R62814
BOUDREAUL
JOSEPH RAOUL

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CONFIDENTIAL

R.C.A.F. M.2
50M—12-39 (3211)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER 62814

Medical Board held at TROIS RIVIERES P.Q. *Date* 15/8/40

Surname Boudreault *Chr. Names* Alphonse Raoul.
Nature of Commission Air Gunner *Date of Birth* 20/9/~~40~~ 17 (22) *Married or Single* Single.
Branch R.C.A.F. *Hours Flown* 10 hours as passenger 1935-36 1939-40
Address Hotel Lassalle Baie Comeau P.Q. Tel: 36

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 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 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 5 HOURS ON ROUGH WATER, became dizzy, sleepy and weak.

(ix) OPERATIONS NO

(x) Any Illness or Injury not mentioned above NO

Education Equivalent to High School.
Present Occupation Ass. Post Master. Hobbies NONE
Previous Service None.
Athletics (1) Softball (2) Swimming (3) Tennis (4) Badminton.
Habits—Smoking 20 cig. per Day. Alcohol 2 quarts of beer per week.
FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (6) Alive—Health Good (....) Dead—Cause
Sisters (6) Alive—Health Good (....) 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 15/8/40 *Signature* Alphonse R. Boudreault *Witness* A. E. Hanna Capt. RCAMC

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique....Wiry.....*(b)* Mentality.....Alert.....
Body Marks, Scars, Deformities..None.....
Size of Thyroid Gland.....Normal.....
Surgical Abnormalities.....None.....
Results of Wounds, Injuries, Operations.....None.....

	Date 15/8/40	Assessing Room	Date 2/6/41 #3 M.S.B.	Assessing Room	Date	Assessing Room
Height (ins.)	66		65½			
Weight (lbs.)	128		132			
Chest Circumference (ins.)	34					
Body Build (lbs.)	-5					
Leg Length (ins.)	40		40			
Pulse Rate — Sitting	72		60			
Pulse Rate — Standing 1st	108					
Pulse Rate — Standing 2nd	96					
Pulse Rate — After Exercise	108					
Pulse Rate — Time to Normal	25					
Arterial Walls	Soft		N			
Blood Pressure — Systolic	128		125			
Blood Pressure — Diastolic	74		75			
Heart — Size	NN		N			
Heart — Sounds	NN		N			
Heart — Rhythm	Reg.		REG.			
Lungs	NN		N			
Breath held	65					
Expiratory Force	130					
Vital Capacity (Best of 5)	No apparatus					
Reflexes — Knee	NN		N			
Reflexes — Ankle	NN		N			
Reflexes — Triceps	NN		N			
Reflexes — Abdominal	NN		N			
Reflexes — Plantar	FL:FL.		FL			
Cranial Nerves	NN					
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Balancing Rod	IS:IS					
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Self Balancing	IS:IS		1/s 1/s			
Tremors — Fingers	SF:SF:					
Tremors — Eyelids	SC:SC					
Abdomen — Liver	N		N			
Abdomen — Spleen	N		N			
Abdomen — Muscular Tone	Good.		N			
Urine — Albumen	Neg.					
Urine — Sugar	Neg.					
Initials of M.O.	[illegible]					

Remarks on any Abnormalities Found

Date.....

Date.....

Date.....

40 mm. Hg. Test.....15/8/40 69 secs. 7/888/888/898/888/9 [illegible].....
Date.....
Date.....
Date.....2/6/41 #3 M.S.B. 555 3rd attempt 557/666/555/65 = 50 Type 1...
Date.....

Remarks by Consultant. 42 Points physical efficiency index, wiry but not rugged type. Does tests fairly well. [illegible].

EYE EXAMINATION

2/6/41 #3 M.S.B.

History	Negative.	No symptoms	
Visual Acuity	R 20/20 , $\bar{c}$ 2.25 = 20/200	BL. 20/20 $\bar{c}$ +2.25 20/200	
	L. 20/20 , $\bar{c}$ 2.25 = 20/200	BL. 20/20 $\bar{c}$ + 2.25 20/200	
Colour Vision	N (Ish)	N	
Red, Green	N (1" Eso and hyper tend)	M.R. Eso 1°	
Diaphragm Test (P.D. = 6)		64 Bar at ●	
Convergence	C. = 6 cms.	6	
	S. C. = 8½ cms.	7	
Accommodation	R 9	8½	
	L 10	8½	
Cover Test	Slt. Lat. Div. R & L R.R.	At 20' N at 13" Sl. Lat. Dev. R.R.	
Fundi and Media	NN	N	
Fields	NN	N	
Remarks:	Fit as a gunner, Fit as a Pilot.	Right hand and left eye master Fit	
	Initials of M.O. [signature]	*Initials of M.O.*	*Initials of M.O.*
	Date 15/8/40	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Negative.

Hearing	R. Ear	WV.20	W.V. 20'	
	L. Ear	WV.20	W.V. 20'	
External Ear, Meatus Membranes	R. Ear	N	N	
	L. Ear	N	N	
Middle Ear, Eustachian Tubes	R. Ear	N	Patent	
	L. Ear	N	Patent	
Cochlear Apparatus	R. Ear	N	N	
	L. Ear	N	N	
Vestibular Apparatus	R. Ear	N	N	
	L. Ear	N	N	
Buccal Cavity		N	Healthy	
Teeth		12 Points.	N	
Gums		N	N	
Pharynx		N	N	
Nasopharynx		N	N	
Nose		N	N	
Larynx		N	N	
Remarks: Fit		*Initials of M.O.* [signature]	*Initials of M.O.*	*Initials of M.O.*
		Date 15/8/40	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 15/8/40

History negative. Wiry slightly nervous youth. Cardio Vascular stability good.

Eye, ear, nose and throat satisfactory..

(Capt. H.E. Hanna)
R.C.A.M.C.

(Lt. C. Demers)
R.C.A.M.C.

2/6/41 #3 M.S .B.

