R54828
COONEY
JAMES DANIEL

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R-54828

JOHN E.COONEY AND
MARY M.COONEY, 682,046

2090 CONNAUGHT AVE.,N.D.G.
MONTREAL,P.Q.

R0054828 COONEY JAMES DO FS3

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. WAR MEDAL	C.V.S.M.				
✓		✓						✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													6 May 46	MEDAL ISSUED

45471

CP

O/S wgs

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

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

3689 15-10-49

Mrs. Mary M. Cooney (mother)
3673 Park Ave.,
Montreal,
Que.

June-45.

MEMORIAL BAR
DATE DESP.....
REGN. NO 122

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-C-1291

NAME COONEY, James Daniel O'Leary

REGT'L NO. R54828

RANK Sgt. ~~W.O.A.G.~~ Air Bomber UNIT PRES. DEAD

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:	16-Aug-42	MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:	2-3-43	ROYAL MESSAGE: 6-4-43 MEMORIAL CROSS:	6-4-43	
To mother & father		To mother & father To mother	6-4-43	

2nd card sent out 26/5/43

Mr. & Mrs. John Edward Cooney,
c/o Canadian Customs,
Montreal, Que.

new address-3673 Park Ave.,
Montreal, Quebec.

R.C.

54828

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* 10-3-41

FILE NUMBER 54828

Surname COONEY L.A.C. *Chr. Names* JAMES DANIEL
Nature of Commission m-2-3 *Date of Birth* 6-6-20 *Married or Single* S
Branch Gen. List. *Hours Flown* None
Address Mont Joli Detachment, P.Q. R.C.A.F.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	NO
	Asthma or Hay Fever	NO
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or 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	Gonorrhoea for 5 days 5 months ago, no trouble since.
(vi)	TROPICAL DISEASE	NO
	Malaria	NO
	Dysentery	NO
(vii)	EYE TROUBLE or Inflammation of Eyelids	NO
	Wearing of Glasses	NO
	Colour or Night Blindness	NO
(viii)	EAR TROUBLE, Earache or Discharge from Ears	NO
	Deafness, Noises in the Ears, or Dizziness	NO
	Frequent Colds in Head, Catarrh or Obstruction	NO
	Prolonged Hoarseness or Loss of Voice	NO
	Sea, Car or Train Sickness	NO
	Discomfort on Swings, Roundabouts, Switchbacks	NO
(ix)	OPERATIONS	NO
(x)	Any Illness or Injury not mentioned above	NO

Education 4 yrs. High School
Present Occupation L.A.C. R.C.A.F. Hobbies N.A.
Previous Service N.A.
Athletics Hockey, baseball, basketball, boxing (ext.)
Habits—Smoking None Alcohol Occasionally
FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (1) Alive—Health good (....) Dead—Cause
Sisters (2) Alive—Health good (....) Dead—Cause

APR 2 1941

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 10-3-41 *Signature* Cooney *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Standard
Body Marks, Scars, Deformities acne scars at face and body
Size of Thyroid Gland N
Surgical Abnormalities
Results of Wounds, Injuries, Operations

	Date 10-3-41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	68¾						
Weight (lbs.)	140						*Date*
Chest Circumference (ins.)	33¼-35¾						
Body Build (lbs.)	N(-5)						
Leg Length (ins.)	N.A.						
Pulse Rate — Sitting	66						
Pulse Rate — Standing 1st	96						
Pulse Rate — Standing 2nd	72						
Pulse Rate — After Exercise	108						
Pulse Rate — Time to Normal	30						
Arterial Walls	N						
Blood Pressure — Systolic	128						
Blood Pressure — Diastolic	60						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held	70						
Expiratory Force	110						
Vital Capacity (Best of 5)							*Date*
Reflexes — Knee	NN						
Reflexes — Ankle	NN						
Reflexes — Triceps	NN						
Reflexes — Abdominal	NN						
Reflexes — Plantar	Flex.						
Cranial Nerves	NN						
Balancing Rod	R. L. 1S 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. 1S 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	SF SF						
Tremors — Eyelids	O O						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	good						
Urine — Albumen	neg.						
Urine — Sugar	neg.						
Initials of M.O.	MS						

40 mm. Hg. Test 85 = 5.5 /688,776,655,555,544,45 MS
Date
Date
Date
Date
Date

Remarks by Consultant.

Satisfactory

EYE EXAMINATION

History	Neg.		
Visual Acuity	R. 2Ø 20 , ± c 2.25 = 20/100		
	L. 20/20 , ± c 2.25 = 20/100		
Colour Vision	N. Ish.		
Red, Green	N.A.		
Diaphragm Test (P.D. =	N.A.)		
Convergence	C. = " cms.		
	S. C. = " cms.		
Accommodation	R.		
	L.)6		
Cover Test	N.A.		
Fundi and Media	N.		
Fields	N.		
Remarks:			
	Fit.		
	Initials of M.O. M.P	*Initials of M.O*	*Initials of M.O*
	Date 10-3-41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Neg.

