R81582
DENIS
JOSEPH JEAN

R0081582 DENNIS JOSEPH JR — CPL

1 NUMBER | 9 NAME | 29 RANK

SERVICE AWARD CARD

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

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

56182

PREFIX — NUMBER — NAME — RANK — CODE

A J B K S C L T D M U E N V F O W G P X H Q Y I R Z

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

7820-26-10-49

Raoul H. Denis (Father)
385 St. Zotique St., E.,
Montreal,
Que.

June-46.

MEMORIAL BAR
DATE DESP.....
REGN. NO 1,138

10M—3-40 (4425)
H.Q. 1772-45-8

NAME DENIS, Joseph Jean Real

H.Q. FILE NO. 1022-D-2160

RANK CPL. UNIT KILLED

REGT'L NO. R81582

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:	30-9-42	MOTHER LIVING: YES WIFE: NA		3-10-42
MINISTERIAL CARD:	8-10-42	ROYAL MESSAGE: MEMORIAL CROSS:	2-11-42 (Chap.)	
To mother & father.		To mother		

Mr. & Mrs. Raoul Hilaire Denis,
7754 Gouin Blvd., East,
Montreal, Quebec.

R.C.A.F. Special Reserve

N° MATRICULE R-81582 VERSÉ À No. 4 Manning Depot Quebec MÉTIER Clerk Standard

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

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

1. Nom Denis Prénoms en entier Joseph Jean Real
2. Adresse actuelle 7754 Lajeunesse Blvd Est Montreal Que. Téléphone
3. Adresse fixe 7754 Lajeunesse Blvd. Est.
4. Lieu de naissance Valleyfield, Quebec Nationalité Canadien
5. Date de naissance Le 4 Janvier 1916 Marié, célibataire, veuf, séparé, divorcé Célibataire
6. Enfants

Nom	Date de naissance	Nom	Date de naissance
	N. A.		

7. Profession Secretaire 8. Religion Catholique R. (Indiquez la confession religieuse)
9. Langues Français + Anglais Degré de connaissance
10. Plus proche parent (nom en entier) Roland Hilaire Denis Degré de parenté Père
    Adresse du plus proche parent 7754 Lajeunesse Blvd. Est Montreal Que.
11. Père (nom en entier) Roland Hilaire Denis Lieu de naissance Valleyfield
    Adresse 7754 Lajeunesse Blvd. Est Montreal Que. Nationalité Canadien
    Profession Mecanicien
12. Mère (nom de fille en entier) Louisa Veillancourt Lieu de naissance Montreal, Quebec
    Adresse 7754 Lajeunesse Blvd. Est Montreal Que. Nationalité Canadienne
13. Détails du service dans les armées de terre, de mer ou de l'air: Aucune.

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

R.C.A.F. Records Office
DEC 17 1940
C.I.B. 111
N.I. DC
P.A. MC

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

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

72-256

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—École publique ou séparée	College Notre Dame Hull	Sept 1928	Juin 1931	Commercial
Cours supérieur—Collège, etc.	Hull Business College Hull, P.Q.	Sept 1934	Juin 1936	Cours Commercial Bilingue
Cours technique				
Autres cours universitaires ou scolaires	Université d'Ottawa Ottawa, Ont.	Sept 1931	Juin 1934	Cours Commercial.
Cours par correspondance				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
Lemieux & Lepage Ltée Hull Que	Secrétaire Vendeur			Pour poursuivre
Tiessonnerie Hull Que	Collecteur Comptable	Mai 1935	Avril 1939	ses études ambitions
Canada Packers Hull, Québec	Surveillant Général	Sept 1939	Mars 1940	Pour me joindre à la R.A.F.

23. Heures de vol, seul N. A. accompagné N. A. avec passager N. A.

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

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement. Ski — intensément. Tennis — intensément.

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

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

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

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

Nom	Adresse	Profession
M. J. A. Robert	Station Police Hull, P.Q.	Chef de police
M. J. E. Laflamme	187 Main St. Hull, P.Q.	Contracteur
M. J-E. Desjardins	35 Hotel de Ville Hull, P.Q.	Vendeur

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

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

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

Date Le 13 avril 1940 Signature Jean R. Denis

E&P

Re-copied

3

NATIONAL REGISTRATION CERTIFICATE
PRODUCED Laure Geoffrion 205 [illegible]

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

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

Type d'homme Good Apparence générale Neat

Aptitudes pour (indiquez à quel titre) Clerk

Date 16-4-40 Signature Teasdale F. (Copied for W.D.I. F. LUND) Grade Capt.