I hereby declare that I have had no illness since my last M2 exam, nor do I wish to change any statement in my original M2 report.

Except as follows: 1. Head Cold 4 days Enfant Jesus hospital Quebec City Nov/40. V.D.G. 7 days in Military Hospital Valcartier Jan./41

2/6/41 #3 M.S.B.

After leaving school at 18 years of age he was electricians helper for a time. Then became assistant postmaster in small town in Quebec and remained at that four years. Joined RCAF because he wants to fly and to fight for the country. No conflict re finances or family attitudes.

Is a little apprehensive. Has only fair intelligence. No trouble with 40 min. test today. Head cold may be a factor.

R.C.A.F Records Office
Rec'd JUN 16 1941
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 2/6/41

Cat A1B A3B

R.C.A.F. Records Office
Rec'd JUN 16 1941
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

N° MATRICULE R62814 VERSÉ À No.4 Manning Depot, Quebec, Que. MÉTIER W.O. Air Gunner

CORPS D'AVIATION ROYAL CANADIEN
(FORMULE D'ENGAGEMENT)

(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)

1. Nom ~~BOUDREAULT~~ BOUDREAULT Prénoms en entier ~~ALPHONSE~~ Joseph RAOUL Alphonse
2. Adresse actuelle BAIE-COMEAU P. QUE. Téléphone 23
3. Adresse fixe ~~BAIE-COMEAU P.QUE~~ Sept-Iles. Que Co. Saguenay
4. Lieu de naissance SEPT-ILES. QUE Co. Saguenay Nationalité CANADIEN FRANCAIS
5. Date de naissance 30-SEPT-1917 ~~Marié~~, célibataire, ~~veuf, séparé, divorcé~~ CELIBATAIRE
6. Enfants N.a

Nom	Date de naissance	Nom	Date de naissance
N.a.			

7. Profession ASST-MAITRE-POSTE-AIDE-ELECTRICIEN 8. Religion CATHOLIQUE (Indiquez la confession religieuse)
9. Langues FRANCAIS - ANGLAIS pas couramment (Degré de connaissance)
10. Plus proche parent (nom en entier) JOSEPH BOUDREAULT Degré de parenté PERE
    Adresse du plus proche parent SEPT-ILES. PQUE. Co. Saguenay
11. Père (nom en entier) JOSEPH BOUDREAULT. Lieu de naissance SEPT. ILES. QUE.
    Adresse SEPT. ILES. PQUE. Co Saguenay Nationalité CAN-FRANCAIS
    Profession CONTRE-MAITRE.
12. Mère (nom de fille en entier) ANNA MONTIGNY Lieu de naissance SEPT-ILES. QUE
    Adresse SEPT. ILES. P. QUE Co. Saguenay Nationalité CAN-FRANCAISE
13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date du	Date au	Motif de la libération
N.a.						

14. Honneurs, récompenses, citations N.a.
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? Non
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? OUI Si oui, où? QUEBEC
    Quand? MARS-1940 Résultat Nil
17. Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique? NON
    Si oui, indiquez la nature de l'infirmité N.a
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? NON
    Si oui, indiquez la nature de l'infirmité N.a
19. Avez-vous jamais été trouvé coupable de délit? NON Si oui, indiquez-en la nature N.a
20. Avez-vous des dettes? NON Si oui, donnez des détails N.a

R.C.A.F. Records Office
Rec'd SEP 3 1940
O.K. C.I.B. MH
R.C. N.I.
S.L. P.A.

R.C.A.F.—R.100a
20M—2-40 (3925)
Q.G. 1062-3-83

26-210

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—École publique ou séparée	ECOLE. SEPT. ILES	1925	1933	PRIMAIRE. SUPERIEUR
Cours supérieur—Collège, etc	sept Isles Co. Charlevoix Saguenay P.Q			GRADE. 9IEME ANNEE
Cours technique				
Autres cours universitaires ou scolaires	ECOLE ANGLAISE			
Cours par correspondance	PROFESSEUR. J.W. ROY			
	GIFFARD. P.QUE	1933	1934	

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
J.O. GAGNÉ	ASST. POST-MASTER	1936	1940	JOINDRE. R.C.A.F.
BAIE-COMEAU. P.Q.	" TELEGRAPHISTE			
QUEBEC. N.S. PAPER. CO.	AIDE. ELECTRICIEN			
BAIE COMEAU. P.Q	OUVRAGE-DU. SOIR	1936	1940	" "
	7.00-PM-À-11.00 P.M			

23. Heures de vol, seul nil accompagné nil avec passager nil

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C Radio

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement MODÉRÉMENT

BALLE MOLLE. TENNIS- BADMINGTON, SQUASH, SWIMMING

26. Service aéronautique dans lequel vous voulez vous engager {Service à terre. / Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (d) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
RENÉ CHARTON	BAIE COMEAU. QUÉ	GERANT. BAN-CAN-NAT.
J.A. DUCHESNEAU	" " "	" B. COMEAU. C. ASS.
R.M. COOPER	" " "	MILL MANAGER
		PAPER- MILL

28. Autres renseignements se rapportant à votre demande d'engagement

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires? OUI

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date 12 August 1940 Signature ~~Alphonse R. Boudreault~~ J.R. Alphonse Boudreault

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) *Rapport de l'officier qui a eu une entrevue avec le candidat—*

Type d'homme.....Apparence générale.....

Aptitudes pour (indiquez à quel titre).....

Date.....Signature.....Grade.....

(B) *Rapport sur l'épreuve professionnelle—*

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.....

.....

Date.....Signature.....Grade.....

