R54757
ROBERT
WARREN ARLES

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name ROBERT, Warren Arless R 5 4 7 5 7

Rank Sgt. R.C.A.F.

Age 20 Height 5' 7" Weight 146

Hair Brown Eyes Blue Hair on face Dark

Marks, scars, etc. Scar on forehead.

Warren Robert (Signature of holder

A.W. Kennedy. F/O (Signature of issuer

Place R.C.A.F. Uplands Date March 7, 1941

Card serial number 1908

take no ... will take. The ...

No. 5 I.T.S., Belleville, Ont.

T.O.S. Date OCT 11 1942 .....Rank....

S.O.S.Date.....

To.....

Issued by..W.K. Wilson P.O.

R.C.A.F. R. 78A
100M—3-42 (1958)
H.Q. 1062-3-61

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 Robert, (surname) Warren Ariess (christian names in full)

Rank Cpl. Number R54757 Unit #13 EFTS Age 22 Trade Pilot-trainee

Date of accident and time of day Jan 14/43 about 1530 hrs place of accident (exact locality) #1. Forced landing area, of # 13 EFTS, St. Eugene, near Hawkesbury.

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).

This airman was receiving flying instruction from his instructor when the plane went into a spin from which P/O MacLean, the instructor could not recover. The plane struck the ground and as this airman was in the front cock-pit of the plane, he suffered multiple severe injuries, causing death.

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

3. *(a)* Type and R.C.A.F. No. of aircraft Fleet Finch II No. 4774

(b) Name of pilot of aircraft (at time of crash) J21242 P/O MacLean, L.S.

(c) Number in aircraft, *including* pilot 2.

(d) Circumstances of accident: ~~taxiing~~ ~~taking off~~ ~~landing~~ ~~forced landing~~ (designate one)

~~collision in air~~ ~~collision on ground~~ ~~other (specify)~~ Unrecovered spin.

(e) Weather Clear.

(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 2:00 hrs solo Nil.

(h) Duty: ~~instructor/pilot~~ / *pupil pilot* / ~~other (specify)~~ ~~passenger/other (specify)~~ (strike out those not applicable)

4. *(a)* Description of injuries (in detail): 1.) Fractured skull; 2)Multiple fractures of body; 3) Severe internal injuries.

(b) Are the injuries [redacted] of such a nature that they *might* be the exciting cause of disability later? N.A.

(c) How long before initial treatment was given? Airman was dead on arrival at acene, about 30 mins. after the crash.

(d) Whether admitted to hospital or sick in quarters N.A. (give name of hospital)

Records Office
JAN 20 1943
G.I.B.
P. A.

Date Jan 16/43 Signature of Medical Officer Saul Saulman F/L

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~~ APPROVED BY of the proper air force authority? N.A.

(iii) On leave? OR PASS (State whether with or without pay) NO

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~~ SUPERVISED 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~~ SUPERVISED 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? Being Investigated

If so, state in what way

(e) Was anyone else to blame? If so, give name and particulars Being Investigated

(f) Is the accident being investigated by

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

(ii) An investigating officer? Yes January 16, 1943.

Signature G.E. Cherrington Flt Lt
(G.E. Cherrington) Flight Lieutenant,

Date: January 16, 1943. Commanding #13 EFTS., ST. EUGENE, Ontario

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~~ SUPERVISED games, etc., OR OTHER FORM OF PHYSICAL RECREATION. 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~~ SUPERVISED game, etc., OR OTHER FORM OF PHYSICAL RECREATION. 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.

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-R-3436

NAME ROBERT, Warren Arless

REGT'L NO. R54757

RANK CPL. UNIT KILLED

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:	14-1-43	MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:	20-1-43	ROYAL MESSAGE: 19-2-43 MEMORIAL CROSS:	25-2-43	
To mother & father		To mother & father To mother	8-Mar-43	

Mr. & Mrs. Armand Dease Robert,

158 - 51st Ave.,
Lachine, Quebec.

192933

U.C.

R0054757 ROBERT WARREN A — CPL

1 NUMBER — NAME — 29 RANK

SERVICE AWARD CARD

192933

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

39-45 STAR	ATL. STAR	AIC EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SERVICE 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	
									✓	✓	AWARD
											AWARD AND CLASP
Kept											APPLICATION DISPATCHED
											RIBBON ISSUED
											MEDAL ISSUED
										OCT 13 1992	

PREFIX — NUMBER — NAME — RANK — CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Avis J. Robert (mother)
~~158 51st Ave.~~, 360 - 51st Ave.,
Lachine,
Que.

5-4-47

June-43.

27/10/49

8353

MEMORIAL BAR
DATE DESP
RLGN. NO 3429
CANCELLED

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R54757 RANK CPL. TRADE A.E.M. (A) UNIT 18 EFTS ST EUGENE ONTARIO.

NAME ROBERT, WARREN ARLESS

S E R V I C E

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

MARITAL STATUS SINGLE — WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. ARMAND ROBERT (FATHER)
ADDRESS 158-51st AVE., LACHINE, QUEBEC.
NAME & ADDRESS D.A.B. M MRS. AVIS ROBERT (MOTHER) SAME ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED — ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. ARMAND ROBERT (FATHER)
ADDRESS 158-51st AVE., LACHINE, QUEBEC.

RELIGION U.C. CANADIAN YES FRENCH CANADIAN — OTHER

PARENTS NAMES MR. XXX & MRS. ARMAND DEASE ROBERT, FATHER LIVING ON ENLISTMENT YES
ADDRESS 158-51st AVE., LACHINE, QUEBEC. MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? XES/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

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

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. 18 EFTS ST EUGENE ONTARIO---ED---14-JAN-43 7029

CASUALTY DETAILS:

"KILLED" 14-JAN-43 AS A RESULT OF A FLYING ACCIDENT. (NO ONE FORCED LANDING AREA). (DUAL INSTRUCTION). (AIRCRAFT SPUN INTO GROUND)

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 19-JAN-43

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

7

COPY FOR DOCUMENT FILE

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R54757	Corporal	ROBERT	WARREN ARLESS

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
13, E.F.T.S., R.C.A.F., St. Eugene, Ontario	Jan. 14/43.		United Church.

