R79066
DELLAR
JOSEPH

CHARL

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

## REFERENCES Our Case REF .:- 1116/5/12/46/P4 A.M. Case REF .:- P.400964 A.M. C.E. No .:-B.D.A. Serial No .:- 4124

## 20. M.R.E.S. FINAL GRAVES REGISTRATION REPORT FORM

| DIST             | RIBUTION                 |
|------------------|--------------------------|
| Air Ministry     | I.W.G.C.                 |
| H.Q. 4 M.R.E.U   | I.W,G.C.<br>High Wycombe |
| 3 M.R.G.R.S.     | R.C.A.F. R.A.A.Ex        |
| 20 M.R.E.S. File | R-N-Z-A-E-               |

The following identities have been accepted by Air Ministry in their letter reference P400964/T23806/4 ated 2nd Sept. 48 It has been confirmed that the bodies as listed below are now buried as shown, and that the graves have been suitably marked. Previous registration reports may be disregarded on receipt of this final graves registration report form. Consolidated Burial list has been actioned accordingly. Particulars of any detail amendments advised to this H.Q. will be similarly distributed.

| (1)                                                                                   | (2)  | (3)                                                                                                      | (4)                                  | (5)   | (6)                                       | (7)           |                          | (8)              |                                               |                  | (9)         |                     |
|---------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------|--------------------------------------|-------|-------------------------------------------|---------------|--------------------------|------------------|-----------------------------------------------|------------------|-------------|---------------------|
| Service No.                                                                           | Rank | Name and Initials                                                                                        | Crew Cat.                            | Force | Cas. Cat.                                 | Date of death | Duss<br>Kreis            | interred feldorf |                                               | 3.0              | Burial D    | 1d                  |
| = R.79066<br>= Rh.80222<br>= 625778<br>= 1338127<br>= 1268207<br>= 657619<br>= 612661 | F/L. | DELIAR, J.C.E. PICKEN, W.J. (DFC) IEADBITTER, L.A. POWELL, J.G. HUDSON, L.G. BONSON, J.E. WILSON, J.F.L. | W/OP. Pilot A/G. A/G. NAV. A/B. F/E. | RCAF  | K/A " " " " " " " " " " " " " " " " " " " | 5-3-4-3       | IIIA IIIA IIIA IIIA IIIA |                  | 211<br>212<br>213<br>214<br>215<br>216<br>220 | VIII VIII VIII X | G G D D D B | 16 = 17 = 15 = 17 = |

| Abbreviations and Symbols used:                                               | Remarks concerning the formation and marking of Graves |
|-------------------------------------------------------------------------------|--------------------------------------------------------|
| MBK — Missing believed killed  K/A — Killed in action                         | = Individual marking                                   |
| D/W — Died of wounds  MPD — Missing presumed dead                             | ·•••••••••••••••••••••••••••••••••••••                 |
| M — Missing                                                                   |                                                        |
| <ul> <li>Ø − Collective or multiple</li> <li>= − Individual burial</li> </ul> |                                                        |

| Signed   | LAX .  |
|----------|--------|
| Rank     | Date   |
| Flt. Lt. | 2-5-49 |

of Graves

PSS(HQ)2171/5M/12-48



REGISTERED

OTTAWA, Canada, 26th. June, 1946.

Mr. Charles Dellar, 317 Strathmore Blvd., Strathmore, Quebec.

Dear Mr. Dellar:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son Warrant Officer Class 2 J.C.E. Dellar.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks) G/C

R.C.A.F. Records Officer.

KF

#### MINUTE 1.

D.PS

No.106 Squadron reported that Lancaster aircraft W4918 with a crew of seven failed to return from an operational attack on the Krupp's works at Essen. It left base at 1830 hours on the 5th March 1943 after which no further news was received. (Enc.2 and 6).

- 2. A telegram from the I.R.C.C., quoting German information, states that Sgt.Dellar was killed on the 5th March 1943. (Enc.10)
- 3. An extract from official German totenliste No.138 states that Lancaster aircraft with seven unknown airmen was shot down at 21% hours on the 5th March 1943 in the West of Germany and German totenliste No.140 states that Sgt.Dellar was shot down on the 5th March 1943 and buried on the 9th March 1943 in Section 111A Military Cemetery, North Cemetery, Dusseldorf, Grave No. 211. (Enc.12 and 13).
- 4. It is accordingly submitted that the death of CAN/R79066 SGT.J.C.E.DELLAR be presumed, for official purposes, to have occurred on the 5th March, 1943.

5. The remaining six members of this crew were not R.C.A.F. personnel.

Original four 4-17/4

n / 4-17/4

/8/43

R.C.A.F. Casualties Officer.

#### MINUTE 2.

Paragraph 4 of Minute 1. approved.

/8/43

Ming Commander, for Director of Personal Services. Completed Adarco

No. 106 Squadron, Royal Air Force, Sverston.

Syerston, Notts.

106S/S10/104.

8th. March 1943.

Sir,

I have the honour to submit the following report of the loss on operations of Lancaster W4918 as reported to you in my Signal A21 dated 6-3-43. The aircraft left here at 18.30 hours on 5-3-43. for a bombing raid on Krupp's Works. Essen. Nothing was heard from the aircraft after taking-off, and it is regretted that it did not return. There is no specific indication as to the cause of the loss.

2. The crew of the aircraft was as follows:-

| Rh80222<br>612661           | A/F/Lt. Sgt.   | W. J. Picken. J. F. L. Wilson. L. G. R. Hudson. | DFC | (RHOD) | Captain. Flt.Engr. Navr. |
|-----------------------------|----------------|-------------------------------------------------|-----|--------|--------------------------|
| 1268207<br>657619<br>R79066 | Sgt. Sgt. Sgt. | J. E. Bonson.<br>C. E. Dellar.                  |     | (CAN)  | A/Br.<br>W/Optr.         |
| 1338127 625778              | Sgt.           | G.J. Powell.<br>L.A. Leadbitter                 | °e. |        | A/Gnr.                   |

The Captain of the aircraft was Flight Lieutenant W.J. Picken, D.F.C., who was flying on his seventh raid of his second tour, and his Navigator, Sergeant L.G.R. Hudson was taking part in his seventh operational sortie.

I have the honour to be, Sir, Your obedient Servant

(Sgd.)

for Wing Commander Commanding No. 106 Squadron. R. A. F.

The Under Secretary of State,
Air Ministry,
London W.C. 2.

(Copies to:- H.Q., B.C., H.Q.,
5 Group, Recs. Glos., SHQ., Syerston)

AIR

MEMBER'S NAME

Joseph C. (CHRISTIAN NAMES)

Dellar (SURNAME) REGISTER NO. FILE NO.

24950/4/9 27/Sept/45

PAYEE

Receiver General of Canada, Director of Estates,

SERVICE NO. WO

DATE 27/Sept/45 E NO. R79066 TING W02

Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

DEPENDENTS' ALLOWANCE 1/30 OF \$

5/Mar/43

DATE OF DISCHARGE 5/Mar/43

| DATE OF TERMINATION OF OVERSEAS SERVICE DIMENTARY DATE OF DISCHARGE                                       | o mar a. |
|-----------------------------------------------------------------------------------------------------------|----------|
| A. TOTAL QUALIFYING SERVICE                                                                               | \$ ¢     |
| NO. OF DAYS 773 EQUAL TO 25 COMPLETE PERIODS AT \$7.50                                                    | 187.50   |
| B. QUALIFYING OVERSEAS SERVICE  NO. OF DAYS 407 LESS 23 INELIGIBLE DAYS, EQUAL TO 384 DAYS @ 25C. PER DAY | 96.00    |

| -  | CHIDDI EMENT | EOD OVEDCENC CEDVICE |
|----|--------------|----------------------|
| U. | SUPPLEMENT   | FOR OVERSEAS SERVICE |

| DAILY | RATES | AT | DISCHARGE |
|-------|-------|----|-----------|
|       |       |    |           |

gw219

| PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ 4.35<br>\$ 1.25 |
|----------------------------------------------------|--------------------|
| ADDITIONAL PAY                                     | \$                 |

\$

\$
TOTAL \$5.60 ×7=\$ 39.20
NO. OF DAYS 407 ×\$ 39.20

87.18

370.68

370.68

#### D. WAR SERVICE GRATUITY

E. DEDUCTIONS OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

#### G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_\_\_\_\_OF\$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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 THEREINDER.

JWS SJB

CHECKED BY DATE 289.45

SERVICE REPRESENTATIVÉ



OTTAWA, Canada, 20th October, 1944.

Mr. Charles Dellara 3523 Park Avenue, Montreal, Quebec.

Dear Mr. Dellar:

Joseph Charles Edward Dellar, has been promoted to the rank of Warrant Officer Second Class with effect from January 6th, 1943.

This promotion follows a procedure adopted by the Royal Canadian Air Force, that all aircrew members of the service if recommended by their Commanding Officer should at the end of the required lapse of time from their last promotion be promoted to higher rank. This promotion procedure has been made retroactive in order to extend the same recognition to those who have unhappily lost their lives.

It is my sincere hope that you may find sustaining comfort in the knowledge that the qualities of your gallant son are thus recognized, and it is regretted that that information could not be passed to you at an earlier date but the delay in notifying you was unavoidable.

May I express to you and the members of your family my profound sympathy.

Yours sincerely,

R.C.A.F. Records Officer, for Chief of the Air Staff.

13/

ESTATES BRANCH

OTTAWA

CANADA

June 5, 1944.

Mr. Charles Dellar, 3523 Park Ave.. Montreal, Quebec.

DELLAR, Joseph Charles Edward, Sgt. (Deceased)
No. R. 79066, R. C. A. F.

Dear Mr. Dellar:

Enclosed herewith is Dominion of Canada cheque No. D 091736, dated the 5th of May, 1944, payable to your order in the amount of One Hundred and Seventy-eight Dollars and Forty-nine cents. (\$178.49).

This is the total of your son's Service estate being made up as follows:

| Balance | of pay and allowances at credit     | \$142.19 |
|---------|-------------------------------------|----------|
| Balance | withdrawn from Overseas Post Office |          |
|         | account Nottingham, England         | 18.14    |
|         | effects                             | 18.16    |
| TOTAL   |                                     | \$178.49 |

The whole amount is paid to you as the sole beneficiary named in your son's Will.

Would you kindly complete and forward to this Branch by return mail the enclosed form of receipt.

Yours very truly,

GSG/JT

OTTAWA, CANADA.

ORIGINAL NO.

SSI

(L.M. Firth) Colonel, Director of Estates.

## PERSONAL EFFECTS OF CAN/R79066, Sgt. Dellar, J. C. E.

Find onto very verbalinia

3 Prs. Socks.

5 Handkerchiefs.

1 Suit Pyjamas.

1 Pr. Socks.

1 Pr. Bathing Trunks.

1 Tobacco Pouch.

1 Pipe in Leather Case.

1 Face Towel.

1 Knife.

4 Golfballs.

1 Leather Collar Bag.

1 Shaving Brush.

1 Razor in tin box (no make).

1 Leather Case with razor blades.

15 Handkerchiefs.

1 Pr. Flying Stockings.

6 Prs. Socks.

1 Pr. Pyjamas.

2 Black Ties.

1 -r. Woollen Gloves.

1 Envelope containing 3 A. G. Brevets.

2 Gold Signet Rings, 1 White Metal

able), 1 Envelope of Badges.

2 Prs. Braces.

1 Torch.

1 Pr. Scissors.

1 Nail File.

4 Shirts.

2 Vests

1 Pr. Trunks.

3 Collars.

1 Diary.

1 R. C. A. F. Badge.

1 Small Gilt Chain.

1 Pr. Shoe Trees.

2 Pulloverse

Ring and 1 Waltham Watch (unservice-

1 Box of Buttons, etc.

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Photos

Letters

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anovollon Clover all shirt. And Mark Book No. 99029 2 vests issued at Nottingham has been forwarded direct -02 trunks to Air Ministry by the Unit. 3 socks or boat to o colovat t , olds - 45000 CE 1 towel Thomas of Mictons, etc. asimite Buting all the 5 handkerchiefs fiction occasion t aseo tenteod mi ogilet Original Station inventory signed by C.E. Wright, S/L, D. Jackson, F/S, H. R. Humphries, F/O, L Valentine, F/O, F.T. Harrop, P/O. Effects checked at Central Depository on 22.4.43., 2.4.43., 9.6.43., 11.6.43. A Showing situals. \*ETILLEON E - (order tin tim box (no nedice). T. M. Cally Lesbald Tosari hithat beat rendeal Dustie de E THE TOLIGOT OF BRIGHT FIF ATLESTIC TALED LASON ! ecainooda mai in at t The Brook Present .E. COC .83 1 \*BuovoliuIS ARELINAV. T.

Mr. Charles Deller,
3523 Park Ave.,
Montreal, P.Q.

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

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

and the following number quoted:-

H.Q. 1022-D-3759 FD.233

#### DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

....October...5,...194.3.....

For the purpose of record and in the event of there being any Service estate. To available for distribution (according to law) on account of the late

DELLAR, Joseph Charles Edward, Sgt.,

R. 79066 R. C. A. F.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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

for (I.M. Firth) Lt.-Col.,

Administrator of Estates.

