

R199911
GIBB

LORNE

CLINTO

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

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

Mrs. Alice Gibb,
480 Bourgeois Street,
Montreal, Quebec.

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

and the following number quoted:—

H.Q. R199911 FD 164

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

3 Aug.

1944

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

Gibb, Lorne Clinton L.A.C.

No. R199911 R.C.A.F.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

[Signature]
Director of Estates.

SH

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.....	N. A.		
2	Children of the Deceased and dates of their Births.....	N. A.		
3	Father of the Deceased.....	George Gibb	58	480 Bourgeois St., Montreal, Que.
4	Mother of the Deceased.....	Alice Gibb	53	480 Bourgeois St., Montreal, Que.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	Margaret Dayers 29	3750 Cote St. Catherine Rd., Apt 18 Montreal, Que.
		Half Blood	Jean Luber 24	5600 Decelles Ave., Apt. 25 Montreal, Que.
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	
	George Gibb 11/9/1913 Ronald Gibb 14/12/1924			

8	Full names
9	Date of his
10	Place and c
11	Place and c
12	Place where
13	State, in o resided bef
14	Nature of
15	State whet so, where
16	Name pla permanent
17	Did he lea
18	If married, in the U.S. communit contract d
19	Did he ha give name Do you w
20	Amount o where loc
21	Amount whether r
22	If deceas payable u therein.
23	Describe space on
24	Did the (a) H (b) S An item heret "app partic
25	Have yo part amou
	(No and buri zone, an authoriz by the C

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

ives that the deceased ever

ENT

ADDRESS IN FULL
of each surviving Relative, opposite his
or her name, and date of death
of each deceased relative

480 Bourgeois St.,
Montreal, Que.
480 Bourgeois St.,
Montreal, Que.

3750 Cote St. Catherine
Rd., Apt 18
Montreal, Que.
5600 Decelles Ave.,
Apt. 25
Montreal, Que.

Address of their children

8	Full names of the deceased.	Norme Clinton Gille
9	Date of his birth.	October 5th 1923
10	Place and date of his marriage.	N.A.
11	Place and date of his parents' marriage.	Montreal - June 14th 1911

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec - 1923-1944 (b) (c) (d)
14	Nature of employment before enlistment.	clerk
15	State whether he owned the premises in which he lived, and, if so, where situated.	N.A.
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	NO.
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. Do you wish it administered with the pay account?	NO.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NIL
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NIL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance Co Amount - Unknown. Alice Gille
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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 elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

Funeral Expenses

(re paragraph 24)

Purchase of grave \$ 110.00
Opening of grave 25.00
The above 2 items paid by George Gibb

Registrations, Removal from Central Station,
Transporting of Shell to Cemetery, Funeral
Parlours, and all Services — complete — 40.00

Notices in Montreal Star	6.90
Notice in Montreal Gazette	1.50
Notice in Montreal Standard	1.00
Engraved basket plate	1.00
Two Seven Pass. Cars.	14.00
Two Flower Cars	14.00
One Five Pass. Car	5.00
	<hr/>
	83.40
	<hr/>
	(83.40)

The above is an account from the
Collins - Betterly Funeral Parlour. Unpaid

Personal Belongings of R-199911 LAC. Gibb, L.C.

- Jacket
- 2 pair pajamas
- 1 sweater vest
- 2 handkerchiefs and tie in box
- 14 handkerchiefs
- 8 pairs of socks
- 1 chain
- 2 note books and fillers
- 2 pair jockey shorts
- 1 pair hair brushes
- 1 hunting knife and sheath
- 1 writing kit and contents
- 1 mouth organ
- 1 soap dish
- 1 ear muffs
- 2 pipes
- 2 decks of playing cards
- 2 New Testaments
- 1 wash rag
- 1 sewing kit
- 1 haversack
- 1 pack of letters *R*
- 2 clips
- 2 loose leaf binders
- 4 packs of razor blades
- kit bag hand lock
- Ronson flints
- septic pencil
- 1 tooth brush and holder
- shave stick
- "Fight the Good Fight"
- 1 Tin of anitment *R*

4-8-44
E Parent

1 etw + letters

7-8-44

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R199911** RANK **L.A.C.** UNIT **10 B & G SCHOOL**
 TRADE **W.O.G. "C"** **MT. PLEASANT, P.E.I.**