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Killed in an aircraft accident at # 1 Forced Landing Field (of 13, E.F.T.S., R.C.A.F., St. Eugene, Ontario) near Hawkesbury, Ontario	Mr. Armand D. Robert, (Father) 158 - 51st Avenue, Lachine, Quebec.

11. LOCATION OF UNIT AT TIME OF CASUALTY
13, E.F.T.S., R.C.A.F., St. Eugene, Ontario

M. F. W. 2613
50m.—11-22
H. Q. 1772-39-1458

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
MOUNT ROYAL CEMETERY	MONTREAL, QUE	Grave 153 Plot Section Row	Section F No. 155

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
Feb. 8th/43. No. 5 Manning Depot, Lachine, Quebec		President Committee of Adjustment, # 13, E.F.T.S., St. Eugene, Ontario

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

R54757, L.A.C. Robert W.A.

This airman was recommended by the interviewing Officer on May 26 for Observer or Pilot provided he completed an Educational Course.

Since that date he has been taking the Pre-entry Education Course on this station as steadily as his regular duties would permit. He has also been studying by himself, when unable to attend classes. I believe he is now advanced enough to be able to handle his studies at I.T.S.

L. A. Glinz F/O.

(L.A.Glinz) F/O,
Educational Officer.

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE

IMP. ST
B

1 PARTICULARS OF BIRTH

DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
3-11-20	Montreal, Quebec	British	Birth

2 NEXT OF KIN

NAME	ADDRESS	RELATIONSHIP
Mr. Armand Robert	158 - 51st Ave., Lachine, Que.	Father

3 ADDRESS PRIOR TO ENLISTMENT

158 - 51st Ave., Lachine, Quebec

4 RELIGION ~~Baptist Church of Canada~~ (Church of England)

5 MARRIED OR SINGLE Single

6 PARTICULARS OF MARRIAGE

DATE	TO WHOM	PLACE	CLERGYMAN

7 PARTICULARS OF CHILDREN

CHRISTIAN NAMES	DATE	PLACE OF BIRTH	BAPTISED

8 CIVIL EDUCATION

SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS
Guy Drummond, Ostrèment	1927-34	public school
Lachine High School	1935-39	Completed 3rd yr.
Montreal Tech. "	1939-	

9 CIVIL EMPLOYMENT

EMPLOYER	YEARS	DUTIES
	1937	newspaper carrier - gazette.

11 PREVIOUS SERVICE

UNITS	RANK	FROM	TO

12 PARTICULARS OF DISCHARGE FROM LAST E

REASON FOR DISCHARGE	CHARACTER	TRADE AI

13 HONOURS, AWARDS AND MENTIO

AWARD

14 USEFUL SERVICE EXPERIENCE

SERVICE	YEARS	DUTIES

R.C.A.F. R. 44
10M—9-39 (2034)
H.Q. 1062-3-30

IMP Sit B

NAME ROBERT, WARREN ARLESS AIR FORCE No. R.54757
SURNAME CHRISTIAN NAMES

ATURALIZATION

RELATIONSHIP
Father

of England)

CLERGYMAN

BAPTISED

11 PREVIOUS SERVICE

UNITS	RANK	FROM	TO	DUTIES

12 PARTICULARS OF DISCHARGE FROM LAST ENGAGEMENT

REASON FOR DISCHARGE	CHARACTER	TRADE AND ASSESSMENT	PENSION

13 HONOURS, AWARDS AND MENTIONS

AWARD	AUTHORITY

14 USEFUL SERVICE EXPERIENCE

SERVICE	YEARS	DUTIES	ASSESSED

17 RANK AND APPOINTMENTS

RANK	DATE
AC2	25-1-40
AC1	25-4-40

18 TRADE AND CLASSIFICATION

TRADE	DATE
M. E. M. "C"	25-1-40

19 MEDICAL CATEGORIES

CATEGORY	DATE
A	22-1-40

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

21 TRADE PROFICIENCY

TRADE AND ASSESSMENT	DATE

24 INCREASED RATES OF PAY

INCREASE ON RANK	DATE OF EFFECT

25 ENGAGEMENTS

ENGAGEMENT	FROM	TO
Duration of war	25-1-40	

26 OFFENCES WHILE SERVING

OFFENCE	DATE	PUNISHMENT

27 MARRIED ESTABLISHMENT

PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME

UNIT	DATE	HOURS	
		PILOT	PASS

EMPLOYER	YEARS	DUTIES
Guy Drummond, Retirement	1927-34	public school
Lachine High School	1935-39	completed 3rd yr.
Montreal Tech. "	1939-	

9 CIVIL EMPLOYMENT

EMPLOYER	YEARS	DUTIES
	1937	newspaper carrier - gazette.

10 USEFUL CIVIL EXPERIENCE

EMPLOYER	YEARS	DUTIES	ASSESSED

14 USEFUL SERVICE EXPERIENCE

SERVICE	YEARS	DUTIES

15 CAPABILITIES OTHER THAN TRADE CLASSIFIED

16 SPECIALLY ADAPTED TO UNITS

ASSESSED

14 USEFUL SERVICE EXPERIENCE

SERVICE	YEARS	DUTIES	ASSESSED

15 CAPABILITIES OTHER THAN TRADE CLASSIFIED

16 SPECIALLY ADAPTED TO UNITS

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

21 TRADE PROFICIENCY

TRADE AND ASSESSMENT	DATE

22 COURSES OF INSTRUCTION

COURSE	FROM	TO

23 EXAMINATIONS AND TESTS

SUBJECT	RESULTS	DATE
A.E.M. "B"	50% P.	20-9-40

27 MARRIED ESTABLISHMENT

PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME

UNIT	DATE	HOURS	
		PILOT	PASS

X-Ray NB
MFB465
R-60 amq

R.54757 ROBERT, WARREN ARLESS

AUTHORITY	CASUALTY	DATE OF EFFECT	AU
TMP.24	Enlisted RCAF. S.R. at Montreal, Que 25-1-40. Grade AEM Group C. Posted to and TOS No 1 Manning Pool, Toronto, Ont. 26-1-40.	25-1-40	
1159	Lod No 1 Manning Depot on being posted to St. Thomas	8-3-40	
StT135	Forfeits pay from 0200 hrs 27-5-40 to 0345 hrs 28-5-40 (3 dys) A. W. L.	27-5-40	
StT143	Proceeded on T.D. to RCAF Stn Trenton by rail 1130 hrs. 15-6-40	15-6-40	
StT170	S.O.S. on posting to RCAF Station, Ottawa Ont. eff. 17-7-40	17-7-40	
StT163	Returned from temporary duty R.C.A.F. Station Trenton Ont. 5-7-40	5-7-40	
H183.	So Lot RCAF Stn Ottawa on being posted to No 2 S.F.T. S. Ottawa eff 31-7-40	31-7-40	
2SF2S40	Reclassified AC, 25-4-40	25-4-40	

M-10

#4.