CNT: MW

M.F.W. 77 6M-4-43 (9515) H.Q. 1772-39-972

#### ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

| Degrees<br>of                |                                                                                                                                |               |                                                                 |     |                                                                                                                   |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------|
| of<br>Rela-<br>tion-<br>ship | RELATIVES required to be accounted for                                                                                         |               | NAME IN FULL  of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1                            | Widow of the I                                                                                                                 | Deceased      | Mil                                                             |     |                                                                                                                   |
| 2                            | Children of the Deceased and dates of their Births                                                                             |               | · Mil                                                           |     |                                                                                                                   |
| 3                            | Father of the I                                                                                                                | Deceased      | Charles D'ellas                                                 |     | 3523 Park avenue<br>Montrece Counda                                                                               |
| 4                            | Mother of the                                                                                                                  | Deceased      | Sheila anna Dellar                                              |     | Oct 10 1938                                                                                                       |
| 5                            | Brothers<br>of the<br>Deceased                                                                                                 |               | Herbert J. Dellan<br>Leonard Allan                              |     |                                                                                                                   |
|                              |                                                                                                                                | Half<br>Blood |                                                                 |     |                                                                                                                   |
| 6                            | Sisters<br>of the<br>Deceased                                                                                                  | Full<br>Blood |                                                                 |     | Box 104 Marrichard                                                                                                |
|                              |                                                                                                                                | Half<br>Blood |                                                                 |     |                                                                                                                   |
| 7                            | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each. |               | Names and ages of their children<br>(if any)                    |     | Address of their children                                                                                         |

| 8  | Full nar                                  |
|----|-------------------------------------------|
| 9  | Date of                                   |
| 10 | Place ar                                  |
| 11 | Place ar                                  |
|    |                                           |
| 12 | Place w                                   |
| 13 | State, in resided                         |
| 14 | Nature                                    |
| 15 | State w                                   |
| 16 | Name p                                    |
|    |                                           |
| 17 | Did he                                    |
| 18 | If marri<br>in the U<br>commu-<br>contrac |
| 19 | Did he give na:                           |
| 20 | Amoun                                     |
| 21 | Amoun                                     |
| 22 | If dece<br>payable<br>there.              |
| 23 | Is appli<br>necessa                       |
| 24 | Did the                                   |

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## ANSWER FULLY EACH QUESTION ON THIS PAGE

#### PARTICULARS AS TO IDENTITY

e deceased ever

S IN FULL Relative, opposite his nd date of death eased relative

Park avenue

ontrece Counda

lean Cermy Over seas

ush avenul montreal

C. W.a. C. South Canada Messicharde - Ond-

ork are due Ontreal due Intered due

1938

| 8  | Full names of the deceased                                                                                                                                                                                                                                                                                                                   | Charles Edward Della                                                                                                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 9  | Date of his birth                                                                                                                                                                                                                                                                                                                            | nov 21 1916                                                                                                                   |
| 10 | Place and date of his marriage.                                                                                                                                                                                                                                                                                                              |                                                                                                                               |
| 11 | Place and date of his parents' marriage.                                                                                                                                                                                                                                                                                                     | Montreel Feb 21191                                                                                                            |
|    | PARTICULARS OF                                                                                                                                                                                                                                                                                                                               | DOMICILE                                                                                                                      |
| 12 | Place where deceased was born.                                                                                                                                                                                                                                                                                                               | Montreal Quelece Camai                                                                                                        |
| 13 | State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.                                                                                                                                                                                                                    | (a) Montreal Quelie 164 ec<br>(b) Point Claire 15 -<br>(c) montieal -                                                         |
| 14 | Nature of employment before enlistment.                                                                                                                                                                                                                                                                                                      | Time keepes                                                                                                                   |
| 15 | State whether he owned the premises in which he lived and, if so, where situated.                                                                                                                                                                                                                                                            | 770                                                                                                                           |
| 16 | Name place where deceased stated he intended to make his permanent home.                                                                                                                                                                                                                                                                     | Canada                                                                                                                        |
|    | PARTICULARS OF                                                                                                                                                                                                                                                                                                                               | FESTATE                                                                                                                       |
| 17 | Did he leave a Will?                                                                                                                                                                                                                                                                                                                         | Not known of                                                                                                                  |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?                                                                                                               |                                                                                                                               |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.                                                                                                                                                                                                              | not known of                                                                                                                  |
| 20 | Amount of War Savings Certificates held by deceased.                                                                                                                                                                                                                                                                                         |                                                                                                                               |
| 21 | Amount of Victory Loan Bonds held by deceased.                                                                                                                                                                                                                                                                                               |                                                                                                                               |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.                                                                                                                                                   | Mo                                                                                                                            |
| 23 | Is application for Probate or Letters of Administration necessary (see page 1)?                                                                                                                                                                                                                                                              | 110                                                                                                                           |
|    | OTHER PARTICU                                                                                                                                                                                                                                                                                                                                | LARS                                                                                                                          |
| 24 | Did the deceased after enlistment incur any debts for:—  (a) His own separate board and lodging while on service.  (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | 10                                                                                                                            |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.                                                                                                                                                                                              | 710                                                                                                                           |
|    | (Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Govern authorized in the Regulations. Any amount of such expenses in the Government nor is it chargeable against the service estate of                      | ment will reimburse such relative to the extent of the amount excess of those authorized in the Regulations is not payable by |

\*Insert degree of relationship for example, "Widow". "Father", "Brother", etc.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

DECLARATION

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the of the deceased.

Signature of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

3523 Passaure Membership of Informant Membership of Informant Membership of Informant or Notary Public.

#### CERTIFICATE

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

- Triple - Photograph of the first - do de let the first beneficient

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

| OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YNOTIFICATION           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| NUMBER R79066 RANK SGT. TRADE W.O.A.G. TATE (GR &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E KOVERSHAS) C E        |
| NAME DELLAR, JOSEPH CHARLES EDWARD  R.C.A.F.  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R.A.F. R.N.Z.A.F. OTHER |
| MARITAL STATUS  SINGLE  WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?  NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |
| ADDRESS MONTREAL, QUE.  OF SERV. & RELATIONSHIP MR. CHARLES DELLAR, (FATHER)  ADDRESS DELLAR, (F | AR                      |
| DDITIONAL PERSON TO BE NOTIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDRESS                 |
| CT OF KIN AS SHOWN ON S. SIG. & RELATIONSHIP ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |
| RELIGION R.C. CANADIAN YES FRENCH CANADIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OTHER                   |
| PARENTS NAMES MR. CHARLES DELLAR,  ADDRESS 3523 PARK AVE.,  MONTREAL, QUE.  FATHER LIVING XXXXIII  MONTREAL, QUE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| AS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY?  NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INEE? YES/NO            |
| MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BRANCH                  |
| CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N REICH? YES/NO         |
| SO, GIVE PERIOD OR PERIODS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CNAL DEFE               |
| ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |
| CASUALTY DETAILS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 733                     |
| PREVIOUSLY REPORTED "MISSING" 5-MARCH_(OFFICIAL MISSING AFTER AIR OPERATIONS (OVERSEAS)  AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED"  NOW "PRESUMED DEAD" 5-MARCH_43 FOR OFFICIAL PURPOSES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IG DATE CORRECTED)      |
| AST WILL ATTACHED TO OTIFICATION TO A. OF E?  W.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.?  YES/NOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE 27th August, 1943. |
| P. OF D. YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8 x 1                   |

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

ADMINISTRATOR OF ESTATES, OTTAWA

FOR CHIEF OF THE AIR STAFF

## Royal Canadian Air Force

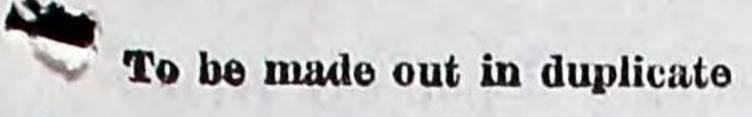
#### CERTIFICATE OF PRESUMPTION OF DEATH 10.4740

| This is to Certify that                   | (Number)            | ○ E R ○ E = E E E (Rank) |
|-------------------------------------------|---------------------|--------------------------|
|                                           |                     |                          |
| (Name in Full)                            |                     | (Unit)                   |
| has been officially reported as missing   | g since the         | day                      |
| of HARCH , 194.3, and the                 | hat, full inquiries | s having been made,      |
| there appears to be conclusive proof the  | hat he is dead.     | For official purposes,   |
| therefore, he is presumed to have died or | n or since the abo  | ve mentioned date.       |
| Dated at Ottawa, Canada, this 2773        | day of              | 1131, 194.3.             |
|                                           | ^                   |                          |

(T.K. McDougall)
Wing Commander,

R.C.A.F. Records Officer.

| . DELLARY Joseph. Edward. Charles.                                                                                                                                                           |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|                                                                                                                                                                                              | County<br>n the District of                                                 |
|                                                                                                                                                                                              |                                                                             |
| Province of Quebec                                                                                                                                                                           | (Civil Occupation)                                                          |
| a member of the Royal Canadian .<br>revoke all former Wills made by                                                                                                                          | Air Force, NumberR. 79066Do hereby me and declare this to be my Last Will.  |
| ) I give, Devise and bequeath unt                                                                                                                                                            | O \$                                                                        |
| My                                                                                                                                                                                           | Father.                                                                     |
| Mr. Charles DELLAR                                                                                                                                                                           |                                                                             |
| 1024 Prudhomme Av                                                                                                                                                                            | e.,                                                                         |
| Montreal, Que.                                                                                                                                                                               |                                                                             |
|                                                                                                                                                                                              | My entire estate.                                                           |
| ) I Give, Devise and Bequeath all and personal, of whatsoever kir                                                                                                                            | the rest and residue of my Estate, both real and wheresoever situated unto: |
| ) I appoint Mr. Charles DELLAR<br>(NAME)                                                                                                                                                     | 1024 Prudhomme Ave., Montreal, Que<br>(ADDRESS)<br>Executor                 |
|                                                                                                                                                                                              | to be the Executivity of this my Last                                       |
|                                                                                                                                                                                              | hereunto set my hand this .23rd day of                                      |
| January 19.4                                                                                                                                                                                 |                                                                             |
| Signed and acknowledged by the in the presence of us present same time who in his presence, request, and in the presence of other have hereunto subscribed names as witnesses.  5) Signature | at the at his of each out (SIGNATURE OF TESTATOR)                           |
| Address .#I.MANNING.DEPOT I                                                                                                                                                                  |                                                                             |
| OccupationCLEBK                                                                                                                                                                              |                                                                             |
| Signature M. 3                                                                                                                                                                               | e.L                                                                         |
| Address #I.MANNING.DEPOT                                                                                                                                                                     | roronto. ONT                                                                |
| OccupationCLERK                                                                                                                                                                              | Rec'd FEB 3 1941                                                            |
|                                                                                                                                                                                              | O. K                                                                        |
|                                                                                                                                                                                              | R. CAR NI.                                                                  |
|                                                                                                                                                                                              | In. U.W.L.                                                                  |



M.F.M. 5 40M-10-40 (7523) H.Q. 1772-39-1651



## PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

#### INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

| (1) | Name of Officer of Other Rank Charles Edward DELLAR  (Surname first—Christian names in full—Block capitals) |
|-----|-------------------------------------------------------------------------------------------------------------|
| 6.0 | ······································                                                                      |
| (2) | Regimental or Air Force Number and Rank A. C. 2. R79066                                                     |
| (3) | Unit ROYAL CANADIAN AIR FORCE                                                                               |
| (4) | Are you married?                                                                                            |
| (5) | If married, state,                                                                                          |
|     | (a) Full name of your wife.  No Ao                                                                          |
|     | (b) Present postal address of wife                                                                          |
| (6) | If married, have you been regularly supporting your wife? If not—state reasons                              |
|     | NO                                                                                                          |
| (7) | Are you a widower?                                                                                          |
| (8) | Have you any children? No Number of boys Girls N.A. Girls                                                   |
|     | Names and ages                                                                                              |
|     |                                                                                                             |
| (9) | If Dependents' Allowance is claimed in respect of children—state whether you have been regu-                |
|     | larly supporting them N.A.                                                                                  |
|     | Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.                    |
|     | Name                                                                                                        |
|     | Postal Address N.A. 29 1941                                                                                 |
|     | [SEE OTHER SIDE]                                                                                            |

|      | Have you a common-law wife—whom you have been regularly supporting and publicly repre-                                                                                                                                                                                                                                                             |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | senting as your wife for at least 2 years immediately prior to appointment or enlistment?                                                                                                                                                                                                                                                          |
| 19   | If so, state her full name and Postal Address                                                                                                                                                                                                                                                                                                      |
|      | ••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                             |
| ,    | ***************************************                                                                                                                                                                                                                                                                                                            |
| 1)   | Is your father alive? YES.                                                                                                                                                                                                                                                                                                                         |
|      | If so, state name and address, occupation Charles DELLAR                                                                                                                                                                                                                                                                                           |
|      | 1024 Prudhomme Ave, Montreal, Que. C. P. R. Employee                                                                                                                                                                                                                                                                                               |
|      | If your father is a widower and is totally incapacitated from earning a living—are you his sole                                                                                                                                                                                                                                                    |
| 199  | or partial support?                                                                                                                                                                                                                                                                                                                                |
| 3)   | If sole or partial support of father who is a widower, totally incapacitated from earning a living                                                                                                                                                                                                                                                 |
| 13 4 | -state what amount per month you have given him prior to appointment or enlistment                                                                                                                                                                                                                                                                 |
|      | Also state reason he has no other means of support if partially supported by you, what is your                                                                                                                                                                                                                                                     |
|      | reason for not providing full support?                                                                                                                                                                                                                                                                                                             |
| 4)   | Is your mother alive?                                                                                                                                                                                                                                                                                                                              |
|      | If so, state name and address                                                                                                                                                                                                                                                                                                                      |
|      | •••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                            |
| 5)   | If your mother is a widow, are you her sole or partial support?                                                                                                                                                                                                                                                                                    |
| 6)   | If sole or partial support of widowed mother—state what amount per month you have given her                                                                                                                                                                                                                                                        |
|      | prior to appointment or enlistment                                                                                                                                                                                                                                                                                                                 |
|      | Also state reason why she has no other means of support, if partially supported by you what                                                                                                                                                                                                                                                        |
|      | is your reason for not providing full support?                                                                                                                                                                                                                                                                                                     |
|      | Are you contributing to the support of any dependents, other than those shown above? NO.  This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.  If so, state the following particulars:— |
| . 1  | Relationship                                                                                                                                                                                                                                                                                                                                       |
|      | Full Name N.A.                                                                                                                                                                                                                                                                                                                                     |
|      | Postal Address N.A.                                                                                                                                                                                                                                                                                                                                |
|      | Amount contributed monthly during the past six months                                                                                                                                                                                                                                                                                              |
| 2)   | Are you insured?                                                                                                                                                                                                                                                                                                                                   |
|      | If so, in what Company? METROPOLITAN LIFE ASS. CO. Number not known.                                                                                                                                                                                                                                                                               |
|      | (Give number of policy)                                                                                                                                                                                                                                                                                                                            |
|      | Have you made arrangements for payment of your Insurance Premium? YES.  If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.                                                   |
|      | I hereby certify that the information given by me on this form is correct in each and every particular.                                                                                                                                                                                                                                            |
|      | Charles Wellar (Signature of officer or man)                                                                                                                                                                                                                                                                                                       |
|      | Date January 22nd, 1941.                                                                                                                                                                                                                                                                                                                           |
|      | July Co.                                                                                                                                                                                                                                                                                                                                           |
|      | for (A.B. Matthews) Flt. Lt.                                                                                                                                                                                                                                                                                                                       |

