R69737
BOISVERT
JOSEPH

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CONFIDENTIAL (3) Recheck #R69737

#2 Medical Selection Board

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

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Regina, Saskatchewan. *Date* 4/9/40
Enlisted at Toronto, Ont.

Surname BOISVERT *Chr. Names* Alphee
Nature of Commission Pilot *Date of Birth* 19/10/14 *Married or Single* Single
Branch R.C.A.F. *Hours Flown* Passenger RAF on duty 69 hrs.
Address 101 Drummond, Sherbrooke, P.Q.

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	Seasick for two days, crossing ocean--Jan. 1938
	Discomfort on Swings, Roundabouts, Switchbacks	No
(ix)	OPERATIONS	No
(x)	Any Illness or Injury not mentioned above	No

Education Junior Matriculation
Present Occupation ---- Hobbies ----
Previous Service AC2 Flights Section, RAF July 2, 1936--Dec. 12, 1937.
Athletics Excellant----Professional Baseball
Habits—Smoking None Alcohol None
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health A&W Dead—Cause
Mother Alive—Health Dead—Cause Post Operative cause?
Brothers (2) Alive—Health A&W (5) Dead—Cause died in infancy.
Sisters (1) Alive—Health A&W (0) Dead—Cause

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

Date 4/9/40 *Signature* *Witness*

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Athletic ..... *(b)* Mentality ..... Standard .....
Body Marks, Scars, Deformities ..... Laceration scar on chin .....
Size of Thyroid Gland ..... Normal .....
Surgical Abnormalities ..... Nil .....
Results of Wounds, Injuries, Operations ..... Nil .....

	Date ..... Assessing Room	Date ..... Assessing Room	Date ..... Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	71			*Date* .....
Weight (lbs.)	182			
Chest Circumference (ins.)	37			
Body Build (lbs.)	&27			
Leg Length (ins.)	39			
Pulse Rate — Sitting	72			
Pulse Rate — Standing 1st	84			
Pulse Rate — Standing 2nd	96			
Pulse Rate — After Exercise	108			
Pulse Rate — Time to Normal	35			
Arterial Walls	soft			
Blood Pressure — Systolic	132			
Blood Pressure — Diastolic	90			
Heart — Size	N.			
Heart — Sounds	N.			
Heart — Rhythm	N.			
Lungs	N.			
Breath held	85			
Expiratory Force	140			
Vital Capacity (Best of 5)	5600			
Reflexes — Knee	N.			*Date* .....
Reflexes — Ankle	N.			
Reflexes — Triceps	N.			
Reflexes — Abdominal	N.			
Reflexes — Plantar	Flex.			
Cranial Nerves	N.			
Balancing Rod	R. L. 1S1S	R. L.	R. L.	R. L. R. L. R. L.
Self Balancing	R. L. 1S1S	R. L.	R. L.	R. L. R. L. R. L.
Tremors — Fingers	FSFS			
Tremors — Eyelids	FSFS			*Date* .....
Abdomen — Liver	N.			
Abdomen — Spleen	N.			
Abdomen — Muscular Tone	Good			
Urine — Albumen	neg.			
Urine — Sugar	neg.			
Initials of M.O.				

40 mm. Hg. Test .....
Date ..... 4/9/40 95 sec.--7/665/656/665/566/666/555/4 .....
Date .....
Date ..... (Type 1) .....
Date .....

Remarks by Consultant.

Fit

EYE EXAMINATION

History	Negative		
Visual Acuity	R. 20/20 , $\bar{c}$ 2.25 = 20-200		
	L. 20/20 , $\bar{c}$ 2.25 = 20-200		
Colour Vision	Normal		
Red, Green	Orthophoria		
Diaphragm Test (P.D. = 58)	Ortho at 0		
Convergence	C. = 7.0 cms.		
	S. C. = 13.0 cms.		
Accommodation	R. 6.5		
	L. 6.5		
Cover Test	No Divergence.		
Fundi and Media	Normal		
Fields	Normal		
Remarks: Fit	*Initials of M.O*	*Initials of M.O*	*Initials of M.O*
	Date	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History: Negative

Hearing	R. Ear	W.V. 20 Ft.	
	L. Ear	W.V. 20 Ft.	
External Ear, Meatus Membranes	R. Ear	N.	
	L. Ear	N.	
Middle Ear, Eustachian Tubes	R. Ear	N.	
	L. Ear	N.	
Cochlear Apparatus	R. Ear	N.	
	L. Ear	N.	
Vestibular Apparatus	R. Ear	N.	
	L. Ear	N.	
Buccal Cavity		N.	
Teeth		N.	
Gums		N.	
Pharynx		N.	
Nasopharynx		N.	
Nose		N.	
Larynx		N.	
Remarks: Fit	*Initials of M.O*	*Initials of M.O*	*Initials of M.O*
	Date	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 4/9/40

Fit A1B

Fit A3B -- Overweight

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date

CATEGORY APPROVED
A1B A3B
OCT 4 1940
for D.G.M.S.

Present weight in excess of new Standards laid down since enlistment.

"SPECIAL RESERVE"

AIR FORCE No. R-69737 POSTED TO No. 1 Manning Depot TRADE Air Crew "Std."