Every Item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

Copy. H. St. Kirby

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 ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or ~~District~~ of Prescott Township of West Hawkesbury

If in City, Town or Village Lot 3 north half Con. Two (Name) Street House No. (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED Robert Warren Arliss (Family name) (Given name or names in usual order)

RESIDENCE No. 158 51 St Avenue Street City, Town, Village or Township Lachine Province Que.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	French Can & English	single

8. BIRTHPLACE Lachine Que (Province or Country)

9. DATE OF BIRTH November (Month) 3rd (Day) 1920 (Year)

10. AGE in

Years	Months	Days	If less than one day old
22	2	11	hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Student Pilot

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.

13. Date deceased last worked at this occupation Jan 14th 1943

14. Total years spent in this occupation 4 days

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

FATHER

16. NAME Armand Robert

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here Fl. Lt. S Rochman

Address 13 E.F.T.S. St Eugene Ontario

Relationship to deceased none

21. Place of Burial, Cremation or Removal Lachine Que

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER D.A. McRae & Son Hawkesbury Ont. (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH January (Month) 14th (Day) 1943 (Year)

25. I HEREBY CERTIFY that I attended deceased from:

19 to 19

and last saw h alive on 19

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) Fractured Skull severe internal injuries & Multiple fractures

due to

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

(b) Air Craft Crash

due to

(c)

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

26. If a woman, was the death associated with pregnancy? —

27. Was there a surgical operation? no Date of operation — 19

State findings Was there an autopsy? no

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

Accident, suicide or homicide? accident (State which) Date of injury Jan 14th 1943

Manner of injury Air Craft Crash (How sustained)

Nature of injury Fractured Skull, Multiple fractures

Specify whether injury occurred in **industry,** in **home,** or in **public place** Air operation area

Signed by H. St. Kirby **M.D.**

Address Hawkesbury **Date** Associate Coroner Jan 15th 1943

29. Division Registrar's Record No.

30. Filed 19 (Division Registrar)

CONFIDENTIAL

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

564

R.C.A.F.

Medical Board held at #2 S.F.T.S., Uplands, Ont. *Date* 18-5-42

FILE NUMBER R54757

Surname ROBERT *Chr. Names* Warren (21) Arless
Nature of Commission Aircrew *Date of Birth* Nov. 3/20 *Married or Single* S
Branch R.C.A.F. Special Reserve *Hours Flown* 1:15 Dual 2 to 3:00 passenger
Address 158 -51st Ave., Lachine, Que.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	NO
	Asthma or Hay Fever	Slight hay fever. No trouble the past 6 years.
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or Tonsillitis	NO
	Diphtheria, Scarlet Fever or Scarlatina	NO
(iv)	STOMACH or BOWEL TROUBLE	NO
	Chronic Indigestion or Pain after Food	NO
(v)	KIDNEY or BLADDER TROUBLE	NO
	Syphilis or Gonorrhœa	NO
(vi)	TROPICAL DISEASE	NO
	Malaria	NO
	Dysentery	NO
(vii)	EYE TROUBLE or Inflammation of Eyelids	NO
	Wearing of Glasses	NO
	Colour or Night Blindness	NO
(viii)	EAR TROUBLE, Earache or Discharge from Ears	ND
	Deafness, Noises in the Ears, or Dizziness	NO
	Frequent Colds in Head, Catarrh or Obstruction	Occasional head cold, short duration.
	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	Measles, mumps as a child. No complications Fracture of left thumb- age 6. No limitation of movement.

Education 3 yrs. High school - Lachine High School
Present Occupation Aero Engine Mechanic Hobbies Mechanics
Previous Service At present in R.C.A.F.
Athletics Basket ball, Hockey, Swimming, moderately proficient.
Habits—Smoking 1 cigarette daily Alcohol No
FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" NO

Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (2) Alive—Health Good (....) Dead—Cause
Sisters (0) Alive—Health (....) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 18-5-42 *Signature* Warren Robert *Witness* [illegible] Lt

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Athletic ..... *(b)* Mentality ..... Standard .....
Body Marks, Scars, Deformities ... Small Scar left side of forehead .....
Size of Thyroid Gland ..... Normal .....
Surgical Abnormalities ..... Nil .....
Results of Wounds, Injuries, Operations ..... Nil .....

	Date 18-5-42	Assessing Room	Date 19-10-42	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	66½		66½				
Weight (lbs.)	140		143				*Date* .....
Chest Circumference (ins.)	33, 34, 35						
Body Build (lbs.)	/8		+8				
Leg Length (ins.)	38		38½				
Pulse Rate — Sitting	72		72				
Pulse Rate — Standing 1st	96						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	108						
Pulse Rate — Time to Normal	15 secs.						
Arterial Walls	Soft		N				
Blood Pressure — Systolic	120		140				
Blood Pressure — Diastolic	70		90				
Heart — Size	N		N				
Heart — Sounds	N		N				
Heart — Rhythm	Regular		Reg.				
Lungs	Clear		N				
~~Breath held~~	-						
~~Expiratory Force~~	-						
~~Vital Capacity (Best of 5)~~	-						
Chest expansion	2"						*Date* .....
Reflexes — Knee	N.N.		N.				
Reflexes — Ankle	N.N.		N				
Reflexes — Triceps	N.N.		N				
Reflexes — Abdominal	N.N.		N				
Reflexes — Plantar	Flex Flex		N				
Cranial Nerves	Intact						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod	1 S 1 S						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	1 S 1 F.S.		1S 1S				
Tremors — Fingers	S.F. S.F.		Nil.				
Tremors — Eyelids	O O		Nil.				*Date* .....
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	Good						
Urine — Albumen	Neg.		Neg				
Urine — Sugar	Neg.		Neg				
Initials of M.O.	Jame		Hut.				