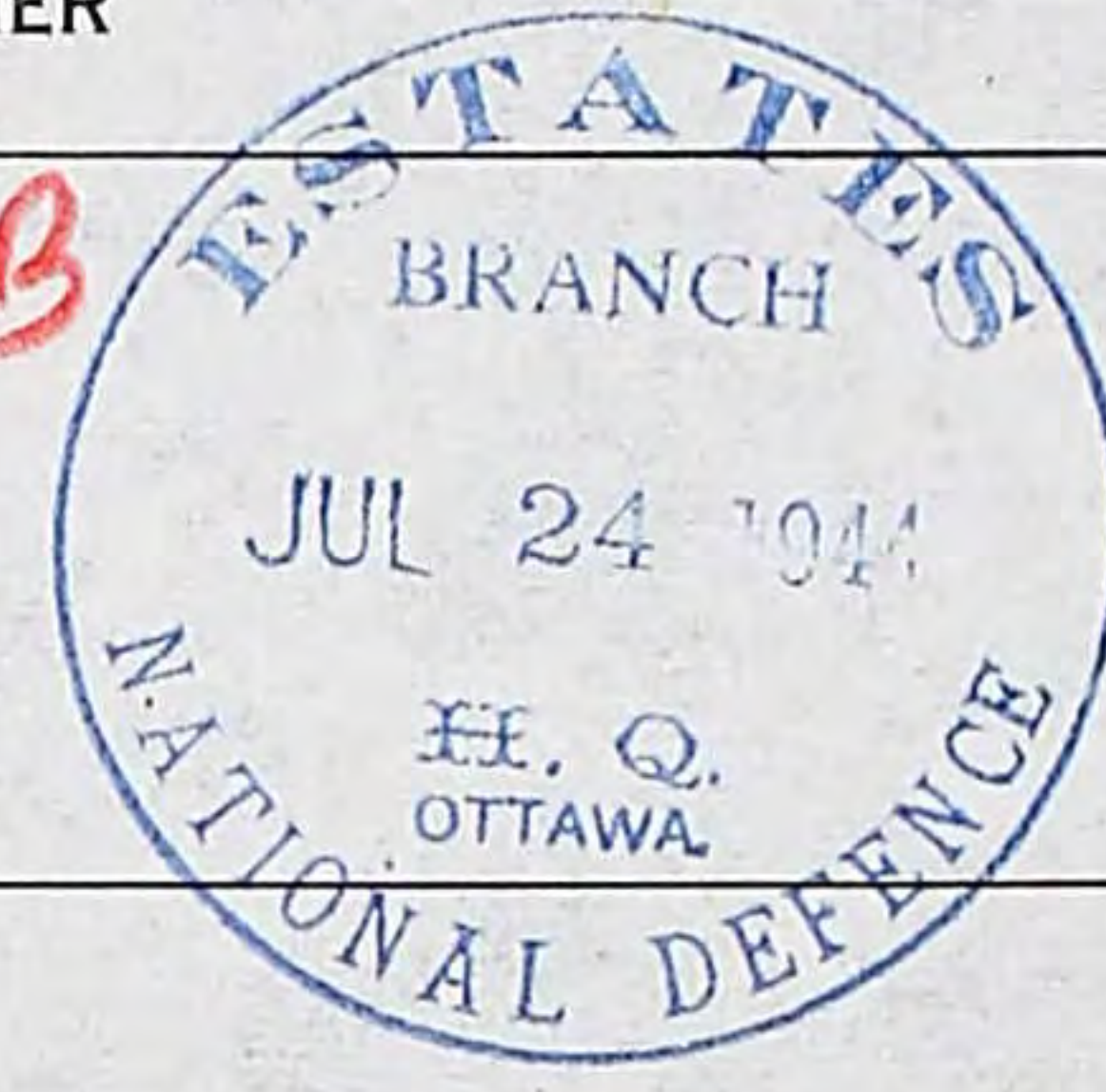
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

NAME **GIBB, LORNE CLINTON**

MARITAL STATUS **SINGLE** RELIGION **ANGLICAN** CANADIAN **YES**
 FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. GEORGE GIBB (FATHER)**
 ADDRESS **480 BOURGEOIS ST. MONTREAL, QUE.**
 NAME ADDRESS D.A.B. **NOT SHOWN**

MRS. ALICE GIBB →



NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. GEORGE GIBB (FATHER)**
 ADDRESS **MONTREAL, QUE.**

FATHER'S NAME ADDRESS **MR. & MRS. GEORGE GIBB**
480 BOURGEOIS STREET MONTREAL, QUE.

MOTHER'S NAME ADDRESS **MR. & MRS. GEORGE GIBB**
480 BOURGEOIS STREET MONTREAL, QUE.

LIVING ON ENLISTMENT **YES**

LIVING ON ENLISTMENT **YES**

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **10 B & G SCHOOL --- AG1246 --- d-10-JUNE-44** **NR30/10JUNE**

"KILLED" 9-JUNE-44 AS A RESULT OF A FLYING ACCIDENT (DROGUE TOWING) APPROXIMATELY 7 MILES NORTH WEST OF AERODROME NO. 10 B & G.

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

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

DATE **20-JULY-44**

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

[Signature]

FOR CHIEF OF THE AIR STAFF

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

WILL

R.C.A.F. R. 60
20M-12-40 (8303)
H.Q. 1062-3-45

(1) I, Lorne Clinton Gibb of the Montreal of the City Town Village Township
of Montreal in the County District of Quebec
Province of Quebec Railway Clerk
(Civil Occupation)

Last Permanent Civilian Address

a member of the Royal Canadian Air Force, Number R 199911 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship (b) Names and (c) Address of beneficiaries and (d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto My Mother
Mrs. George Gibb
480 Bourgeois St
Montreal Quebec

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Mrs. George Gibb 480 Bourgeois St
(Name) (Address)
Montreal Quebec, to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 17th day of March 1943

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.

Lorne Clinton Gibb
(Signature of Testator)

First Witness sign here.

(5) R112508 Wm. Cunningham
(Signature)
R.C.A.F. Detachment
(Address)
Saint John, N.B.
(Occupation)

Second Witness sign here.

E.C. Mutel (RP4930) (Cpl)
(Signature)
RCAF Detachment, St John, N.B.
(Address)
Clerk Steno
(Occupation)

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—
 - "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....\$.....00 and
my household goods and effects",
 - "my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.....\$.....00",
 - "my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....\$.....00",
 - "my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....\$.....00",
 and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
- (4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.
- (5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.
When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

STATEMENT OF LOCATION OF WILL

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

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

.....

.....
(Signature)

Mrs. Alice Gibb (mother)
#80 Bourgeois St.,
Montreal,
Que.

Nov. - 44.

3857. 15-11-49.

MEMORIAL BAR
DATE DESP.
REGN. NO. 3370

NAME GIBB, Lorne Clinton,

FILE NO. FD168

RANK L.A.C. CATEGORY "KILLED"

REG. NO. R199911

DATE OF DEATH: 9 June /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 25-7-44 ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN: OCT 11 1944

To Mother and Father-

OCT 12 1944

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. George Gibb,
480 Bourgeois Street,
Montreal, Quebec.

COMMAND:

RELIGION:

Am

be made out in duplicate.

M.F.M. 5
400M-8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

-
- (1) Name of Officer or Soldier..... GIBB LORNE CLINTON
(Surname first—Christian names in full—Block capitals)
-
- (2) Regimental Number..... R 199911 acc 2.
- (3) Unit No. 15 Rec. Centre, MONCTON, N.B. "WEM" School, ST. JOHN, N.B.
- (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?..... N/A
- (8) Have you any children?..... N/A
If so, give number of boys and girls..... N/A
Also their names and ages..... N/A
- (9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them..... N/A
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
Name..... N/A
Postal Address..... N/A
-

R.C.A.F. Records Unit	
Rec'd	DEC 15, 1942
O. K.....	C. I. B.....
R. C.....	N. I.....
S. L.....	P. A.....