Hearing	R. Ear	W V 20	
	L. Ear	W V 20	
External Ear, Meatus Membranes	R. Ear	N	
	L. Ear	N	
Middle Ear, Eustachian Tubes	R. Ear	Pat.	
	L. Ear	Pat.	
Cochlear Apparatus	R. Ear		
	L. Ear		
Vestibular Apparatus	R. Ear		
	L. Ear		
Buccal Cavity		H	
Teeth		H. D.C. 18	
Gums		H	
Pharynx		H	
Nasopharynx		H	
Nose		H	
Larynx		H	
Remarks:			
Fit.		*Initials of M.O.* M.P	*Initials of M.O*
		Date 10-3-41	*Date*

HISTORY OF PRESENT CONDITION

Date 10-3-41

Good average type

M.B.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 10-3-41

A3B

M Bruhe-Lt.
John L Ellis F/O

11-3-41 X-Ray # 73085 neg Ant

CATEGORY APPROVED
A3B
MAR 28 1941
T Simmons
F/Lt. for D.M.S. Air.

AIR FORCE No. R54828

SURNAME Cooney, FULL CHRISTIAN NAME James Daniel O'Leary

ENLISTMENT/APPOINTMENT

PLACE

DATE 27-3-40

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
	Embarked for U.K.	13 12 41	
TOS	19 O.T.U.	24 3 42	68/42
TOS	106 Sqn	17 6 42	63/42
	Missing, believed killed during ops	16 8 42	1678 AFRO 146/42
	Presumed dead	16 8 42	DCL 256 AFRO 373/43.
TOS	RCAF NIE Unit (MBK)	1 5 43	NEU
SOS	RCAF NIE Unit (P.D)	1 5 43	1/43.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

AIR FORCE No. R5'4828

SURNAME Cooney | FULL CHRISTIAN NAME James Daniel O'Leary

ENLISTMENT/APPOINTMENT
PLACE
DATE 27-3-40

RELIGION R.C.

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

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
6-6-20				

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mr + Mrs J. F. Cooney (Parents) 3673 Park Ave, Montreal, Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt	7 11 41		W.O. AG		
T/F/Sgt	7 5 42	AFRO 113/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

AIR FORCE No. R54828 R

Cooney — SURNAME

James Daniel O'Leary — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal P.Q. — DATE 27-3-40

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R. 44 (B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 6-6-20 PLACE Montreal P.Q. CITIZENSHIP British 2

FATHER (FULL NAME) John Edward Cooney

BIRTHPLACE

MOTHER (FULL MAIDEN NAME) Mary Maud O'Leary

BIRTHPLACE

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE Que

JUNIOR MATRICULATION 2 yrs Que

SENIOR MATRICULATION

TECHNICAL SCHOOL 2 yrs Que. (Comm.)

UNIVERSITY

CORRESPONDENCE COURSES

2

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

Nil

9510

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	4BGS280	7-11-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic 1

14. LANGUAGES English & French 3

15. SPORTS General

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)

FULL NAME: ~~Mr.~~ Mrs. John E Cooney — RELATIONSHIP ~~Father~~ Mother

ADDRESS: 3673 Park Ave. Montreal P.Q. — D.R.O. (RAF 53)

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.
Stop pay	23 12 40	S82 5BR17			
DPO 82 - add. 75¢ pd		S83			
Ceases stop pay	27 12 40	S84, 5BR17			
Subsistence allce.	7 2 41	EAC 33			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	27 3 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Rtns & Qtrs.	Sydney	30-12-40 31-12-40	S1.
TD. Dart. Sqn		18-6-40	5BR158
Att. EAC.	— pump pay	9-2-41	EAC 33
Ceases to draw qtrs. allcee.		11/5/41	1WS112.
Auth. to draw qtrs. allnce.		22/5/41	1WS.124.
Ceases qtrs allce.		9-7-41	1WS164
Dtls & Rtns		12-10-41	4BY258
Occ pub qtrs & rtns		20-11-41	1Y275

APE - 3673 Park Ave. Montreal. P2 22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) 0 2/7.

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
31-8-40		9-5-41				

AIR FORCE No. R54828

SURNAME: COONEY

FULL CHRISTIAN NAMES: JAMES DANIEL O'LEARY

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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/S	R.T. Sgn Training	28	3	40	E75
B.S	Transfer to Portsmouth	15	6	40	E142.
S/S	Part to Yarde Det/att. to 5BR for (everything)	17	6	40	K150-158
S.S.	Yeadon Det to Sydney Stn	31	12	40	5BR9.
T.O.S.	Sydney Stn.	31	12	40	S/1
S.O.S.	Sydney	6	2	41	S.31
T.O.S.	Mont Joli Det	6	2	41	EAC33.
S.O.S	R.A.F. Det. Mont Joli P.Q	27	4	41	EAC103
T.O.S.	Wireless School, Mont	28	4	41	1WS.103.
S.O.S	1WS Montreal	11	10	41	1WS244
T.O.S	4BBS Yingal	12	10	41	4BBS58
S.O.S.	4BBS Yingal	8	11	41	4BBS280
T.O.S	1"Y" Depot Halifax	9	11	41	1Y275
S.O.S	1"Y" Dep. to RAF Trainees Pool	12	12	41	1Y312.
T.O.S	3PRC	26	12	41	RAF13
S.O.S	3PRC to 1 A/Sch	30	1	42	RAF8
S.O.S	To 19074 fm 1 A/S	24	3	42	RAF16,18
	MISSING.	16	8	42	Raf53.
	Pend NRE 369				
	Missing	16	8	42	
	PX 16878	22	8	42	
Flying Battle Lancaster - bombing - Presumed enemy action		16	8	42	Sig M878 d/22-8-42
	Believed Killed	Sig	M	980	2d/22-8-42
Failed to return from raid to Duisburg					
		106	16	Sgd.	
	Pres Dead	16	8	42	
	PX 6200	1/5	2	43	
Presumed dead 16-8-42		PX6200 Feb 15/43			
Presumed dead		16	8	42	RAF46
W&A Commuted		29	9	44	
185 =	COMPLETED	10	4	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	27	3	40	E75
LAC	27	6	40	5BR214
LAC (amend.)	27	6	40	5BR265-30.
LAC	27	9	40	5BR301
AC2	27	4	41	EAC104
LAC	29	5	41	1WS130
T/Sgt. (Pil) T4	7	11	41	4BBS280
J/75	7	5	42	AIR0113