40 mm. Hg. Test .....

Date 18-5-42 (1) 45 - 6/887/776/666 .....
Date 18-5-42 (2) 55 - 6/777/766/666/66 Jame .....
Date 19-10-42 30 sec 6/667/655 4th attempt 4 & 1 .....
Date 29-10-42 - 7/787, 787, 787, 7 = 30 + mat = 50 sec - Lt .....

Remarks by Consultant.

18-5-42 Results of all tests on the whole are good.
40 mm. A little short in time held, will improve with training.

Physically fit
Stability fair
P4 O2

2s have septum checked by ENT specialist. 40 mm test prior a/c poor cd function. Leglength borderline for A1B
Jame
Thompson F/L.

EYE EXAMINATION

History No history of any eye disease		R.A. & F. — L.E. No symptoms
Visual Acuity R.20/20 , c/ 2.50 = Blur		20/15 +.50 Blur
Visual Acuity L.20/20 , c/ 2.50 = Blur		20/15 +.50 Blur
Colour Vision Ishihara #8 C.V. Normal		C.V.N (9 plates)
Red, Green Exophoria ½" No hyper		MR E+0 = 3°D
Diaphragm Test (P.D. = 57 mm.) Disappearance of 1, 2, & 3 at 2.		6 mon. Neg. at 1
Convergence C. = 6 cms.		7
Convergence S. C. = 10.5 cms. (Left eye master)		12.5
Accommodation R 12		9.5
Accommodation L 12		9.5
Cover Test Sl. lat. diverge. R. R.		Sl. div. des./RE
Fundi and Media Normal		N
Fields Full		N
Remarks: Maddox Rod Exophoria 3 p.d.		A1 B A3 B. Crossed dominance.
Initials of M.O Jam c.	*Initials of M.O*	*Initials of M.O* J. F. M.
Date 18-5-42	*Date*	*Date* 19-10-42

EXAMINATION OF EAR, NOSE AND THROAT

History No history of any ear disease

Hearing R. Ear	W. V. - 20	W. V. 20'
Hearing L. Ear	W. V. - 20	W. V. 20'
External Ear, Meatus Membranes R. Ear	Normal	N
External Ear, Meatus Membranes L. Ear	Normal	N
Middle Ear, Eustachian Tubes R. Ear	Patent	N T.P.
Middle Ear, Eustachian Tubes L. Ear	Patent	N T.P.
Cochlear Apparatus R. Ear	Apparently Normal	
Cochlear Apparatus L. Ear		
Vestibular Apparatus R. Ear		
Vestibular Apparatus L. Ear		
Buccal Cavity	Healthy	Healthy
Teeth	Good repair	Good repair
Gums	Healthy	Healthy
Pharynx	Normal	Normal.
Nasopharynx	Apparently normal	
Nose	Adequate airways, both sides	Sl. div. spt to left. Fair airway
Larynx	Apparently normal.	
Remarks: Fit.	*Initials of M.O* Jam c.	*Initials of M.O* [illegible]
	Date 18-5-42	*Date* 19-10-42
		Initials of M.O
		Date

HISTORY OF PRESENT CONDITION

Date.....18-5-42.....

Young man - keen - anxious to fly. Results of all tests on the whole are good. Should make good aircrew material.

Category A_1B A_3B

.....Flt/Lt

(J. A. McIntyre) Flt. Lt.
#2 S.F.T.S., R.C.A.F.
Uplands, Ontario.

3-9-42. Recheck O.K.

J.A. McIntyre. Fl/Lt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 14-1-43

A1b- a 3B (tinnitus)

N. VISION	15/32 A
E. E. G.	9
E. C. G.	
D. CHAMBER	2- no trouble

R.C.A.F. Station
FEB 4 1943

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

M.20/10

1. SURNAME.....R.....LAC ROBERT.....

2. CHRISTIAN NAMES.....W.A.....

3. APPLYING FOR ENLISTMENT AS.....Observer or Pilot (Remuster).....

SELECTION BOARD

4. PERSONNEL OFFICER

Education...Gr. X - [redacted] Quebec.....

Hold until Aug. - at least

Classification Test Score....47/80.....C.A.T. Score.....

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

3 yrs. of Matriculation H.S. plus 5 mos. Motor Mechanics course. Applicant shows fair to average ability to learn. Needs a Pre-entry Aircrew Educational course. Personal background satisfactory. 2½ yrs. A.E.M. in R.C.A.F.

RECOMMENDED FOR.....Observer or Pilot (completion of Educ. Course).....

SUITABLE FOR COMMISSION.....-----.....

Signed C.A. Summers S/L
(D.H. Morrow) F.O. DATE: 26-5-42.

---

5. MEDICAL OFFICER

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

ASSESSMENT: (Physical; Temperamental) Reacts ok Nyz tests good. Ought to make good aircrew material.

RECOMMENDED FOR.....P or O.....

SUITABLE FOR COMMISSION.....

Signed [illegible] Flt Lt
DATE: 3.9.42

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6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness) Bright lad. 2½ yrs. in R.C.A.F. Should develop into good Obs. or Pilot material. Well mannered and refined.

RECOMMENDED FOR.....Observer or Pilot after completing Educ. course.....

SUITABLE FOR COMMISSION.....

Signed C.A. Summers S/L
(C.A. Summers) F.O. DATE: 26-5-42.

FOUND ACCEPTABLE FOR.....Observer or Pilot.....

A.F.M.5 DATE:

C.A. Summers S/L
Commanding Officer,
No. 12 Recruiting Centre,
Ottawa, Ont.

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 WARREN ARLESS ROBERT (b) Reg'l. No. R54757
2. (a) Arm of service AIR FORCE (b) Unit No 2 S.F.T.S. Uplands (c) Rank L.A.C.
3. (a) Date of birth Nov 3 1920 (b) Have you any dependents? NO (c) Place of residence at time of enlistment LACHINE QUE.
4. (a) Place of enlistment MONTREAL QUE (b) Date of enlistment JAN 26 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? YES
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.) 3 YEARS High 1 YEAR Technical
7. If you attended a university, give name of university and standing or degree secured
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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member?

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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? (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? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form WISH TO COMPLETE SCHOOLING

DATE JUNE 20 1941 SIGNATURE Warren Robert

To 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.