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly represented as your wife?..... 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..... GEORGE GIBB

480 BOURGEOYS ST. MONTREAL QUE.

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

N/A

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F.

N/A

Also state reason he has no other means of support.....

N/A

(14) Is your mother alive?..... YES

If so, state name and address..... ALICE GIBB

480 BOURGEOYS ST. MONTREAL QUE.

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

N/A

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F.

N/A

Also state reason why she has no other means of support.....

N/A

(17) Are you insured?..... YES

If so, in what Company?..... METRO POLITAN

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Lorne L. Gibb
(Signature of officer or man)

Date DEC - 8 1942

W. L. Gilliland / FC
Officer Commanding For Commanding Officer,
No. 8 S. F. T. S. R. C. A. F.

Date DEC - 8 1942

B.F. DATE

~~25 Aug~~
~~28 June~~

R 199911

KILLED.

NO. R199911 RANK LAC. NAME GIBB, L.C.

UNIT No. 10 BGS, Mt. P. EFF. DATE 9-June-44 D.C.L. # 740 d/12-June-44

MFW2643 rec'd 23-Aug-44 mcf E.236 DEFICIENCY LIST ✓ m j

STN. FILE rec'd 23-Aug-44 mcf M.10 (INCLUDING M13) ✓ m j

M.10 to DMS (AIR) N.A. MFB465a DENTAL ENV. ✓ m j
(Natural Death only)

DEATH CERTIFICATE ✓ mcf

R 192989

L

31.8 44

G.L.S. & Station File req. 28-June-44(1)

Ind req. re: G. L. S. & Station File 2/8/44 JML

R.C.A.F. Special Reserve

Applicant for AIRCREW (X) or for GROUND DUTY () Date... Oct. 1st, 1942

PERSONAL RECORD

1. NAME: GIBB, LORNE CLINTON 2. NUMBER R.199911
 (Surname and Christian names in Block Letters)

3. EDUCATION: Highest standing attained. Province and course (e.g. XII, Ont. Tech.)

X Que. (Dates of last school attended) From 1936 To 1940

4. TESTS: (a) C.T. 71 (Form A) (b) L.A.T. (Form) (c) C.A.T. 64
 (d) M.A.T. (e) Cl. A.T. (f) Compensating Factors (if any)

(g) Suitable for AIRCREW (X) or GROUND DUTIES (X) (State Trade) W.O.G.
 Date: 1-10-42 (M) Signature J.L.P. Lambert F.O.

5. CIVIL EXPERIENCE: (In chronological order by years, without intervals)

Employer, Business & Place	Details of Duties	From	To
C.N.R., Mtl.	Clerk	1940	---

6. Details of Service or Similar Training: (e.g. military, auxiliary, COTC, cadets, etc.)

N.A.

7. HOBBIES & SPORTS: (a) In School years Hockey, baseball, soccer
 (b) In civil life Volleyball & swimming

8. OTHER QUALIFICATIONS: (e.g. Languages, First Aid, Knowledge of Typing, Mechanics, etc.)

First aid work with Boy Scouts

9. AGE 19 Height 6'7" Weight 125

Visual Acuity Colour Vision Medical Category

(Mark X as applicable) H.O.'s ASSESSMENT

- Fit - A1B ()
- A3B (Turret) ()
- A3B ()
- A3B (Vision) ()
- Ground Duties ()

M.2 Exam not given (State reason)

Date Signature

10. INTERVIEWING OFFICER'S ASSESSMENT: Bright, alert type of lad. Out of school 2 years. would like to be a fighter pilot.

RECOMMENDED FOR: Aircrew Signature F.E. Shackell F.O.

Date: 1-10-42

This space for use of Selection Board at "M" Depot
 SELECTED FOR
 Signature
 No. "M" Depot Selection Board

FOUND SUITABLE FOR

W.O.G. Y.T.

Signature F.E. Shackell

for C.O. No. 13 Recruiting Centre,

Date 30-10-42

Note; Information called for on the reverse side of this form is also to be provided when submitting applications under Manning Order M.10/25.

R.C.A.F.
TRAINING

RECOMMENDATION FOR RANK AND GROUPING, EFFECTIVE DATE OF ENLISTMENT.
TO BE COMPLETED ONLY WHEN APPLICATION SUBMITTED UNDER MANNING ORDER M.10/25

1. AVERAGE MONTHLY INCOME FOR PAST TWO YEARS.
2. OUTSTANDING QUALIFICATIONS: (For trade as recommended in Para. 4)

3. QUALIFICATIONS AND SPECIFIC REASONS FOR RANK: (As recommended in Para. 4)
-
-
-

4. I RECOMMEND THIS APPLICANT FOR THE TRADE, RANK AND GROUPING NOTED HEREUNDER AND CERTIFY THAT HE QUALIFIES UNDER MANNING ORDERS M.10/20, AND M.10/25 IN EVERY RESPECT: (ANY EXCEPTIONS OR COMPENSATING FACTORS ARE TO BE STATED IN PARAS. 2 & 3).

TRADE RANK GROUP

(Certified that Rank and Grouping recommended are consistent with A.F.A.O. A.44/2)

DATE

Form A.F.M. 53
29.9.42.

.
(Commanding Officer)

(Unit)

M.10/10 PARA. 9

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. R-199911 Name and Initials GIBB. L.C. Date of Enlistment 30th. Oct. 1942 Sheet No. ONE Signature [Signature] Date 7th March 1944.
 (IN BLOCK CAPITALS) (IN WORDS) and Rank of C.O. R.C. Mair W/C.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks with date
No. 10 BGS. Mount Pleasant P.E.I.	22-2-44	LAC.		A.W.L. from 0630 hrs. 22-2-44 to 2200 hrs. 29-2-44. (Absent 7 days 15 hrs. 30 mins) Sec. 15(1) A.F.A.	Documentary.	12 days C.B. 12 days penal forfeiture of ordinary pay.	1-3-44	R.F. Gross. W/C	1-3-44	12-3-44	7-3-44. Forfeits 8 days pay for A.W.L. (W.D.R.) F/L.
To be carried over											

AIR FORCE No. **T. 199911**

SURNAME **Gibb**

FULL CHRISTIAN NAME **Lozue Clinton**

ENLISTMENT/APPOINTMENT PLACE **Montreal - Que**
DATE **30-10-42**

RELIGION **Anglican**

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

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
5-10-23	Montreal - Que	Canada	Canadian	British	SINGLE, MARRIED, WIDOWER, DIVORCED Single.			