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

| ROYAL CANADIAN AIR FORCE                                                         | AGE                                   |
|----------------------------------------------------------------------------------|---------------------------------------|
| QUOTA 9. INTERVIEW REPORT                                                        | AGE24<br>HEIGHT5-10                   |
| SURNAME R.C.A.F. Special Reserve                                                 | TRAILED VARIOUS                       |
| CHRISTIAN NAMES                                                                  | FLY GEN. LIST                         |
| MARRIEDNO. OF CHILDREN                                                           |                                       |
| EDUCATIONAL STANDING: - Number of years                                          | APPROACH<br>Confident                 |
| High School. 2                                                                   | Nervous                               |
| University (Name and dates of Attendance)                                        |                                       |
|                                                                                  | Upright                               |
| Standing other Countries                                                         | Athletic                              |
| FLYING EXPERIENCE:- Total hours Commercial Hours SoloDual                        | DRESS Neat                            |
| Private "SoloDualPas                                                             |                                       |
| No. Hours & Types during last 2 yrs                                              | Medium                                |
| MILITARY AND OTHER TRAINING:-                                                    | Heavy set                             |
|                                                                                  | SPEECH<br>Clear                       |
|                                                                                  | Slow                                  |
| SPORTS:- (What branches)                                                         |                                       |
| Golf, swimming, baseball                                                         | RESPONSE Quick                        |
| HOBBIES:                                                                         | C1 over                               |
| INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:- | MANNER Alert                          |
| Good average type Alert. Somewhat insouciant                                     |                                       |
| clearly. Good material for training.                                             | Nervous                               |
|                                                                                  |                                       |
|                                                                                  | EXCELLENT                             |
|                                                                                  | ABOVE AVERAGE                         |
| REFERENCES CHECKED SATISFACTORY REFERENCES                                       | CHECKED AVERAGE                       |
| "UNSATISFACTORY 22-1-41<br>" NOT CHECKED. (Late)                                 | (Initials)  BELOW AVERAGE             |
|                                                                                  | MARK.WITH AN X THE DESCRIPTION        |
| CONSIDERED SUITABLE FOR COMMISSIONED RANK?                                       | WHICH APPLIES                         |
| BEST FITTED FOR                                                                  | ner                                   |
|                                                                                  | · · · · · · · · · · · · · · · · · · · |
| DATE Dec-10-1940 RECRUITING CENTRE MONTREAL                                      | W.E.COOK, F/O.                        |
|                                                                                  | Signature of Officer                  |

ALL RANKS.

cu at to or

#### ROYAL AIR FORCE

Form 6+

(Formerly Book 64) (Part 1)

#### AIRMAN'S SERVICE BOOK

#### Instructions to Airman.

- 1. You will be held personally responsible for the safe custody of this book.
- 2. You will always carry the book on your person both at home and abroad.
- 3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military, or air.
- 4. You must not alter or make any entry in the book, and disobedience of this order will be treated as a serious offence.
- 5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in Royal Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.
- 6. If an airman wishes to make a short Will (for specimens see p. 9) he should do so on p. 10. It must be signed by him in the presence of two witnesses, both of whom must sign it in his and in one another's presence; but if the Will is made by an airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

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

51-4478 Wt. 46852/3030 609m + 3/42 F.W.W. & Co.

| Official No. 1. 79066 Surname DELLAR.                                   |
|-------------------------------------------------------------------------|
| Christian Names in full CHARLES FOWAGO                                  |
| Date of Birth 21 11/16 Religion 8.                                      |
| Occupation in Civil Life AKESMAN.                                       |
| Industrial Group                                                        |
| Occupational Sub-Classification                                         |
| Married or Widower (M), or Single) (S)                                  |
| Date of (a) Attestation 22/1/4                                          |
| (b) Calling Up, Mobilisation, 28/1/4(<br>or Embodiment                  |
| Terms of Service                                                        |
| Signature of Airman                                                     |
|                                                                         |
| 1/ Father                                                               |
| Name, Address, and Relationship of Person to be informed of casualties— |
| 3523 Tank Chemie                                                        |
| Signature and Rank of Musslus Harady  Officer at time of making entries |
| Date of making Entries 26 - 11 - 47                                     |

#### RANK AND R.A.F. TRADE

| Rank or Classification | Date<br>Eff |            |       | Authority.         | ,   | Signature and Rank of the Officer making the Entry.    |
|------------------------|-------------|------------|-------|--------------------|-----|--------------------------------------------------------|
|                        | //-         |            |       |                    |     | 100                                                    |
| Trade.                 |             | Dat<br>Eff | e of  | Authority.         |     | Signature & Rank<br>of the Officer<br>making the Entry |
| S/OP/AC.               |             | 3/1/       | 47    | 1.0.2.             |     | Con Taa                                                |
|                        |             |            | -     |                    |     |                                                        |
|                        | Me          | dal,       | Clasp | , Decorations, Mei |     |                                                        |
| Pa                     | rticula     | irs        |       | Date and Authority | Sig | of Officer                                             |
|                        |             |            |       |                    |     |                                                        |
|                        |             |            |       |                    |     |                                                        |

#### Leave granted with Free Railway Warrant

| From (date) | To (date) | Signature of Officer |  |  |
|-------------|-----------|----------------------|--|--|
|             |           |                      |  |  |
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Vision

without

Glasses

| Particulars | Dental<br>Centre | Date | Signature and<br>Rank of D.O. |  |
|-------------|------------------|------|-------------------------------|--|
|             |                  |      |                               |  |
|             |                  |      |                               |  |
|             |                  |      |                               |  |

#### BLOOD GROUP.

| Moss and International Da | te Signature and Rank o | f M.O. |
|---------------------------|-------------------------|--------|
|                           |                         |        |
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|                           | 9.                      |        |

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| 15/2/42 |
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## ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

|                                        | 9066<br>No.       | Surn       | Clan<br>ame  | _         | Poss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Chri      | stian N |        | 30   | lwar     | 1                                        | A              | Rel              | igion   |         |      |
|----------------------------------------|-------------------|------------|--------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|--------|------|----------|------------------------------------------|----------------|------------------|---------|---------|------|
| Born 2 /-/                             | /-/6 Place        | mo         | ntreal       | Country   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Zu        | bu      |        | C    | itizen o | f                                        |                | Racial<br>Origin |         |         |      |
| ENLIS                                  | STMENT            |            |              | CIVI      | L EI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UCAT      | ION     |        |      |          |                                          | P              | REVI             | ous s   | ERVIC   | E    |
| Date                                   | 22-1-41           | High Sch   | ool Entrance |           | Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mat.      |         | S      | r. I | Mat.     |                                          |                |                  |         |         |      |
| At m                                   | , ,               | Technica   | l School     |           | Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rres. Cou | ırses   |        | •    |          |                                          |                |                  |         |         |      |
| Term 9                                 | uration           | Universit  | ty           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         |        |      |          |                                          |                |                  |         |         |      |
| RANK<br>AC2                            | DATE M.           | led. Cat.  | Date         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CIV       | 1       | CUPA   |      | ONS A    | ND EXF                                   | ERIE           | NCE              |         |         |      |
| LA CO                                  | 24-7-41           |            |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         |        |      |          |                                          |                |                  |         |         |      |
|                                        |                   |            |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | COL     | JRSES  | A.   | ND TI    | RADE TE                                  | STS            |                  |         |         |      |
|                                        |                   |            |              | Trade     | Grp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . %       | PorF    | Date   | Re   | m        | Trade                                    | Grp.           | %                | PorF    | Date    | Rem. |
|                                        |                   |            |              | A.G.      | SP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 00      | n-3     | 6      | ,    | 42       |                                          |                | -                |         |         | _    |
|                                        |                   |            |              | WO/AG!2   | 16:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3/42      | 6246)   | 6 3    | 3_   | 42.      |                                          |                |                  |         |         |      |
| ARTICULAR                              | S OF FAMILY       |            | - D          |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 1       |         |        |      |          |                                          | 1              | 1 1              |         |         |      |
| Wife                                   |                   | M:         | aiden Name   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         |        |      | Prese    | nt Address                               | (in pen        | cil)             |         |         |      |
|                                        |                   |            |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         |        |      |          |                                          |                |                  |         |         |      |
| Chile                                  | iren              | Names      |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date      | of Birt | h      |      |          |                                          | 1              | Place o          | f Birth |         |      |
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|                                        | See Lan           | AVE        |              | 125/      | Contract of the contract of th |           |         |        | D    | TRAD     | E ASSM<br>MENTIO                         | HON            |                  |         |         |      |
| FROM                                   | то                | AUTH.      | AND DESCRIP  | TION      | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE      | Сна     | RACTER | 1    | TRADE A  | A SA | NOURS<br>AWARD |                  | 5       | SIGNATU | RE   |
| 6-1-42                                 | 18-1-42           | 12) DP0-3  | EMBA         | RICATION  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         |        |      |          |                                          |                |                  |         |         |      |
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|                                        |                   |            | I            | OVEMENT   | rs Ai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ND CA     | SUAL    | ries   | 1    |          |                                          |                |                  |         |         |      |
| Аитн                                   | ORITY             | UNIT FROM  | UNIT TO      | DATE      | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | Aut     | HORITY |      |          | UNIT FR                                  | ОМ             | UNI              | oT o    | DA      | TE   |
|                                        | DR065             | Pertan     | # 1 mi       | 20-3-     | 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 85 72     |         | 124/4  | 2    |          | 16540                                    |                |                  |         |         | 10   |
| 148/00                                 | 30/23             | 1 Halfay   | mornings     | PQ 21-6   | 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |         |        |      | 0/97)    | 1654C                                    | U. 1           | 068              | an.     | 24-1    | 1-42 |
|                                        | 292               | mil        | Fring a      | el        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | /       | 4442   | 1    | 4        |                                          |                |                  | -       |         | 1    |
|                                        | 1.70 WEAR         |            | ADGE         | 6-1-4     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         |        |      | 6/43     | Poste                                    | 1/0            | WCA              | DITTO!  | 56      | -3.0 |
| 10RIO 38                               |                   | 14 paged   | RAFTE        | 24-1-     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |         | 121    | 40   | 71       | hippin                                   |                | 106              | Sool    | 196-    | 3-4  |
|                                        | 51/42/            | // /       | Ent leaves   | La 24-1-4 | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |         | 6/3    | 1    | 360      | 1100                                     | 211            | 1                | 1       | 1.      | /    |
| 80/42 (3PAC                            | ) 65/42 21        | 3PRC.      | 15.S.        | 17.3.     | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |         |        |      |          |                                          | -              |                  | 1       |         |      |
| 142(373) 1                             | 16/42 (57)        | Iss.       | 19.0.T       | 4-19.5    | -42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |         |        |      |          |                                          |                | A. Marie         |         |         |      |
| R.C.A.F. R                             | 1/42 (4/69) 1     | 191.0.T.U. | 16546.4      | . 30.9.4  | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |         |        |      |          |                                          |                |                  |         |         |      |
| R.C.A.F. R<br>100M—12-4<br>H.Q. 1062-3 | 40 (8755)<br>3-58 | -94        |              | -         | (OV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ER)       |         |        |      |          |                                          |                |                  |         |         |      |

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Date 22-7-4// Initials and the same of th --------THE REST AND LABOUR DESIGNATION OF THE PARTY 

#### ROYAL AIR FORCE

| AIRMAN'S/AI      |                  |                     |            |               |             |
|------------------|------------------|---------------------|------------|---------------|-------------|
| Official No. 190 | 66 Name DELL     | AR Joses            | ch Charles | rak Edward    | -1581.      |
|                  | (In full in bloc | ck capitals, surhai | me first). | (Or acting ap | pointment). |

| R.A.F. Trade. A.S.      |                                                          |
|-------------------------|----------------------------------------------------------|
|                         | (e.g., Gas Instructor, Fire Fighter, Boxing Instructor). |
| Date of Birth-21.11.16. | Religion                                                 |
| Last Enlisted 2-1-41    | Current Engagement.                                      |

Last Enlisted. Current Engagement.

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

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.")