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(1) Name of Officer or Soldier ..... Robert Warren Arliss
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number ..... R 54757

(3) Unit ..... RCAF Manning Pool, Toronto Ont

(4) Are you married? ..... No

(5) If married, state,

(*a*) Full name of your wife ..... n/a

(*b*) Present postal address of wife .....

(6) If married, have you been regularly supporting your wife? If not—state reasons ..... n/a

(7) Are you a widower? ..... No

(8) Have you any children? ..... No

If so, give number of boys and girls .....

Also their names and ages .....

(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 .....

Postal Address .....

R.C.A.F. Records Office
Rec'd JUN 18 1941
O. K. ..... C. B. .....
S. C. ..... N. I. .....
P. A. CM

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you ~~have been~~ regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address Robert Armand
158 - 51 Street - La Chine Que

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

(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. No

Also state reason he has no other means of support

(14) Is your mother alive? Yes

If so, state name and address Robert Avis
158 - 51 Street La Chine Que.

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. No

Also state reason why she has no other means of support

(17) Are you insured? Yes

If so, in what Company? London Life Ins Co.

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.

x Warren Robert
(Signature of officer or man)

Date Jany 26/40

Officer Commanding

Date

R.C.A.F. Special Reserve

R.C.A.F.-R. 83A
30M-9-39 (2131)
H.Q. 1062-3-66

(One copy only to be completed)

Unit R.C.A.F. Special Reserve Air Force Number R.54757

Aero Engine Mech. -Group "C"

ROYAL CANADIAN AIR FORCE

ATTESTATION PAPER

1. Surname ROBERT
2. Christian Names Warren Arless
3. Present address 158 - 51st Avenue, Lachine, Que.
4. Date of birth November 3rd, 1920 mc
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) United Church of Canada
7. Trade or Calling Student
8. Married, Widower or Single Single
9. Name of next of kin Mr. Armand Robert
10. Relationship Father
11. Address of next of kin 158 - 51st Avenue, Lachine, Que.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars Nil
14. Do you now belong to or have you served in the Royal Canadian Air Force, Permanent or Auxiliary? Nil

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Warren Arless ROBERT do solemnly declare that the above 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 25-1-40 Warren Robert
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Warren Arless ROBERT do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Warren Robert
(Signature of recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR 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 this 25th day of January 19 40

C. Falkenberg
(C. Falkenberg) Flt. Lt., (Signature of Magistrate Justice or Attesting Officer.)
(O/C RCAF Recruiting Centre,
1254 Bishop Street, (Office or Rank and Unit or Appointment.)
Montreal, Que.

16-251

CERTIFICATE OF MEDICAL EXAMINATION

8

Name in full Warren Arless (SURNAME. Robert) Date JANUARY 22nd, 1940

Part 1. Information to be obtained from the recruit

1. Age 19 2. Have you ever suffered from any of the following diseases?

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. Nevous or mental disease	NO
f. Gastro-intestinal	NO	o. Syphilis	NO
g. Rupture	NO	p. Gonorrhoea	NO
h. Varicose veins	NO	q. Have you ever worn glasses?	NO
i. Flat or deformed feet	NO		

X

Warren Robert
(Signature of recruit)

Examiner's remarks re above ..... brain Normal.
Reflexes + Ear drums normal. X Ray normal.
Color Vision (Ishihara) 9/ JBrennan Capt RCAMC

Part 2. Information obtained by Medical Examination.

(The recruit must be stripped)

1. Identification marks or scars (If operative obtain history) ..... Nil. scar left forehead

2. Height 5 feet 5 inches. 3. Weight 132 pounds.

4. Complexion DARK 5. Color of Eyes BLUE Hair D. BROWN 6. Development Good ~~Fair~~ ~~Poor~~

7. Chest measurement—Full Aspiration 34 ins. Range of expansion 2½ ins.

8. Hearing—Right W.V. 20'
Left W.V. 20'

9. Vision without glasses—Right 20/20 With glasses—Right .....
Left 20/20 Left .....

10. Condition of mouth and teeth Good.

11. Abnormalities (Congenital and pathological) found on examination are as follows: Nil

Part 3. We the examiners, find no evidence of the diseases mentioned in Question 1, Part 1, except as reported in the remarks. We have examined the recruit in accordance with the pamphlet, "Physical Standards & Instructions for the Medical Examination of Recruits", and he is found fit for Category A

Any special remarks of the Medical Officers may be added below .....

J. E. Bowie Lt Col (President) (Member) JBrennan Capt (Member)

CERTIFICATE OF OFFICER COMMANDING UNIT

Warren Arless ROBERT having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation, and that his service reckons from the 25th day of January 1940

C. Falkenberg
(Signature of Officer)

Date January 25th 1940 (C. Falkenberg) Flt. Lt., O/C RCAF Recruiting Centre, Montreal, Que.

NOTE: Service reckons from date recruit commences to draw pay.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

APPLICATION FOR ENLISTMENT

(This form is to be filled out in detail and forwarded to the nearest R.C.A.F. recruiting office.)

SIR:

I have the honour to apply for enlistment as an Airman in the Royal Canadian Air Force.

The particulars of my application are as stated in the following questionnaire:—

(TO BE COMPLETED BY APPLICANT IN HIS OWN HANDWRITING)

1. Surname Robert Christian names Warren, Arless
2. Permanent Address 158 - 51st Ave., Lachine, Que.
3. Present Address 158 - 51st Ave., Lachine, Que. Phone Zone 8 - 814
4. Nationality Canadian Place of Birth Montreal
5. Age 19 years. Date of Birth Nov., 3rd, 1920 Married or Single Single
6. Religion Protestant Height 5 ft. 7½ in. Weight 130 lb.
7. Languages spoken English
8. Defects in health, limbs, faculties, etc. none