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL / QUARTERS	ADMITTED / CONFINED	DISCHARGE / RET'N DUTY	D.R.O.
21-3-40	R83P	A	
Hosp.	5-12-40	8-12-40	S74-66
Hosp.	23-12-40	27-12-40	S83-84
Sick Hosp	3-2-41	5-2-41	S29-30
28/3/41	M.2.	A3B.	
SSO	9-2-42	10-2-42	RAF15,15

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Gen. Duty	Std	27	3	40	E75
Aircraftsman (Wop/AG)		27	4	41	EAC104
WO/AG	Spec	7	11	41	4BBS280
3045					X
WO/AG Grade II	2	6	3	42	R4F34

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Drill LAC-Cpl.	80%	2	1	41	
Transmission Course 18		13	9	41	1WS221.

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
27-10-40	4-11-40	incl	14 days annual	5BR381
20-11-41	Reporting 30-11-41	12	Embarkation	4BBS280

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 PRO. | PREV. SERV. | PROVINCE OF ENLISTMENT | DISCHARGE | AC

DEATH OFFICIALLY PRESUMED

NO. R54828 RANK Sgt. NAME COONEY James Daniel O'Leary

UNIT OVERSEAS EFF.DATE ~~Sgt.~~ 16-8-42 K.R.(AIR)

AUTH: Casualty List #332 d/19-2-43

xDMS(Air)Sig. rec'd.....
xSig. rec'd. from unit.....
xKR(Air)255A(3)(Officers).....
xR.51(Airmen).....
E.147 Record of Kit.....
xR.71 General Conduct Sht.....
xR.72 Service Conduct Sht.....

xAuthority for Discharge.....
xR.15a Discharge Cert.....
M.10 (including M.13).....
xMFB227 Medical Board.....
MFB465a Dental Envelope.....
xDental exam. on discharge.....
xDec. of C. of I.(Deserter).....
Death Certificate ✓

xDate Board sent to Pensions:

B.F. date..... 19-5-43

Date file rec'd..... 19-4-43

x Not necessary for deaths

Checker's signature.....

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE

1 **PARTICULARS OF BIRTH**

DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
6-6-20	Montreal, Quebec	British	Birth

2 **NEXT OF KIN**

NAME	ADDRESS	RELATIONSHIP
Mr. John E. Looney	3673 Park Ave., Montreal, Quebec	Father

3 **ADDRESS PRIOR TO ENLISTMENT**

3673 Park Ave., Montreal, Quebec

4 **RELIGION** Roman Catholic

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
Catholic High School	1927-1934	
D'Arcy McGee High	1934-1939	