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

1022-B-1495

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

1. Surname Boisvert FULL Christian Names Joseph Leonidas Rose Adhemar
2. Present Address 101 Drummond St. Sherbrooke Quebec Telephone 986 W
3. Permanent Address 101 Drummond St. Sherbrooke Que.
4. Place of Birth Sherbrooke Quebec Canada Citizenship Canadian British
5. Date of Birth 19th of October 1914 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children —

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

7. Occupation Shipper (and) Baseball Player 8. Religion R. C. (State denomination)
9. Languages English and French (State proficiency)
10. Next of Kin (Full Name) J. A. Boisvert Relationship Father
" Address 101 Drummond St. Sherbrooke Que.
11. Father (Full Name) J. A. Boisvert Birthplace Quebec Canada
" Address 101 Drummond St. Sherbrooke Que. Citizenship Canadian
" Occupation Overseer for Dominion Textile
12. Mother (Full Maiden Name) Marie Rose Mignault Birthplace St. Isidore Quebec Can.
" Address Deceased. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
Royal Air Force	England	A.C.H. (S.D.)	waiting list - aerial photographer	1936 2nd July	1937 12th Dec.	unable to obtain trade I enlisted for. automatically discharged

14. Honours, Awards, Mentions N. A.
15. Are you now on any Naval, Military or Air Force Reserve? N. A.
16. Have you previously made application to join the R.C.A.F.? yes If so, where? ottawa montreal
When? 1934 - 1935 - 1938 - 1939 - 1940 Result still on waiting list
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? not N. A.
If so, state nature of disability — N. A.
18. Have you ever been or are you now in receipt of a Disability Pension? — N. A.
If so, state nature of Disability — N. A.
19. Have you ever been convicted of an indictable offence? no If so state nature N. A.
20. Are you in debt? no If so, state particulars —
N. A.
N. A.

R.C.A.F. Records Office
Rec'd JUL 12 1940
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

301-195

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Racine School	1922	1929	Public School
High School—Collegiate Institute, etc.	St. Charles Seminary	1929	1930	College
Technical School	Sacred Heart Academy	1930	1932	Academy College Standard
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Dom. Textile	Shipper	1932	1936	join R.C.A.F.
R.C. Force	A.C.H. G.D. G.C.	1936	1937	unable to obtain aerial photographer automatically discharge
Baseball Player				

23. Flying Experience (in Hours) Solo None Dual None Passenger 69

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Model Airplanes Builder

25. Sports engaged in. State: extensively, ~~moderately, occasionally~~ Baseball, Tennis, Bike Race, Swimming, Spring Board diving, Skiing, Hockey Soccer, Rugby Lacrosse

26. Air Force Duty you wish to enlist for ~~Ground Duties.~~ Flying Duties. aerial Gunner (C)

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

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

Name	Address	Occupation
J.E. Marquis	80 Drummond St. Sherbrooke Que.	Restaurateur
Rodolfe Bourbeau	18 Princess St. Sherbrooke Que.	Motor Engineer.
Dr. Berube J.C.	34 Rooke St. Sherbrooke Que.	Doctor of family
Dominion Textile	Sherbrooke Que.	Company

28. Other information that may have any bearing on this application... from Dominion Textile
N. A.

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date 17th of June 1940 Signature Alphee Boisvert

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

.....

Date.....Signature.....Rank.....

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, ALPHEE BOISVERT .....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date July 3 19 40 Alphee Boisvert
Signature of Recruit

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

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

Date July 3 19 40 Alphee Boisvert
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Toronto, Ontario this 3rd day of July 19 40

A. M. Ruzzo — Flying Officer — RCAF Recruiting Centre, Toronto, Ontario.
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 25 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism	No	(j) Nasal Trouble	No
(b) Tuberculosis	No	(k) Ear Disease	No
(c) Bronchitis or Asthma	No	(l) Eye Disease	No
(d) Heart Disease	No	(m) Epilepsy	No
(e) Kidney or Bladder Disease	No	(n) Nervous or Mental Disease	No
(f) Gastro-intestinal	No	(o) Syphilis	No
(g) Rupture	No	(p) Gonorrhoea	No
(h) Varicose Veins	No	(q) Bone Fracture	No
(i) Flat or Deformed Feet	No	(r) Other Disease or Defect	No

3. Have you ever worn glasses? No

Al. Baisnert
Signature of Applicant

Examiner's Remarks *re* above... Nil

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

1. Identification marks or scars (if operative obtain history) 1½" Linear scar inf of chin (beneath).

2. Height 5 feet 11 inches. 3. Weight 188 pounds.

4. Complexion Dark 5. Color of Eyes Hazel Hair Dk Brown

6. Development {Good ✓ / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 36 inches

B.P. 130/85 Range of expansion 3½ inches

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

C.V.N.

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

Left 20/20 Left —

10. Condition of mouth and teeth Good

17/6/40

11. Urine—Albumen NEG. Sugar NEG.

12. Abnormalities (Congenital and Pathological) found on Examination Nil

X-Ray chest reported negative

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B / A3B

Any special remarks of the Medical Officers

Date July 2nd 1940.

Gilchrist
President

J. W. Smith
Member

Don Strebe
Member

Lieut Comm RCAF

Capt. RAMC

R0069737 BOISVERT JOSEPH LRA 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.			Ops wps	
✓		✓						✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													21/3/46	MEDAL ISSUED

204.93

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

FORM NO. R. 325

R.C.A.F.