9. Naval or Military Service:—

Unit	Place	Rank	Trade	Date from	Date to
none					

10. Air Force Service:—

Unit	Place	Rank	Trade	Date from	Date to
none					

11. Reason for discharge from last engagement:—
(Copy of discharge certificate to be attached)

12. Are you on any Military Reserve? no

13. Are you in receipt of any pension? no If so, state

(1) Nature of disability

(2) Amount of Pension

(3) Canadian or Imperial

R.C.A.F.R. 28
50M—9-39 (1909)
H.Q. 1062-3-1

14. Particulars of Education:—

	Names of Schools	Dates of attendance From	Dates of attendance To	Full particulars of Courses, Subjects, etc. Documentary proof of educational qualifications must be attached
Primary Education—Public or Separate School	Guy Drummond, Outremont, Que.	1927	1934	
High School—Collegiate Institute, etc.	Lachine High School, Lachine, Que.	1935	June 1939	completed the third year (Grade X) in June 1939
Technical School	Montreal Technical School	Sept. 5, 1939	——	attending course in Motor Mechanics, received certificate for first term Sept. 5 1939 to Nov. 3, 1939.
University or Schools other than above—Correspondence Courses, etc.	none			

15. Particulars of Civil Occupations. (Give full particulars)

Employer	Duties, Trades, Positions, etc.	Date from	Date to	Reasons for leaving
Montreal Gazette	newspaper carrier	July 1937	——	~~~

16.
17.
18.
19.
20.
21.
22.
23.
24.
Da

16. Have you any Special Qualifications, Hobbies, etc., useful to R.C.A.F.? Have been interested in mechanics, and have read a great deal on the subject, which will help me gain a position in the aviation industry. As a position in the aviation industry is my goal, I think the R.C.A.F. is a good place to start from.

17. What sports do you engage in; state whether extensively, moderately, or occasionally. What teams have you played for? (moderately) school hockey, basket-ball, swimming and skiing

18. Have you ever submitted a previous application to join the R.C.A.F.? If so, give approximate date no

19. Are you employed at present? Yes, as a newspaper carrier

20. In what trade do you wish to enlist in the R.C.A.F.? Aero Engine Mechanic

21. State date on which you are prepared to join upon notice

22. Give names of at least two persons who can give references as to your character and ability.

Name	Address	Occupation
H. G. Hatcher	172 - 44th Ave. Lachine	Superintendent, Lachine Protestant Schools
Rev. A. J. Macdonald	35 - 56th Ave. Lachine	Minister of Summerlea United Church
H. S. Smith	160 - 51st Ave. Lachine	Sales Manager, Bathurst Paper and Pulp Mills.

23. Remarks. (Give any other information likely to have any bearing on your application) none

24. Certificate.

I hereby certify that the foregoing information furnished by me is correct to the best of my knowledge.

Date Jan. 16, 1940 Signature Warren Robert Talbot

FOR OFFICIAL USE ONLY

A. Report of interviewing Officer:—

Type of Man ..... Keen - Intelligent

General Appearance ..... Very neat & clean

Suitability for R.C.A.F. (State in what capacity) .....

..... Very good type as Aero Engine Mechanic although lacking in experience

.....

.....

DATE ..... 22.1.40. ..... SIGNATURE ..... H.R. Davis F/S

B. Report of Trade Test.

(1) R.C.A.F. Trade in which tested ..... Aero Engine Mechanic

(2) By whom tested ..... F/S Davis ..... Sgt. Graham

(3) RESULTS. (Strike out where not applicable)

(a) Applicant is ~~fully~~ qualified in R.C.A.F. Trade of .....

..... Aero Engine Mechanic "C" Group

~~(b) Applicant is qualified as a learner in the R.C.A.F. Trade of~~ .....

.....

~~(c) Applicant is not qualified in the R.C.A.F. Trade of~~ .....

.....

(4) Does applicant possess any trade qualifications other than above likely to lead to his efficient employment in the R.C.A.F.? .....

.....

.....

DATE ..... 22-1-40. ..... SIGNATURE ..... H.R. Davis F/S J.W. Graham Sgt

---

C. Report of Medical Examination.

Date on which examined .....

Category .....

Remarks .....

D. Action taken by Headquarters or Unit.

Result of application .....

Remarks .....

.....

.....

.....

DATE ..... SIGNATURE OF OFFICER .....

CANADA,
PROVINCE OF QUEBEC,
District of Beauharnois

SUPERIOR COURT

Abstract of the Register of Civil Status of the

PRESBYTERIAN..... ***Church*** .....

at Beauharnois, Que.

Warren Arless Robert, son of Armand Dease Robert, custom officer, Montreal, and his wife Avis Arless, was born November the third nineteen hundred and twenty, and was Baptized on the sixteenth day of July nineteen hundred and twenty-two.

(Signed) J.Duncan Anderson
Minister

Witnesses

(Signed) A.D.Robert

" Avis Robert

True abstract of the Register of the Acts of Baptism, Marriage and Burial of the Presbyterian Church ..... **at** Beauharnois..... **in the district of Beauharnois, for the year one thousand** nineteen hundred and twenty-two.....

The said Register deposited in the office of the Superior Court for the Province of Quebec, in and for the said district of Beauharnois.

Delivered by the undersigned ..... **Prothonotary of the said Superior Court and the Custodian of its Archives.**

Dated at Salaberry of Valleyfield, this twelfth..... **day of** January.....**one thousand nine hundred and thirty-**forty.....

Telegraphe Lauture.

P. S. C.

THE PROTESTANT SCHOOL COMMISSIONERS OF LACHINE

OFFICE OF THE BOARD

H. G. HATCHER, M.A.,
SUPERINTENDENT.

TEL. LACHINE 498

53 - 36TH AVENUE,
LACHINE, QUE.

January 10th, 1940.

TO WHOM IT MAY CONCERN,

This is to state that Warren A. Robert was for three years a pupil of our High School, and completed the Third Year (Grade X) in June 1939.

Warren was an excellent student, being especially strong in Mathematics. He was a scholarship pupil in his Third Year. He left in order to enter the Montreal Technical School.

Our records show that in punctuality, regularity of attendance and general deportment he received high rating. He is a person of good habits, and thoroughly trustworthy.

H. G. Hatcher.
Superintendent,
Lachine Protestant Schools.

PROVINCE OF QUEBEC

MONTREAL TECHNICAL SCHOOL

Certificate of Sperial Course

We, the undersigned, certify that :

Mr. Robert Warren

has followed regularly from Sept. 5th till Nov. 3rd, 1939.

the Special Course in MOTOR MECHANICS *and that*

he had passed the final examinations with an average of : 88%

Montreal, November 6th, 1939.