11 **UNITS**

12 **PARTICULARS**

REASON FOR DISCHARGE

13 **HO**

14 **U**

SERVICE	YEAR

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

NAME COONEY, JAMES DANIEL O'LEARY — AIR FORCE No. R.54828
SURNAME / CHRISTIAN NAMES

PREVIOUS SERVICE

RANK	FROM	TO	DUTIES

17 RANK AND APPOINTMENTS

RANK	DATE
AC2	27-3-40
AC1	27-6-40
LAC. (Amended)	27-6-40
LAC	27-9-40

18 TRADE AND CLASSIFICATION

TRADE	DATE
Gen. Dut.	27-3-40

19 MEDICAL CATEGORIES

CATEGORY	DATE
A	21-3-40

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

24 INCREASED RATES OF PAY

INCREASE ON RANK	DATE OF EFFECT

25 ENGAGEMENTS

ENGAGEMENT	FROM	TO
Duration of war	27-3-40	

26 OFFENCES WHILE SERVING

OFFENCE	DATE	PUNISHMENT

27 MARRIED ESTABLISHMENT

PLACED ON OR REMOVED FROM	RANK	DATE

S OF DISCHARGE FROM LAST ENGAGEMENT

CHARACTER	TRADE AND ASSESSMENT	PENSION

NOURS, AWARDS AND MENTIONS

AWARD	AUTHORITY

SEFUL SERVICE EXPERIENCE

S	DUTIES	ASSESSED

APABILITIES OTHER THAN TRADE CLASSIFIED

SPECIALLY ADAPTED TO UNITS

21 TRADE PROFICIENCY	
TRADE AND ASSESSMENT	DATE

22 COURSES OF INSTRUCTION		
COURSE	FROM	TO

23 EXAMINATIONS AND TESTS		
SUBJECT	RESULTS	DATE

28 FLYING TIME			
UNIT	DATE	HOURS	
		PILOT	PASS

X-Ray mas.
MFB465 cm
R. 60 BL

R.54828 COONEY, JAMES DANIEL O LEARY

AUTHORITY	CASUALTY	DATE OF EFFECT	AUTHORITY
E75	Enlisted R.C.A.F. (Special Reserve) at Montreal P.Q. eff 27-3-40, arriving by rail 0455 hours 28-3-40. Graded Standard General Duties. Occ. sgl. Gov't quarters and drawing rations eff 28-3-40 Posted to Recruits Training Sqdn. for training	27-3-40	
E142	S.O.S. Trenton on posting to R.C.A.F. Stn. Dartmouth, N.S. eff. 15-6-40	15-6-40	
5BR 158. K150.	Posted to Gaspe Detachment from Hdqrtrs Sq. Dartmouth eff 17-6-40 rep. same date. Attached to 5 BR for everything	17-6-40	
5BR158	Proceeded on temp. duty (By air). Dep. 0945 / 18-6-40.	18-6-40	
5BR214	Reclassified AC 1 eff. 27-6-40	27-6-40	
5BR301 5BR265.	Reclassified LAC. eff. 27-6-40 (Amended by DRO # 301 to read eff. 27-9-40)	27-6-40.	
5BR.281	Granted leave from 22-10-40 to 4-11-40 incl.	22-10-40	
S66	Admitted Stn. Hospital Sydney 5-12-40	5-12-40	

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 RCAF Air Force Number R.54,828

General Duties

ROYAL CANADIAN AIR FORCE

ATTESTATION PAPER

1. Surname COONEY
2. Christian Names James, Daniel, O'Leary
3. Present address 3673 Park Ave., Montreal, Que.
4. Date of birth June 6th, 1920 MC
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Unskilled Man Labourer
8. Married, Widower or Single Single
9. Name of next of kin Mr. John E. Cooney
10. Relationship Father
11. Address of next of kin 3673 Park Ave, Montreal, Que.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars n.a.
14. Do you now belong to or have you served in the Royal Canadian Air Force, Permanent or Auxiliary? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, James, Daniel O'Leary COONEY 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 March 27th, 1940 Daniel Cooney.
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, James, Daniel, O'Leary COONEY do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Daniel Cooney.
(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, Que. this 27th day of March 19.40

C. Falkenberg — Signature of Magistrate Justice or Attesting Officer

(C. Falkenberg)
Squadron Leader
Commanding Officer,
RCAF Recruiting Centre,
Montreal, Que. — Office or Rank and Unit or Appointment.

10-315

R.C.A.F. Records Office
Rec'd APR 2 1940
O. K. ... C.I.B. CEB
R. C. ... N. I. Awell
S. L. ... P. A. ...

CERTIFICATE OF MEDICAL EXAMINATION

Name in full...COONEY,..James,..Daniel..... Date..March..21st...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.....

Daniel Cooney
(Signature of recruit)

Examiner's remarks re above.....

.....

.....

Part 2. Information obtained by Medical Examination.

(The recruit must be stripped)

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

.....

2. Height..5..feet..9 1/4..inches. 3. Weight..137.....pounds.

4. Complexion..fair.. 5. Color of Eyes..Blue.. Hair..Brown.. 6. Development..~~Fair~~ Good Poor

7. Chest measurement—Full Aspiration..34 1/2..ins. 8. Hearing—Right..W.V.20.....
Range of expansion..2 1/2..ins. Left..W.V.20.

9. Vision without glasses—Right..6/6.. With glasses—Right..~~10.0.20~~.....
Left..6/6.. Left..~~10.0.20~~.

10. Condition of mouth and teeth..2 missing healthy.

11. Abnormalities (Congenital and pathological) found on examination are as follows:
Functional systolic murmur.

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.....

.....

.....

T. Archibald (President) L. Leheault (Member) ..... (Member)

CERTIFICATE OF OFFICER COMMANDING UNIT

James.,..Daniel.,..O'Leary..COONEY..... 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.....27th.....day

of.....March.....19.40

C. Falkenberg
(Signature of Officer)
(C. Falkenberg)
Squadron Leader,
Commanding Officer.

Date.....March 27th, 1940.....19.....

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

CAHAN & HENRY

BARRISTERS & SOLICITORS

HON. C. H. CAHAN, K.C., LL.D.
W. R. HENRY, B.C.L.

CABLE ADDRESS "NAHAC"

TELEPHONE PLATEAU 9164

IN REPLY, REFER TO

SUITE 703-9 STAR BUILDING
231 ST. JAMES ST. WEST
MONTREAL

January 12th, 1940.

TO WHOM IT MAY CONCERN:

Daniel Cooney, 19 years of age, resides at 3673 Park Avenue, Montreal.

I have known his father, mother and other members of his family since 1925.

He has received good training in his home, a fair education in the Public and High Schools of Montreal, and is generally regarded as a reliable young man of more than average intelligence and ability.

He wishes to join the Air Force, and I have not the slightest hesitation in recommending him for that branch of the service.

Yours faithfully,

W. R. Henry

WRH/S.

FORM 64.
(FORMERLY BOOK 64)

ROYAL AIR FORCE.

AIRMAN'S SERVICE

AND

PAY BOOK.

THIS BOOK IS THE PROPERTY OF THE AIR MINISTRY, AND MUST BE SURRENDERED ON DEMAND.

ALL RANKS.

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

Form 64
(Formerly Book 64) (Part 1)

ROYAL AIR FORCE

AIRMAN'S SERVICE BOOK

Instructions to Airman.

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry the book** on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military, or air.