(C) **DÉCLARATION D'ENGAGEMENT DE LA RECRUE**

Je, soussigné, Joseph Raoul Alphonse Boudreault déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date 24th August, 1940. 19..... J. R. Alphonse Boudreault
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

Je, soussigné, Joseph Raoul Alphonse Boudreault promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date 24th August, 1940. 19..... J. R. Alphonse Boudreault
Signature de la recrue

(E) **DÉCLARATION DE L'OFFICIER CERTIFICATEUR**

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à Baie St. Paul, Que. ce twenty-fourth jour de August 19 40

Signature de l'Officier	Grade	Unité
(Henri Geoffrion)	Flying Officer	No. 1 Mobile Recruiting Unit, RCAF

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 22 2. Avez-vous souffert d'une des maladies suivantes?

(a) Rhumatisme NO
(b) Tuberculose NO
(c) Bronchite ou asthme NO
(d) Affection cardiaque NO
(e) Maladie du rein ou de la vessie NO
(f) Gastrite intestinale NO
(g) Hernie NO
(h) Varices NO
(i) Pieds plats ou déformés NO
(j) Affection nasale NO
(k) Maladies des oreilles NO
(l) Maladies des yeux NO
(m) Epilepsie NO
(n) Maladie nerveuse ou mentale NO
(o) Syphilis NO
(p) Gonorrhée NO
(q) Fracture NO
(r) Autre maladie ou défectuosité NO H.E.H.

3. Avez-vous jamais porté des lunettes? NO

Alphonse R Boudreault
Signature de la recrue

Observations des examinateurs

Partie 2. Renseignements obtenus par l'examen médical. (La recrue doit être déshabillée)—

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails) NIL

2. Taille 5 pieds 6 pouces. 3. Poids 128 livres.

4. Teint Fair 5. Couleur des yeux Grey Cheveux Fair

6. Développement ~~Bon~~ Passable ~~Médiocre~~ 7. Tour de poitrine—Expiration 32 pouces

Degré d'expansion 3 pouces

8. Ouïe—Droite 3/4 WV. 20 Gauche WV. 20 Tympan—Droit N. gauche N.

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit

B.P. 128/74

Colour G. N (Ish) gauche 20/20 gauche

10. État de la bouche et des dents Dental count: 12 Points.

11. Urine—Albumine Neg. Sucre Neg.

12. Anomalies révélées à l'examen (congénitales et pathologiques)

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

A I B
A 3 B

Observations spéciales des médecins 24/8/40 Re-examined fit for Cat A.1.B-A3B H.E.H.

Date 15/8/40 19

H.E. Hanna
(Capt. H.E. Hanna) Président
R.C.A.M.C.

C. Demers
(Lt. C. Demers) Membre
R.C.A.M.C.

Membre

R0062814 BOUDREAULT JOSEPH RA FS

1 NUMBER | NAME | 29 RANK

SERVICE AWARD CARD

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

	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															
MEDAL ISSUED															

21903

CP.

PREFIX | NUMBER | NAME | RANK | CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

3090 16-3-50

Joseph Boudreault (Father)
Sept. Iles,
Que.

Feb.-45'

MEMORIAL BAR
DATE DESP.
REGN. NO. 1,019

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-B-2834

NAME BOUDREAULT, Joseph Raoul Alphonse

REGT'L NO. R62814

RANK ~~XXXXXX~~ F/SGT Air Gunner UNIT KILLED

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:		22-9-42 MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:		6-10-42 ROYAL MESSAGE: 26-10-42 MEMORIAL CROSS:	2-~~11-42~~ (Chap.) Delnd	
To mother & father		To mother & father To mother	9-3-44	
New Card 12-11-43 (french Card)				
Mr. & Mrs. Joseph Boudreault, Sept-Iles, Quebec.				
			RC	
			NO BTC	

R.C.A.F. FORM R44(B)
50M-10-40 (7685)
H.Q. 1062-3-58

AIR FORCE No. **R62814** | **BOUDREAULT, JOSEPH RAOUL ALPHONSE** [redacted]
SURNAME | FULL CHRISTIAN NAMES

ENLISTMENT — PLACE: Baie St Paul — DATE: 24-8-40
RE-ENLISTMENT — PLACE: — DATE:
C.R. FILE NUMBER: ✓

RECORD OF SERVICE AIRMEN

98

1. POSTING (INDICATE S.O.S. AND T.O.S.) Attach & T.D. done in red.

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	4 M.D. Quebec	2	9	40	4 M.D. 1.
S.O.S.	4 M.D.	9	3	41	4 M.D 58
TOS	1 A M.D Picton	10	3	41	P57
SOS	1 AMD Picton	20	3	41	P66
TOS	RCAF Stn Sydney N S	22	3	41	S69
SOS	RCAF Stn Sydney	3	5	41	S105.
TOS	#3 ITS Victoriaville	4	5	41	3 ITS 37
TOS	3 ITS	21	6	41	3 ITS 78
TOS	HEF Windsor Mills	22	6	41	HEF 85
SOS	HEF Windsor Mills	7	8	41	4 EF 125
TOS.	CSS Trenton	8	8	41	E 192.
SOS	RCAF Stn Trenton	22	11	41	E 279
ToS	#6 B&G - Mtn View	23	11	41	MV181
SOS	6 B&G Mtn View	23	12	41	MV205A
TOS	1 Y Depot Halifax (amended)	7	1	42	1Y133 1Y20(AO)
SOS	1 Y. Dep to RAF Trainees Pool.	23	1	42	1Y37
Att	#3 Y Dep Debert NS	17	1	42	1Y20AO
TOS	3PRC	10	2	42	RAF11
TOS	1 Y Dep Halifax NS (cancelled)	24	12	40	1Y133 252
SOS	to 7 AGS fm 3PRC	21	3	42	RAF15
TOS	1 Y Dep Halifax	24	12	41	1Y252
SOS	to 27 OTU fm 7 AGS	5	5	42	RAF 26
	W. S. G Comp	3	10	44	
	KILLED	22	9	42.	RA764.
	Killed	22	9	42	
	PX 5566	24	9	42	
Comp	CAS / NSG	11	7	45	

Flying accident, 1 mile "S" of Pickering "Wellington" "Spitfire" collision in air, totally disintegrated.
PX 5566 d/24-9-42
425 Sqdn.