CIVIL EDUCATION	
PUBLIC SCHOOL x	JUNIOR MATRICULATION x 4 years
HIGH SCHOOL ENTRANCE x	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN English

WIFE (FULL MAIDEN NAME) OR HUSBAND	
PRESENT ADDRESS (IN PENCIL)	
PLACE OF MARRIAGE	DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CIVIL OCCUPATIONS AND EXPERIENCE
Clerk - 1940 - to date,

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

PREVIOUS SERVICE
NA

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
M^r George Gibb (Father) - 480 Bonzeois St. Montreal - Que

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
#13 Re. Montreal - 30-10-42	A4B		

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.

AIRMEN AND AIRWOMEN						OFFICERS, AIRMEN/AIRWOMEN				
RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
Ac2	30 10 42		W.O.G.YT	30 10 42		W.O.G.YT	S		P	
Ac1	14 8 43	DR0217	W.O.G.	14 8 43	196	W.O.G.	C	713	P	14 8 43
Lac	1 1 44	DR039	Pl.O.G.	1 1 44	DR027A	Pl.O.G.	B		P	1 1 44

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

R.C.A.F.
TRADESMAN

RECOMMENDATION FOR RANK AND GROUPING, EFFECTIVE DATE OF ENLISTMENT.
TO BE COMPLETED ONLY WHEN APPLICATION SUBMITTED UNDER MANNING ORDER M.10/25

1. AVERAGE MONTHLY INCOME FOR PAST TWO YEARS.
2. OUTSTANDING QUALIFICATIONS: (For trade as recommended in Para. 4)

3. QUALIFICATIONS AND SPECIFIC REASONS FOR RANK: (As recommended in Para. 4)

4. I RECOMMEND THIS APPLICANT FOR THE TRADE, RANK AND GROUPING NOTED HEREUNDER AND CERTIFY THAT HE QUALIFIES UNDER MANNING ORDERS M.10/20, AND M.10/25 IN EVERY RESPECT: (ANY EXCEPTIONS OR COMPENSATING FACTORS ARE TO BE STATED IN PARAS. 2 & 3).

TRADE

RANK

GROUP

(Certified that Rank and Grouping recommended are consistent with A.F.A.O. A.44/2)

DATE.....

Form A.F.M. 53
29.9.42.

.....
(Commanding Officer)

(Unit)

..... M.10/10 PARA. 9

R.C.A.F. Special Reserve

Applicant for AIRCREW (x) or for GROUND DUTY () Date: Oct. 1st, 1942

PERSONAL RECORD

1. NAME: GIBB, LORNE CLINTON 2. NUMBER: R.199911
 (Surname and Christian names in Block Letters)
 3. EDUCATION: Highest standing attained. Province and course (e.g. XII, Ont. Tech.)
X Que. (Dates of last school attended) From: 1936 To: 1940
 4. TESTS: (a) C.T. 71 (Form 4) (b) L.A.T. (Form 64) (c) C.A.T. 64
 (d) M.A.T. (e) Cl. A.T. (f) Compensating Factors (if any)
 (g) Suitable for AIRCREW (x) or GROUND DUTIES (x) (State Trade) W.O.G.
 Date: 1-10-42 (M) Signature: J.L.P. Lambert F.O.

5. CIVIL EXPERIENCE: (In chronological order by years, without intervals)

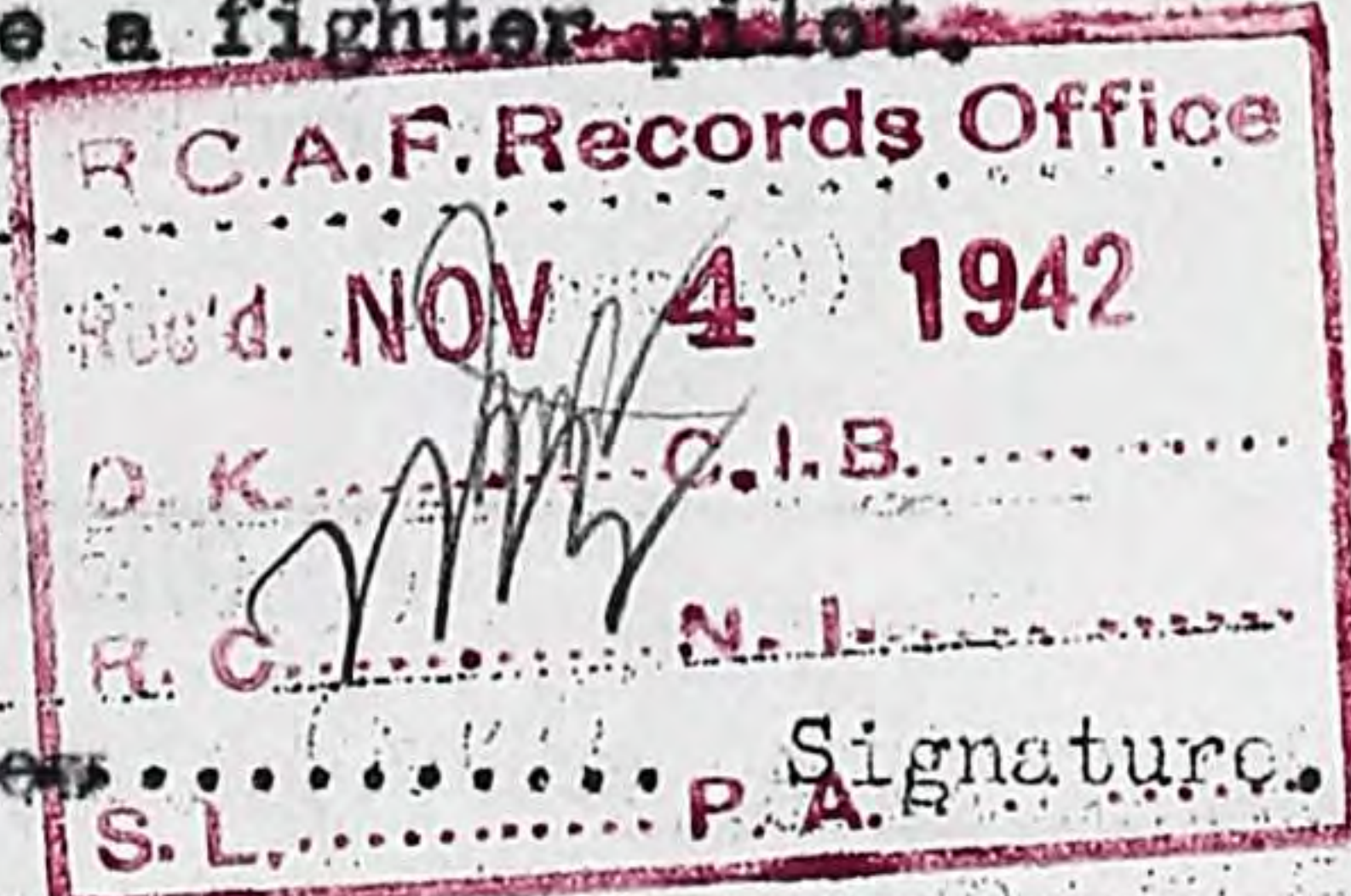
Employer, Business & Place	Details of Duties	From	To
<u>C.N.R., Mtl.</u>	<u>Clerk</u>	<u>1940</u>	<u>---</u>