118 3/10/49

Joseph a. Boisvert (Father)
101 Drummond St.,
Sherbrooke,
Que.

oct-45.

MEMORIAL BAR
DATE DESP
REGN. NO 1,016

10M—3-40 (4425)
H.Q. 1772-45-8

NAME BOISVERT, Joseph Leonidas Rose Alphee

H.Q. FILE NO. 1022-B-1495

RANK F.Sgt. Air Gunner UNIT OVERSEAS ~~MISSING~~

REGT'L NO. R69737

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
		DATE OF DEATH: 15-4-42 MOTHER LIVING: NO WIFE: NA		18-4-42
		MINISTERIAL CARD: 23-4-42 ROYAL MESSAGE: ~~12~~ 15-8-42 MEMORIAL CROSS: N.A.		
		To the father. To father		
		To the father 28-7-42 PRESUMED DEAD 23-7-42		

Father- Mr. Joseph Alexander Boisvert,
101 Drummond St.,
Sherbrooke, Quebec.

28

29

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname ..... Boisvert, ... Christian Names ..... A. .....

Number ..... R69737 ..... 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. ....2.... Wireless School. Course No. ....8..... To ~~28~~ 11/4/41 .... From ....9/12/40.

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator ..... 7.5 ..... hours.

(b) In Flying Classroom, listening watch ..... 6:45 ..... hours.

(c) In 2-seat aircraft as sole operator ..... 7:10 ..... 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	32	Signals Organization	150	110
Radio Equipment	250	132	Armament	100	72
Morse (buzzer and lamp)	200	185	Drill and P.T	50	39
Procedure	200	134	TOTALS	1000	704

Maximum Marks, 1000. Marks Obtained 704 Percentage 70.4 Pass or Fail Pass

Position in Class ..... 125 ..... No. in Class ..... 182 .....

5. Date authorized to wear Wireless Operator's Badge ..... ~~28~~ 11/4/41 .....

PART I—*Concluded*

WIRELESS TRAINING

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

Not Recommended

.....

.....

A W Klussen F/L

Officer Commanding

No. 2 Wireless School

Date 25-4-41

To be passed to No. 4 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 4 B. G. S. Course No. 8

2. Dates of Courses:— From 28-4-41 To 26-5-41

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Battle	11:20		1:55	13:15

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

(*a*) Beam Test ..... 2.33 %

(*b*) Beam Relative Speed Test ..... 5.80 %

(*c*) Under Tail Test ..... 13. %

5. *Total Rounds Fired*—

Ground ..... 500 %

Air to Ground ..... 163 %

Air to Air ..... 1663 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination	(100 Marks)	65.5
(*b*) Practical and Oral Examination	(100 Marks)	80
(*c*) Ability as Firer	(250 Marks)	203.5
(*d*) Qualities as an N.C.O	(150 Marks)	96
Totals	(600 Marks)	445

7. Position in Class 23 No. in Class 69 Pass or Fail Pass

8. Date authorized to wear Air Gunner's Badge 24-5-41

9. Comments on suitability for Commissioned Rank Unsuitable

10. Remarks Reliable and rugged type.

.....

.....

Sqn. Ldr.

Chief Instructor

No. 4 B. G. S.

Date 26-5-41

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School	1000	704
Bombing and Gunnery School	600	445
TOTALS	1600	1149

12. Percentage 71.86 Pass or Fail Pass Position in Class 41

No. in Class 66

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

14. Remarks Concur on above.

W. D Wansbrough Wg. Cmdr.
Officer Commanding
No. 4 B. G. S.

Date 26-5-41

1022B 1d95

DEATH

NO. R.69737 RANK F.S. NAME BOISVERT Joseph Leonidas Rose ALPHEE

UNIT Overseas EFF.DATE 15-4-42 K.R.(Air)

Auth: Casualty List #151 d/22-7-42

xDMS(Air)Sig.rec'd	N.A.	xAuthority for Discharge	NA
xSig.rec'd.from unit	NA	xR.15a Discharge Cert.	NA
xKR(Air)255A(3)(officers)	NA	M.10 (including M.13)	
xR.51(airmen)	NA	xMFB227 Medical Board	NA
E.147 Record of Kit		MFB465a Dental Envelope	
xR.71 General Conduct Sht		xDental exam. on discharge	NA
xR.72 Service Conduct Sht		xDec. of C. of I.(Deserter)	

B.F. date 25-10-42 Date file rec'd 7-10-42

xNot necessary for deaths Checker's signature

AIR FORCE No. R69737 R.

SURNAME: Boisvert, FULL CHRISTIAN NAMES: Joseph Léonidas Rose Alphée

ENLISTMENT PLACE Toronto DATE 3-7-40

RE-ENLISTMENT

C.R. FILE NUMBER 1022-B-1490

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

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 19-10-14 PLACE Sherbrooke Que. CITIZENSHIP British

FATHER (FULL NAME) Joseph Alexandre Boisvert

BIRTHPLACE Quebec Canada.

MOTHER (FULL MAIDEN NAME) Marie Rose Mignerault

BIRTHPLACE St Malo Quebec.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE	X Quebec
JUNIOR MATRICULATION	X Equiv
SENIOR MATRICULATION	X Quebec
TECHNICAL SCHOOL	
UNIVERSITY	
CORRESPONDENCE COURSES	6

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

Shipper 4 years Dom Textile.
A.C.H. 3 yrs. R.A. Force. Base Hdqtrs.