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	24	8	40	4MD1
LAC	21	6	41	3 ITS 78
T/Sgt (pd)	22	12	41	MV205A
T4				
T/Flt/Sgt.	1	9	42	RA7.64.
T/F/Sgt (pd)	22	6	42	AERO 2258

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
24-8-40	R100	A,B A3B	
2-6-41	M2	A,B,A3B	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL / QUARTERS	ADMITTED / CONFINED	DISCHARGE / RET'N DUTY	D.R.O.
Que. Military Hospital	7-1-41	cancelled 7-1-41	4M.D.6. 4M.D7 4M.D.8.
Que. Military Hospital		15-1-41	4M.D13
Stn. Hosp.	10-10-41	18-10-41	E245-E253

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew (W.O.A.G.)	Std	24	8	40	4MD1
Air Gunner	S	6	11	41	E270
Air Gunner	S.G	22	12	41	MV205A
3055					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Course 31		7	8	41	4EF125
Course 31 - training discontinued					4EF126
Pupil Pilots crse	FP	20	8	41	427-493
WOAG Co. # 21.	73.7	24 22	11 12	41	T82
Recommended for Commission	470 "B"	22	12	41	6 B&GS (DPR3)
no. 63 crse Exam. at Stormy Down	74.5	18	4	42	RA725

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
4-11-40	11-11-40	7		4MD53
12-6-41	18-6-41	7		3 ITS 84
20-9-41	28-9-41	8		E228
22-12-41	31-12-41	10	Embarkation	MV205A

1–2 R.C.A.F. OVERSEAS; 3–5 ENLISTMENT MARTIAL STATUS; 6–8 PRESENT MARTIAL STATUS; 9–15 HIGH & TECH. SCHOOL EDUCATION; 16–23 RELIGION (C. OF E., BAP., U.C., PRES., R.C., HEB., MIS., OTHER, PRO.); 24 PREV. SERV.; 25–33 PROVINCE OF ENLISTMENT; 34–37 DISCHARGE; 38 AC

AIR FORCE No. R62814R

Boudreault — Joseph Raoul Alphonse
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT: PLACE Baie St Paul; DATE 24-8-40
RE-ENLISTMENT:
C.R. FILE NUMBER:

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

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 20-9-17 PLACE Que Co Saguenay CITIZENSHIP British
FATHER (FULL NAME) Joseph Boudreault
BIRTHPLACE Quebec
MOTHER (FULL MAIDEN NAME) Anna Montigny
BIRTHPLACE Quebec

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE X Quebec
JUNIOR MATRICULATION
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES X 1 yr.

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Post master 4 yr.
telegraphist
electricianshop
7560

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Nil

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Wnd Air Gunners Badge	MU 205A	22-12-40

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic

14. LANGUAGES French

15. SPORTS tennis badminton swimming radio, soft-ball, squash.

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: Joseph Boudreault — RELATIONSHIP father
ADDRESS: Sept-Iles P Que Co Saguenay — 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.
Placed under stoppage of Pay 75c. per diem	7 1 41	4 M.D. 7			
ceases to be under stoppage of pay	15 1 41	4 M.D. 13			
A.W.L. from 0630 hrs (Cancelled)	28 9 41	E 253 E 238			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	24 8 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occy Pub qtrs & drgrtns		10-3-41	P37
Att. Sydney Stn for rtns & qtrs.		23-3-41	869
Occ pub qtrs & draw rtns		6-5-41	32 E 37
Occ publ qtrs & draw rtns		21-6-41	42 F 85
Occ Govt qtrs & draw rtns.		8-8-41	C182
Issued Special Leave T.W. No. C16827 on		19-9-41	8230
Govt qtrs & rtns		23-11-41	ANV181
Att to #3 Y Dep Debert for all purposes but Pay		17-1-42	3 Y 16
Ceases to be att to #3 Y Dep Debert NS		23-1-42	3 Y 24

APT Sept-Iles Que Co. Saguenay 26180

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
	✓	17-9-40			

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

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

Official No. CAN/R62814 Name BOUDREAULT Joseph Raoul alphonse. Rank T/Sgt F.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Air Gunner Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 30.9.17. Religion R.C. Occupation in Civil Life Post master assistant

Last Enlisted 24.8.40. Current Engagement D of W.

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

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

Name, address and relationship of legal next of kin (to be entered in pencil):
Father Mr J Boudreault Sept-Iles Que co. Saguenay.

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 K

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

SECTION 1.—MOVEMENTS AND CASUALTIES.

Unit FROM which.	Unit TO which.	Date of Effect.
6 B&G. mtn View	Y.D. Halifax	23.12.41
1 Y.D. Halifax	R.A.F.T.P	24-1-42.
Embarked	Canada.	24-1-42.
51/42 U.K.	3.P.R.C.	10.2.42
	7 AGS	21.3.42
No. 7 AGS.	No. 23 OTU.	5.5.42
23 O.T.U.	425 Squadron	7.7.42
Killed whilst on Active Service		22-9-42.

SECTION 2.—PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID), REDUCTIONS, REMUSTERINGS.

* Authority.	Description.	Date of Effect.
	Enlisted A.C.2.	24.8.40.
	Remus: P or G Std.	24.8.40.
	Reclass: L.A.C.	21-6.41.
DRO.270.	Remus: A.G. Std.	6.11.41.
	Remus: A.G. Spec Grp.	22.12.41.
	Promoted T/Sgt.	22.12.41.
POR 28/42	Promoted T F/Sgt	1.9.42.
POR 104/42	ATTENDED GUNNERY COURSE AT STORMY DOWN ON 18/4/42 OBTAINED 74.5% CLASS "B"	

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.

McC. & Co. Ltd. 51-994.

[illegible]

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.
W/Sgt	VG	A Gunner	ON STRENGTH FOR TRAINING ONLY				5/5/42	[signature] P/O
T/Sgt	VG	A.G.	On strength for training only				7.7.42	[signature] S/L
F/SGT	VG	AG	SAT		SAT	Killed on active service		[signature] W/Cdr.