6. Details of Service or Similar Training: (e.g. military, auxiliary, COTC, cadets, etc.)
N.A.
 7. HOBBIES & SPORTS: (a) In School years: Hockey, baseball, soccer.
 (b) In civil life: Volleyball & swimming.
 8. OTHER QUALIFICATIONS: (e.g. Languages, First Aid, Knowledge of Typing, Mechanics, etc.)
First aid work with Boy Scouts.

9. AGE: 19 Height: 6'7" Weight: 175
Visual Acuity: Colour Vision: Medical Category:
 (Mark X as applicable) H.O.'s ASSESSMENT
 Fit - A1B ()
A3B (Turret) ()
A3B ()
A3B (Vision) ()
Ground Duties ()
M.2 Exam not given (State reason) ()

Date: _____ Signature: _____

10. INTERVIEWING OFFICER'S ASSESSMENT: Bright, alert type of lad. Out of school 2 years. would like to be a fighter pilot.



RECOMMENDED FOR: Aircraft Signature: F.E. Shackell F.O.
 Date: 1-10-42

This space for use of Selection Board at "M" Depot
 SELECTED FOR
 Signature: _____
 No. "M" Depot Selection Board

FOUND SUITABLE FOR
H.O.G.
 Signature: _____
 for C.O. No. 13 Recruiting Centre,
 Date: 30-10-42

Information called for on the reverse side of this form is also to be ded when submitting applications under Manning Order H.10/25.

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF PRINCE EDWARD ISLAND—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of PRINCE Registration District of SUMMERSIDE Registered No. _____
 { If in City or Town put (Name) Street _____ (For use of Registrar General only)
 (If death occurred in a hospital or institution, give the name instead of street and number) House No. _____

2. LENGTH OF STAY (in years, months and days) 4 Month 6 Days
 (a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED GIBB (Surname) LORNE CLINTON (Given name or names)

RESIDENCE No. 480 Street Bourgeois City, Town or Township Montreal Province Quebec
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
8. BIRTHPLACE <u>Montreal Quebec Prov. Quebec</u> (Province or Country)			
9. DATE OF BIRTH <u>October 5 1923</u> (Month) (Day) (Year)			
10. AGE in	Years <u>20</u>	Months <u>8</u>	Days <u>4</u> If less than one day old hrs. or min.
11. Trade, profession or kind of work as <u>Wireless Oper. Ground spinner, teamster, office clerk, etc.</u>			
12. Kind of industry or business, as <u>cotton-mill, lumbering, bank, etc.</u> <u>R.C.A.F.</u>			
13. Date deceased last worked at this occupation <u>8 June 44</u>		14. Total yrs. spent in this occupation <u>1 4/5</u>	
15. If married give name of wife or husband of deceased _____			
16. NAME <u>Mr. George Gibb</u>			
17. BIRTHPLACE _____ (Province or Country)			
18. MAIDEN NAME _____			
19. BIRTHPLACE _____ (Province or Country)			
20. Signature of informant <u>W.T. West Flt/Lt.</u> Address <u>R.C.A.F. Mt. Pleasant P.E.I.</u> Relationship to deceased <u>Nil</u>			
21. Place of Burial, Cremation or Removal <u>Montreal. P.Q.</u> Date of burial or removal _____			
22. UNDERTAKER <u>Roy Phillips Tyne Valley P.E.I.</u> (Name and address)			

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH June 9 44
 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:
Feb. 3 44 to June 9 44
 and last saw him alive on June 9 44

CAUSE OF DEATH

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

25. If a woman, was the death associated with pregnancy? N.A?

26. Was there a surgical operation? _____ Date of operation _____
 Investigation Yes No _____
 State findings _____ Was there an autopsy? No

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? Accident Date of injury 9 June 44
 Manner of injury Aircraft accident (State which)
 Nature of injury Multiple compound fractures (How sustained)
 Specify whether injury occurred in industry, in home, or in public place Public Place

Signed by [Signature] M.D.
 Address _____ Date _____ 19 _____

28. District Registrar's Record Number _____

29. Filed _____ 19 _____
 (District Registrar)

SEC. 45, VITAL STATISTICS ACT, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" TO FILE THE SAME WITH THE DISTRICT REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING INK. (See reverse side for instructions.) Every item of information should be carefully supplied.