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

| SECTION 1.—M                            | OVEMENTS AND CASUALTIES. |                 | PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID), REDUCTIONS, REMUSTERINGS. |                   |                                         |       |                                         |
|-----------------------------------------|--------------------------|-----------------|-----------------------------------------------------------------------------|-------------------|-----------------------------------------|-------|-----------------------------------------|
| Unit FROM which.                        | Unit TO which.           | Date of Effect. | * Authority.                                                                | I                 | Description.                            | Da    | te of Effect.                           |
| 4 13 06                                 | 14 Depor Halfa           | 6-1-42          | -1                                                                          | Resince           | 2 WOAS                                  | Spal  | 22.1.4                                  |
| 14 Depar                                | RAFTP                    | 24.1.43         |                                                                             | Peclassi          | 90                                      |       | 24-7-4                                  |
| ••••••                                  | L- seb-banada            | 24-1-42         |                                                                             | romotel           | 7551-19/9                               | Spec  | 6-1.4                                   |
| (24-302)                                | 3 PRC                    | 10-2-42         | on kez                                                                      | lameele           | a of AG                                 |       |                                         |
| MA T CICHALS                            | 7 1.0.                   | 17-3-42.        |                                                                             | Though ?          | Grade 2.                                |       | 5 - 3 - 42                              |
| SCHOOL                                  | No. 19 O.T. U            | 1.9 MAY 1942    |                                                                             |                   |                                         |       | •••••••                                 |
| 190Th                                   | 1654 Cow Shirt           | 1/10/42         |                                                                             |                   |                                         |       |                                         |
| 1654 602 Uml                            | NE. Sunduly              | 11-10-42        |                                                                             |                   |                                         |       | •••••                                   |
| Mynderly                                | 1654 CM. UMIL            | 16.10.02        |                                                                             | •••••••••••       |                                         |       | ••••••••••••••••••••••••••••••••••••••• |
| 1054 Con Unit                           | ho. ( Day Countles &     | 25.11.42        |                                                                             |                   |                                         |       | ••••••••••••••••••••••••••••••••••••••• |
| 106 Aqualton                            | aks. Sec. Usebudge       | 6-3-4-2         | •                                                                           |                   |                                         |       |                                         |
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| •                                       |                          |                 |                                                                             |                   |                                         | ••••• | ••••••••••••••••••••••••••••••••••••••• |
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| *************************************** |                          |                 | SECTION 3.—GOOD CONDUCT BADGES.                                             |                   |                                         |       |                                         |
| ••••••                                  |                          |                 | * Authority.                                                                | 1st, 2nd,<br>3rd. | Awarded, Depri<br>Restored.             | ved,  | Date of Effect.                         |
|                                         | 28/1                     |                 |                                                                             |                   |                                         |       |                                         |
| m10                                     | 19/42                    |                 |                                                                             | -                 |                                         |       |                                         |
|                                         |                          |                 |                                                                             |                   |                                         |       |                                         |
|                                         |                          |                 |                                                                             |                   |                                         |       |                                         |
|                                         |                          |                 |                                                                             |                   |                                         |       |                                         |

#### 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.)

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                                                                                              | Classification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A        | В                          | a        | not recommended for promo-<br>tion or reclassification. | Date.      | Commanding Officer.   |
| Sql.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                             | EMPLOY   | ED.                        | STREM    | THE FOR 39                                              | ML 19      | Agroponicon 3/2       |
| Sgt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Sg/-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 394                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 397                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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|                                | 106 Squad 11143, |          |
|--------------------------------|------------------|----------|
| Sheet Destroyed, date          |                  | <b>.</b> |
| Date of last entry             |                  |          |
| Number of cases of drunkenn    | less             |          |
| Date of last instance of drunk | kenness          |          |

## ROYAL CANADIAN AIR FORCE

# GENERAL CONDUCT SHEET

|                | SHEET No.          | ONE<br>(IN W | 70RDS)                                   | SIGNATURE AND RANK OF C.O                                                                                                             | FOR (G.N. IRWIN       | WING COMDR          | DA1                                                         | TE 23-1-41             |                                                                        |
|----------------|--------------------|--------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|-------------------------------------------------------------|------------------------|------------------------------------------------------------------------|
| UNIT AND PLACE | Date of<br>Offence | Rank         | Cases of<br>Drunk-<br>enness<br>(in red) | OFFENCE                                                                                                                               | Names of<br>Witnesses | Punishment awarded  | Date of<br>award or<br>of order<br>dispensing<br>with trial | By whom awarded        | Initials and Bank of<br>Officer making entry and<br>Remarks, with Date |
| 1 "M"Dep-      | 24-3-41            | AC2          | nil                                      | CONDUCT TO THE PREJUDICE OF GOOD ORDER AND AIR FORCE DISCIPLINE in that he at the                                                     | Cpl.Danis.            | 3daysCB             | 25-3-4                                                      | 11 M.F. Le <b>n</b> ke | 1450. F/<br>26-4-41                                                    |
|                |                    |              | •                                        | Emb. Dep., Debert, N.S., on 24-3-41 at 1530 hrs, did appear on guard duty on No. 1 post, unshaven, according to Section 41 of the Air |                       |                     |                                                             |                        |                                                                        |
| 1 "M" Dena     | 34 4 47            |              |                                          | Force Act.                                                                                                                            |                       |                     |                                                             | 4 42 T Hodgeon         | 1 Apa FI                                                               |
| ebert, N.S.    | 24-4-41            | A.C.         | nıı                                      | CONDUCT TO THE PREDJUDICE GOOD ORDER AND AIR FORCE DISCIPLINE in that he at 0030 hours did create a                                   | OF.CIDLAI.TO          | 1.7.D., S.,         | B. 26-                                                      | 4-41                   | 30-4-41                                                                |
|                |                    |              |                                          | disturbance funter Cor<br>CERTIFIED NO ENTRY (CO)                                                                                     | Luchorne Man          | 7/0 G.D.O. No. 1 SI | GNALS S                                                     | CHOOL                  | 1.9 MAY 1942                                                           |
|                |                    |              |                                          | CERTIFIED NO FURTHER ENTRY.  To be carried over                                                                                       | / munua               | Muan 19, 19 Adji    | tantfe                                                      | or O.C. R.A.E. Kinless | 1/10/4/2                                                               |

R.C.A.F. R. 71 15M-11-40 (8152) H.Q. 1062-3-53

|                                         | Brought forward                         |                                         |                                         |                                         |              |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|--------------|
| 4 Con lend- 30.9.42 Sj                  | - NOas. absent from 1600 hr             | 5/-/an6.                                | admonished                              | 410-42 S/L WOB RUTT                     | DFC Forful-3 |
| Nigsley                                 | on 30.9-42 until reportions             |                                         |                                         |                                         | days pay     |
|                                         | to the Lair Grand Coon                  |                                         |                                         |                                         | KR9 aci      |
|                                         | Wigely 21- 1830 hrs on                  |                                         |                                         |                                         | 3470         |
|                                         | 3-10-42 (abstrat 3 days                 |                                         |                                         |                                         |              |
|                                         | 2 hrs 30 minutes)                       |                                         |                                         |                                         | 30-10-42     |
|                                         | CERTIFIED NO FURTHER ENTE               |                                         | 5.                                      | /LT. ADJUTANT No. 1654 CONVERSION       | UNIT 31.10.  |
|                                         | CERTIFIED I.JLIN ENTRY                  | An                                      | ceto alas: 1                            | 660 Con Muil; Serind                    | Chhu 16.10.0 |
|                                         | CERTIFIED NO ENTRY                      | 1111                                    | cin = 7/2. ali                          | 106 Louis                               |              |
|                                         |                                         |                                         | 1/20-44                                 | V Juanon Ty 45000                       | 0-3-4        |
|                                         | ••••                                    | •                                       |                                         | •••                                     |              |
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|                                         | ••••                                    |                                         |                                         |                                         |              |
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#### BOMBER COMMAND

R.C.A.F.

#### CONFIDENTIAL.

R.A.F. Form 39. Army Form I. 1220. Naval Form M. 246

|                                                      | Form 38 } Book                                                                           |
|------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                      | Hospital or Sick List—Record Card.                                                       |
| Rank                                                 | DELLAR Christian Names J.C.E.  Sgt. Unit No. 106 Sqdn.  R.79066 Branch or Trade W.Op/AG. |
|                                                      | Total } Under instruc-} tion as                                                          |
| Hospital or Strendering this Dates of: Arrival as di | ration   Medical Statistical Office. form   from from from from                          |
| Discharge to                                         | duty                                                                                     |
| Transfer Death                                       | s an invalid or to unit for invaliding                                                   |
| New disease su                                       | OTES. ury Death Presumed.  spervening, and date.                                         |
| Anæsthetic, ar Date                                  | nd method of administration                                                              |
|                                                      | Condition on admission                                                                   |
| 5.3.43.                                              | Death Presumed.                                                                          |
|                                                      | CCI, 1216 (88)                                                                           |

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

| Date               | Progress of case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| THE REAL PROPERTY. | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                    | No of enclosure in Form 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                    | Serial No. in Porm 38 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                    | haeD procest Rick Moist to Insignost Ferorest Cord.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                    | ment as direct admission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| The second second  | A SEPTEMBER OF THE OF TO DISCOUNT OF SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                    | Transler.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                    | Number of days under treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                    | CELINICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                    | New disease supervening and date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| A-LONG-MICHAEL     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                    | Line and the substitution of substitution and the substitution of |
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|                    | Condition on discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| +                  | Condition on discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.3.43.            | Death Presumed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2.7.42.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                    | Cinnature of Madical Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SELECTION TOOLS    | Signature of Medical Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                    | Date20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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Date

| FORM 6 DOMINION BUREAU OF STAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ISTICS                 | -QUEBEC DEATH TRANSC                                                                                          | RIPT                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE Municipal COMMERSEAS Civil municipal County Count | pali-                  |                                                                                                               | Place an X over the word which applies to this municipality or this territory  City   Town   Village   Parish   Township |
| DEATH Street No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - International        | Hospital or<br>Institution                                                                                    |                                                                                                                          |
| 2. LENGTH (a) In hospital Years Months Days (b) In municipality where tion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Months                 | Days   Years   Months   Days                                                                                  | (d) In Canada (if immigrant)   Years   Months   Days                                                                     |
| 3. NAME Surname DELLAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Do not                 | CONFIDENTIAL MEDICAL C                                                                                        | ERTIFICATE OF DEATH                                                                                                      |
| OF (Block letters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | write in<br>this space | 22. Date of death                                                                                             | 5th 43                                                                                                                   |
| Describerance framewood 7007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | 23. I HEREBY CERTIFY that I attended decease                                                                  | ed from (Year)                                                                                                           |
| Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                                               | to                                                                                                                       |
| Municipal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | and last saw halive on                                                                                        | 19                                                                                                                       |
| 5. SEX   6. NATIONALITY   7. RACIAL ORIGIN   8. Single, Married,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 24. CAUSE OF                                                                                                  | logsith reported alssing                                                                                                 |
| (Citizenship)  Male Canadian  English  Widowed or Divorced (Write the word)  Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to | er air operations, now or official purposes.                                                                             |
| 9. If married give name of wife or husband of deceased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | Morbid conditions, if any, giving (b) rise to immediate cause (stated in                                      | resumed dead.                                                                                                            |
| 10. BIRTHPLACE Ouebec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | order proceeding backwards from due to immediate cause).                                                      |                                                                                                                          |
| (Province or Country)  11. DATE OF November 21st 1916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | Other morbid conditions (if impor-                                                                            |                                                                                                                          |
| (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | Other morbid conditions (if important) contributing to death but not causally related to immediate            |                                                                                                                          |
| 12. AGE OF Years Months Days If less than one day old DECEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | cause.                                                                                                        |                                                                                                                          |
| 26 3 12hrs. ormin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | III mentioned on this certificate, { (a) Date of app                                                          | earance19                                                                                                                |
| 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.  Nireless Operator  Kind of work, as spinner, teamster, office clerk, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                               | diseasedays                                                                                                              |
| 14. Kind of industry or business, as cotton-mill, R.C.A.F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 25. If a woman, was there a puerperal condition?  26. Was there a surgical operation?                         |                                                                                                                          |
| 15. Date deceased last ar 5/43 spent in this occupation occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | State findings                                                                                                |                                                                                                                          |
| 17. NAME (Province or Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | 27. If death was due to external causes (violence) fil Accident  Accident, suicide or homicide                |                                                                                                                          |
| FATHER Dellar, Charles England                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Manner of injury.  (State which)  Manner of injury.                                                           | ed during air operations                                                                                                 |
| MOTHER (Maiden Name) Refferty, Annie Ireland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | Nature of injury(H                                                                                            | ow sustained)                                                                                                            |
| 19. Place of burial, cremation or removal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Specify whether injury occurred in industry, in home, or in public place                                      | olic place                                                                                                               |
| 20. Date of burial 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | Signed                                                                                                        |                                                                                                                          |
| (a) Name of parish or church                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | Address                                                                                                       | Date                                                                                                                     |
| (b) Civil municipality of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 28. Sign               | nature of person who fills in the form 29. Norate, coroner, hospital authority, etc.)                         | Name of clergyman in charge of Register of<br>Civil Status in which registration of this                                 |
| E Municipal (c) Municipal (c) Municipal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or (R.                 | C.A.F. Records Officer)                                                                                       | burial was made.                                                                                                         |
| (d) Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | This sign              | nature authorizes the collector to accept this form as authentic.                                             | (Voir l'autre côté pour le français)                                                                                     |

# ROYAL CANADIAN AIR FORCE

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

Medical Board held at Montreal, Que.

Date1-12-140.

FILE NUMBER

|          |                                                                                                                                        | Lance to the same of the same |
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|          | Surname Dellar. Chr. Names                                                                                                             | Joseph Charles Edward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|          | Nature of Commission.M.2.3 Date of Bir                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Branch General List. Hours Flou                                                                                                        | n None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|          | Address 1024 Prudhomme Ave, Montreal, Que.                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | HAVE YOU ANY HISTORY OF:—                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Nervous Trouble or Nervous Breakdown                                                                                                   | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|          | Severe or "Sick" Headaches, Migraine                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Fits or Convulsions of any kind                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Sun or Heat Stroke                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Head Injury or Concussion (including "knock-out                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Insomnia, Nightmares, Sleep-walking, or Bed-wet                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | LUNG TROUBLE or Consumption                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (11)     | Bronchitis, Pneumonia or Pleurisy                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Asthma or Hay Fever                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (iii)    | HEART DISEASE, "Weak or Strained Heart"                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • /      | Fainting Attacks or Giddiness                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Rheumatism, Rheumatic Fever or "Growing Pain                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Frequent Sore Throats or Tonsillitis                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| · \      | Diphtheria, Scarlet Fever or Scarlatina                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (1V)     | STOMACH OF BOWEL TROUBLE                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Chronic Indigestion or Pain after Food                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (v)      | KIDNEY OF BLADDER TROUBLE                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Syphilis or Gonorrhæa                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (vi)     | Tropical Disease                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Malaria                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Dysentery                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (vii)    | EYE TROUBLE or Inflammation of Eyelids                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Wearing of Glasses                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Colour or Night Blindness                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (viii)   | Ear Trouble, Earache or Discharge from Ears                                                                                            | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|          | Deafness, Noises in the Ears, or Dizziness<br>Frequent Colds in Head, Catarrh or Obstruction.<br>Prolonged Hoarseness or Loss of Voice | <sup>N</sup> Q                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | Frequent Colds in Head, Catarrh or Obstruction.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Prolonged Hoarseness or Loss of Voice                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Sea, Car or Train Sickness                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| *        | Discomfort on Swings, Roundabouts, Switchback                                                                                          | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|          | OPERATIONS                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Any Illness or Injury not mentioned above                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Educa    | tion 2 High School                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Preser   | nt Occupation Order clerk. Hobbi                                                                                                       | es. Music.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|          |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Athlet   | ous Service None.<br>Swimming, golf, baseBall.                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Habits   | s—Smoking7c.a.gayAlcoh                                                                                                                 | ol rarely.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FAMIL    | Y HISTORY—Consumption                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I. WMIII | Nervous Ailments, Mental Trouble.                                                                                                      | or "Fits"No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Fathe    | " Alizzo-Hoalth Good. Dead-Ca                                                                                                          | 11se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mothe    | er Alive—HealthDead—Ca                                                                                                                 | use 52 cancer, breast.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Droth    | ers (.2.) Alive—HealthGood() Dead—Ca                                                                                                   | 11SP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Droun    | s (.4.) Alive—Health Good(.1.) Dead—Ca                                                                                                 | months. Pneumonia.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sisters  | I hereby declare that I have carefully considered to                                                                                   | the statements made ahone that to the hest of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| mar ha   | lief they are complete and correct, and that $I$ have $n$                                                                              | ot withheld any relevant information or made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| anu m    | risleading statement. I am fully aware that by u                                                                                       | wilfully suppressing any information $I$ shall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| incur    | the risk of not being granted a Commission, or if it                                                                                   | t is granted, of being required to relinquish it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| and fo   | rfeit any claim to gratuity or other award.  11-12-140. Signature Charles Delle                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | 11-12-110                                                                                                                              | Car 1111. 14/9/11/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Date     | Signature Graceo Mel                                                                                                                   | witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