Record of Leave and Issue of Free Travelling Warrants

POR 23/42	Ann. leave	6 days	5/9/42	-	10/9/42	RW 277627	425 RCAF Sqn	[signature] F/Lt
POR 141/42	Priv. Leave	8 days.	30/6/42	-	4/7/42	RW: 586401		[signature] Adj
POR 133/42	Priv Leave	7 Days	5/6/42		11/6/42	N° RW I		[signature] Adj
POR 102/42	14 days P. leave		19.4.42	-	2.5.42	RW No. 636704		[signature] P/O

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

Authority.	Nature.	Date of Effect.

B.C.A.T.P.
CANADA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R62814	Boudreault	Joseph Raoul Alphonse	R.C.

Born 30-9-17 Place Sept-Iles Country Qué Citizen of Qué. Racial Origin

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 24-8-40	High School Entrance · Jr. Mat. · Sr. Mat.	
At 22	Technical School · Corres. Courses	
Term Duration of War	University	

Rank	Date			Med. Cat.	Date
AC 2	24	8	40		
LAC	21	6	41		
T. Sgt	22	12	41		
(56/64) T/F/SGT.	1	9	42		

CIVIL OCCUPATIONS AND EXPERIENCE
Post Master Assistant

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.			Trade	Grp.	%	PorF	Date Rem.
Air Gunner	Std		D.R.O. 270	6	11	41					
Air Gunner	Badge		"P"	22	12	41					

PARTICULARS OF FAMILY M S D

Wife · Maiden Name · Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)
Mr Joseph Boudreault (Father) Sept-Iles Qué.
Co. Saguenay

LEAVE

From	To	Auth. and Description
12-6-41	18-6-41	6 days. DRO. 74/41
4-11-40	11-11-40	7 days DRO 53/41
20-9-41	28-9-41	(8 days) D.R.O. 228
20-12-41	16-1-42	Embarkation leave

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
22-12-41			awarded Air Gunners Badge	

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date
R.13 and DRO #1	Baie St Paul	#4MD	2-9-40
DRO 25	#4MD	I.J. Hosp.	30-9-40
DRO 28	I.J. Hosp.	#4MD	3-10-40
DRO 13	Discharged from		
	Valcartier Hosp.		15-1-41
DRO 13	Ceases to be under		
	stoppage of Pay		15-1-41
DRO. 58 and 57	#4MD	#1AMD	9-3-41
DRO 66 and 69	#1AMD	Sydney	20.3.41
DRO 69	Rationed + Quartered	Sydney	23-3-41
DRO 78 + 85	#3 I.T.S.	#4 EFTS	21-6-41

Authority	Unit from	Unit to	Date
D.R.O. 230 Issued	S. Ir #	6 168 27	19-9-41
D.R.O. 245 Admitted	Stn. Hosp.		10-10-41
D.R.O. 253 Discharged	Stn. Hospital		18-10-41
DRO. 279	K.T.S. Trenton	#6 B&G Mtn. View	22-11-41
DBO205	6 B&G Mtn View	#1 Y Depot Halifax	23-12-41
Lbr 38	1 Y Depot	RAF TP	24-1-42
		Emb. Canada	24.1.42
51/42.		3 PRC	10.2.42
83/42 72/42 (39/15)	3 P.R.C.	7 A.G.S.	21-3-42
117/42 (36/26) 94/42 (55/30)	7 AGS	23 OTU	5-5-42
152/42 38/43 5/42. (20/40)	23 O.T.U	425 Sqdn	7-7-42

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

1117 Killed 425 Sqd 22-9-42

Examined at Stoney Down on 18.4.42 and obtained 74.5% Class 'B' (R.A.C.S. 204/42, ser 39/25).

R.C.A.F. Special Reserve

Interview Report

~~Non-Flying List~~ X	~~Administration~~ ~~Technical~~ ~~Equip. & Accounts~~
Air Crew X	~~Pilot~~ ~~Observer~~ ~~Wireless Op. Air.~~ Air Gunner

SURNAME	CHRISTIAN NAMES IN FULL	
[redacted]UDREAULT,	Joseph Raoul Alphonse	Age 22 -11mos. Height 5'7" Weight 135 ~~Married or~~ Single No. of Children none

ACADEMIC STANDING:

Sept Iles School 1925-33
P.Q

Gifford Roy School 1933-34 Completed 9th Grade
Gifford P.Q.

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

none

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

Quebec North Shore Paper Co. 1936-40

Baie Comeau P.Q. Ass't Post Master 1936-40

SPORTS:
~~EXTENSIVELY~~:
MODERATELY: Soft Ball, Tennis, Badmington
~~OCCASIONALLY~~:
Squash, Swimming.

HOBBIES:
Radio

APPEARANCE: HEALTHY-~~RUGGED~~-~~SLENDER~~
~~TALL~~-MEDIUM-~~SHORT~~
~~REFINED~~-ORDINARY-~~COARSE~~
CLEAN - ~~UNTIDY~~ - ~~DIRTY~~

DRESS: ~~FLASHY~~-~~TASTEFUL~~-CONSERVATIVE
~~POORLY DRESSED BUT~~ CLEAN AND
NEAT-SMART-~~UNTIDY~~-~~CARELESS~~

INTELLIGENCE: QUICK - DELIBERATE - ~~SLOW~~
ORGANIZED-ACCURATE-~~RAMBLING~~

PERSONALITY: DOMINEERING-CONFIDENT-
~~SUBMISSIVE~~-MATURE
~~IMMATURE~~-PLEASANT
~~MOROSE~~-~~BELLIGERENT~~

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F.....YES X NO_____

FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK.....YES X NO_____

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para. 1 (b)