Hector F. Beaupré
Principal of the School

Armand Lemieux
Head Instructor

CANADA'S BEST NEWSPAPER
ESTABLISHED 1778
HARBOUR 2241*

The Gazette

Gazette Printing Company, Limited

1000 ST. ANTOINE STREET

MONTREAL

COMMERCIAL AND COLOR PRINTING
LITHOGRAPHING
PHOTO ENGRAVING
BOOKBINDING

January 20th 1940

TO WHOM IT MAY CONCERN.

This is to certify that Mr. Warren Robert has been employed by this Company as carrier-salesman for the past two years. His duties included delivery of the paper in the early morning, collection of weekly accounts, and the solicitation of new business. Besides having a pleasing personality, he showed himself at all times to be prompt, dependable, of marked initiative and thoroughly honest.

We should regret losing his services, but have no hesitation in recommending them highly to anyone desiring to make use of his talents.

Yours truly,
THE GAZETTE

L. T. Rahey
Circulation Manager.

LTC/EC

☐ Navy
☐ Army
☒ Air Force

(Mark X opposite Force in which ~~you~~ last served.)

DEPARTMENT OF NATIONAL DEFENCE

JUL 20 1945

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

22796 / K54757

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service ROBERT
(Print)

2. Christian Names ~~ALLAN DRASH~~ and WARREN ARLESS
(Print)

3. Service No. ~~R77310~~ R54757 4. Paid rank or rating at date of termination of Service ~~Allan - Flt. Sgt.~~ Warren - Cpl.

5. Address, in full, to which payments of gratuity are to be forwarded

Mrs. Avis Robert
158 - 51st Ave
DIXIE - LACHINE

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
~~ALLAN Air Force~~	~~R77310~~	~~Flt Sgt~~	~~Oct 31st 1940~~	~~June 6/42~~
WARREN Air Force	R54757	Cpl	Jan 22nd or 27th 1940	Jan 14/43

Both my son were killed on Active Service

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? No If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

July 8/45
(Date)

Mrs. Avis Robert (Mother)
(Signature of Applicant)
signed "Avis Robert"

C524

(CERTIFIED TRUE COPY)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

JUL 17 1945

CASUALTY
2
W.S.G 2-45

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R 347577	Cpl	"A"	Warren Arles	Robert

Reason for termination of service: Killed 14-1-43
Eg 14-1-43 (13 EF 6)

TOTAL SERVICE:

T.O.S. 25-1-40 S.O.S. 14-1-43 1086 DAYS

T.O.S. _____ S.O.S. _____ _____ DAYS _____

TOTAL 1086 DAYS

LESS NON-QUALIFYING SERVICE:

From: AWL 27-5-40 To: 28-5-40 2 DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS 3

TOTAL QUALIFYING SERVICE 1083 DAYS

OVERSEAS SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL Nil DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING OVERSEAS SERVICE Nil DAYS

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

COMPUTER'S INITIALS	
CHECKER'S INITIALS	
DATE	14 June 45

R.C.A.F. RECORDS OFFICER

R.C.A.F.-R.310

ROYAL CANADIAN AIR FORCE

RECOMMENDATION FOR APPOINTMENT TO HIGHER RANK

RCAF—R.14 (REVISED)
200M-1-42 (1521)
H.Q. 1062-3-17

1. No. R54757 2. Trade A.E.M. 3. Group "A"
4. Name Robert, W.A. 5. Date of Birth 3-11-20 6. Date of Enlist 25-1-40
7. Present Temp. Rank or Classification LAC (Paid) Effective 1-4-41
8. Present Acting Rank A/Cpl. (Paid) Effective 1-9-42
(~~Unpaid~~)
9. Number of General Conduct Sheet Entries in past 6 months Nil Present evidence of Debt No (Yes or No)
9A. If aircrew, number of blameworthy entries in log book N.A.
10. If under 33 years of age and with Aircrew Educational qualifications
Medical Category on M2 Examination N.A. Date M2 Exam. N.A.
11. If A1B—A3B Med. Cat. is Airman desirous of Aircrew training under existing regulations Yes (Yes or No)

12.

TRADE PROFICIENCY		CHARACTER ASSESSMENT	
LAST	PRESENT	LAST	PRESENT
	Sat.		V.Good

P.A.

(To be completed in accordance with provisions of K.R. (Air) paras. 415 and 416)

13. REMARKS This airman has shown marked improvement, is neat, and with responsability should make good N.C.O. material.

I recommend the subject Airman for advancement in rank and consider that he is immediately fitted to discharge the duties of the rank of A/Cpl. in his trade.

I ~~consider~~ do not consider this Airman potential officer material.

(W.R.MacBrien) (*Signature*) Wing Commander (*Rank*) Commanding Officer (*Appointment*)

No.2 S.F.T.S., Uplands, Ontario (Unit) 26-8-42. (Date)

(PARAS. 12 and 13 MUST be completed and signed by Unit Commanding Officer)

14. **QUALIFICATION REPORT DRILL AND CEREMONIAL**

Certified that the subject Airman has been subjected to Qualifying Tests in Drill and Ceremonial before a Board of qualified personnel and is in all respects qualified up to and including the rank of Cpl. in accordance with the Standards prescribed (A.F.A.O. A.51/14)

G. Downes. F/O
(President)

15. **TO BE COMPLETED BY COMMANDING OFFICER ONLY**
REVIEW ONE MONTH PRIOR TO DATE OF NORMAL APPOINTMENT TO TEMPORARY PAID RANK

Certified that the all-round proficiency of the subject Airman has been reviewed at this date.

He is RECOMMENDED for,

(a) Appointment to Temporary Rank,

(b) ~~Retention in Acting Rank for a further period of~~

(c) ~~Reduction to substantive rank~~

STRIKE OUT ITEMS NOT APPLICABLE. If action under (b) is recommended or action under (c) is taken by promulgation in Unit D.R.O.'s, D.A.P.S. is to be notified immediately.

R.C.A.F. Records Office Rec'd SEP 29 1942 O.K. C

31-8-42 (Date)

(W.R. MacBrien) (Signature) Wing Commander

16 Recommended for appointment to rank of ..... Warrant Officer, Class .....

..... (Command Specialist Officer) ..... (Date) ..... (Air Officer Commanding) ..... (Date)

FOR HEADQUARTERS USE ONLY

Education	University Degree	Senior Matric.	Junior Matric.	Entrance Standard or Below

Appointed to rank of Corporal (Temporary) (Paid) Effective 1.9.42.
by ..... Dated .....