### GENERAL MEDICAL AND SURGICAL EXAMINATION

|                            | Wounds, Injuries,                                       |                                   |                |                |             |                                         |              | ••••••••                              |
|----------------------------|---------------------------------------------------------|-----------------------------------|----------------|----------------|-------------|-----------------------------------------|--------------|---------------------------------------|
|                            |                                                         | Date                              | Assessing Room | Date           | Assessing   | Date                                    | Assessing    | REMARKS ON ANY<br>ABNORMALITIES FOUND |
| Height (ins.)              |                                                         | .130<br>.33                       |                |                |             |                                         |              | Date                                  |
| Pulse Rate                 | Standing 1st Standing 2nd After Exercise Time to Normal | 108                               |                |                |             | · · · • • • • • · · · · · · · · · · · · |              |                                       |
| Blood                      | alls                                                    | 119                               |                |                |             |                                         |              |                                       |
| Heart                      | Size                                                    | clear.                            |                |                |             |                                         |              |                                       |
| Breath held                | Force                                                   | (5                                |                |                |             |                                         |              |                                       |
| Reflexes                   | Knee                                                    | N<br>N<br>Flex                    |                |                |             |                                         |              | Date                                  |
| Balancing I<br>Belf Balanc | Rod                                                     | R. L.<br>S. S.<br>R. L.<br>FS. Fs | R. L.  R. L.   | R. L.<br>R. L. | R. L. R. L. | R. L.<br>R. L.                          | R. L.  R. L. | Date                                  |
|                            | Liver                                                   | .N                                |                |                |             |                                         |              |                                       |
| Jrine                      | {Albumen<br>Sugar                                       |                                   |                |                |             |                                         | ••••••       |                                       |
| nitials of I               | M.O.                                                    | W.                                |                |                |             |                                         |              |                                       |
| Date<br>Date<br>Date       | M.O. Test                                               | 788,768                           | 3, 144, 4      | <b>44.</b> 73  |             |                                         |              |                                       |

Fit underwight.

HistoryNon Visual Acui Colour Visio Red, Green. Diaphragm Convergence Accommoda Cover Test.. Fundi and I Fields..... Remarks: History..... Hearing External Ear Meatus Membrane Middle Ear, Eustachian Tubes Cochlear Apparatus

Vestibular Apparatus

Buccal Cavit

Teeth.....
Gums.....
Pharynx....
Nasophary

Larynx.....
Remarks:

#### EYE EXAMINATION

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| History Nom in                          | jury, no disea                          | se of any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •••••••                                 | ••••••••••••••••••••••••••••••••••••••• |                                         |
|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| ••••••                                  | •••••••                                 | •••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | • • • • • • • • • • • • • • • • • • • • | •••••••                                 | ······································  |
| ••••••                                  | ······································  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • • • • • • • • • • • • • • • • • • | •••••••••                               |                                         |
| Visual Acuity                           |                                         | 2.25 =20/200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •••••••                                 | ••••••••••••••••••••••••••••••••••••••• |                                         |
| Colour Vision                           | Ish. No-                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •••••                                   |                                         |                                         |
| Red Green Exo                           | , Tend. 2" Hyp                          | erphoria Sit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | negl t                                  | o Red. Morizonta                        | 1.                                      |
|                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| Diapinagin                              | 12                                      | The state of the s |                                         |                                         |                                         |
| Convergence                             | S. C. =                                 | 8 cms.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | ••••••••••••••••••••••••••••••••••••••• |                                         |
| Accommodation                           | n {                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | •••••••                                 |                                         |
| Cover Test                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
|                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
|                                         | n                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ••••••                                  | •••••••                                 | •••••••••••••••••                       |
| Fields                                  | • • • • • • • • • • • • • • • • • • • • |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | ••••••••••                              |                                         |
| Remarks:                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| 0.                                      | E                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| 7:                                      |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| V                                       |                                         | 0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                         |                                         |
|                                         | Initials of M                           | I.0I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Initials o                              | f M.O                                   | Initials of M.O                         |
|                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | Date                                    |
|                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
|                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | OSE AND THE                             |                                         |
| History                                 | ••••••                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | •••••••                                 | ••••••••••••••                          |
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| TT .                                    | R. Ear                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| Hearing                                 | L. Ear                                  | W. V. 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                         |                                         |
| External Ear                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | ••••••                                  |
| Meatus                                  | <                                       | TAT .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                         |                                         |
| Middle Ear,                             | (R. Ear                                 | Patent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                         |                                         |
| Eustachian Tubes                        | L. Ear                                  | Patent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                         |                                         |
| Cochlear                                | (R. Ear                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| Apparatus                               | T T                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
|                                         | (L. Ear                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | ••••••                                  |
| Vestibular<br>Apparatus                 | R. Ear                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | *                                       |                                         |
|                                         | (L. Ear                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| Buccal Cavity                           |                                         | Healthy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                         |                                         |
| Teeth                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |
| Gums                                    |                                         | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                         |
| Pharynx                                 |                                         | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                         |
| Nasopharynx                             |                                         | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                         |
| Nose                                    |                                         | ì                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                         |
| Larynx                                  |                                         | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                         |
| Remarks:                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                       |                                         |                                         |
|                                         |                                         | Initials of M O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Wel.                                    | Initials of M O                         | Initials of M.O                         |
|                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | Date                                    |
|                                         |                                         | Duce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | Duit                                    | Date                                    |

#### HISTORY OF PRESENT CONDITION

Date 11-12-40.

Good type, good response to the tests. Eighteen months ago, his weight was 140-142, since he has kept away from any sport, and is working inside a store, made of life which explains the diminition of his weight.

The candidate are is tall, rather young, but good muscular tone.

He shall surely increase his weight soon from training.

Fith underweight.

Fit AlB physically but lacks Education requirements,

Institute of M.O. ..... Institute of M.O. .... Institute of M.O.

Mul eloquin H.

Hearing

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

EXAMINATION OF EAR, NOSE AND THROAT

Data 11212-40.

Cat A3B

leell alogim ft.

Initials of M.O. - Initials of M.O. ..... Initials of M.O......

#### DEPARTMENT OF NATIONAL DEFENCE

ARMY

AIR FORCE

AIR

SERVICE GRATUITY STATEMENT WAR OF

**DECEASED** Dellar MEMBER'S Joseph C. REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) 24950 FILE NO. 27/Sept/45 Receiver General of Canada, DATE PAYEE R79066 Director of Estates, SERVICE NO. **ADDRESS** W02 Ottawa, Ont. FINAL RANK OR RATING 5/Mar/43 5/Mar/43 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE 187.50 EQUAL TO NO. OF DAYS 773 B. QUALIFYING OVERSEAS SERVICE 96.00 LESS 33 INELIGIBLE DAYS, EQUAL TO 384 NO. OF DAYS DAYS @ 25C. PER DAY C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$ 4.35 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ x7 = \$39.20\$ 5.60 TOTAL ×\$ 39.20 NO. OF DAYS. 87.18 370.68 D. WAR SERVICE GRATUITY PAY AND ALLOWANCES T. 10 1945 OVERPAYMENT OF E. DEDUCTIONS DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS Was Charmananan . 370.68 F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-DEPENDENTS' ALLOWANCE IN ISSUE TO YOURS. & A. Balof Frans. Trust Account TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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.

|            |            |       | TREASURY  |
|------------|------------|-------|-----------|
| REPARED BY | CHECKED BY | Cat . | HECKED BY |

SERVICE REPRESENTATIVE

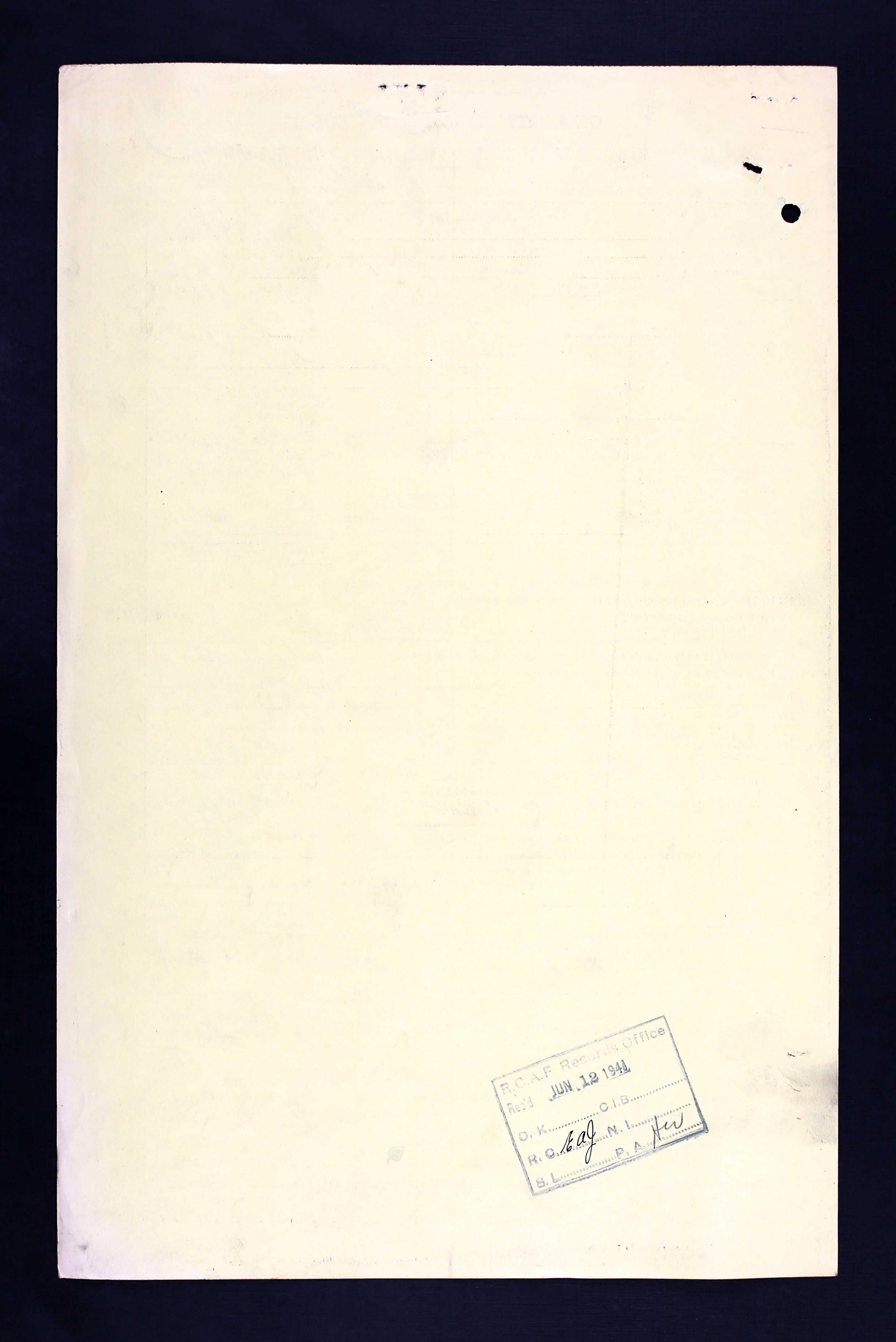
DATE

### OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN TRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

| 2.    | Section A—GENERAL INFORMATION  (a) Print name in full                                                                                                                                                                                                                                                                                                                                                                                | PLEAS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|       | (a) Date of birth                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|       | Section B—EDUCATION AND TRAINING                                                                                                                                                                                                                                                                                                                                                                                                     |       |
| 7.    | (a) State age on  (b) Were you attending school  finally leaving school  or college up to the time of enlistment?  State definitely highest standing reached at public, technical or high school  (for instance—"4 years, Public School", "two years, High School", "Junior  Matriculation", or "4 years technical course in printing", etc.)  If you attended a university, give name of university and standing or degree secured. |       |
|       | (a) Did you ever (b) If so, enter upon a trade for what (c) Did you finish it, how long apprenticeship?                                                                                                                                                                                                                                                                                                                              |       |
| 9.    | (a) What languages do you speak fluently?                                                                                                                                                                                                                                                                                                                                                                                            |       |
|       | Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT                                                                                                                                                                                                                                                                                                                                                                                 |       |
| 10.   | (a) State whether you were WORKING or NOT WORK- ING at time of enlistment. (Enter here only "Work- ing" or "Not Working", as case may be; particu-  (b) At time of en- listment of what trade union or professional society                                                                                                                                                                                                          |       |
| -     | lars are asked for below)                                                                                                                                                                                                                                                                                                                                                                                                            |       |
|       | Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME  OF ENLISTMENT  QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)                                                                                                                                                                                                                                                                |       |
|       | Had you ever been employed fairly regularly since leaving school?                                                                                                                                                                                                                                                                                                                                                                    |       |
| 12.   | (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked                                                                                                                                                                                                                                                                                                                                           |       |
| 13.   | If answer to 11 be "No", state exact trade or occupation for which you feel qualified                                                                                                                                                                                                                                                                                                                                                |       |
| 15.   | If you had been employed after leaving school, state when you last worked fairly regularly before enlistment                                                                                                                                                                                                                                                                                                                         |       |
|       | contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  (a) If your last employment was in a business of your own, state  (b) Date of dis-                                                                                                                                                                                                                                                                      |       |
| -     | nature and address of business                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| Q     | OF ENLISTMENT QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT                                                                                                                                                                                                                                                   |       |
| 18.   | IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21  Name of employer                                                                                                                                                                                                                                                                                                     |       |
|       | Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  (a) Your  (b) Number of years' experience at this occupation with any employer.                                                                                                                                                                                                     |       |
| 21.   | specific occupation                                                                                                                                                                                                                                                                                                                                                                                                                  |       |
| 22.   | IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23  (a) State nature of business,  (b) Where was  or professional practice                                                                                                                                         |       |
|       | engaged in this businessreturn to the same or a similar business on discharge?                                                                                                                                                                                                                                                                                                                                                       |       |
| 24.   | Section F—PARTICULARS OF FARMING EXPERIENCE  (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?                                                                                                                                                                                                                                                    |       |
| 20.   | (a) Were you (b) How many years' actual (c) In what provinces born on a farm?                                                                                                                                                                                                                                                                                                                                                        |       |
| and I | Section G—MISCELLANEOUS                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| ne    | Have you made any arrangements other than indicated above for re-ostablishment in civil life offer discharge?                                                                                                                                                                                                                                                                                                                        |       |
| 27.   | Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?  If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)  State any employment preference or ambition you may have, other than indicated elsewhere in this form                                                                                     |       |
| 27.   | If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)                                                                                                                                                                                                                                                                                                            |       |
| 27.   | If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)                                                                                                                                                                                                                                                                                                            |       |