$ 4/00

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

R.A.F. England. A.C.H. (3D) 1 mos. 24/7/36 – 12/12/37

3

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	4 BAS 126	26-5-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 69

13. RELIGION Roman Catholic

1

14. LANGUAGES English-French.

3.

15. SPORTS model aeroplane builder, baseball, tennis, lacrosse, swimming, diving, skiing, hockey, soccer, rugby.

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: J. A. Boisvert RELATIONSHIP Father

ADDRESS: 101 Drummond St. Sherbrooke D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	3 7 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
1 AD Toronto (Canada)	Camp Borden	8-8-40	TMP 190
		16-8-40	TMP 194
Drawing stns & occupy pub qtrs		7-12-40	2 W 284
ceases attach S.T.C. for pay & admin		3-3-41	2 T C 29
Occ qtrs & drawing rations		28-4-41	4 B A S 104
pub qtrs & rations		7-6-41	Edm 127

AIR FORCE No. R69737

BOISVERT, JOSEPH LEONIDAS ROSE A[redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Toronto — DATE 3-7-40

RE-ENLISTMENT

C.R. FILE NUMBER 1022-B1495

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.
TOS	1 MD Toronto	3	7	40	Tmp. 158
SOS	2 Ot. Stn. Trenton	16	8	40	Tmp 144
SOS	2 I.T.S. Regina	31	8	40	R. 173
SOS	2 MD. Brandon	8	11	40	2 I.T.S. 122
SOS	2 MD	6	12	40	2 MD 179
TOS	2 WS, Calgary, Alta	7	12	40	2 WS 84
SOS	2 WS Calgary	25	4	41	2 WS 97
TOS	4 B&G School, Fingal	26	4	41	4 BGS 104
S.O.S.	4 B.G.S. Fingal	27	5	41	4 BGS 126
TOS	No. 1 (M) Depot, Halifax amended	27	5	41	Em 172 Em 127
SOS	1 "M" Dep Halifax	29	6	41	Em 144
	RAF Trainees Pool				
TOS	1 "M" Dep Halifax	28	5	41	Em 172
SOS	U.K.	29	7	41	RAF 38
SOS	to 2 Rad. School	6	8	41	RAF 38
SOS	to 160 TU from 2 Sig School	7	10	41	RAF 46-10
S.O.S	to 408 Sqdn from 160 TU.	1	3	42	RAF 13.
8	6071408				
W.S.G. Comp		2	10	44	
	Presumed Dead	13	4	42	RAF 55
	Missing	14	4	42	RAF 19, 22

Operations - Hampden - Amunitz
Flying Battle - Oseas Primary - Unclassified
Sig. PX 6419 d/16.4.42 - 4078 RCAF Stomea

Officially presumed dead
PX 6226 d/21.7.42

60-LC-408

C	CH	STRENGTH	DATE			CAUSE	STATUS	RESULT	DATE OR PLACE	P	CH
H	S	18	14	4	42	1	8	5	R0424		✓

Comp CAS/WSG 28-6-45

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	3	7	40	Tmp. 158
LAC	8	11	40	2 I.T.S. 122
Sgt. (temp) (pd) T4	26	5	41	4 BGS 126
T/F/sgt	1	4	42	RAF 22
I/FS	1	12	41	AFR 0113

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.
2-7-40	R100	A1B A3B	
S/Hosp	7-1-41	8-1-41	2WS7

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew	Stb	3	7	40	Tmp. 158
W/Air Gunner	Spec	26	5	41	4 B.G.S. 126
3045					X

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
27-5-41	6-6-41	10	Obligatory	4 BGS 126

AIR FORCE No. R69737

BOISVERT — SURNAME

JOSEPH LEONIDAS ROSE ALPHEE — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

DATE

RELIGION

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)

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS at 408 Sqd.			13 42	42/42 (13)
Missing			15 4 42	44/42 22/1
TOS at 1 RAF Dpo N/E			15 4 42	" "
Presumed Dead			15 4 42	AF-RO 1243/42 DCL 1090A

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

30/6/41

AIR FORCE No. R69737

SURNAME: Boisvert

FULL CHRISTIAN NAME: Joseph Leonidas Rose Alphee

ENLISTMENT/APPOINTMENT
PLACE
DATE

RELIGION

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 685-R-230
K. P. 75434

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN

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)

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			WOA9		
F/Sgt	1442				
T/F/Sgt	11 12 42	AFRO 113/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

"SPECIAL RESERVE"

AIR FORCE NO. R-69737 NAME OF OFFICER OR AIRMAN BOISVERT, Alphee

EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT Birth Certificate

NUMBER DATE December 23, 1933

ISSUING AUTHORITY Parish of St. Jean Baptiste of Sherbrooke, Que.

SUBJECT - Self (Full Name) Joseph, Leonidas, Rose, Alphee Boisvert
~~Child (Full Name)~~

DATE OF BIRTH October 19, 1914

PLACE OF BIRTH Sherbrooke (city, town, village,) Quebec (province,) Canada (country.)

MOTHER (Full Maiden Name) Mary Rose Migneault

FATHER (Full Name) Joseph Alexander Boisvert

DATE July 3, 1940

CERTIFIED TRUE EXTRACT

B. ~~T.~~ Wood, ~~Flying Officer~~

(Signature & Rank)

Strike out words not applicable.