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

Métier sur lequel a porté l'épreuve Clerk

Résultat Standard groups

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C. none

Date 27-8-40 Signature Teasdale F. (Copied) Grade Capt.

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

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

Date December 3rd, 1940 Jean R. Denis
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

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

Date December 3rd, 1940 Jean R. Denis
Signature de la recrue

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

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

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

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

à Montreal P.Q. ce Third jour de December 1940

Laure Geoffrion F.O. RCAF Recruiting Montreal P.Q.
Signature de l'Officier — Grade — Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age... 24 ..... 2. Avez-vous souffert d'une des maladies suivantes?

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

3. Avez-vous jamais porté des lunettes? No

Jean B. Desmarais
Signature de la recrue

Observations des examinateurs 2-12-40 B.P. 138-80
C.V.N. Ishihara M Roche-Lb

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

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

2. Taille 5 pieds 9½ pouces. 3. Poids 155 livres.

4. Teint Dark 5. Couleur des yeux Brown Cheveux Black

6. Développement { Bon / ~~Passable~~ / ~~Médiocre~~ } 7. Tour de poitrine—Expiration 35½ pouces

Degré d'expansion 2 pouces

8. Ouïe—Droite W.V.20 Gauche W.V.20 Tympan—Droit N gauche N

9. Vue—sans lunettes—droit ~~W.V.20~~ 6/6 avec lunettes—droit

gauche 6/6 gauche

10. État de la bouche et des dents healthy

11. Urine—Albumine Neg Sucre Neg

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

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

Observations spéciales des médecins

18-9-40 X Ray no. 61905 neg. DL

1-10-40 Pacheck N M Lebeault per M Roche Lb

2-12-40 X Pacheck N. M Roche-Lb

Date September 16 1940

W. Phisholm
Président per DL

A. Lebeault
Membre per DL

Membre

CONVENTION

Joseph Jean Real Denis

M. le commandant du bureau
de recrutement du C.A.R.C.

1. Au cas où je serais admis à m'enrôler dans le Corps d'aviation royal canadien, j'accepte les conditions de service qui suivent:

(a) Je serai susceptible d'être appelé à remplir des fonctions qui ne se rapportent pas directement ou indirectement au métier dans lequel j'ai sollicité mon admission, soit Clerk Standard
.....
jusqu'à ce que le C.A.R.C. soit en mesure de m'employer ou de m'instruire dans ledit métier.

(b) Je serai tenu de passer les examens et épreuves prescrits devant une Commission d'épreuve professionnelle du C.A.R.C. avant de pouvoir être admis à me rengager dans un groupe professionnel plus élevé.

(c) Au cas où les autorités du C.A.R.C. me trouveraient inapte à servir ou m'instruire dans le métier susmentionné, je serai susceptible d'être rengagé dans un autre métier.

2. J'ai lu attentivement cette convention et je comprends absolument qu'elle est en sus de celle de la formule d'engagement qu'il me faudra signer, le cas échéant.

Laur Geoffroy F.O.
(Témoin)

Jean R. Denis.
(Signature du postulant)

Decembre 3, 1940
(Date)

Decembre 3, 1940
(Date)

R.C.A.F. Records Office
Rec'd DEC 17 1940
C.I.B.
N. I.
P. A.

A.F.M.23

EXTRAIT du Régistre des **Baptêmes, Mariages et Sépultures faits**

à La Cathédrale de Valleyfield pour l'année mil neuf cent seize.—

Le six mars mil neuf cent seize, nous prêtre soussigné vicaire de cette paroisse, avons baptisé Joseph Jean Réal, né l'avant-veille, fils légitime de Raoul Denis, mécanicien et de Maria Vaillancourt, de cette paroisse.

Le parrain a été Jérémie Denis, machiniste, et la marraine Clarinthe Denis, son épouse, de cette paroisse, qui ont signé avec le père et nous.—Lecture faite.

Clarintha Denis.
Jérémie Denis.
Raoul Denis.
J. G. Mion, ptre.

Lequel **extrait** nous, soussigné, certifions être en tout conforme à l'original conservé aux archives de la Cathédrale de Valleyfield.—

Fait à Valleyfield le sixième avril mil neuf cent seize.

Jean-Odilon, ptre
Chancelier.