LUMBER JAMES DUNCAN, WILLIAM DUNCAN, PRESIDENT. R.C.A.F. Special Reserve Office and Retail Yard 2951 Ontario St., East, Mills: Weir, Que. Montreal\_ Nov. 7th Royal Canadian Air Force, Bishop Street,

VICE-PRESIDENT.

Montreal, Que.

Gentlemen: -

This is to certify that the bearer, Mr. Charles Dellar, has been in our employ for the past fifteen months and during that time we found him, honest, reliable and a good worker, his only reason for leaving our employ is that he might better himself.

Yours very truly,

Duncah) Limited

Manager

GH: DG

## THE ROBERT SIMPSON MONTREAL LIMITED

MONTREAL, CANADA

## R.C.A.F. Special Reserve

Nov. 13, 1940.

Royal Canadian Air Force, Montreal, Canada.

Dear Sirs; -

This is to certify that Mr. Charles Dellar has been on our reserve staff periodically since December 11, 1934. During his services with us he has worked in our Adjusting Office and also down in our Shipping Room. We have always found Mr. Dellar to be thoroughly trustworthy and honest and we do not hesitate to recommend him to you.

Yours truly,

THE ROBERT SIMPSON MONTREAL LIMITED.

Employment Office Supervisor.

(min) v. or. Ilamas

Montreal R.C.A.F. Special Reserve 30 1940 To the Comandis Officer A. C. A. Montreal This is to advise you That me b. Dellan a British subject and mother of the applicant Charles Della I! was a resident of banada from the year 1910 to 1938 Jour truly Charles Delleus? 1024 But homme Cun M. 00. G.

R.C.A.F. Special Reserve THE THOMAS D'ARCY Mc GEE HIGH SCHOOL TWO HUNDRED AND TWENTY PINE AVENUE WEST MONTREAL, CANADA uber, 10, 1940. The manuage green, Kayal Canadian Wir Force: Charles Stellar completed one year af high school work in It. Patricks High School and then registered in and attended successfully our second year gave evidence of heing honest, undustrious and reliable. Gours bruly, Bother Hold

R.C.A.F. Special Reserve Air Crew (Wireless Operator, Air Gunner)

Air Force No. R79066

Posted To No 1 Manning Depot, Toronto, Ont Standard.

### ROYAL CANADIAN AIR FORCE

(ATTECTATION DADED)

| N agreed                                     |                                         | (ALLESIAL)         | IUN PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LK)                                     | *        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
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| 1. Surname Della                             | 0                                       | Full Ch            | istian Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | is Chi                                  | alle     | 2            | duar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d      |
| 2. Present Address. 102                      | 4 9                                     | rudhon             | nne a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | we m                                    | ontre    | Teleph       | one De 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 780    |
| 3. Permanent Address 10 22                   | 1                                       | Mudhor             | nme c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ane                                     | me       | nti          | ead Br                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | رعد    |
| 4. Place of Birth                            | reas                                    | O Que              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citi                                    | zenship  | Ca           | nealia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27     |
| 5. Date of Birth hoven                       | rvee E                                  | 1/19/6Marrie       | d, Single, Wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | idower, Se                              | parated, | Divorce      | deling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | le     |
| 6. Particulars of Children                   |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| Name                                         |                                         | Date of birth      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nam                                     | e        |              | Date of h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | oirth  |
| / ! (1)                                      |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
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| 791                                          | /                                       | 6/6                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Ran      |              | 1-16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.     |
| 7. Occupation                                | l N                                     | As                 | 0 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Religion.                               | -4/      | State denomi | nation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ue     |
| 9. Languages Cycynon                         |                                         | State proficiency  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | uls                                     | My       | 41           | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |
| 10. Next of Kin (Full Name).                 | naul                                    | 1) well            | kav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Relations                               | hip      | Ta           | Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| " Address.                                   | 4                                       | rudhos             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | -        |              | 19 Luc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| 11. Father (Full Name) 6.2.4. " Address/0.24 | arles                                   | Bellan             | mon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Birthplac                               | e.a.o.   | rdo          | n Cne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lan    |
|                                              |                                         | //                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ///                                     | -        | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| " Occupation, Aline                          | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          | 11/11        | THE RESERVE OF THE PARTY OF THE |        |
| 12. Mother (Full Maiden Nam                  | e)                                      | the las            | mie Baf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Birthplac                               | ek       | eblis        | - hela                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd     |
| " AddressAll                                 | cease                                   | ed                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citizenshi                              | pC       | ama          | dian.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| 13. Details of any Naval, Milita             | ry or Air                               | Force Service:     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A SISS |
| Unit                                         | Place                                   | Rank               | Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rade                                    | D        | ate          | Reason for disc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | horeo  |
|                                              |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | auc                                     | From     | То           | Treason for disc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | marge  |
| 7/1/1                                        |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
|                                              |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Statement)                             |          |              | -1- OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |
|                                              |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F                                       | C.A.F    | Recor        | 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
|                                              |                                         | 2                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R                                       | ec'd.    | TI 20        | Bulling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| 14. Honours, Awards, Mentions                |                                         | Mone               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | ). K     | man.         | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |
| 15. Are you now on any Naval,                | Military o                              | or Air Force Rese  | erve?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | 3.60)    | A            | R-L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
| 16. Have you previously made                 | application                             | to join the R.C.   | A.F.?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | no                                      | S. L. ii | o, where     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I.t.   |
| When?                                        | e                                       | ·                  | Result                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |          |              | 91-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
| 17. Were you ever discharged fr              | om any br                               | anch of His Maj    | esty's Forces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | as Medic                                | ally Unf | it?          | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| If so, state nature of disability            | ity                                     |                    | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i></i>                                 |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| 18. Have you ever been or are y              | ou now in                               | receipt of a Disa  | ability Pension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on?                                     |          | 20           | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| If so, state nature of Disabi                | lity                                    |                    | 1. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| 19. Have you ever been convict               | ed of an in                             | dictable offence?  | ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If so s                                 | tate nat | ıre          | 17-9-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| 20. Are you in debt?                         | If s                                    | o, state particula | rs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | 1.       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
|                                              | •••••••                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          | ••••••       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A      |
|                                              |                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 110    |

R.C.A.F. Form R. 100 400M-6-40 (5739) H.Q. 1062-3-83

| 21. | Particul      | ars of | Education:                                 |
|-----|---------------|--------|--------------------------------------------|
| 41. | T COL OTO COL | WID OI | Liau au a |

|                                                                                                          |                                 | D                      | ate      |                                   |
|----------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|----------|-----------------------------------|
|                                                                                                          | Name of school                  | From                   | То       | Courses—Subjects, etc.            |
|                                                                                                          |                                 |                        |          |                                   |
| Primary Education—Public or Separate<br>School                                                           | Illace Des Orman                | 1922                   | 1928     | Dimane                            |
| High School—Collegiate Institute, etc                                                                    | If Tatuels dies                 | 1928                   | 1930     | 11                                |
| Technical School                                                                                         | D' Ber mo Goo Odie              | 61930                  | 1031     | Aroch Charles                     |
|                                                                                                          | Frontual Gh                     | se i                   | . 4      |                                   |
| University or School other than above                                                                    |                                 |                        |          |                                   |
| Correspondence Courses, etc                                                                              | ,                               |                        |          |                                   |
|                                                                                                          |                                 |                        |          |                                   |
| 22. Particulars of all Civil Occupati                                                                    | ions (in full):                 |                        |          |                                   |
|                                                                                                          |                                 | D                      | ate      |                                   |
| Employer and place                                                                                       | Duties, trades, positions       | From                   | 1 To     | Reason for leaving                |
| 1 1 1 1 0 1 0                                                                                            |                                 | Tiom                   |          | 100.                              |
| Deaconshield Golf C                                                                                      | uf Runsman                      | 1928                   | 1939     | Closed winters month              |
| a) a ginge clarite que                                                                                   | appentie                        | 1020                   | 1020     | Jack of work                      |
| Bleun st montreal                                                                                        |                                 | ' /                    |          |                                   |
| Robert Limbson Ital                                                                                      | Laleaman                        | 1936                   | 1940     | Still Employed                    |
| a montread que                                                                                           | 4.1.00                          | 10.00                  |          | Low Hage                          |
| Joseph Dyncan Ma                                                                                         | Mille Oleiso.                   | 1939                   | 1940     | 10W SVageo                        |
| montreal                                                                                                 |                                 |                        |          |                                   |
|                                                                                                          |                                 |                        |          |                                   |
| 23. Flying Experience (in Hours) S                                                                       | olo none                        | Dual                   | n        | Passenger hond                    |
|                                                                                                          |                                 | fr                     |          |                                   |
| 24. Special Qualifications, Hobbies,                                                                     | etc., useful to the R.C.A.F     |                        | 000      |                                   |
| 26. AIR FORCE DUTY you wish to                                                                           | riying Dunes.                   |                        | N.A.     | 2-                                |
| If for Ground Duties, state Air<br>If for Flying Duties, state prefer<br>(Cross out words not applicable | rence as (a) Pilot: (b) Observe | r to enlister; (c) Air | Gunner   | (d) Wireless Operator (Air Crew). |
| 7. Names of at least two persons v                                                                       | vho can give references as to c | haracter               | and abil | ity.                              |
| Name                                                                                                     | Address                         |                        |          | Occupation                        |
|                                                                                                          |                                 |                        |          |                                   |
| Mr. D Pauclen                                                                                            | 3- Penhust (1                   | reb.                   |          | Librersmith                       |
|                                                                                                          | Pointe                          | Clair                  | e Due    |                                   |
| mr. A. E. Fragord                                                                                        | Jeanne Ma                       | meen                   | SV.      | Ilumbee                           |
| m -nr 9" 11                                                                                              | 2 60                            | nontr                  | ea Gu    | Lamb manage                       |
| IN IVI LUC                                                                                               | n n xuecesou                    |                        | A.       |                                   |
| mr. 9. 9. Bon                                                                                            | ber 1 Bellenne                  | Thus                   | Bre      | Chief Clerk. & P.                 |
|                                                                                                          | Poss                            | rte a                  | lavis    | au Vs                             |
| 8. Other information that may have                                                                       | ve any bearing on this applicat | ion                    |          | I Mare                            |
| a long ince                                                                                              | to Spend                        | 1                      | on       | e Time,                           |
| - 1AT                                                                                                    |                                 |                        |          |                                   |
| in the sou                                                                                               |                                 |                        |          |                                   |
| 29. Do you understand that vaccina                                                                       | ation, re-vaccination and inocu | lation ar              | e compu  | lsory? Leo:                       |
|                                                                                                          |                                 |                        |          | to the best of my knowledge and   |
| pelief.                                                                                                  |                                 | 0 -                    |          |                                   |
| Date Furenber 281                                                                                        | _//                             | ///                    |          | 0 10                              |
| Date / Whenlee I 8 1                                                                                     | 940 Signature                   | rain                   | les 1    | Lellar                            |
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# FOR OFFICIAL USE ONLY CERTIFICATE OF MEDICAL EXAMINATION