A.F.M. No.10

SPECIAL RESERVE

AIR FORCE NO. R-69737 NAME OF OFFICER OR AIRMAN BOISVERT, Alphee

EVIDENCE OF DISCHARGE

UNIT R.A.F. REGIMENTAL NO. 533137

DISCHARGE CERTIFICATE DATED December 23, 1937 AT England

DATES OF SERVICE: FROM July 2, 1936 TO December 23, 1937

RANK ON DISCHARGE AC2

CHARACTER V. G.

TRADE ASSESSMENT

COURSES

DATE July 3, 1940

CERTIFIED TRUE EXTRACT

B. ~~F. Wood, Flying Officer.~~

(Signature & Rank)

A.F.M. No.12

SPECIAL RESERVE

K-69737

BOISVERT, Alphee

AIR FORCE NO. _____ NAME OF OFFICER OR AIRMAN _____

EVIDENCE OF EDUCATION
Letter

DESCRIPTION OF DOCUMENT

June 5, 1936

NO. DATE

Principal, Sacred Heart Academy, Sherbrooke, Que.

ISSUING AUTHORITY

Senior Matriculation

COURSES TAKEN

DIPLOMAS, DEGREES OBTAINED

July 3, 1940

DATE

CERTIFIED TRUE EXTRACT

S.F. Wood, Flying Officer

(Signature & Rank)

A.F.M. No. 11

J. A. T. P. CANADA

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
40M—8-40 (6622)
H.Q. 1062-2-126

Individual Record of Flying

RANK LAC No. R.69737 NAME Boisvert, A.

UNIT	Month ending	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES			Passenger		TOTAL	
		DAY						NIGHT						DAY						NIGHT												
		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~~ WIRELESS			
		(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. 2 W/S March, 1941. NO. 4, B. & G. FINGAL, ONT.																														12	55	1	25	14	20
MAY 2 6 1941																												11	20			1	55	27	35

WIRELESS TRAINING.

Number of flying hours (actual key time) 1083/1082 Day 34.30

Night 5.35

Number of flying hours (actual key time) 1154/1155 Day 16.45

Night 3.45

Total Number of flying hours. Day 50.05 Night 17.35

Morse Speed. R. 18 S. 20 Loop Bearings obtained Vis. 18 Aural 10

MF D/F Contacts Total. 6 HF D/F (Base). 28

" " Sections worked. 4 " " (Other than Base). 10

MAINTENANCE ASSESSMENT.

Satisfactory, very keen.

Remarks by Instructor concerning operating ability and general standard of knowledge.

A very good pupil exceptionally keen.

Remarks by Officer i/c Signals Training.

This pupil appeared a little uninterested during initial ground training but I think this was rather due to the fact that he is a rather difficult type to understand. He is essentially a practical man and once he commenced flying progressed by leaps and bounds. His outstanding keenness has resulted in his passing out three weeks ahead of his course and his efforts are to be commended. Will make a very reliable operator and it will pay to "get to know him".

(Sgd) S. Byrne S/Ldr.

Whether recommended for a Commission. Yes.

Whether Recommended for a Gunnery Leaders' Course. No

Well fitted for his job and a good sound fellow with common sense.

Date 3.8.42 (Sgd) G.D. Lyster S/Ldr.
for WING COMMANDER
CHIEF INSTRUCTOR

Date 3.8.42. (Sgd) W.G. Sheen.
GROUP CAPTAIN.
Commanding No.16 O.T.U.
Upper Heyford, Oxon.

FLYING TRAINING REPORT.

W.O./A.C.

No. 16 O.T.U. R.A.F. STATION UPPER HEYFORD.

No. R.89737 Rank Sergeant Name Boisvert, J.

Period at 16 OTU. From 7.10.41 to 21.2.42 Course No. 29

Posted to 408 Squadron w.e.f. 1.3.42

FLYING TIMES

Type of Aircraft.	Day	Night	Total
ANSON.	25.25	14.00	39.25
HAMPDEN.	26.00	5.45	31.45
Previous Flying	36.25	-	36.25
Total	87.50	17.45	105.35

GUNNERY TRAINING.

GROUND						AIR						
Rds. fired at 25 yds Range		Rds fired at 400 yds Range		Clay Pidgeon.		Air Firing						
						Drogue			Sea-marker	No. of Exes	No. of Fl...	Assess...
Day	Night	Day	Night	No of Shots	% Hits	No of Exes	Rds Fired	% Hits	Rds Fired			
600 A	200 P.A.	100	-	50	10	1	600	1.5	900	-	-	-

SUBJECT	ASSESSMENT	SUBJECT	ASSESSMENT
Range Estimation	Above Average	Practical Harm'tion	Efficient
A/c Recognition.	Good Average	Prac.Gun clean & Main	Satisfactory
Running Commentary	Satisfactory	Fighter Affiliation	Nil

Gunnery Exercises not completed or requiring further practice.

.....

Examination Results.....65.....%

Remarks.....Has proved a keen and reliable gunner in the air, and

.....a.practical.man.....

.....

.....