UNIVERSITY OF OTTAWA
OTTAWA, CANADA

HIGH SCHOOL DEPARTMENT
OFFICE OF THE PRINCIPAL

September 11, 1940.

TO WHOM IT MAY CONCERN:

This is to certify that Mr. Rhéal Denis has been in attendance at the University of Ottawa High School from September 1931 to June 1934. He left after the Second Form.

Yours truly,

R. Trudeau, o.m.i.

Principal.

J. A. ROBERT
DIRECTEUR

QUARTIERS-GENERAUX:
TEL. 3-1146
39, RUE LEDUC

SURETE MUNICIPALE
HULL, QUE.

HULL, QUEBEC
April 6,
1940

Commanding Officer,
R.C.A.F.
Ottawa, Ont.

Gentleman.

It is a great pleasure to recommend to you, the bearer of this letter, Mr. Réal Denis, 24 years old, residing at 199, Mountain Road, Hull, Qué.

I have known Mr. Denis for the past three years and he has always proved to be an honest, sober and reliable man.

Anything that could be done to help him to secure the position that he is now solliciting will be greatly appreciated by the undersigned

J. A. Robert,
Director,
Hull Police Dept.

JAR-LG.

R.C.A.F. Records Office
Rec'd DEC 17/1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
R. L. ..... P. A. MC

SOUBLIÈRE-LEPAGE LIMITÉE

MEUBLES, QUINCAILLERIES, POÊLES ELECTRIQUES,
A BOIS ET A CHARBON,
ACCESSOIRES POUR ÉLECTRICITÉ, ETC.

TEL. 2-8553
ANGLE DES RUES
CHAMPLAIN ET VICTORIA

HULL, QUÉ.

HARDWARE, FURNITURES, ELECTRIC STOVES,
WOOD AND COAL STOVES
ELECTRICAL ACCESSORIES, ETC.

April 2, 1940.

Royal Canadian Air Force,
Ottawa, Ontario.

Gentlemen:

Mr. J. R. Dennis has been employed as secretary, accountant and salesman for this Company for four years. He has proved himself accurate, painstaking, and thorough, and has shown remarkable understanding of business methods.

He left us of his own accord. We most heartily recommend him for any position which he feels he is qualified to fill.

Very truly yours,

Mr. J. E. Desjardins,
Manager.

JED:RN

R.C.A.F. Records Office
Rec'd DEC 17/1940
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

Résidence
2-6311
9 rue Principale

Bureau - Office
3-3227
Palais de Justice

André Naubert

Sténographe Officiel - Court Reporter

Hull, Qué. April 12, 1940.

TO WHOM IT MAY CONCERN

This is to certify that Mr. Réal Denis, residing in Hull in the Province of Quebec, was a student of shorthand, typewriting, bookkeeping, spelling, english and french at the Bilingual Shorthand College when the undersigned was the director. Mr. Denis' studies began on September 12, 1934 and ended on May 12, 1935.

His application, intelligence and very good character will readily be appreciated by all those who will come in contact with him.

André Naubert, S.C.R.
OFFICIAL COURT REPORTER

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: Denis, Joseph, John, Real (b) Reg'l. No. R.81582
2. (a) Arm of service: Air Force (b) Unit: No. 11 E.F.T.S. (c) Rank: AC.2
3. (a) Date of birth: 4-3-14 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Montreal
4. (a) Place of enlistment: Montreal (b) Date of enlistment: 3-12-40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 19 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 2 years University
7. If you attended a university, give name of university and standing or degree secured: Ottawa University (Matriculation)
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? English + French (b) What languages do you read well? English + French.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Not Working (b) At time of enlistment of what trade union or professional society were you a member? Nil

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: Secretary (b) State how long you had worked at this trade or occupation: 4 Years
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified: Nil
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: Nil.
15. Give details of last employer, if any: Name: Soublière + Lepage Address: Hull, Quebec
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Hardware (Retail + Wholesale)
17. (a) If your last employment was in a business of your own, state nature and address of business: Nil. (b) Date of discontinuing it: Nil

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? No

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes
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.) Return to College
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Nil

DATE April 7th, 1941 SIGNATURE J. R. Denis

R.C.A.F. Records Office
Rec'd JUN 12 1941
O. K. ..... C I B .....
R. C. ..... N I .....
S. L. ..... P. A. .....