| Part 1. Information obtained fr                           |                                           |                                                                                |                                       |
|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------|
| 1. Age. 2. Have you e                                     | ver suffered from an                      | y of the following defects in health?                                          |                                       |
| (a) Rheumatism                                            | w                                         | (j) Nasal Trouble                                                              | 140                                   |
| (b) Tuberculosis                                          | 100                                       | (k) Ear Disease                                                                | 160                                   |
| (c) Bronchitis or Asthma                                  | 160                                       | (1) Eye Disease                                                                | 100                                   |
| (d) Heart Disease                                         | wo                                        | (m) Epilepsy                                                                   | 140                                   |
| (e) Kidney or Bladder Dise                                | ase 110                                   | (n) Nervous or Mental Disease.                                                 | 140                                   |
| (f) Gastro-intestinal                                     | w                                         | (o) Syphilis                                                                   | 140                                   |
| (g) Rupture                                               | 110                                       |                                                                                | 140                                   |
| (h) Varicose Veins                                        | uo                                        | (q) Bone Fracture                                                              | 160                                   |
| (i) Flat or Deformed Feet                                 | w                                         | (r) Other Disease or Defect                                                    | w                                     |
| 3. Have you ever worn glasses                             | ? 100                                     | Ala sta                                                                        |                                       |
| Examiner's Remarks re above                               | B1. 119/                                  |                                                                                | e of Applicant                        |
| •••••                                                     |                                           |                                                                                |                                       |
| Part 2. Information obtained by                           | Medical Examination                       | on (Applicant must be stripped)—                                               |                                       |
| 1. Identification marks or                                | scars (if operative o                     | btain history)                                                                 |                                       |
| 5 hran sear                                               | s in his Be                               | ek (Boils)                                                                     |                                       |
|                                                           |                                           |                                                                                |                                       |
|                                                           |                                           |                                                                                |                                       |
| 2. Height feet                                            | tlo inches                                |                                                                                | pounds.                               |
| 4. Complexionf. air.                                      |                                           | 5. Color of Eyes My 90                                                         | Hair House                            |
| 6. Development Fair                                       | 7 Chest Measure                           | ement—Full expiration                                                          | 301/2 inches                          |
| Poor                                                      | i. Chest Measure                          |                                                                                | 1 1/2                                 |
|                                                           |                                           | Range of expansion                                                             | inches                                |
|                                                           |                                           | 20 Tympana—Right                                                               |                                       |
| 9. Vision—Without glasses                                 | -Right 20 (1                              | With glasses—Right                                                             | ~~                                    |
|                                                           |                                           |                                                                                |                                       |
| 10 0 1 1 1 1                                              | 3 8/10                                    | 20 Left.<br>ins-loalfly-after                                                  | unio                                  |
|                                                           |                                           |                                                                                |                                       |
| 11. Urine—Albumen                                         | ney                                       | Sugar                                                                          |                                       |
| 12. Abnormalities (Congenie de Man de Milion)             | tal and Pathological                      | ) found on Examination                                                         |                                       |
|                                                           |                                           |                                                                                |                                       |
|                                                           |                                           |                                                                                |                                       |
| Part 3. The Candidate has been and Instructions for the M | en examined in acc<br>Iedical Examination | ordance with the pamphlet, "Physical of Recruits" and he is considered fit for | Standards or Category                 |
| Any special remarks of the Med                            | dical Officers                            | $\mathcal{U}$ .                                                                |                                       |
| 22-1-41 x-                                                | - Ruy # 109                               | 782 Meg aus                                                                    |                                       |
|                                                           |                                           |                                                                                |                                       |
| ***************************************                   | •••••••••••••••••••••••••••••••••••••••   |                                                                                |                                       |
| ••••••                                                    |                                           |                                                                                |                                       |
|                                                           |                                           |                                                                                | · · · · · · · · · · · · · · · · · · · |
| Date 11.12 . 40                                           | 19                                        |                                                                                |                                       |
| Oulles .                                                  | AL -                                      |                                                                                |                                       |
| , Lucy and y                                              | ent.                                      | Member                                                                         | Member                                |
| Heeside                                                   |                                           | Member                                                                         | Member                                |

| R.C.A.F. FORM A.28 |
|--------------------|
| 150M-10-41 (1009)  |
| 11 O 005 A 00      |

### RECORD OF PAY

| CLA         |                   |                     |       |              |                                         |       | ARDED    |               | Montrea |                                  |                          | .22-1-  | 41.          | MARRIED<br>R SINGLE | Sing    | le        | No     | R79066           | ś 1        | VAME IN                                   | Full Joseph Cha           | rles Edwar      | d DELLAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------|-------------------|---------------------|-------|--------------|-----------------------------------------|-------|----------|---------------|---------|----------------------------------|--------------------------|---------|--------------|---------------------|---------|-----------|--------|------------------|------------|-------------------------------------------|---------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                   |                     |       |              |                                         |       | RATE     | OF PAY        |         |                                  |                          |         |              | ASSIGNMENTS         |         |           |        | DEPENDENTS ALLOW | ANCE       | REMARKS                                   |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| D.R.O.      | EFF.              | RANK                | GROUP | P.F. OR      | < <                                     | ADD.  | COMBINED | PEN.          | CASUAL  | CASUALTIES AFFECTING RATE OF PAY |                          |         | A            | SSIGNEE             |         | EFF. DATE | AMOUNT | TOTAL            | DATE APP   | AMOUNT EFF.  AWARDED DATE                 |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3           | 6:1:42            | 7/567               | SP    | A.S          | 3 45                                    |       | 3 4 5    |               |         | No. 1                            | WIRELES                  | SS SCHO | OL           | Dellay & h          | arles ( | (Mathon)  | 7-2-42 | 38 00            |            |                                           |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PERIOD 19H1 | No.<br>OF<br>DAYS | A MOUN<br>OF<br>PAY | T SU  |              | OTHER                                   |       | DITS     | CREDIT<br>E/F | TOTAL   | ASS.                             | PEN.<br>DED. &<br>N.D.T. |         | DEBIT<br>B/F | OTHER DEE           | AMOUNT  |           | MID DI | THIS             | END<br>PAY | DEBITS<br>& CREDITS<br>TO NEXT<br>ACCOUNT | CASUALTIES AND SI         | G. OF A.O. ON T | RANSFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1-6/12      | 6                 | 90                  | 0     |              |                                         |       |          | 5 25          | 14 25   |                                  |                          |         |              | ·····               |         | 14 25     |        | 4 25             |            | -                                         | AR. 446 SOS. NoI Wireless | Pch. to 104 889 | Sch. Fingal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7-31/12     | 25                | 375                 | 0 00  |              | ••••••                                  |       |          | 21 50         | 3750    |                                  |                          |         |              |                     |         | 10 -      |        | 000              |            |                                           | Do 3 8 TOS # 4 BY9,       |                 | 12-41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|             | N. Contraction    | 3 7                 | 75.   |              |                                         |       |          |               | 41 95   |                                  |                          |         |              | AR-114              |         | 17 15     | 7      | 7 15             |            | 3520                                      | DO 3 F. P. 5. days.       | Hou             | m 7/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7-1 23-     | 17                | 54 4                | 3     | rerea<br>3.2 | ee in a                                 | 45    | 2y 450   |               | 5446    |                                  |                          |         | 3520         | #R109               |         | 500       | 5      | 4 40             |            | 450                                       | S.O. S. for E. 4          | Hond            | AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|             |                   |                     |       |              |                                         |       |          |               |         |                                  |                          |         |              |                     |         |           |        |                  |            |                                           | audited by Tree           | ery 9.3.42      | a. Huybres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|             |                   |                     |       |              |                                         |       |          |               |         |                                  |                          |         |              |                     |         |           |        |                  |            |                                           |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|             |                   |                     |       |              |                                         |       |          |               |         |                                  |                          |         |              | ••••••              |         |           |        |                  |            |                                           |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|             |                   |                     |       |              |                                         |       |          |               |         |                                  |                          |         |              |                     |         |           |        |                  |            |                                           |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|             |                   |                     |       | 22.3         |                                         | MAN I |          |               |         |                                  |                          |         |              |                     |         |           |        |                  | Y          |                                           |                           | 20              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

RELIGION ENLISTMENT/APPOINTMENT FULL CHRISTIAN NAME R.C.A.F. FORM R230 SURNAME POSTINGS, ATTACHMENTS & TEMPORARY DUTY ALL OTHER CASUALTIES TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT TYPE OF LEAVE (IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED) sos Tos No. DAYS AUTHORITY AUTHORITY CASUALTY AND DATE FROM TO DATE FROM TO DESCRIPTION AUTH. SERVICE MACHINES FLOWN CHARACTER AND TRADE ASSESSMENT TRADE ASSESSMENT DATE CHARACTER HONOURS, AWARDS AND MENTIONS DATE AWARD AUTHORITY

| AIR   |  |
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| FORCE |  |
| No    |  |

B79066.

SURNAME

ROYAL CANADIAN AIR FORCE

ENLISTMENT/APPOINTMENT

ACE Montreel

A

RELIGION

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE

FFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230 100M-3-43 (3137) H.Q. 885-R-230

|                      |                                           |         |          |            |                                | OFFICERS, AIR   | MEN AND A                          | RWO       | ME    | V                      |                 |          |        |          |              |          |          |        |      |      |      |
|----------------------|-------------------------------------------|---------|----------|------------|--------------------------------|-----------------|------------------------------------|-----------|-------|------------------------|-----------------|----------|--------|----------|--------------|----------|----------|--------|------|------|------|
| BIRTH DATE           | PLACE                                     |         | COUN     | ITRY       |                                | RACIAL ORIGIN   |                                    |           |       |                        | PARTIC          | CULAF    | RS C   | FA       | MILY         |          |          |        |      |      |      |
| 21-11-16.            | Montrea                                   | el Op   | u. Cas   | rada       | Canadian                       |                 | SINGLE, MARRIE                     | D, WIDO   | OWER, | , DIVORCE              | D ,             | Unal     |        |          |              |          |          |        |      |      |      |
|                      |                                           | CI      | VIL ED   | UCATIO     | N                              |                 | WIFE (FULL MAIDEN NAME) OR HUSBAND |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
| PUBLIC SCHOOL        |                                           |         |          | JUNIOR MA  | TRICULATION                    |                 | PRESENT ADDRESS (IN PENCIL)        |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
| HIGH SCHOOL ENTRANC  | HIGH SCHOOL ENTRANCE SENIOR MATRICULATION |         |          |            |                                |                 |                                    |           |       | PLACE OF MARRIAGE DATE |                 |          |        |          |              |          |          |        |      |      |      |
| TECHNICAL SCHOOL     |                                           |         |          | UNIVERSITY |                                |                 | AUTHORITY (IF A                    | FTER AP   | POINT | MENT/ENLIS             | STMENT)         |          |        |          |              |          |          |        |      |      |      |
| CORR./BUSINESS COURS | SES                                       |         |          | LANGUAGES  | SPOKEN                         |                 |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
|                      | С                                         | IVIL OC | CUPATION | S AND EXP  | ERIENCE                        |                 |                                    |           |       |                        |                 | СНІ      | LDR    | EN       |              |          |          |        |      |      |      |
|                      |                                           |         |          |            |                                |                 | NAM                                | ES        |       | PL.                    | ACE AND DATE    | OF BIRTH |        | N        | AMES         |          | PLAC     | EAND   | DATE | OF B | IRTH |
| Anden/               | clork.                                    |         |          |            |                                |                 |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
| //                   |                                           |         |          |            |                                | •               |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
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|                      |                                           | PR      | EVIOUS   | SERVI      | CE                             |                 | NAME(S), ADDRE                     | SS(ES), F | RELAT | TIONSHIP               | OF PERSON(S) TO | BE INFO  | RMED O | F CASUAL | TIES (IN PEN | CIL)     |          |        |      |      |      |
| Mil                  |                                           |         |          |            |                                |                 | -22                                |           | /     | 11                     | Pellar          |          |        |          |              | *        |          |        |      |      |      |
|                      |                                           |         |          |            |                                |                 | 1100                               | 3.5       | 23    | - 21                   | sb) An          | 4)       | 2700   | stream   | 40           | dec la   | 40/      | -      |      |      |      |
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|                      |                                           |         |          |            |                                |                 |                                    | TYP       |       |                        | FROM            | то       |        |          | TYPI         |          |          |        | FROM |      | то   |
| PLACE AND DATE       | OF MEDICAL                                | С       | ATEGORY  | PLACE      | AND DATE OF MEDICAL            | CATEGORY        |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
|                      |                                           |         | •        |            |                                |                 |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
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|                      |                                           |         | OFFI     | CERS       |                                |                 |                                    |           | AIRN  | MEN AND                | DAIRWOMEN       |          |        |          | OFF          | ICERS    | , AIRMEN | N/AIR' | NOM  | EN   |      |
| RANK, BRANCH AND     | CATEGORY                                  | DATE    | AUTH.    | DUTII      | ES PERFORMED DURING SERV       | VICE, E.G. ADJ. | RANK                               | DA        | TE    | AUTH.                  | TRADE           | DA       | ΓE     | AUTH.    | COURS        | SE OR TR | ADE      | GRP.   | % P  | F    | DATE |
|                      |                                           |         |          |            |                                |                 | A12                                | 22        | 14    |                        | 20 "1           |          | 420    | Ras      |              |          |          |        |      |      |      |
|                      |                                           |         |          |            |                                |                 | KAC.                               | 211       | 241   |                        | WOAG            | 4 3      | 41     | 13/42    | -            |          |          |        |      |      |      |
|                      |                                           |         |          |            |                                |                 | 1/ 1/01                            | 6/        | 43    |                        |                 |          | 100    |          |              |          |          |        |      |      |      |
|                      |                                           |         |          |            |                                |                 | 10/09                              |           | 10    |                        |                 |          |        |          |              |          |          |        |      |      |      |
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|                      |                                           |         |          | СО         | URTS-MARTIAL ATTENDED WI       | ITH DATES       |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
|                      |                                           |         |          |            | TATE IF UNDER INSTRUCTION OR A |                 |                                    |           |       |                        |                 |          |        |          |              |          |          | -      |      |      |      |
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|                      |                                           |         |          |            |                                |                 |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |
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|                      |                                           |         |          |            |                                |                 |                                    |           |       |                        |                 |          |        |          |              |          |          |        |      |      |      |

7. BIRTH: DATE

21-11-16

FATHER (FULL NAME)

PLACE

montreal PQ

British

CITIZENSHIP 2 16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED:

WIFE (FULL MAIDEN NAME)

AUTHORITY (IF AFTER ENLISTMENT)

PLACE OF MARRIAGE

ENLISTMENT PLACE\_Montreal

DATE\_ 22 -1-41

21. ENGAGEMENTS

TERM

Juration

EFFECTIVE

RE-ENLISTMENT

D.R.O.

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

lingle.