(Sgd)....H. Wright.....S/Ldr.:
CHIEF ARMAMENT INSTRUCTOR

B-6. 16. OTD. Upper Hayford NEC 10/41 2 RS

R.C.A.F. E.147
50M—12-39 (3446)
H.Q 1062—6-138

RECORD OF KIT

J. A. T. P. CANADA

(OFFICERS AND AIRMEN)

NAME BOISVERT, A. RANK L.A.C ~~A.C.2~~

OFFICIAL NO. R. 69737 DATE OF ENLISTMENT 3-7-40.

UNIT No 1 Manning Depot STATION Toronto Ont
R.C.

INSTRUCTIONS

Two copies of this form are to be prepared for each airman. It is to record all issues and exchanges, each issue or exchange being initialled by the individual. On the transfer of an individual from one unit to another this form is to accompany the voucher and is to be retained by the Equipment Officer at the new unit.

CERTIFICATES TO BE SIGNED ON TRANSFER

CERTIFIED THAT THE RECORD DETAILED OVERLEAF IS CORRECT.			CERTIFIED THAT THE RECORD DETAILED OVERLEAF HAS BEEN VERIFIED.		
On transfer to the undermentioned Unit	Date	Signature of Issuing Officer	On transfer from the undermentioned Unit	Date	Signature of Receiving Officer
R.C.A.F. Station Camp. Borden.	18/8/40	E. Johnson F/O	No 1 Manning Depot Toronto Ontario	23/8/40	L. V. Wesley F/O
No 2 I.T.S Regina Sask	31.8.40	L. V. Wesley F/O	R.C.A.F. Station Camp Borden Ont		
No 1 Manning Depot Brandon Man	7/11/40	J.C. Gallagher F/O	No 2 I.T.S REGINA SASK	9/11/40	D. L. Calder F/O
#2 Wireless School Calgary Alta	9/12/40	D. L. Calder F/O	# 2 Manning Depot. Brandon, Man.	16/12/40	A.W. Owen F/O
#4 B & G School Dingal Ont.	25/4/41	R.C. Loughlin F/O	#2 W. S. Calgary Alta.	28/4/41	Ac Thomas F/O
R.C.A.F. Emb camp Debert N.S.	24/5/41	Ac Thomas F/O	#4 B & G. School Dingal Ont		

DESCRIPTION OF ARTICLES	RECORD OF ISSUES AND EXCHANGES																	
	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
(Sect. 22B)																		
BAGS, KIT	1	4/7/40	G.B.	1	12 "40	G.B.	1	9/5/41	G.B.									
BRACES	1	4	G.B.															
BRASSES, BUTTON	1	4	G.B.															
BRUSHES, BOOT, BLACKING	1	"	G.B.															
BRUSHES, BOOT, POLISHING	1	4	G.B.															
BRUSHES, BUTTON	1	"	G.B.															
BRUSHES, SHAVING	1	"	G.B.															
BRUSHES, TOOTH	1	"	G.B.															
CAPS, COMFORTER	1		G.B.															
COLLARS, SILVER-GREY 2	6	4/7/40	G.B.															
COMBS, HAIR	1	4/7/40	G.B.															
DRAWERS, WINTER	2	8/40	G.B.															
DRESSINGS, FIELD																		
FORKS, TABLE	1	4/7/40	G.B.	CRV A147	2 ITS 11-40													
GLOVES, LEATHER, BLACK	1	"	G.B.															
HOLDALLS	1	"	G.B.															
HOUSEWIVES	1	"	G.B.															
JACKETS, SWEATER	1	8/40	G.B.															
KNIVES, CLASP	1	8/40	G.B.															
KNIVES, TABLE	1	4/7/40	G.B.	CRV A147	2 ITS 11-40													
LANYARD, CLASP, KNIFE	1	8/40	G.B.															
PINS, COLLAR, SAFETY	1	4/7/40	G.B.															
RAZORS	1	"	G.B.															
SHIRTS, SILVER-GREY 2	2	"	G.B.															
SHIRTS, SERVICE	1	4/7/40	G.B.	1	8/40	G.B.												
SHIRTS, WINTER	2	8/40	G.B.															
SOCKS	3	4/7/40	G.B.	CRV A147	2 ITS 11-40													
SPOONS	1	"	G.B.															
TIES, BLACK	2	"	G.B.															
TOWELS, HAND	2	"	G.B.															
Combinations	2	"	G.B.															
SHOES CANVAS	1	22/5/41	G.B.															
(Sect. 22D)																		
BOOTS, ANKLE, LEATHER	1	4/7/40	G.B.	1	22/1/41	G.B.	1	EX 22/5/41	G.B.									
Laces	1	"	G.B.															
(Sect. 22E)																		
TROUSERS, SERVICE	1	"	G.B.	1	12/11/40	G.B.												
(Sect. 22F)																		
CAPS, FIELD, SERVICE	1		G.B.															
CAPS, FORAGE, BLUE																		
CAPS, WINTER	1	11/40	G.B.															
COATS, GREAT, WARM	1	4/7/40	G.B.															
JACKETS, SERGE, BLUE	1	"	G.B.	1	3/41	G.B.												
TROUSERS, SERGE, BLUE	1	"	G.B.	1	20/12/40	G.B.	EX 1	3/41	G.B.									