R.C.A.F. R. 13
20-M—2-40 (4042)
H.Q. 1062-3-19

ROYAL CANADIAN AIR FORCE

MOVEMENT ORDER

1. Name DENIS J.J.R. Date January 31, 1941

No. R.81582 Rank AC.2 Trade CLERK

Unit or Station of Origin RCAF No.4 Manning Depot, Quebec City, Que.

2. INSTRUCTIONS

you are to proceed to Cap de la Madeleine on January 31st, 1941., and immediately on arrival you are to report to the Orderly Room and present this form. If you are delayed en route you are to have Para. 4 of this form completed.

Signature E.R. Emond
(E.R. Emond)

Rank Flight Lieutenant

Acknowledged

(Signature of Bearer) J.R. Denis Appointment Adjutant.

3. TRANSPORTATION ARRANGEMENTS

(a)

	Warrant Nos.	Date	From	To	Via	Berth Issued	R.R.
1	43348	31-1-41	Quebec	Three Rivers	C.N.R.	—	C.N.R.
2							

Your train leaves Quebec, (Place) at 1700 (Time) hours January 31st, (Date) 19 41

Change trains at — (Place) arriving Three Rivers (Destination) at 1840 (Time) hours Jan. 31 (Date) 19 41

or,

(b) By Road (Insert Instructions) —

4. DELAYS OF OVER SIX HOURS

Place delayed — Time of delay from — to —

Cause of delay —

Signature of responsible person

Sickness to be certified by a doctor. Railroad delays by train conductor. Other delays by responsible persons

5. FOR INFORMATION OF UNIT AT DESTINATION

The bearer is in possession of the following documents.

1 — 4 —

2 — 5 —

3 — 6 —

6. UNIT REMARKS

Actual date of arrival 31-1-41 shown in D.R.O. No. # 9 Dated 5-2-41

Adjutant

Rank

No. 11 C.F.T.S., R.C.A.F. Unit

NOTE:—This form is to be made out in duplicate. One copy forwarded to the new unit by mail and one copy with bearer. C.O. new unit after completing para. 6, is to forward one copy to Headquarters, Ottawa.

R.C.A.F. R. 14
100M.-7-40 (6059)
H.Q 1062-3-17

ROYAL CANADIAN AIR FORCE

RECOMMENDATION FOR APPOINTMENT OR PROMOTION

OF

No. R81582 RANK A/Cpl. NAME DENIS, J.J.R. TRADE Clerk Steno. "B"

STATION No. 11 E.F.T.S., R.C.A.F.

1. Date of Enlistment 3-12-40

		Trade	Date	%
2. Trade Tests	1.	"C"	5-2-41	
	2.	"B"	1-7-41	
	3.			
3. Remusterings		"C"	5-2-41	
		"B"	1-7-41	

	Rank	Date
4. Reclassifications	AC.1	1-4-41
	L.A.C.	4-6-41
5. Appointments	A/Cpl.	1-7-41
	--	--
6. Promotions		

7. Seniority on Trade Roster N.A.

8. Sgt. Prom. Exam. % N.A.

9. Past 3 Character Assessments 1. Good
2.
3.

10. Past 3 Trade Assessments 1. Satisfactory
2.
3.

11. Number of Conduct Sheet Entries in past 6 months Nil

12. Qualified in Drill up to and including Individual Training
Rifle Drill
Flight Drill
T.S.K.

13. Present Medical Category "A1B"

14. Married or Single Single

15. Recommended for Temporary Corporal (Paid)

16. Date of Effect 1-7-41

17. Position No. to be filled

18. Remarks Alert, intelligent and conscientious N.C.O.
Hard working, worthy of promotion.

19. Recommended [signature] (Signature) F/O (Rank) Administration Officer (Appointment)

20. Remarks of C.O
I concur.

Signature [signature] Rank Flight Lieutenant.

Appointment Chief Supervisory Officer. Date December 29th, 1941.

FOR HEADQUARTERS USE ONLY

21. Particulars checked by J.J. Hunter F/Lt 1-7-41 T.S.K.

Recommended effective 1-7-41 to take rank and precedence on the Clerk Steno 'B' Roster, immediately following

Approved,
Signature [signature]
Rank Flight Lieutenant
Appointment R.4a
Date 2-1-42

DRAFT
A.F.R.O.
DATE JAN 22 1942

R.C.A.F. Records Office Rec'd FEB 6 1942 C.I.B. O.K. N.I. R.C.