References supplied are to be considered safe

SUMMARY OF ALL OF THE ABOVE:
Healthy young lad. Well educated considering his whole life was spent on north shore of St.Lawrence -350 miles below Quebec. His work since leaving school will compensate. Practical mind & very determined. Exceedingly anxious to serve. Should develop to be a good gunner

~~EXCELLENT~~
~~ABOVE AVERAGE~~
AVERAGE
~~BELOW AVERAGE~~
(Strike out words not applicable)

RECOMMENDED FOR:

Air Gunner

R.C.A.F. Records Office
Rec'd SEP 3 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

DATE: 15-8-40

RECRUITING CENTRE: Three Rivers.
No.1 Mobile

SIGNATURE OF OFFICER:
(Henri Geoffrion) F.O.
Commanding Officer,

A.F.M. 5

BANQUE CANADIENNE NATIONALE

6/645 BAIE COMEAU, P.Q. August 12th.1940.- 19

Mr.J.R.Landry, Commending Officer,
Royal Canadian Air Force
Quebec Military District
Quebec City.

Dear Sir:-

This will introduce to you Mr.Alphonse R.Boudreault, assistant-PostMaster of Baie Comeau who seeks a position in The Royal Air Force.

We have known this young man for the past four years, he enjoys the best of reputation in Our Community, and in business or social relations with him, we have him to be a trustworthy and reliable citizen.

I have a very high opinion of his possibilities and shall personally appreciate any consideration you may give him to help him join your Air Corps.

Very Truly Yours,

René Charron

René Charron.
Manager.

R.C.A.F. Records Office
Rec'd SEP 3 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

CABINET DU MAIRE

OFFICE OF THE MAYOR

BAIE COMEAU, P.Q.

August 12th, 1940

The Recruiting Officer
Royal Canadian Air Force
Quebec, P.Q.

Dear Sir -

The bearer, Alphonse Boudreault, has been employed for the last four years as a clerk in the local Post Office. He is known to me as a conscientious worker of the type which I believe you are looking for and on this basis I am pleased to recommend him to you.

Yours very truly

H.A. Sewell
Mayor

HAS:JD

R.C.A.F. Records Office
Rec'd SEP 3 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

GOVERNMENT TELEGRAPH SERVICE

DEPARTMENT OF PUBLIC WORKS

DOMINION OF CANADA

Baie Comeau, August 12 193 40

Mr. J. L. Landry
Royal Canadian Air Force,
Quebec, Que.

Dear Sir:

This will introduce Mr. Alphonse Boudreault, who has for the last four years, worked for me in capacity of Assistant Postmaster and telegraph clerk.

His intentions are to try and qualify to enlist in your Department of the Nationale Defence. Although his departure from my office would make it difficult for me to replace him with one having the same capabilities, I cannot but encourage him very strongly in his intentions, in the present circumstances.

I am pleased to recommend him very warmly to you as a very honest young man, intelligent, courteous and of excellent habits and I am sure you will be able to use him to advantage.

Yours truly,

J. O. Bagné

Postmaster & Telegraph Agent,
Baie Comeau, Que.

R.C.A.F Records Office
Rec'd SEP 3 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

Boudreault

PART II

ELEMENTARY TRAINING

1. No. ....4.....E.F.T.S. Course No. ...31..... From...21-6-41.....To.....8-8-41.........

2. Flying time:--

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
Fleet Finch	29:25	29:55	5:20	N.A.	59:20	10

3. Results of Flying Tests:--20 hour...73....% Final Test.......% Instr.Fly...64.7..%
4. Ability as a Pilot (Ex.,A.A.,A.,BelowAv.,Poor)....Average..... Pass or Fail....Pass....
5. Recommended for Training on T.E. or S.E. aircraft....N.A.............
6. Remarks on Flying Progress and points which require special consideration.......
This pupil's progress was just average. Over confident and irresponsible needs watching closely for breaches of regulations.

W.S. Wrathall
Chief Flying Instructor

Date....7-8-41.......

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.........	200	146	Th. of Flight......	100	41 (45)
Airframes..........	100	71	Air Nav...........	200	107
Aero Engines.......	100	74	Arm. (Oral)........	200	146
Signals(Prac.).....	100	86	Quals. as an Officer	200	

Maximum Marks 1200. Marks Obtained................ Percentage................

Pass of Fail........... Position in Class.......... No. in Class...........

8. Commissioned Rank (appears suitable or unsuitable)..............................
9. General Remarks (Ability, Conduct, etc) **Doubtless this man's unfamiliarity with English is a great handicap to him. He explains, he thinks in French and speaks or writes in English all of which requires some time and practice. His general conduct was good.**

J. J. Tenhope
Chief Ground Instructor

Date..7-8-41..............

H. Chedore ....Flt.Lt.
Chief Supervisory Officer

No.....4.....E.F.T.S. Windsor Mill

To be passed to No. ..............S.F.T.S.

Date....7-8-41..............

R.C.A.F. T.58A

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname BOUDREAULT Christian Names J.R.A.

Number R62814 Rank LAC

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P.100, Section 7.

PART I

INITIAL TRAINING

1. No. 3 I.T.S. Course No. 25 From 4-5-41 To 9-6-41

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	100	73	Hygiene & Sanitation	40	22
Armament (R&O)	100	81	Drill	100	71
Signals	100	96	Law and Disc., etc.	60	58

3. Maximum Marks 500. Marks Obtained 381 Percentage 76

4. Passed or Failed P Position in Class 71 No. in Pilot's Class 264

5. Considered ~~Suitable~~ Unsuitable for Commissioned Rank.

6. Recommended for training as : (a) Pilot
(b) ~~XXXXXXXXXXX~~
(c)

7. Remarks: Fine straightforward type. Frank. Likes the service and studies. Good type of Service Material but not much background. Average type. Cheerful.

Wg. Comdr.
Commanding Officer

No. 3 I.T.S. Victoriaville, P.Q.

Date 9-6-41

To be passed to No. 4 E.F.T.S.

A ~~XXXX~~ Can. Trainee.
~~XXXX~~
~~XXXX~~

NOTE: X out Countries not applicable.