RECORD OF ISSUES AND EXCHANGES

Description of Articles	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
Suits Aw W. N.P.	1	11/40	GB															
Suits Aw Summer	1	"	GB															
Helmets Sly Cap	1	"	GB															
Pads Rubber	2	"	GB															
Covers Gas	2	"	GB															
~~Protectors Gas~~																		
Goggles Aw M.K. III Ch	1	11/40	GB															
Boots Aw Moccasin	1	"	GB															
Gauntlets Ch R.C.C.	1	"	GB															
Bags Kit Inv.				1	11/40	G.B.												
JACKETS K.D.	1	9/5/41	GB															
TROUSERS K.D.	2	"	GB															
COMB SUM	2	"	GB															
SHIRT SER	2	"	GB															
EAGLES	1	"	GB															
BUCKLES	1	"	GB															
BUTTONS L	4	"	GB															
" S	2	"	GB															
RINGS	6	"	GB															

SIZE ROLL FOR CLOTHING

Article	Size No.	Remarks
BOOTS, ANKLE	10	
CAPS, FIELD, SERVICE		
CAPS, FORAGE, BLUE		
CAPS, WINTER		
COATS, GREAT, WARM	6	
COLLARS	6	
DRAWERS, WINTER		
GLOVES, LEATHER, BLACK	10½	
JACKETS, SERGE, BLUE	24	
JACKETS, SWEATER		
MITTS, WINTER	9	
OVERALLS, COMBINATION		
OVERSHOES		
RUBBERS	10	
SHIRTS, SILVER-GREY	16	
SHIRTS, SERVICE	15	
SHIRTS, WINTER		
TROUSERS, SERGE, BLUE	25	
TROUSERS, SERVICE	34/31	

DESCRIPTION OF ARTICLES	RECORD OF ISSUES AND EXCHANGES																	
	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
(Sect. 22G)																		
MITTS, WINTER	1	4/7/40	G.B															
OVERALLS, COMBINATION	1	6/40	G.B															
OVERSHOES	1	11/40	G.B.															
RUBBERS, BLACK	1	4/7/40	G.B															
(Sect. 22H)																		
BADGES, ARM, BLUE																		
CROWNS																		
EAGLES (LEFT & RIGHT)	4	4/7/40	G.B	2	3/2/40	G.B.												
PROPELLORS				4	6/11/40	G.B.												
BADGES, CAP, R.C.A.F	1	4/7/40	G.B.															
BADGES, FLYING, PILOTS																		
CHEVRONS, BLUE—2 BAR																		
" " " —3 BAR	4	24/5/41	G.B.															
Badges W/Op.	2	24.5.41	G.B.	1	17/5/41	G.B.												
Badges Air Gun.	2	24/5/41	G.B															
(Sect. 23)																		
BOTTLES, WATER																		
EQUIPMENT, WEB, BLUE-GREY																		
ATTACHMENTS, BRACE																		
BELTS, WAIST	1	30/7/40	G.B.	R/1143														
BRACES, LEFT																		
BRACES, RIGHT																		
CARRIERS, CARTRIDGE, LEFT																		
CARRIERS, CARTRIDGE, RIGHT																		
CARRIERS, WATER BOTTLE																		
FROGS, BAYONET																		
HAVERSACKS																		
HOLSTERS, PISTOL																		
PIECES, SIDE																		
POUCHES, AMMUNITION																		
RUCKSACKS, LOWER																		
RUCKSACKS, UPPER		30/7/40	G.B.	R/1143														
SLINGS, RIFLE	1																	
STRAPS, ADJUSTMENT																		
STRAPS, SUPPORTING, RUCKSACKS																		
LANYARDS, PISTOL, BLUE																		
TINS, MESS																		
TINS, MESS-STRAPS																		
WHISTLES																		
WHISTLES—THONGS																		
ACCOUTREMENTS, SETS—																		
CORPORALS AND BELOW																		
SERGEANTS AND ABOVE																		

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE

1 PARTICULARS OF BIRTH

DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
19 - 10 - 14	Sherbrooke, Que., Canada	British	Birth.

2 NEXT OF KIN

NAME	ADDRESS	RELATIONSHIP
J. A. Boisvert	101 Drummond St, Sherbrooke, Que	Father.

3 ADDRESS PRIOR TO ENLISTMENT

101 Drummond St., Sherbrooke, Que.

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
Racine School	1922 - 1929	General
St. Charles Seminary	1929 - 1930	"
Sacred Heart Academy	1930 - 1932	Jr. Matric. equivalent

11

UNITS
R.C.A.F. - England.

12 PARTICULAR

REASON FOR DISCHARGE	
Unable to obtain trade enlisted in -	

13 HON

A

14

SERVICE	YEAR

R.C.A.F.R. 44
45M-5M-12-39 (3271)
H.Q. 1062-3-30

NAME BOISVERT, JOSEPH LEONIDAS ALPHEE ROSE
SURNAME CHRISTIAN NAMES

AIR FORCE No. R69737

PREVIOUS SERVICE

RANK	FROM	TO	DUTIES
AC2	1936	1937	

17 RANK AND APPOINTMENTS

RANK	DATE
AC2	3-7-40
LAC	8-11-40

18 TRADE AND CLASSIFICATION

TRADE		DATE
Aircrew	Std	3-7-40

19 MEDICAL CATEGORIES

CATEGORY	DATE
"A"	3-7-40

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

24 INCREASED RATES OF PAY

INCREASE ON RANK	DATE OF EFFECT

25 ENGAGEMENTS

ENGAGEMENT	FROM	TO
Duration of War	3-7-40	

26 OFFENCES WHILE SERVING

OFFENCE	DATE	PUNISHMENT

27 MARRIED ESTABLISHMENT

S OF DISCHARGE FROM LAST ENGAGEMENT

CHARACTER	TRADE AND ASSESSMENT	PENSION

OURS, AWARDS AND MENTIONS

WARD	AUTHORITY

SEFUL SERVICE EXPERIENCE

S	DUTIES	ASSESSED

9 **CIVIL EMPLOYMENT**

EMPLOYER	YEARS	DUTIES
Dominion Textile Baseball Player	1932 - 1936	Shipper - To join R.A.F.