	Particulars Checked	Appointment Approved
Signature		
Rank Flight Lieutenant		F.L.
Appointment Ap. 2 (b)		Ap. 2(a)
Date 17.9.42.	T.B.K.	17.9.42

NOTE:—Recommendations for Warrant Rank to be submitted to Commands in duplicate.

This is to certify that I have known Mr. Warren Robert for a period of five years I have watched him growing up to be an industrious young man. He has a good background and I owned take him to be trustworthy and reliable

A. J. Macdonald
Minister of
Summerlea United Church

Lachine
Jan. 15 1940

FORM 6 Records

Copy H.H. Kirby

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 ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or ~~District of~~ Prescott Township of West Hawkesbury
If in City, Town or Village Lot 3 North half Con Two (Name) Street House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED Robert Warren Arliss (Family name) (Given name or names in usual order)

RESIDENCE No. 158 Street 51st Avenue City, Town, Village or Township Lachine Province Quebec
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	French Can + English	single

8. BIRTHPLACE Lachine Que (Province or Country)

9. DATE OF BIRTH Nov 3rd (Month) (Day) 1920 (Year)

10. AGE in

Years	Months	Days	If less than one day old
22	2	11	hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Student Pilot

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.

13. Date deceased last worked at this occupation Jan 14th/43

14. Total years spent in this occupation 4 days

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

FATHER

16. NAME Armand Robert

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here F.L. Lt. S Rochman
Address 13 E.F.T.S; St Eugene Ontario
Relationship to deceased none

21. Place of Burial, Cremation or Removal Lachine Que
Date of burial or removal

22. Burial Permit was issued by
Address

23. UNDERTAKER D.A. McRae & Son Tank Cleek Hill Ont (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH January (Month) 14th (Day) 1943 (Year)

25. I HEREBY CERTIFY that I attended deceased from:
19 to 19
and last saw h alive on 19

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) Fractured skull, severe internal injuries & multiple fractures
due to
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) Air craft crash
due to
(c)

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

26. If a woman, was the death associated with pregnancy? —

27. Was there a surgical operation? no Date of operation — 19
State findings Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? accident (State which) Date of injury Jan 14th 1943
Manner of injury Air craft Crash (How sustained)
Nature of injury Fractured skull, Multiple fractures
Specify whether injury occurred in **industry,** in **home,** or in **public place** air operation area

Signed by H.H. Kirby **M.D.** Associate Coroner
Address Hawkesbury **Date** Jan 15th 1943

29. Division Registrar's Record No.

30. Filed 19 (Division Registrar)

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

Every Item of information should be carefully supplied. (See reverse side for instructions)

AIR FORCE No. R54757

SURNAME: ROBERT FULL CHRISTIAN NAMES: WARREN ARLESS

ENLISTMENT PLACE Montreal DATE 25-1-40

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44(B) 50M-10-40 (7685) 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.	1 MD Toronto	26 1 40	TMP24
S.O.S.	1 MDX St. Thomas	8 3 40	TMP59
S.O.S.	St. Thomas D Ottawa	17 7 40	St T 170
S.O.S.	Ottawa D 25FTS Ottawa	31 7 40	H 183
SOS	=287 Uplands	10 10 42	287243
T.O.S.	5 ITS Belleville	11 10 42	5ITS246
S.O.S.	5 ITS Belleville	11 1 43	5ITS10
T.O.S.	#13 EFTS St. Eugene	10 1 43	13EF.3
SOS	13 E F T S	14 1 43	13EF6
Killed in Flying Accident.			
Killed		14 1 43	
Eg		14 1 43	
Discompelled		4/11/44	
Cas/Wk 2 I F T S		31 7 40	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
AC2	25 1 40	TMP24
AC1	25 4 40	25FTS40
LAC	1 4 41	25F92
6.		
A/Cpl (Pd)	1 9 42	25F 210

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
22-1-40	R83A	A	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
AEM	C	25 1 40	TMP24
A.E.M.	B	1 4 41	25F78
AEM	a	1 7 41	287155
513A.			
aem (u/t a/c pilot)		19 12 42	5ITS304

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
AEM "B"	50	20 9 40	25FTS TT
AEM "B"	55	2 12 40	25FTS TT
A.E.M. "B"	64	3 2 41	25F-T.T.
A.E.M. "A"	866P	21 4 41	287-TT
AEM B	55%	2 12 40	25FTS

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
12-5-41	26-5-41	14	Address 158-51st Ave. Lachine Que	25F106
4-5-42	17-5-42			25F104
20-12-42	3-1-43	14	Special	5ITS303

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

AIR FORCE No. R 54757 R

Robert, Warren Arless
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT
PLACE Montreal
DATE 25-1-40

RE-ENLISTMENT

C.R. FI[LE] NUMBE[R]

R.C.A.F. FORM R[...]

RECORD OF SERVICE AIRMEN

7. BIRTH:

DATE	PLACE	CITIZENSHIP 2
3-11-20	Montreal, Que.	British

FATHER (FULL NAME) Armand Dease Robert

BIRTHPLACE

MOTHER (FULL MAIDEN NAME) Avis Arless

BIRTHPLACE

8. EDUCATIONAL STANDING
- HIGH SCHOOL ENTRANCE
- JUNIOR MATRICULATION 3 yrs. Que.
- SENIOR MATRICULATION
- TECHNICAL SCHOOL 1 yr. Que.
- UNIVERSITY
- CORRESPONDENCE COURSES

4

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

Paper carrier 3 yrs.

9500

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION ~~Church of England~~
United Church 2

14. LANGUAGES 1

15. SPORTS General sports, mechanics

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: Armand Robert RELATIONSHIP Father
ADDRESS: 158 - 51st Ave, Lachine, 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.
Forfeits pay (3 days) AWL	27/28	5	40	StT 135			

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	25	1	40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
St. Thomas	Trenton	15-6-40 15-7-40	StT 143-163
S.F.W. H C129205			StTS 304

22707

A.P.E. 158 - 51st Ave., Lachine, Que.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM 3[...]	IDN. CARD	
5-9-40	JAN 29 '42	30-9-40	✓			OH.7 KX O3S X