10

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 BOUDREAULT, Christian Names Joseph Raoul Alphonse

Number R.62814 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

N/A

1. No..... Wireless School. Course No..... To..... From.....

R.C.A.F. Records Office
Rec'd. FEB 7 1942
O. K. ..... C. I. B. .....
R. C. JB ..... N. I. .....
S. L. JB ..... P. A. 0d

2. *Flying Times*—

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

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

(*d*) In 2-seat aircraft as sole operator.....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	.....	Signals Organization.....	150	.....
Radio Equipment.....	250	.....	Armament.....	100	.....
Morse (buzzer and lamp).	200	.....	Drill and P.T.....	50	.....
Procedure.....	200	.....	TOTALS.....	1000	.....

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

Position in Class..... No. in Class.....

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

PART I—*Concluded*

~~WIRELESS TRAINING~~

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

.....

.....

.....

N A.

.....

.....
Officer Commanding
No.....Wireless School

Date .....

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

PART II

ARMAMENT TRAINING

1. No.....6.....B. G. S. Course No.....21.....

2. Dates of Courses:— From....24-11-41..... To.....22-12-41.....

AIR TRAINING

GUNNERY

3. *Flying Time:—*

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
BATTLE	8.55	- - - -	3.00	11	55

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

(*a*) Beam Test..... 15.....%

(*b*) Beam Relative Speed Test..... 4.....%

(*c*) Under Tail Test..... 10.....%

5. *Total Rounds Fired—*

Ground..... 900 ..%

Air to Ground..... 300 ..%

Air to Air..... 1730 ..%

6. *Assessment—* Marks Obtained

(*a*) Written Examination..... (100 Marks) ...69....

(*b*) Practical and Oral Examination..... (100 Marks) ...68....

(*c*) Ability as Firer..... (250 Marks) ..195....

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

Totals..... (~~600~~ 450 Marks) ..332....

7. Position in Class.....10..... No. in Class.....36..... Pass or Fail...Pass....

8. Date authorized to wear Air Gunner's Badge.....22-12-41.....

9. Comments on suitability for Commissioned Rank.....Not recommended.....

10. Remarks...He achieved above average firing results, and will be a keen and reliable Air Gunner.....

.....

.....T. Cresswell..... S/L
Chief Instructor
No.....6.....B. G. S.

Date.....22-12-41.....

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School	~~1000~~	NA
Bombing and Gunnery School	~~600~~ 450	332
TOTALS	~~1600~~ 450	332

12. Percentage 73.77 Pass or Fail Pass Position in Class 10

No. in Class 36

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

14. Remarks He worked well, and achieved very satisfactory marks. He is a conscientious and reliable airman and will make an excellent N.C.O.

H Chalker W/C
Officer Commanding
No. 6 B. G. S.

Date 22-12-41

REPORT OF MEDICAL OFFICER i/c CEASED TRAINING CASES, COMPOSITE SCHOOL, TRENTON

PROCEDURE

1. To be completed in duplicate after checking the record on page 1, reviewing all pertinent documents and medical recheck.
2. One copy to be retained and the original forwarded to D.M.S. (Air) (Att. M.A.2)

E....Boudreault L.A.P.....NUMBER R-62814..... RANK..LAC....

RESUME OF CASE (from medical and training reports)

I.T.S. Math. 73/100 position 71/264 good recommendation
E.F.T.S. Flying waw average and he was overconfident and irresponsible at ground school he apparently did quite well in everything but theory of flying in which subject his instructor was australian and a different accent - even the instructor say that is was doubtless due to this boy's lack of English

SUMMARY OF ESSENTIAL FACTORS RESPONSIBLE FOR C.T.

Immediate Causes (Objective or exciting causes, Underlying Causes (medical or non-medical),

1.
2. Failed one subject th. of flyight due to language difficulty.
3.
4.

CLINICAL FINDINGS ON RECHECK (record any differences from original M.2)

1.
2.
3.
4.

Category A1B..A3B.....Date 8-9-41.....

RECORDS OF SPECIAL INVESTIGATIONS (Depth Perception, etc.)

ASSESSMENT OF PERSONALITY -- Excellent type of man who joined at considerable personnel eapense since he came from Labrador - he is the only one man from labrador getting pilot training and only 2 in the airforce (1 is wireless ground and the other is G.D. Quite evidently his C.O. intended he should get another chance down here and told him so

GENERAL COMMENTS

This man should be retained as pilot.

DISPOSAL OF CASE

Reselected for training as P.....O.....W.O.A.G. A.E.....Posted to.....
Reselected to remuster.....Trade.....
Reselected to remuster, elected discharge.....Discharge Medical Grounds...

NOTES

Date 11-9-41.....Signed. B Brown F/O
Medical Officer i/c C.T.

BCATP. CANADA

ROYAL CANADIAN AIR FORCE

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

Individual Record of Flying

RANK: LAC No. R. 62814 NAME: BOUDREAULT, JOSEPH RAOUL ALPHONSE

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
FOR THE PERIOD ENDING 22-12-41																													8	55	3	00			11	55

No. 6 B. & G. SCHOOL
MOUNTAIN VIEW - ONT.

J. Ressmann S/LDR.
O/C GROUND INSTRUCTION SCHOOL
No. 6 B. & G. SCHOOL
MOUNTAIN VIEW - ONT.

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

R.C.A.F.
CANADA

OFFICIAL No. R.62814 NAME AND INITIALS (IN BLOCK LETTERS) BOUDREAULT J.R.A. DATE OF ENLISTMENT 24-8-40

SHEET No. (IN WORDS) One. SIGNATURE AND RANK OF C.O. E R Emond F/L DATE 24-10-40
For(A.Raymond) Sqd. Ldr.