10 **USEFUL CIVIL EXPERIENCE**

EMPLOYER	YEARS	DUTIES	ASSESSED

15 **CAPABILITI**

16 **SPE**

S OTHER THAN TRADE CLASSIFIED

CIALLY ADAPTED TO UNITS

21 TRADE PROFICIENCY

TRADE AND ASSESSMENT	DATE

22 COURSES OF INSTRUCTION

COURSE	FROM	TO

23 EXAMINATIONS AND TESTS

SUBJECT	RESULTS	DATE

PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME

UNIT	DATE	HOURS	
		PILOT	PASS

X-ray

R. 60

R69737 BOISVERT, JOSEPH LEONIDAS ROSE ALPHEE

AUTHORITY	CASUALTY	DATE OF EFFECT	AUTHO
P.M.P. 158	Enlisted RCAF, AC2, SR at Toronto, Ont. 3-7-40. Graded AC Std	3-7-40	
"	Posted to and T.O.S. No 1 M.D., RCAF, Toronto, Ont. 3-7-40	3-7-40	
CAP 40	Pwe. on T.D. to Camp Borden eff 8-8-40 (Temp Guard Duty)	8-8-40	
CAP 194	Cease to be on Temp Duty on being posted to R.C.A.F. Station Camp Borden	16-8-40	
R175	SOS eff 31-8-40 on posting to #2 M.D. Winnipeg, Man.	31-8-40	
2228/22	S.O.S. eff 8-11-40 on posting to #2 M.D. Brandon, Man.	8-11-40	
2228/22	Reclassified L.A.C eff 8-11-40	8-11-40	

7

A qui de Droit

Monsieur

Je vous recommande
M. Alphei Boisvert, auquel je porte
le plus vif intérêt

M. Boisvert mérite qu'on s'intéresse
à lui; il est sobre. Je ne parlerai pas de
sa probité qui est au dessus de tout éloge
Le jeune homme est donc digne à
tous égards de l'emploi que vous lui
conférerez

Je suis, Monsieur votre tout dévoué
Joseph. A. Maguire
Officier
80 Rue Drummond
Sherbrooke

10 avril 1940
Sherbrooke

R.C.A.F. Records Office
Rec'd JUL 12 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. I. ..... P. A. D L

Mr. Rodolph Bourbeau,

18 Princess St.

Sherbrooke, Que.

APRIL=20TH 1940.

To Whom It May Concern,

Sir.

This is to certify, That I have known Mr. Alphee Boisvert for the past 15 years and that I highly recommend him as a perfect gentlemen, for he had always been, since I know him, a honest and sober man and above all, of a very good character.

So for, I again recommend Mr. Alphee Boisvert with confidence that he will be able to fulfill his duty, in any position he may secure.

I remain; Yours Truly.

R.C.A.F. Records Office
Rec'd JUL 12 1940
O. K. C.I.B.
R. C. N. I.
S. L. P. A. 02

Rodolphe Bourbeau

MOTOR ENGINEER.

18 Princess St.
Sherbrooke, Que.

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 STAY

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

3. NAME OF DECEASED

Surname: BOISVERT (*Block letters*)

Given names: Joseph Leonidas Rose Alphee

Do not write in this space

4. RESIDENCE

Street: Drummond Street No. 101

Official name of civil municipality or township: Sherbrooke,

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: N.A.

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: October (Month) 19th (Day) 1914 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	27	5	27	....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: 15-4-42

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	BOISVERT, Joseph Alexander	Quebec
MOTHER (Maiden Name)	MIGNEAULT, Mary Rose	Quebec

19. Place of burial, cremation or removal

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 15th (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

due to after air operations, now for official purposes pre-

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

due to

(c)

II

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

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

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date: April 15th 19 42

Manner of injury: Presumed killed during flying 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 (RCAF Records Officer)

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

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

(Voir l'autre côté pour le français)

FORMULE 6

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

N'écrivez pas dans cet espace

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

Rue | No. | Hôpital ou institution

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

3. NOM DU DÉFUNT — Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

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 ..... 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)

R.C.A.F.

1943 JAN 2 PM 2:35

NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this department CAN/R.69737 Flight Sergeant Alphee BOISVERT, Royal Canadian Air Force, was reported missing and is presumed for official purposes to have lost his life on the fifteenth day of April, 1942, as the result of air operations.

Information received through the International Red Cross Committee states that this airman is buried in Grave No.151, Plot No.1. in the Principal Cemetery, Dortmund, Germany.

Flight Lieutenant,
for Director of Personal Services.

Dated at
the Air Ministry,
London,
this 18th day of November, 1942.