Signature [signature]
Rank Flight Lieutenant
Appointment R.4b
Date 2-1-42

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M. 20/10

1. SURNAME ..... DENIS

2. CHRISTIAN NAMES ..... J. JEAN REAL

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

SELECTION BOARD

4. PERSONNEL OFFICER

Education ..... 11 e Quebec .....

A to L Score ..... 33 .....

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

Want to be pilot. His A to L Score is high enough to be recommended as Pilot

RECOMMENDED FOR ..... Pilot or Obsefver .....

SUITABLE FOR COMMISSION ..... Yes .....

Signed J.L.P. Lambert P/O

5. MEDICAL OFFICER

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

ASSESSMENT: (Physical, Temperamental)

EXCELLENT

RECOMMENDED FOR: ..... Pilot .....

SUITABLE FOR COMMISSION ... YES ..... E.G. Bell Flt. Lt. .....

Signed E.G. Bell, Flt. Lt.

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Fine personality. Good Education. Smart and well mannered. Bilingual
Has necessary qualifications to be trained as Pilot or Observer

RECOMMENDED FOR ..... Pilot or Observer .....

SUITABLE FOR COMMISSION ..... Yes .....

Signed Chs. Fournier F/O
Chs. Fournier, F/O

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

Chs. Fournier F/O
Commanding Officer
No. 14 Recruiting Centre,
R.C.A.F. Quebec, P.Q.

DATE: 6-2-42

A.F.M. 5
24.12-41

ROYAL CANADIAN AIR FORCE

RECOMMENDATION FOR REMUSTERING TO AIRCREW

Nov 21st

1. No: R.81582 2. A/Cpl. (Present rank) DENIS (name) J.J.R. (initials)

3. Trade and Grouping: Clerk Steno. "B" 4. Station or Unit: No. 11 E.F.T.S. Cape de la Madeleine

5. Date of Enlistment: 3-12-40 6. Date of Birth: 4-3-16

7.

EDUCATION	FROM	TO	NAME OF SCHOOLS OR UNIVERSITY	DIPLOMAS OR STANDING (B.Sc. Sr.Matric. Jr.Matric.)
High School	1928	1931	Notre-Dame Colg. Hull, P.Q.	
University	1931	1934	Ottawa University	Sr. Matric. 3 years.

EQUIVALENT EDUCATION

COURSES OR OTHER QUALIFICATIONS

1934-1935 Business College, Hull, P.Q.

8. FLYING EXPERIENCE

Details Clubs, Place, Aircraft, etc.)	SOLO	DUAL	PASSENGER	TOTAL
No. 11 E.F.T.S. F. Finch II.			5 Hours	
TOTAL HOURS				

9. OTHER INFORMATION Link Trainer 12 Hours.

10. MEDICAL OFFICER

This Airman was medically examined on form R.C.A.F. M.2 on 20-11-41 (Date), and found to be FIT (fit or unfit) for Aircrew duties, his category being A1B, A3B.

Remarks of Medical Officer

Has a good educational background and has been good at sports.

SIGNATURE G.L. Sutton F/O: M.O. Date 20-11-41

11. Recommendation and remarks of Commanding Officer A very good type of lad who is keen, willing and very hard working. Strongly recommended for aircrew duties.

Specially Recommended Pilot
for ~~Observer~~
~~Wireless Operator (Air)~~ ~~Gunner~~
(Strike out those not applicable)

Signature of Commanding Officer: S/L
C.S.O. No. 11 E.F.T.S., R.C.A.F.

12. FOR HEADQUARTERS USE ONLY

P.n.D.		14.1.42	Selected		
Selected	Initials	date		Initials	Date

Defer NNS 11-12-41

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R81582 — A.F. No.
Denis — Surname
Joseph Jean Real — Christian Names
R.C. — Religion

Born 4/3/16 Place Valleyfield, Que Country Canada Citizen of Canada Racial Origin French Canadian

ENLISTMENT

Date 3/12/40
At Montreal.
Te[redacted] Duration

CIVIL EDUCATION

High School Entrance — Jr. Mat. — Sr. Mat. 3
Technical School — Corres. Courses
University

PREVIOUS SERVICE

Nil.

RANK	DATE			Med. Cat.	Date		
AC2	3	12	40	A1B, A3B	20	11	41
AC1	1	4	41				
Clerk "C"	5	2	41	RANK			
Clerk "B"	1	7	41	T/Cpl (Pd)	1	4	42.
Loc	4	6	41				
A/Cpl	1	7	41				
T/Cpl	1	7	41				
AC2	14	3	42.				