4. You **must not alter or make any entry** in the book, and disobedience of this order will be treated as a **serious offence.**

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in Royal Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

6. If an airman wishes to make a short Will (for specimens see p. 9) he should do so on p. 10. It must be signed by him in the presence of two witnesses, **both** of whom must sign it in **his** and in **one another's** presence; but if the Will is made by an airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

It is also desirable that he should name a person to act as executor.

51-1773 Wt.35034/2226 609m 11/41 F.W.W. & Co. 37460

Official No. R54828 Surname COONEY

Christian Names in full JAMES. DANIEL.

Date of Birth 6.6.20 Religion R.C.

Occupation in Civil Life CLERK.

Industrial Group

Occupational Sub-Classification

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

Date of (*a*) Attestation 24.3.40

(*b*) Calling Up, Mobilisation, or Embodiment 24/3/40.

Terms of Service D. P. E.

Signature of Airman

Mother

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

Mrs. J. L. Cooney.
3673 Park Avenue,
Montreal, Quebec

Signature and Rank of Officer at time of making entries

Date of making Entries 18th June 1942

ALL RANKS.

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BE ON YOUR GUARD and report any suspicious individual.

RANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority.	Signature and Rank of the Officer making the Entry.
SGV.	7/11/41		[signature] Sgt.

Trade.	Date of Effect.	Authority.	Signature & Rank of the Officer making the Entry
WOP./AG.	7/11/41		[signature] Sgt

Medal, Clasps, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer

Leave granted with Free Railway Warrant

From (date)	To (date)	Signature of Officer

ALL RANKS.

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

7

PRESCRIPTION FOR SPECTACLES.

Date of Exam.	Ophth. Centre	Vision with Glasses	Axis Standard Notation	CYL	SPH	Vision without Glasses

Date of Issue	Optician's Initials	Frame No. (or measurements)

Signature of M.O.....

PARTICULARS OF ARTIFICIAL DENTURES.

Particulars	Dental Centre	Date	Signature and Rank of D.O.

BLOOD GROUP.

Moss and International	Date	Signature and Rank of M.O.

IDENTITY CARD AND PERMITS ISSUED

Date of Issue	Form No.	Serial No.	Signature and Rank of Officer making Entry	Disposal
5/1/42	1250	1420167	[signature] 7/47	

8

no docs 47

FORM 64.
(Formerly Book 64.) (Part II.)

ROYAL AIR FORCE

AIRMAN'S PAY BOOK

Surname ..... COONEY.

Christian Names ..... JAMES DANIEL.

No. 554828

Rank ..... SGT.

Group .....

Trade Classification ..... ~~BOMB ARMER~~ G/SP/AC.

Date of Attestation 24.3.40

Date of Reporting for Duty 24.3.40

(5/77) Wt. 35034/2226. 600,000. 11/41. B. & S. Ltd. 51-1773.

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

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

Official No. C/N/R 54828 Name COONEY James Daniel O'Leary Rank T/Sgt
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade ~~WOP/AG~~ WOP/AG (2) Special Qualifications.....
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 6.6.20 Religion Catholic Occupation in Civil Life Student

Last Enlisted 27.3.40 Current Engagement.....

If a member of the Auxiliary Air Force.....

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

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

Mr. J. Cooney (Father) 3673 Park Ave, Montreal, Que.

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

N. of Kin.

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
4 B&G I Jingal	1Y Depot Halifax	8.11.41		Enlisted AC2 Std. G/D	27.3.40
1Y Depot	RAFTC.	13.12.41		Reclass AC1.	27.6.40
	Emb. Canada	13.12.41		Reclass LAC	1.10.40
	3 P.R.C.	26.12.41		Remust W.A.G.	28.11.41
No. 1 SIGNALS SCHOOL	1 S S	29-X-42		Reclass LAC	29.5.41
	19 O.T.U.	25 MAR 1942	P.O.R. 108/42	Promoted T/Sgt.	7.11.41
19 O.T.U.	106 Squadron	18.6.42		Remustered WO/AG Grade 2 Gp 2.	6.3.42
106 Squadron	1 RMC Depot Uxbridge	16-8-42			

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

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

Wt. 23173/1099 357M 8/41 McC. & Co. Ltd. 51-994.

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	V.G.	W/O/AG	NOT EMPLOYED	ON STRENGTH FOR TRAINING ONLY.			25 MAR 1942	[illegible] S/L
Sgt	V.G.	W/O/AG	ON STRENGTH FOR TRAINING ONLY				18/6/42	J.C. Peters W/O
Sgt	VG	W/OP AG	SAT	SAT			16.8.42	[illegible] S/L

R.C.A.F. R. 45
30M-4-41 (168)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. No. R-54828 NAME COONEY D

LOWE-MARTIN MFRS.

	UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT						MULTI-ENGINE AIRCRAFT						CREW DUTIES			PASSENGER	TOTAL
				DAY			NIGHT			DAY			NIGHT							
				1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	OBSERVER	AIR GUNNER	OTHER		
				(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
				Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins
1941	No. 7 Wireless School - Montreal.																			
	August 19																2 05			2 05
	" 20																4 20			6 25
	" 21																3 40			10 05
	" 22																2 00			12 05
	" 23																1 30			13 35
	NO. 4, B. & G. FINGAL, ONT.	NOV 7 1941		CERTIFIED CORRECT Signature for C.O. No. 4 B. and G. School, FINGAL, ONT.													12 15		20	26 10

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
8M—9-39 (1834)
H.Q. 1062-2-126

Individual Record of Flying

RANK AC1 NO. R54828 NAME Cooney, D.J.