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
				CERTIFIED NO ENTRY	G. T. Evans. F/O	ADJUTANT		No. 7 B. & G.S., R.A.F.	5/5/42
				CERTIFIED NO ENTRY	Kenney	F/L Adjt.		Training Wing No. 23 O.T.U.	10.7.42.
				CERTIFIED NO ENTRY	425 (R.C.A.F.)	SQUADRON		J.H.H.S. Mercuriaf F/Lt	4-10-42
				To be carried over					

R.C.A.F. R. 71
25M—8-40 (6352)
H.Q. 1062—3-53

Form 551.

ROYAL AIR FORCE.

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM.

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.

1. Surname Boudreault Christian Names (in full) T.

Rank F/Sgt. Number R.62814 Unit 425 Squadron.

Date and time of accident 1116 hrs. 22-9-42 Place of accident S. of Pickering.

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

Killed while acting as air gunner in Wellington B.J. 695 which was anfighter co-operation and collided with a Spitfire.

3. (*a*) Description of injuries :—

Multiple injuries and burns.

(*b*) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later? (i) (ii)

Fatal.

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

Date 12-11-42 Signature of Medical Officer (Sgd) ? F/Lt.

Records Office
FEB 17 1943
C.I.S.

36723/2285 200,000 11/41 W. H. & S. 668/69

[OVER

4. Commanding Officer's statement :—

(*a*) Was the injury sustained

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

(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? .....

(iii) On leave?.....

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

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

(ii) The nature of the game, etc., (*e.g.*, football).....

(iii) Was the officer or airman detailed to take part in it (*a*) as a member of an air force team, or (*b*) to compete as an individual? .....(*a*).....(*b*).....

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv.) For what service event was the practice held? .....

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority?.....

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

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot ? .....

(*c*) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2)).....
.....
.....

(*d*) Was the injury due to his own fault, *i.e.*, did it arise from negligence or misconduct or any blameworthy cause within his own control? .....No.....

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

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

(*f*) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place ....Catterick. 25-9-42.....
.....

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

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(*g*) In the case of an airman, if the answer to question (*d*) is in the affirmative, state whether hospital charges have been or will be recovered (*see* K.R. 2312.)

Signature.....(Sgd).....?.....S/L.....

Date.....13-11.....194 2..... *Commanding* .....425 Squadron.....

R62814

NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this department CAN/R62814 Sergeant Joseph Raoul Alphonse BOUDREAULT, Royal Canadian Air Force, lost his life on active service on the twenty-second day of September, 1942, near Pickering, Yorkshire.

Flight Lieutenant,
for Director of Personal Services.

Dated at
the Air Ministry,
London,
this 29th day of December, 1942.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R62614 RANK F6 (PAID) UNIT OVERSEAS

WITH EFF-22-SEP-42 AS

TRADE AIR GUNNER 4 USE

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

NAME BOUDREAULT, JOSEPH RAOUL ALPHONSE.

PRESENT MARITAL STATUS RELIGION CANADIAN

FRENCH CANADIAN OTHER

NEXT OF KIN MR. JOSEPH BOUDREAULT, (FATHER)
SEPT ILES, ILES,

RELATIONSHIP COTE-NORD, QUEBEC.

ADDRESS

FATHER'S NAME

ADDRESS LIVING ON ENLISTMENT

MOTHER'S NAME

ADDRESS LIVING ON ENLISTMENT

AMENDED EXTRACT

ADDRESS AT TIME OF ENLISTMENT MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIR KWY-----PX5565-----d-24-SEPT-42.

"KILLED" 22-SEPT-42 AS A RESULT OF A FLYING ACCIDENT OVERSEAS
(BRITISH ISLES)

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 23-NOV-44.

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

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
ΔTS-RT

7

COPY FOR DOCUMENT FILE

66415

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. 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:

2. LENGTH OF S[illegible]

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

3. NA[illegible] OF DECEASED

Surname: BOUDREAULT (Block letters)

Given names: Joseph Raoul Alphonse

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Sept-Isles

Municipal county: Saguenay Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: September (Month) 30th (Day) 1917 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	24	11	23	....hrs. or ....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation: 22-9-42

16. Total years spent in this occupation: two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	BOUDREAULT, Joseph	Quebec
MOTHER (Maiden Name)	MONTIGNY, Anna	Quebec

19. Place of burial, cremation or removal:

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: [illegible] (Month) (Day) 19.... (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 22nd (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) Killed in flying accident.

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 (State which): Accident Date: September 22 19 42

Manner of injury (How sustained): Killed in flying accident.

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.)

J C Mitchell F/O
for (RCAF Records Officer)

This signature authorizes the collector to accept this form as authentic. 9-10-42

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

(Voir l'autre côté pour le français)

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

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

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

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

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

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

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

Comté municipal..... Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

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

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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)

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
AIR

STATEMENT OF WAR SERVICE GRATUITY

Es-89-3

DECEASED MEMBER'S NAME: Joseph R.A. (CHRISTIAN NAMES) Boudreault (SURNAME)

REGISTER NO.

FILE NO. 22144

PAYEE: Receiver General of Canada

DATE: 13 Apr/46

ADDRESS: Director of Estates, Ottawa, Ont.

SERVICE NO. R62814

FINAL RANK OR RATING F/S

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Sep/42

DATE OF DISCHARGE 22 Sep/42

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 760 (30) EQUAL TO 25 COMPLETE PERIODS AT $7.50	187.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 243 LESS 10 INELIGIBLE DAYS, EQUAL TO 233 DAYS @ 25C. PER DAY	58.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$ 3.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.00	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 4.25	×7 = $ 29.75
NO. OF DAYS 243 (183)		×$ 29.75

39.50

D. WAR SERVICE GRATUITY	285.25
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	285.25

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ~~OF $~~ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

P. & A. Vd. Trans. Trust Account
Journal Voucher # GN/4
P.A.

R.C.A.F. Records Office
APR 11 1946
O.K.
R.C.

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
JLC	GB

TREASURY	
CHECKED BY	DATE
[signature]	17.4.46

[signature]
SERVICE REPRESENTATIVE

ΔT