DATE

|     |       | R.C. | F    | ORM I | R. 44 (B) |
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| BIRTHPLACE London, England                            |                      |              |               |                   | F.44      |           |           |          |            |          |             |          |
|-------------------------------------------------------|----------------------|--------------|---------------|-------------------|-----------|-----------|-----------|----------|------------|----------|-------------|----------|
| MOTHER (FULL MAIDEN NAME) Annie Rafferty              | 17. MARRIED ESTABL   | ISHMENT      |               |                   | 75 -      |           |           |          |            |          |             |          |
| (Deceased)                                            | REMARKS              |              |               | RANK              | EFFECTIVE | D. R. O.  | 22. TEMPO | RARY DU  | TY AND MIS | SCELLANE | OUS ENTRIES |          |
| BIRTHPLACE Oublin Ireland                             |                      |              |               |                   |           |           | FRO       | М        | Т          | 0        | DATE        | D. R. O. |
|                                                       |                      |              |               |                   |           |           | Occupu    | unia (   | 10:0       | Eles     | 23-1-4=     | 3 1MD20  |
| 8. EDUCATIONAL STANDING                               |                      |              | 3             | 4                 |           |           | Ocer Pu   | 014      | 1 dwg      | -        | 19-2-41     | P42      |
| HIGH SCHOOL ENTRANCE X                                |                      |              |               |                   | •         |           | et        | Etu      |            |          | 7-12-4      | 4/34388  |
| JUNIOR MATRICULATION X 2 yrs.                         | 18. CHILDREN         |              |               |                   | 7         |           | Occmul    | 2/1/     | 1          |          | 19-1-42     |          |
| SENIOR MATRICULATION                                  | CHRISTIAN NAMES      | BIRTH DATE   | D.R.O.        | CHRISTIAN NAMES   | BIRTH DA  | TE D.R.O. | - Comment | gustuc   | ·          |          | 1 42        | 1920     |
| TECHNICAL SCHOOL                                      |                      |              |               |                   |           |           |           |          |            |          | )           |          |
| UNIVERSITY                                            |                      |              |               |                   |           |           |           |          |            |          |             |          |
| CORRESPONDENCE COURSES                                |                      |              |               |                   |           |           |           |          |            |          |             |          |
| 2                                                     |                      |              | 1 -           |                   |           |           |           |          |            |          |             |          |
| 9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F. |                      |              |               |                   |           |           |           |          | ,          |          |             |          |
| 4                                                     | 19. NEXT OF KIN (ADD | DRESS AND D. | R.O. IN PENCI | IL)               |           |           |           |          |            |          |             |          |
| a                                                     |                      | es Della     |               | RELATIO           | NSHIP 7   | then      |           |          |            |          |             |          |
| 16 .                                                  |                      | a della      | Taken Taken   | treal Oup.R.O.    |           |           |           |          |            |          |             | -        |
| 0, 11 .1 0, 6                                         |                      | ar we use    | 2 1/0000      | RELATIO           |           | 4)        |           |          |            |          |             |          |
| Order elerk 1 yr. & M Duncan II                       | ADDDECC              |              |               | D.R.O.            |           |           | 1         |          |            |          |             | 34 6     |
| 10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE          | 20. PAY ENTRIES (OF  | FENCE FORES  | ITURES STOP   |                   |           |           | 1         |          |            |          |             |          |
| hil                                                   | RATE CHANGES ETC.    | EFFECTIVE    | D. R. O.      | RATE CHANGES ETC. | EFFECTIV  | E D.R.O.  |           |          |            |          |             |          |
| rux.                                                  | TATE OTTATOLO LIO.   |              | D. IV. O.     | MATE CHANGES LIC. |           | D. K. O.  | -         |          |            |          |             |          |
|                                                       |                      |              |               |                   |           |           |           |          |            |          |             |          |
|                                                       |                      |              |               |                   |           |           |           |          |            |          |             |          |
|                                                       |                      |              |               |                   |           | ,         | -         |          |            |          |             |          |
| 11. HONQURS-AWARDS, MENTIONS AUTHORITY DATE           |                      |              |               |                   |           |           |           |          |            |          |             |          |
| A . //                                                |                      |              |               |                   |           |           |           |          |            |          |             |          |
| augunner Dady & HB4A63. 6-1-42                        |                      |              |               |                   |           |           |           |          |            |          |             |          |
|                                                       |                      |              |               |                   |           |           |           |          |            |          |             |          |
|                                                       |                      |              |               |                   |           |           |           |          |            |          |             |          |
|                                                       |                      |              |               |                   |           |           |           | +        |            |          |             |          |
| 12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)           |                      |              |               |                   | - :       |           |           |          |            |          |             |          |
| SOLO DUAL PASSENGER                                   |                      |              |               |                   |           |           |           | _        |            |          |             |          |
| JOEC FAJJENGEN                                        |                      |              |               |                   |           |           |           |          |            |          |             |          |
| 12 PELICION 0 +1 14                                   |                      |              |               |                   |           |           |           |          |            |          |             | 2222     |
| 13. RELIGION Roman Catholie                           |                      |              |               |                   |           |           | DDE       | 1 2 11 4 | 0 ,0       | 1        | 2 - 1       | 22302    |
| 14 LANICILACEC A A A A                                |                      |              |               |                   |           |           | 23. DOCUM |          |            |          | T BY DATE)  | 6 11 2   |
| 14. LANGUAGES English and French                      |                      |              |               |                   |           |           | R60       | R79      | B465       | X-RAY    |             | N. CARD  |
| 15 CDCDTC 01 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1       |                      |              |               |                   |           |           |           | -        |            |          | ALM-13 IDI  | CARD     |
| 15. SPORTS Holf, swimming, baseball                   |                      |              |               |                   |           | -11200    | 3-2-41    |          | 27-1-41    |          |             | Ry       |
|                                                       |                      |              |               |                   |           |           |           |          |            |          |             | MULA     |
|                                                       |                      |              |               |                   |           |           |           |          |            |          |             |          |

C.R. FILE ENLISTMENT RE-ENLISTMENT NUMBER AIR PLACE\_ modul 22-1-41 DATE\_ FULL CHRISTIAN NAMES SURNAME R.C.A.F. FORM R44(B) 50M-10-40 (7685) H.Q. 1062-3-58 SERVICE AIRMEN POSTING (INDICATE S.O.S. AND T.O.S.) (JA & attin Red Int) 6. LEAVE RECLASS'NS-PROMOTIONS-ETC. 4. TRADE AND CHARACTER FROM D.R.O. REMARKS TRADE EFFECTIVE EFFECTIVE: RANK EFFECTIVE D.R.O. D. R. O. UNIT AND PLACE TO D. R. O. 41 /mD20 41 /MD20 6 1 42 4BYA03 19 2 41 17043 3045 wa/a& 2 6 3 42 BUT46 Eac Halifay For Guard duty 2/0075 6 7 42 A7A02688 6 1 43 A7R02688 at 32 ans Debert ns TRADE DATE OF CHARACTER ASSESSMENT R41 17 BAP u.c. 0 MEDICAL HISTORY EXAMINATIONS (IN RED INK) 42 PAF31,33 CATEGORY REMARKS DATE FORM HOSPITALIZATION (IN BLACK INK) ADMITTED DISCHARGE D. R. O. PRO. QUARTERS CONFINED RET'N DUTY 23 0THEF 5/6 3 43 RAF48. 11-12-40 A3B PREV. SERV. 26 27 28 PROVINCE Pres. Deadi 13 8 43 PCX 34d. ENLISTMENT 5. COURSES-TESTS-ETC. AUTHORITY SUBJECT DATE WAY Course +22 763 5 1 42 7 82

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| SURNAME |

Joseph Charles Edward.

FULL CHRISTIAN NAME

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PLACE\_

DATE 22.1.41.

H.C.

RELIGION

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

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

| BIRTH DATE                                | PLACE          |         | COUN            | NTRY      | CITIZENSHIP                | RACIAL ORIGIN                      |                                               |                                              |             | PARTIC       | ULAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SOF      | FAMILY               |              |       |        |         |
|-------------------------------------------|----------------|---------|-----------------|-----------|----------------------------|------------------------------------|-----------------------------------------------|----------------------------------------------|-------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|--------------|-------|--------|---------|
| 21.11.16.                                 |                |         |                 |           |                            |                                    | SINGLE, MARRIED, WIDOWER, DIVORCED            |                                              |             | ED           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
| CIVIL EDUCATION                           |                |         |                 |           |                            | WIFE (FULL MAIDEN NAME) OR HUSBAND |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
| PUBLIC SCHOOL JUNIOR MATRICULATION        |                |         |                 |           |                            |                                    | PRESENT ADDRESS (IN PENCIL)                   |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
| HIGH SCHOOL ENTRANCE SENIOR MATRICULATION |                |         |                 |           |                            |                                    | PLACE OF MAR                                  | RIAGE                                        |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | DATE                 |              |       |        |         |
| TECHNICAL SCHOOL UNIVERSITY               |                |         |                 |           |                            |                                    | AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)   |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
| CORR./BUSINESS COURSES LANGUAGES SPOKEN   |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           | C              | IVIL OC | CUPATION        | S AND EXP | PERIENCE                   |                                    |                                               |                                              |             |              | CHII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DREN     |                      |              |       |        |         |
| Clerk.                                    |                |         |                 |           |                            | J                                  | NA                                            | NAMES PLACE AND DATE OF BIRTH NAMES PLACE AN |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              | EAND  | DATE C | F BIRTI |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        | _       |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                | PRI     | EVIOUS          | SERV      | ICE                        |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | SUALTIES (IN PENCIL) |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    | Charle                                        | o h                                          | lella       | re (fathe    | (c) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 523      | Park leve.           | 1            | Jan 1 | le     | al.     |
|                                           |                |         |                 |           |                            |                                    |                                               | *                                            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              | EMPLO       | VMENT AC INC | TDUCTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D OFFICE | R AIRMAN/AIRWO       | MAN          |       |        |         |
|                                           |                |         |                 |           |                            |                                    |                                               | TVDE                                         |             | FROM         | то                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOFFICE  | TYPE                 | IVIAIN       |       | FROM   | то      |
|                                           |                |         |                 | DI AC     | E AND DATE OF MEDICAL      | CATEGORY                           |                                               | TYPE                                         |             | FROM         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
| PLACE AND DATE (                          | OF MEDICAL     | CA      | ATEGORY         | PLAC      | E AND DATE OF MEDICAL      | CATEGORI                           |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -        |                      |              |       |        |         |
|                                           |                |         | -               | •         |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              | ,     |        |         |
|                                           |                |         | OFFI            | CERS      |                            |                                    | AIRMEN AND AIRWOMEN OFFICERS, AIRMEN/AIRWOMEN |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
| RANK, BRANCH AND                          | CATEGORY       | DATE    |                 |           | IES PERFORMED DURING       | SERVICE, E.G. ADJ.                 | RANK                                          | DATE                                         |             | TRADE .      | DAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E AUTH   | . COURSE OR          | TRADE        | GRP.  | % PF   | DAT     |
|                                           |                |         |                 |           |                            |                                    | 1-1                                           | 6.1.                                         | 42          | air Hunn     | 108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    | 1/8 fot lot                                   | 10                                           | 12 AFRO 268 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    | 1/1002                                        |                                              | 43 FFR0265  | 28           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
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|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
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|                                           |                |         |                 |           |                            |                                    |                                               |                                              | •           |              | we control of the last of the |          |                      |              |       |        |         |
|                                           |                |         |                 |           | OURTS-MARTIAL ATTEND       |                                    |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
|                                           |                |         |                 | (         | STATE IF UNDER INSTRUCTION | OR AS MEMBER)                      |                                               |                                              |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Neg-t-   |                      |              |       |        |         |
|                                           |                |         |                 |           |                            |                                    |                                               |                                              |             | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                      |              |       |        |         |
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|                                           | and the second |         | and the same of |           |                            |                                    |                                               |                                              |             |              | - when -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                      | and the same |       |        | 1       |

ENLISTMENT/APPOINTMENT RELIGION DATE 22. 1:41. FULL CHRISTIAN NAME SURNAME R.C.A.F. FORM R230 TYPE OF LEAVE TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT POSTINGS, ATTACHMENTS & TEMPORARY DUTY ALL OTHER CASUALTIES (IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED) FROM DESCRIPTION sos Tos AUTH. FROM TO DATE AUTHORITY CASUALTY AND DATE AUTHORITY LOS to 106 Lactor 24 11 42 "142. 9%.
FIB. Missing Vafter Ope 6.3 43 H.F.R.O. 11/2
Believel Killed 6.3. 43 C.R.312. Frescored blead. 5: 3.43 CR 360.

Frescored blead. 5: 3.43 CR 360.

FR98843 SERVICE MACHINES FLOWN CHARACTER AND TRADE ASSESSMENT CHARACTER TRADE ASSESSMENT HONOURS, AWARDS AND MENTIONS DATE AWARD AUTHORITY

OUTFIT ALLOWANCE PAID MARRIED or SINGLE \_\_\_\_ RECORD OF PAY BANKING ARRANGEMENTS B. I. A. J. A SE (REVISED) 10004 Jan 1941 ( 885-A-98 ) NO. R. 79066 NAME IN FULL DELLAR CHARLES WARRANT OFFICERS \$ \_\_\_\_ON \_\_\_\_ NET RATE OF APPOINTED OR ENLISTED DEFERRED PAY \$ OFFICERS ASSIGNMENTS DEPENDENTS ALLOWANCE RATE OF PAY AMOUNT EFF. N.D.T. CLASS. FORTNIGHT AMOUNT TOTAL RELATIONSHIP ASSIGNEE CASUALTIES AFFECTING RATE OF PAY AWARDED DATE FORWARDED D.R.O. OF PAY A.S. RATE RATE PAY RATE FEB. 42 3800 3800 DATE FATHER 24-14 SET WORK FATHER. Marging 6-3-43 Lac. 1279 Helled 5-3-43 CR: 360 NR# 46 & CREOITS TOTAL DEBITS CASUALTIES AND SIGNATURES ON TRANSFER OF ACCOUNTS BALANCE MID CAS. DEFERRED OTHER DEBITS TO NEXT DEBIT DEFERRED TO THIS OTHER CREDITS TOTAL CREDIT ACCOUNT COLUMN PAY AMOUNT B/F CREDITS DESCRIPTION | AMOUNT 2348-415 1-30-9 VXBRIDGE. BALANCE 438 2694-E957/68 1-31-10 4068 4068 4068 434 45 2938-2 (L.P.C.) 1068 434 45 2938-2 (L.P.C.)