WEEKLY FLYING RETURN OF			SINGLE-ENGINE AIRCRAFT										MULTI-ENGINE AIRCRAFT										CREW-DUTIES			Passenger		TOTAL	
			DAY						NIGHT				DAY						NIGHT											
UNIT	Week ending	Serial No.	Captain of Aircraft		2nd Pilot		Dual		Captain of Aircraft		2nd Pilot		Dual		Captain of Aircraft		2nd Pilot		Dual		Captain of Aircraft		2nd Pilot		Dual		Observer		Air Gunner		Other					
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
No 5 (BR)	30.9.40	3																													1	00		1	00

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R.54828 NAME AND INITIALS COONEY, J.D.O. (IN BLOCK LETTERS) DATE OF ENLISTMENT 27-3-40.

SHEET No. One (IN WORDS) SIGNATURE AND RANK OF C.O. C Dorrell Jo Adjutant R.C.A.F. Station, Trenton, Ontario. DATE 6-4-40.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
RCAF Station Sydney, N.S.	3.12.40	LAC		DRUNKENNESS - in that he, at Glace Bay, N.S. at 2000 hrs. on 3.12.40 was drunk. Sect. 19 A.F.A.	F93101 A/Sgt Hiseler C.B. R.C.A.M.C. R63505 A/Cpl. WEBSTER O.R. R64889 A/Cpl. PETTIGREW W.	3 days C.B.	10.12.40	F/O F.W. Young	10-12-40
				CERTIFIED NO FURTHER ENTRY					
				CERTIFIED NO FURTHER ENTRY.					
				CERTIFIED NO ENTRY					
				To be carried over					

W/O C.D.O. No. 1 SIGNALS SCHOOL 25 MAR 1942

D/o for. Adjutant for O.C. R.A.F. Kirkton 18.6.42

F/L: ADJ 106 SQUADRON SYERSTON 20-12-42

R.C.A.F. B. 71
10M—9-39 (1913)
H.Q. 1062-3-53

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R54828 | Cooney | James Daniel O'Leary | Catholic
A.F. No. | Surname | Christian Names | Religion

Born 6-6-20 Place Montreal, Que. Country Canada Citizen of | Racial Origin

PARTICULARS OF FAMILY — M. S. D. W.

Wife's Maiden Name | Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Mrs John E. Cooney (~~Father~~ Mother) 3673 Park Ave, Montreal Que. DCL 1084a.

CIVIL EDUCATION

High School Entrance | Jr. Mat. | Sr. Mat.

Technical School | Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Student

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
Nil	Date 27-3-40				
	At Montreal,				
	Term Dur. of War				

RANK	Auth.	Date	TRADE	Auth.	Date	TRADE TESTS AND COURSES
AC1	214	27 6 40	Stat Asst D.		27 3 40	
LAC	263	1 10 40	W.A.G.	5	28 4 41	
LAC	130	29 5 41				
T/Sgt. (AM.)	DRO 280	7 11 41				

Trade	GP	%	P or F	Date
DRO 280. Remustered Kpl	Kpl			7 11 41
(6 3/4) wood.	11			6 3 42

LEAVE

From	To	Auth. and Description
8-11-41	30-11-41	Embarkation leave & Travelling Time - DRO 180

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.

R.C.A.F. R.44C
100M—6-41 (305)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
P252	Montreal	Trenton	27-3-40				
142	Trenton	Dartmouth	15-6-40				
147	Assigned	Supy to H.Q. Est.	17-6-40				
150	Dartmouth and att.	Supy Det 5 (BR) Sqn	17-6-40				
		Ld off (5 (BR) Sqn)	Liverpool				
1/41		Ldg 5th Sqdn	31-12-40				
23	Rgt Det.	Rdat Port					
103	Sydney	Mont. Joli	6-2-41				
	Rdat left Mont Joli	#1 W/Sqdn Sch Mtce	28-4-41				
124	Auth. draw	In all.	22-5-41				
164	Cease draw	In all	9-7-41				
244	#1 W/S Mtce	#4 B&G Fingal	11-10-41				
DRO 280	Auth. to wear Summers' Badge.		7-11-41				
DRO 280	#4 B&GS. Fingal.	#1 W Depot Halifax	8-11-41				
DRO 320	1 W Depot	RAFTP	13-12-41				
182/41		Emb. Canada	13.12.41				
3		3 P.R.C.	26.12.41				
18 2d Ax (8)	3 P.R.C.	1 Sig. School	20-1-42				
68/42 32 74/42 (47/116)	1 S.S.	190 T.U.	24-3-42				
63/42 (30/42)	19 a T.U.	106 Sqdn	17.6.42				
77/42 (20/65)	106 Sqdn.	No.1 RAF Depot Uxbridge N.E	16-8-42				
	Missing	106 Sqdn	16 Aug 42	1078			

S B H

M-16-8-42

N D

R.C.A.F. T. 82
5M—4-41 (59)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname Cooney Christian Names R. J.

Number R58128 Rank LAC

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 18 To 12.10.41. From 26.5.41.

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator ..... 1 ..... hours.

(b) In Flying Classroom, listening watch ..... 3 ..... hours.