CIVIL OCCUPATIONS AND EXPERIENCE

Secretary - Salesman

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Clerk "C"	"C"		P.	5 2 41	Clk. Steno "B"	(M.T.	Pilot	Std.	9 5 42.
Clerk "B"	"B"		P.	1 7 41					
Remust.	P.O.	O.	Std	14 3 42.					
Clk. Steno	"B"	(M.T.	P.O.O.)	1 4 42.					

PARTICULARS OF FAMILY M (S) D

Wife — Maiden Name — Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

Mlle. Raoul Helene Denis (Pere) 7754 Gouin Blvd. East Montreal, P.Q.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
AD 8-5-42	24-5-42.	DRO 122/42. 15 Days.
AFRO 1305, d/7-11-41.		Special Leave.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
HQ 4-R13.	Montreal	Quebec	4-12-40				
DRO 27	To H.M.D.	Cap Madeleine	31-1-41				
DRO #8							
L.R.O. 22	[illegible]	[illegible]					
	Cap de la Madeleine	Valleyfield	16-3-42				
DRO 122/42.	34 T.S.	5 M'dep't					
	Victoriaville P.Q.	Lachine P.Q.	23-5-42.				
D.R.O. 126/42	T.O.S. #5 M.D.	Lachine P.Q.	24-5-42				
DRO 134/42	#5 M.D.	#11 F.F.T.S.	6-6-42				
O.O. 63/42	#11 F.T.S.	[illegible]	1-8-42				
DRO 236. S.O.S.	Having died		30-9-42				

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

(OVER)

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK Cpl NO. R.-81582 NAME Denis J.J.R.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	(A) Mins	2ND PILOT (B) Hrs	(B) Mins	DUAL (C) Hrs	(C) Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	(D) Mins	2ND PILOT (E) Hrs	(E) Mins	DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	(G) Mins	2ND PILOT (H) Hrs	(H) Mins	DUAL (J) Hrs	(J) Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	(K) Mins	2ND PILOT (L) Hrs	(L) Mins	DUAL (M) Hrs	(M) Mins	CREW DUTIES OBSERVER (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	OTHER (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
#	1942																																			
11 E.F.T.S	June	14					2	30																											2	30
	"	21					4	55																											4	55
	"	28					2	20																											2	20
	July	5	2	50			5	30																											8	20
	"	12	4	20			3	20																											7	40
	"	19	6	45			3	10																											9	55
	"	26	8	30			7	05																											15	35
	Aug	2	6	45			7	40					4	00																					18	25
	Tot.		29	10			36	30					4	00																					69	40
13 S.F.T.S.																																				
	2-10-42		53	20			32	10	1	35			3	30																					90	35

Ross Mackenzie Sqn/Ldr. C.S.O. No. 11 E.F.T.S.

O.C. No. 2 SQUADRON
13 S.F.T.S. ST. HUBERT

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK Cpl NO. R.-81582 NAME Denis J.J.R.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT														
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER					
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins

Squadron / Battery / Company / Detachment — No.11EFTS RCAF Cap-de-Madeleine — Unit or Battalion

MORNING SICK REPORT

6-1-42 19

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
R81582	Cpl. Denis, J.J.R.						

This man is suffering from Vincent'sStomatitis and must be isolated until further notice.

His dishes must be boiled for at least 15 minutes after eating

No smoking or drinking

R/ (1) Toreceive 1 pint of orange or tomato juice daily

(2) To rinsemouth with hot Sod.Perborate every two hours

(3) To be treated by M.O. twice daily using 10% chromic acid followed by H_2O_2

(4) To return to this clinic Thursday afternoon

R. F. Harvey Lieut. Dental Medical Officer — Orderly N.C.O.

No 24 Cay C.D.C (A.F.)