K199911

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **1199911** RANK **L.A.O.** UNIT **10 B & G SCHOOL**
MT. PLEASANT, P.E.I.
 TRADE **N.O.O. #0**
 NAME **GINN, LORNE CLINTON**

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

MARITAL STATUS **SINGLE** RELIGION **ANGELICAN** CANADIAN **YES**
 BORN IN CANADA **YES** OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. GEORGE GINN (FATHER)**
 ADDRESS **180 BOURGEOIS ST. MONTREAL, QUE.**
 NAME ADDRESS D.A.B. **NOT SHOWN**

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. GEORGE GINN (FATHER)**
 ADDRESS **MONTREAL, QUE.**

FATHER'S NAME ADDRESS **MR. & MRS. GEORGE GINN 180 BOURGEOIS STREET MONTREAL, QUE.** LIVING ON ENLISTMENT **YES**
 MOTHER'S NAME ADDRESS **NOT SHOWN** LIVING ON ENLISTMENT **YES**

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **10 B & G SCHOOL 101246 1-10-JUNE-44** **HR30/10JUN44**

"KILLED" 9-JUNE-44 AS A RESULT OF A FLYING ACCIDENT APPROXIMATELY 7 MILES NORTH WEST OF AERODROME NO. 10 B & G. (HEAVY TOWING)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? **YES/NO** 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 **20-JULY-44**

Don Bushnell

FOR CHIEF OF THE AIR STAFF

INSTRUCTIONS

1. This form is to be rendered WITHIN 48 HOURS after the event in all cases of accidental or self-inflicted injuries to an officer or airman involving:—

- (a) death,
- (b) absence from duty for 48 hours or more, or
- (c) absence from duty of less than 48 hours when the Medical Officer, who should invariably be consulted, advises that the injury *may* be the exciting cause of disability later.

AND ALSO

(d) *In all flying accidents involving personnel, whether there is evidence of injury or not.*

2. A separate form is to be used in respect of each individual affected.

3. The form is to be rendered notwithstanding the holding of a court of inquiry or investigation (see instruction 10).

- (a) Three copies of this form are to be forwarded in all cases direct to Air Force Headquarters, one copy is to be retained by the Unit rendering the form, and one copy placed in the medical envelope, R.C.A.F. M. 10 of the person concerned.
- (b) One copy of the form is to be forwarded to Command Headquarters for their information (but see instruction 10).
- (c) Of the copies received at Air Force Headquarters, one copy is to be sent to D.M.S. (Air), and the remaining two copies passed to Records Officer who will forward one copy to the Canadian Pension Commission and place one copy on the document file of the person concerned.

4. Section 3 (a), (b), (c), (d), (e), (f), (g), (h), is only to be answered in cases of flying accidents involving personnel as per instruction 1 (d) above—(see K.R. (Air) 669A (a) (i) and (ii) for definition).

5. This form is to be used in lieu of Naval Hurt Certificate for injuries sustained by naval personnel serving with the R.C.A.F., in all cases where issue is appropriate under instruction 1 above, irrespective of whether the circumstances are such as would justify the issue of a Hurt Certificate under K.R. (Admiralty) 1419. Whenever the injury is one for which a Hurt Certificate might have been issued, copies of form R. 78A are to be made in Air Force Headquarters and forwarded as follows: For an officer, two copies are to be returned to the C.O. of the unit, who is to pass one copy to the officer and endorse the other copy to that effect and then return the copy to Air Force Headquarters for transmission to Naval Headquarters. For a rating, one copy of form R. 78A is to be returned by Air Force Headquarters to the Unit for attachment to the Service Certificate (Naval) on which an appropriate note is to be made.

6. The statement made by the injured person in Section 2 of this form should not be used as evidence against him in any subsequent disciplinary proceedings. The rendering of this form should not be delayed in the event of his being unable to make a statement, but the latter should be forwarded at the earliest opportunity.

7. No statements of witnesses are required in support of form R. 78A when an accident forms the subject of a court of inquiry or an investigation under K.R. (Air) 669A or 674. Where no such inquiry is held, form R. 78A must be accompanied by full statements taken by an officer or warrant officer from witnesses of the accident and signed both by the witnesses and the officer or warrant officer. When there are no witnesses, statements from any persons to whom the injured person may have mentioned his injury immediately after the occurrence should, when obtainable, be attached to the form. In the case of injury in organized games, etc., when the witnesses of the accident are in agreement, the evidence of one witness only need be attached to the form, his statement being endorsed by the other witnesses in corroboration. When separate forms are rendered in accordance with instruction 2 above, a copy of the statements of witnesses is to be attached to each form.

8. In the case of an injury sustained in an organized game, etc., it is most important in the interests of the injured officer or airman that the questions contained in Section 5 (b) of the form should be answered carefully and in full detail, since if and when the question of attributability of the injury to conditions of service comes to be decided under the provisions of the Pension Act, that decision may be based on the information given in answer to these questions.

9. When an affirmative answer is given to Section 5 (a) (i) the statement required by Section 2 should specify the particular act of air force duty on which the officer or airman was engaged at the time the injury was received.

10. Courts of inquiry are to be held or investigations made when required under K.R. (Air) 669A and 674 regardless of the rendering of this form, but a copy of this form should be included in the proceedings of the court of inquiry or investigation for information. The proceedings will be disposed of as laid down in regulations in force at the time of reporting.

11. In addition to being reported on this form, all casualties are to be reported in accordance with the procedure laid down in K.R. (Air) 1871, *et seq.* and A.F.A.O. A. 8/1.

12. Sections 5 (d) and (e) should be definitely answered where the answer is obviously in the negative, but in cases of doubt it should be stated that no opinion can be given pending finding of court of inquiry or investigation.

ROYAL CANADIAN AIR FORCE
OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR
SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the instructions on pages 3 and 4.