(d) In 2-seat aircraft as sole operator ..... 9 ..... hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

Above average
Average
Below average

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	38	Signals Organization	150	149
Radio Equipment	250	140	Armament	100	62
Morse (buzzer and lamp)	200	119	Drill and P.T.	50	25
Procedure	200	108	TOTALS	1000	613

Maximum Marks, 1000. Marks Obtained 613 Percentage 61.1 Pass or Fail Pass

Position in Class 97 No. in Class 107

5. Date authorized to wear Wireless Operator's Badge 12.10.41.

8 P S
8159 S

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—.....

.....

Numerical assessment as to suitability

for Commissioned Rank:- 35%.

.....

.....

Officer Commanding

No. 1 Wireless School

Date 10.10.41.

To be passed to No. .....B. G. S.

PART II

ARMAMENT TRAINING

1. No. 4 B. G. S. Course No. 18

2. Dates of Courses:— From 13-10-41 To 7-11-41

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Battle	12:15		20	12:35

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test..... 5.8 %

(*b*) Beam Relative Speed Test..... 3.5 %

(*c*) Under Tail Test..... 6.83 %

5. *Total Rounds Fired*—

Ground..... 417 %

Air to Ground..... 200 %

Air to Air..... 1932 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination..... (100 Marks) 61

(*b*) Practical and Oral Examination..... (100 Marks) 58

(*c*) Ability as Firer..... (250 Marks) 181

(*d*) Qualities as an N.C.O..... (~~150~~ Marks) .....

Totals..... (~~600~~ 450 Marks) 300

7. Position in Class..... 32 No. in Class..... 35 Pass or Fail. Pass

8. Date authorized to wear Air Gunner's Badge..... 7-11-41

9. ~~Comments on~~ Numerical assessment suitability for Commissioned Rank..... 175/250

10. Remarks... Hard working; had trouble with some subjects, should be quite efficient.

.....

.....

Sqn. Ldr.

Chief Instructor

No. 4 B. G. S.

Date 8-11-41

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School	1000	641
Bombing and Gunnery School	~~600~~ 450	300
TOTALS	~~1600~~ 1450	941

12. Percentage 65 Pass or Fail Pass Position in Class 33

No. in Class 35

13. Recommended for Commissioned Rank No *(yes or no)* Assessment Average *(ex., above average)*

14. Remarks Concur

Wg. Cmdr.
Officer Commanding
No. 4 B. G. S.

Date 8-11-41

NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this department CAN/R.54828 Sergeant James Daniel O'Leary COONEY, Royal Canadian Air Force was reported missing and is presumed, for official purposes, to have lost his life on the sixteenth day of August, 1942, as the result of air operations.

According to a report received from the International Red Cross Committee this airman is buried in Grave No.124, Field 3 in the North Military Cemetery, Dusseldorf, Germany.

Flight Lieutenant,
for Director of Personal Services.

Dated at
the Air Ministry,
London,
this 18th day of May, 1943.

6

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

N'écrivez pas dans cet espace

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

Rue ..... No. ..... Hôpital ou institution .....

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

NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

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

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

LIEU DE NAISSANCE (Province ou pays) .....

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le .....19.....

24. CAUSE DU DÉCÈS

I

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

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

II

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

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

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

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

Constatations .....Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide .....Date .....19..... (Spécifier)

Manière de la blessure ..... (Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

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

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

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

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

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

(For English see other side)

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory
City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

NAME OF DECEASED

Surname: COONEY (Block letters)

Given names: JAMES DANIEL O'LEARY

RESIDENCE

Street: Park Avenue No. 3673

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	Canadian		Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: June (Month) 6th (Day) 1920 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	22	2	10	....hrs. or....min.

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

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

15. Date deceased last worked at this occupation: Aug.16/42

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Cooney, John Edward	not given
MOTHER (Maiden Name)	O'Leary, Mary Maud	not given

BURIAL

Place of burial, cremation or removal

Date of burial....19....

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 16th (Day) 19 42 (Year)

23. I HEREBY CERTIFY that I attended deceased from .....19..... to .....19.....

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

24. CAUSE OF DEATH

I

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

(a) Previously reported missing after air operations, now for official purposes, presumed dead.

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: Accident Date: August 16th 19 42
(State which)

Manner of injury: Presumed killed during air operations
(How sustained)

Nature of injury:

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

Signed.....**M.D.**

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

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

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

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

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

(Voir l'autre côté pour le français)

R.C.A.F. T. 82
5M—4-41 (59)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname Cooney Christian Names D.J.

Number R54828 Rank LAC

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 18 To 12.10.41 From 26.5.41

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator 1 hours.

(b) In Flying Classroom, listening watch 3 hours.

(d) In 2-seat aircraft as sole operator 9 hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

~~Above average~~
~~Average~~
Below average

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	38	Signals Organization	150	149
Radio Equipment	250	140	Armament	100	62
Morse (buzzer and lamp)	200	119	Drill and P.T	50	25
Procedure	200	108	TOTALS	1000	641

R.C.A.F. Records Office
Rec'd DEC 30 1941
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

Maximum Marks, 1000. Marks Obtained 641 Percentage 64.1 Pass or Fail Pass

Position in Class 97 No. in Class 107

5. Date authorized to wear Wireless Operator's Badge 12.10.41

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—.....

.....

.....Numerical assessment as to suitability.....

.....for Commissioned Rank:- 358.....

.....

.....

.....

Officer Commanding

No.....1.....Wireless School

Date ....10.10.41.....

To be passed to No.....B. G. S.