M. F. B. 292
4560M-3-41 (9688-9-90)
H.Q. 1772-39-248

(OVER)

CONFIDENTIAL

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

R.81582

ROYAL CANADIAN AIR FORCE

Medical Board held at Cap-de-la-Madeleine, P.Q. *Date* 20-11-41

FILE NUMBER

Surname DENIS *Chr. Names* Joseph, John Real
Nature of Commission ..... *Date of Birth* 4-3-16 *Married or Single* Single
Branch Aircrew *Hours Flown* 5 hrs as passenger
Address 7754 Blvd Gouin East, Riviere des Prairies, P.Q. (Now at No. 11 E.F.T.S. Cap-de-la-Madeleine)

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown ..... No
Severe or "Sick" Headaches, Migraine ..... No
Fits or Convulsions of any kind ..... No
Sun or Heat Stroke ..... No
Head Injury or Concussion (including "knock-out") ..... No
Insomnia, Nightmares, Sleep-walking, or Bed-wetting ..... No
(ii) LUNG TROUBLE or Consumption "Lung trouble" up to 3 years of age. No since then.
Bronchitis, Pneumonia or Pleurisy ..... No
Asthma or Hay Fever ..... No
(iii) HEART DISEASE, "Weak or Strained Heart" ..... No
Fainting Attacks or Giddiness Occasional attack giddiness when a child
Rheumatism, Rheumatic Fever or "Growing Pains" ..... No
Frequent Sore Throats or Tonsillitis ..... No
Diphtheria, Scarlet Fever or Scarlatina Scarlet fever when about 5 years
(iv) STOMACH or BOWEL TROUBLE ..... No
Chronic Indigestion or Pain after Food ..... No
(v) KIDNEY or BLADDER TROUBLE ..... No
Syphilis or Gonorrhœa ..... No
(vi) TROPICAL DISEASE ..... No
Malaria ..... No
Dysentery ..... No
(vii) EYE TROUBLE or Inflammation of Eyelids Swelling of rt. eyelids following backfire of
Wearing of Glasses No (a.22 - lasted about 2 days when he was about 20
Colour or Night Blindness No
(viii) EAR TROUBLE, Earache or Discharge from Ears ..... No
Deafness, Noises in the Ears, or Dizziness ..... No
Frequent Colds in Head, Catarrh or Obstruction Subjects to colds in the fall only.
Prolonged Hoarseness or Loss of Voice ..... No
Sea, Car or Train Sickness ..... No
Discomfort on Swings, Roundabouts, Switchbacks ..... No
(ix) OPERATIONS Tonsillectomy at about 4 yrs. Circumcision when about 4 yrs.
(x) Any Illness or Injury not mentioned above Cut on back of head when he was about 3 months old. Cause not known to him.
(Then Business Course for 1 year.

Education Completed 3 years of a 4 year Senior Matriculation Course at Ottawa University
Present Occupation Clerk Stenographer "B" Hobbies Photography and guns.
Previous Service 2 years School Cadet. In R.C.A.F. since 3-12-40.
Athletics Swimming, Skiing and tennis. In cross-country Skiing competitions.
Habits—Smoking 15 to 20 c.a.d. Alcohol Occasional use of beer or scotch
FAMILY HISTORY—Consumption No DIABETES: No HAEMOPHILIA: No
Nervous Ailments, Mental Trouble, or "Fits" ..... No
Father Alive—Health Good (59) Dead—Cause
Mother Alive—Health Good (61) Dead—Cause
Brothers (0) Alive—Health -- (0) Dead—Cause
Sisters (2) Alive—Health Good (22-45) (0) Dead—Cause

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

Date 20-11-41 *Signature* J. R. Denis *Witness* G.L. Sutton F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ... Fair ... *(b)* Mentality ... Good ...
Body Marks, Scars, Deformities ... 1 in scar on upper neck posteriorly about 1 in above hair line
Size of Thyroid Gland ... Normal ...
Surgical Abnormalities ... None ...
Results of Wounds, Injuries, Operations ... Has been circumcised.

	Date 20-11-41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	69½						
Weight (lbs.)	160						*Date*
Chest Circumference (ins.)	34½-37						
Body Build (lbs.)							
Leg Length (ins.)	43						
Pulse Rate — Sitting	68						
Pulse Rate — Standing 1st	72						
Pulse Rate — Standing 2nd	72						
Pulse Rate — After Exercise	84						
Pulse Rate — Time to Normal	60 sec.						
Arterial Walls	N						
Blood Pressure — Systolic	120						
Blood Pressure — Diastolic	70						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held							
Expiratory Force	130						
Vital Capacity (Best of 5)							
Reflexes — Knee	N/N						*Date*
Reflexes — Ankle	N/N						
Reflexes — Triceps	O/O						
Reflexes — Abdominal	N/N						
Reflexes — Plantar	Flex/Flex						
Cranial Nerves	Normal						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod	1S 1S						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	1S 1S						
Tremors — Fingers	N						
Tremors — Eyelids	N						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	N						
Urine — Albumen	Neg						
Urine — Sugar	Neg						
Initials of M.O.	Q.L.S.						

