	1936	194--	Still employed.

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

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

25. Sports engaged in. State: extensively, moderately, occasionally skating, skiing, softball, baseball, swimming, fishing, (moderately)

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

If for Ground Duties, state Air Force trade in which you wish to enlist ~~Aero Engine Mechanic W.E.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
K. L. Nish 15-3-42	Howick High School, Howick, Quebec.	Principal.
Cluster W. Orr 15-3-42	Riverfield, Quebec.	Farmer.
D. E. Black	Aubrey, Quebec.	Farmer.
Rev. Grey	Howick, Quebec.	Minister.

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 March 23rd 19 42. Signature W. Allen

(A) *Report of Intervi*

Type

S[illegible]bility for (

Date

(B) *Report of Trade*

Trade in which

Result

Trade qualificat

Date

(C)

I, Ward

particulars are true,
and overseas, in the
thereafter, and in a
services.

Date

(D)

I, Ward

declare) that I will

Date

(E)

The Recruit
he would be liable t

The above ques

I hav[illegible]e taken ca
as replied to and the

at Montrea

NATIONAL REGISTRATION CERTIFICATE
RRODUCED.

36 Chat. Huntingdon
41 Aubrey

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

S[redacted]bility 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, Ward William James Allen, 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 July 15th, 1942 W. Allen.
Signature of Recruit

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

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

Date July 15th 1942 W. Allen.
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 15th day of July, 1942.

F. B. Allen ..... F. O. ..... #13 Recruiting Centre, Mtl., P.Q.
Signature of Officer — Rank — Unit

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ses—Subjects, etc.

Course, 7th year.

ar High compl[redacted]d.

eration Technician
Course.

son for leaving

er position.

employed.

enger NONE

oftball, baseball,

[redacted]

ine Mechanic W.E.T.P.
Operator (Air Crew).

Occupation

Principal.

Farmer.

Farmer.

Minister.

f my knowledge and

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CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 24 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	None
(i) Flat or Deformed Feet	No	*(r)* Other Disease or Defect	See below

3. Have you ever worn glasses? Yes 2 months

4. Have you had any illness for more than one week's duration? yes.

W. Allen
Signature of Applicant

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

Examiner's Remarks *re* above Scarlet fever, diphtheria, mumps, measles, whooping-cough in childhood

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

1. Identification marks or scars (if operative obtain history) None

2. Height 5 feet 8 1/2 inches. 3. Weight 148 pounds.

4. Complexion Fair 5. Color of Eyes Blue Hair 1

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 34 inches

Range of expansion 2 1/2 inches

8. Hearing—Right W.V. to O Left W.V. to O Tympana—Right N. Pat Left N. Pat.

9. Vision—Without glasses—Right 20/20 With glasses—Right Nil.

Left 20/20 Left Nil.

10. Condition of mouth and teeth Good

11. Urine—Albumen Neg. Sugar Neg.

12. Abnormalities (Congenital and Pathological) found on Examination None.

A1 B3 B2 C

ATS / H4B

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

Any special remarks of the Medical Officers X-Ray Wax to be washed out of R. Ear. 24/3/42 Ears now OK. Drums: N. Pat J.C.I. No X-Ray now. 14/7/42 Re. M2 - Fit for duties

RMA Part 2 Cont'.

13. Reflexes N.

14. Heart N.

15. Lungs N.

16. Blood Pressure S. D. 130/84

17. Colour Vision N. Ish.

J.C.I.

Date March 24 th 1942.

J.C.I. Dowet M.D. — President

R.R. Mathews F/Lt — Member

Member