1. Name.....GIBB.....LORNE CLINTON
(surname) (christian names in full)
Rank.....LAC.....Number R199911.....Unit 10 BGS.....Age 20.....Trade W.O.G.
Date of accident and time of day 9 June, 1944 place of accident 7 Miles N.W. of Aerodrome
(exact locality)

2. Short statement by injured person of the circumstances (or manner) of injury (see Instruction 6).
Signed statements of witnesses, or of persons to whom the injured person may have mentioned his
injury, to be attached (see instructions 7 and 9).

Aircraft accident occurred during routine training flight

N.B.—See instruction 4 before completing the following section.

3. (a) Type and R.C.A.F. No. of aircraftBolingbrook 9195.....
(b) Name of pilot of aircraft (at time of crash).....F/S Ringer.....
(c) Number in aircraft, including pilot.....3.....
(d) Circumstances of accident: taxiing.....taking off.....landing.....forced landing X
(designate one) collision in air.....collision on ground.....other (specify).....
(e) Weather.....Visibility good.....
(f) In case of non-fatal crash does individual recall all events immediately preceding and following
crash? If answer is "no", comment.....N.A.....
(g) Number of flying hours of person reported on: dual.....N.A.....solo.....N.A.....
(h) Duty: instructor/pilot/pupil pilot/aircrew (specify).....passenger/other (specify) Passenger
(strike out those not applicable)

4. (a) Description of injuries (in detail):.....Multiple compound fracture including skull.....
(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later?.....N.A.....
(c) How long before initial treatment was given?.....Death instantaneous.....
(d) Whether admitted to hospital or sick in quarters.....N.A.....
(give name of hospital).....P.A. G.P.

Date.....10 June, 1944.....Signature of Medical Officer.....
(W.T. West F/L)

Rec'd JUN 129 1944
P.K.
N.C.
P.A. G.P.

5. Commanding Officer's statement:—

(a) Was the injury sustained

(i) In the performance of air force duty?.....Yes
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority?.....N.A.

(iii) On leave? (State whether with or without pay).....N.A.

N.B.—See instruction 8 before completing the following section.

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

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

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.).....N.A.

(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?.....N.A.

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?.....N.A.

(v) Was the officer or airman a selected representative of an air force unit practising under authority?.....N.A.

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

(c) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission:.....

N.A.

N.B.—See instruction 12 before completing the following section.

(d) Was the injury due to his own fault, i.e., did it arise from negligence, wilful disobedience of orders, misconduct, or any blameworthy cause within his own control?.....N.A.

If so, state in what way.....N.A.

(e) Was anyone else to blame? If so, give name and particulars.....N.A.

(f) Is the accident being investigated by

(i) Court of inquiry? If so, state date and place.....N.A.

(ii) An investigating officer?.....Yes

Signature.....

(R.C. Mair) W/C.

Date:.....12 June, 1944

Commanding.....No. 10 B.G.S., Mt. Pleasant

R.C.A.F. Special Reserve

AIR FORCE No. R.199911 POSTED TO #15 R.C. Moncton, N.B. TRADE Wireless Operator (G)
YT Std.

ROYAL CANADIAN AIR FORCE (ATTESTATION PAPER)

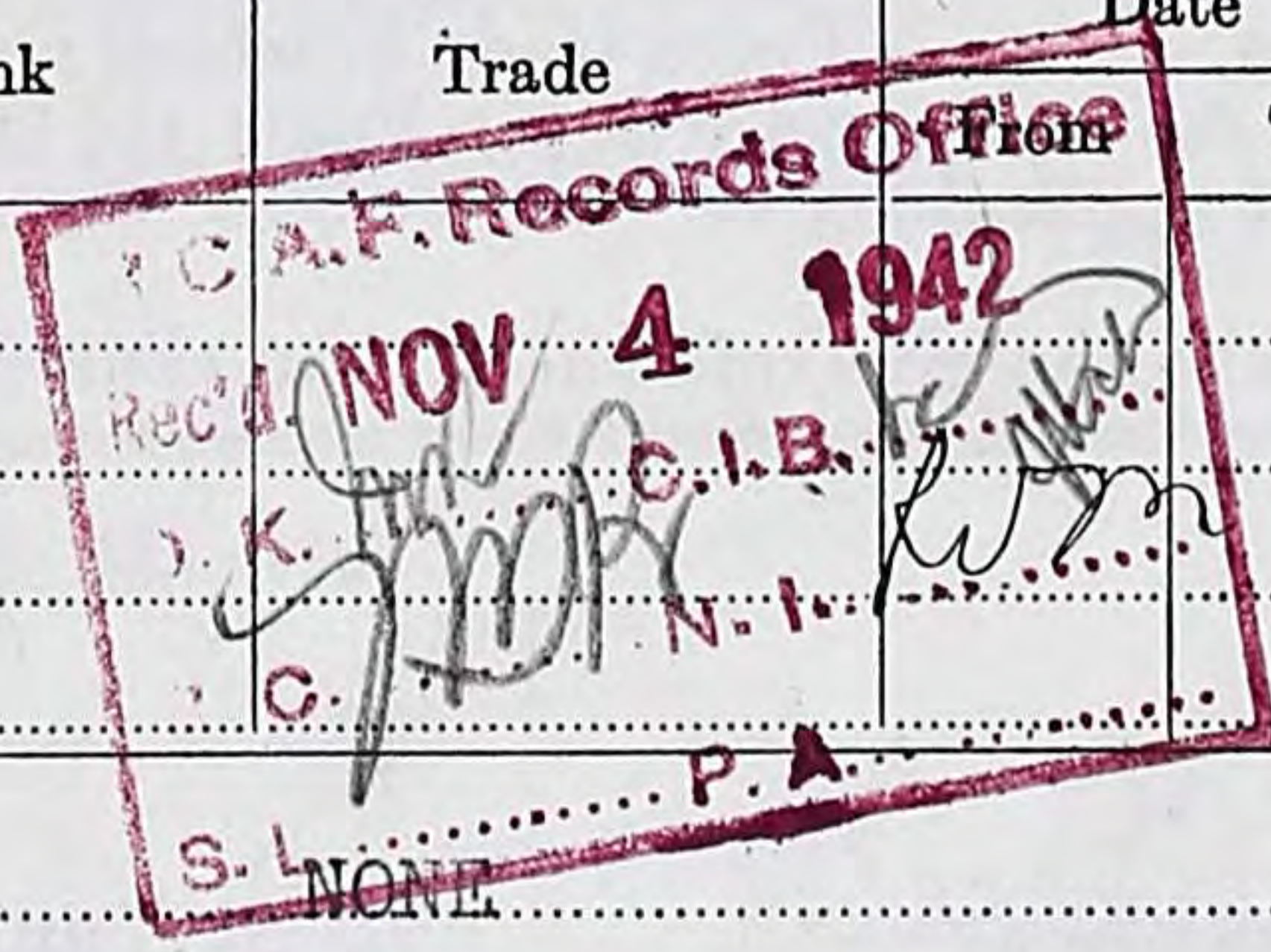
(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname GIBB FULL Christian Names LORNE CLINTON
2. Present Address 480 Bourgeois St., Montreal, Que. Telephone Wi. 5777
3. Permanent Address 480 Bourgeois St., Montreal, Que.
4. Place of Birth Montreal, Que. Citizenship Canadian
5. Date of Birth October the 5th, 1923 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children NONE