PART II

ARMAMENT TRAINING

1. No.....4.....B. G. S. Course No....18.....

2. Dates of Courses:— From.....13-10-41..... To.....7-11-41.....

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
...Battle....	.....12:15...	.....	.....20	...12:35....
.....	.....	.....	.....	.....

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test..... .5.8...%

(*b*) Beam Relative Speed Test..... 3.5...%

(*c*) Under Tail Test..... .6.83..%

5. *Total Rounds Fired*—

Ground..... .417...%

Air to Ground..... .200...%

Air to Air..... 1932...%

6. *Assessment*— Marks Obtained

(*a*) Written Examination..... (100 Marks) .61.....

(*b*) Practical and Oral Examination..... (100 Marks) .58.....

(*c*) Ability as Firer..... (250 Marks) 181.....

(*d*) Qualities as an N.C.O..... ~~(150~~ Marks) .....

Totals..... (~~600~~ 450 Marks) .300.....

7. Position in Class.....32..... No. in Class.....35..... Pass or Fail..Pass.....

8. Date authorized to wear Air Gunner's Badge.....7-11-41.....

9. ~~Comments on~~ Numerical assessment suitability for Commissioned Rank.....175/250.....

10. Remarks....Hard working; had trouble with some subjects, should be quite efficient.

.....

.....

.....Sqn. Ldr.

Chief Instructor

No.....4.....B. G. S.

Date....8-11-41.....

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School	1000	641
Bombing and Gunnery School	~~600~~ 450	300
TOTALS	~~1600~~ 1450	941

12. Percentage 65 Pass or Fail Pass Position in Class 33

No. in Class 35

13. Recommended for Commissioned Rank No Assessment Average
(yes or no) *(ex., above average)*

14. Remarks Concur

Wg. Cmdr.
Officer Commanding
No. 4 B. G. S.

Date 8-11-41

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 COONEY, DANIEL JAMES, O'LEARY (b) Reg'l. No. R54525
2. (a) Arm of service AIRFORCE (b) Unit W.A.G. (c) Rank AC2
3. (a) Date of birth JUNE 6/20 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL, P.Q.
4. (a) Place of enlistment Bishop St, MONTREAL P.Q. (b) Date of enlistment MARCH 27/40

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.) 4 YEARS High School
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? No (c) Did you finish it? No (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? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? No

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.) NONE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form R.C.A.F. PERMANENT FORCE

DATE May 23rd 1941 SIGNATURE D. Cooney

R.C.A.F Rec'd
Rec'd JUN 17 1941
O. K. C.I.B.
R. C. N. I.
S. L. P. A. C.

ROYAL CANADIAN AIR FORCE

EASTERN AIR COMMAND

Application for Remustering to Air Crew

1. I hereby respectfully apply for remustering to Air Crew.

2. Number R54828 Rank L.A.C. Name Cooney, D.J.C.

3. Trade General Duties Group "S"

4. R.C.A.F. Unit Mont Joli, Detachment

5. EDUCATION (Include any Special Courses)

SCHOOLS	DATES IN ATTENDANCE		COURSES	DIPLOMAS & DEGREES
	FROM	TO		
Catholic High	1927	1934	Primary Education	
Lajoie School	1934	1935	" "	
D'Arcy McGee High School	1935	1939	High School Course	High School Diploma.

6. FLYING EXPERIENCE

TYPES OF AIRCRAFT FLOWN	ACTUAL TIME IN HOURS			
	Solo	Dual	Passenger	Total
5 (B.R.) Squadron "C" Flight, Dartmouth & Gaspe in Stranraer Flying Boats.			37½ Hrs.	
TOTAL HOURS			37½ Hrs.	

7. PILOT'S LICENSE (Certified Copy must be attached)

Number Nil Type Nil Date Issued Nil

.....L. Cooney.....
(Signature)

REMARKS OF COMMANDING OFFICER.....

.....See letter giving details of qualifications.....

.....

.....

March 25th. 1941.

(H.A. Desjardins) Flying Officer,
(Commanding Officer)
R.C.A.F. Detachment,
Mont Joli, P.Q.

R.C. Rec'd APR 2 1941 O.K. R.C. N.I. S.L. P.A. PC

R.C.A.F. Special Reserve

AIR FORCE NO. R54-820. NAME OF AIRMAN Cooney, James Daniel O'leary

EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT Certificate of Baptism.

NUMBER DATE January 12, 1940.

ISSUING AUTHORITY Rev Father O'Hagan. P.P.

SUBJECT - Self (full name) / Child(full name) Cooney, James Daniel O'Leary

DATE OF BIRTH June 6th 1920

PLACE OF BIRTH Montreal Quebec.
city, town, village, province, country.

MOTHER (Full Maiden Name) Mary Maud O'Leary

FATHER (Full Name) John Edward Cooney.

DATE

CERTIFIED TRUE EXTRACT

(Signature & Rank)

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

ljb.

Strike out words not applicable.

A.F.M. No.10

R.C.A.F. Special Reserve

AIR FORCE NO. R54-828 NAME OF AIRMAN Cooney, James Daniel O'Leary

EVIDENCE OF EDUCATION

DESCRIPTION OF DOCUMENT Letter from Principal

NO. DATE January 12, 1934

ISSUING AUTHORITY Bro Robert, Principal

COURSES TAKEN Two years high & Two years Commercial

DIPLOMAS, DEGREES OBTAINED

G.B.

DATE

CERTIFIED TRUE EXTRACT

(Signature & Rank)

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

A.F.M. No.11