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

7. Occupation Clerk 8. Religion Anglican
State denomination
9. Languages English, fluently
State proficiency
10. Next of Kin (Full Name) George Gibb Relationship Father
 " Address 480 Bourgeois St., Montreal, Que.
11. Father (Full Name) George Gibb Birthplace Dundee, Scotland
 " Address 480 Bourgeois St., Montreal, Que. Citizenship British
 " Occupation Machinist
12. Mother (Full Maiden Name) Alice Possnett Birthplace Stockport, England
 " Address 480 Bourgeois St., Montreal, Que. Citizenship British
13. Details of any Naval, Military or Air Force Service: NONE

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

539-71

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Riverside Public Sch., Montreal, Que.....	1928	1936	Primary, 7th grade
High School—Collegiate Institute, etc.....	Montreal High School, Montreal, Que.....	1936	1940	4 yrs. High.
Technical School				
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Canadian National Railways, Montreal, Que.	Clerk	1940	---	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.....
None

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

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

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

Name	Address	Occupation
Mr. P. G. Webster	891 St. Paul St., Montreal, Que.	Chief clerk
Mr. G. S. Patterson	18 Windsor Ave., Montreal, Que.	Civil Engineer
Mr. D. A. Bates	1801 Dorchester St. S., Montreal, Que.	Principal
Mr. C. H. Preston	62 Rielle Ave., Verdun, Que.	Retired

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.....October 1st, 1942.....Signature.....*Lorne C. Gibb*

82 / Ste Ann
70 / 10 / 42
J. H. Kennedy
NATIONAL REGISTER OF CERTIFICATE
REDUCED 10/42

FOR OFFICIAL USE ONLY

(A) Report of Interviewing Officer—

Type Good General appearance neat & clean

Ability for (state in what capacity) Wireless Operator Ground Y/T

Date 30-10-42 Signature G. Kennedy Rank PAE

(B) Report of Trade Test (Not required for Standard (Tradesmen)—

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, Lorne Clinton Gibb 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 October 30th 19 42 Signature Lorne C. Gibb
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

I, Lorne Clinton Gibb do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date October 30th 19 42 Signature Lorne C. Gibb
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 30th day of October 19 42

[Signature] #13 Recruiting Centre, Mtl., P.Q.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. **19** 2. Have you ever suffered from any of the following defects in health?
- | | | | |
|------------------------------------|----|------------------------------------|-----|
| (a) Rheumatism..... | NO | (j) Nasal Trouble..... | NO |
| (b) Tuberculosis..... | NO | (k) Ear Disease..... | NO |
| (c) Bronchitis or Asthma..... | NO | (l) Eye Disease..... | NO |
| (d) Heart Disease..... | NO | (m) Epilepsy..... | NO |
| (e) Kidney or Bladder Disease..... | NO | (n) Nervous or Mental Disease..... | NO |
| (f) Gastro-intestinal..... | NO | (o) Syphilis..... | NO |
| (g) Rupture..... | NO | (p) Gonorrhoea..... | NO |
| (h) Varicose Veins..... | NO | (q) Bone Fracture..... | NO |
| (i) Flat or Deformed Feet..... | NO | (r) Other Disease or Defect..... | YES |

3. Have you ever worn glasses?..... NO

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

I certify that I have revealed my full medical history and have not withheld any relevant information.
Lorne G. Galt
Signature of Applicant

Examiner's Remarks re above..... Tonsillitis, Diphtheria, Appendix removed. Chickenpox

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

1. Identification marks or scars (if operative obtain history).....
Appendectomy Scar
2. Height... **5** feet... **7** inches. 3. Weight..... **125** pounds.
4. Complexion..... **Fair** 5. Color of Eyes..... **Hazel** Hair..... **Fair**
6. Development **Good** 7. Chest Measurement—Full expiration..... **35** inches
Fair Range of expansion..... **3** inches
Poor
8. Hearing—Right **WV 20 ft** Left **WV 20 ft** Tympana—Right..... **N** Left..... **N**
9. Vision—Without glasses—Right..... **20/20** With glasses—Right..... **NA**
Left..... **20/20** Left..... **NA**
10. Condition of mouth and teeth..... **Healthy - Partial Upper Denture**
11. Urine—Albumen..... Sugar.....
12. Abnormalities (Congenital and Pathological) found on Examination.....
Nil

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

A4B

5-10-42 X Ray 148366 neg J.P.
Any special remarks of the Medical Officers.....

History of discharged right ear up till 5 yrs ago. Both drums scarred, old perforations healed but very thin tissues. Eustachian tubes not patent.
J.P. Latour, F.L.

Part 2 Cont'

13. Reflexes..... **N**
14. Heart..... **N**
15. Lungs..... **N**
16. Blood Pressure..... **S. D.**
130 80
17. Colour Vision.....
Normal Ishihara

Date..... **Oct 3** 19 **42**

Claude Strong President *R.B. Duncan* Member

30-10-42 *Re J.P. Latour*