40 mm. Hg. Test ... 63 sec. ... 6/666,566,565,766 ... (20-11-41) ... Q.L.S.
Date ...
Date ...
Date ...
Date ...
Date ...

Remarks by Consultant.

EYE EXAMINATION

History	None		
Visual Acuity	R.20/20 , c̄ ~~2.25~~ = 20/200	Blur	
	L.20/20 , c̄ ~~2.25~~ = 20/200	Blur	
Colour Vision	N.(Ishiharia 9th Ed.)		
Red, Green	Not tested		
Diaphragm Test (P.D. = 6.4)	4 disappears at 0		
Convergence	C. = 6 cms.	6 cms	
	S. C. = 14 cms.	12.	
Accommodation	R. 14	12.	
	L. 14	12.	
Cover Test	Normal		
Fundi and Media	Normal		
Fields	Normal.		
Remarks:			
	Initials of M.O GLS	*Initials of M.O* GLB	*Initials of M.O*
	Date 20-11-41	*Date* 9-2-42	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History None

Hearing	R. Ear W.V. 20'		
	L. Ear W.V. 20'		
External Ear, Meatus Membranes	R. Ear N		
	L. Ear N		
Middle Ear, Eustachian Tubes	R. Ear Patent(?)		
	L. Ear Patent(?)		
Cochlear Apparatus	R. Ear Not examined		
	L. Ear " "		
Vestibular Apparatus	R. Ear " "		
	L. Ear " "		
Buccal Cavity	Clear		
Teeth	In good repair		
Gums	Normal		
Pharynx	Clear		
Nasopharynx	Normal		
Nose	Small airway on left side.		
Larynx	Not examined.		
Remarks:			
	Initials of M.O GLS	*Initials of M.O*	*Initials of M.O*
	Date 20-11-41	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 20-11-41

This airman has been employed as a Clerk Stenographer "B" at this station (No. 11 E.F.T.S.) and has requested to be remustered to aircrew. He is at present an Acting Corporal.

He is A1B A3B on physical examination. His educational and sports records are well above average.

He is a quiet, keen, very likable lad who we beleive would do well as a pilot.

G.L. Sutton F/O

(G.L. Sutton) F/O.,
Medical Officer,
No. 11 E.F.T.S., RCAF.,
Cap-de-la-Madeleine, P.Q.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

ROYAL CANADIAN AIR FORCE

R.C.A.F. T.58A
Revised: 1-42.

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME DENIS CHRISTIAN NAMES J.J.R. NUMBER R81582 RANK Cpl.

I.T.S #3 VICTORIAVILLE COURSE NO 49 FROM 16-3-42 TO 8-5-42

E.F.T.S 11 Cap de la Mad. COURSE NO 57 FROM 8-6-42 TO 2-8-42

S.F.T.S 13 COURSE NO 61 FROM 3-8-42 TO 20-11-42

TRAINEE FROM: CAN.: XXXX U.K.: AUS.: N.Z.:

(1) G. I. S. RESULTS

SUBJECTS	Finals			Supps.		
	ITS	EFTS	SFTS	ITS	EFTS	SFTS
1. Mathematics	56					
2. Law, Discipline	94					
3. Navigation	80	118				
4. General Studies	79					
5. Airmanship		128				
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	82					
10. Armament (Written)	78	83				
11. Armament (Practical)						
12. A/C Recognition	59	48				
13. Drill	81					
14. Signals (Written)	100	75				
15. Signals (Practical)						
16. Meteorology						
TOTAL OBTAINED	787	452				
TOTAL POSSIBLE	1000	700				
PERCENTAGE	79	64.5				
NUMBER IN CLASS	185	29				
POSITION IN CLASS	95	22				

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours	74	
Instrument	75	
Clear Hood	106	
Navigation	32	
TOTAL OBTAINED	213	
TOTAL POSSIBLE	300	
PERCENTAGE	71	
NUMBER IN CLASS	27	
POSITION IN CLASS	6	

(3) FLYING APTITUDE	EFTS	SFTS
1. Natural Skill	A	
2. Skill in Landing	A	
3. Airmanship	A	
4. Cockpit Drill	A A	
5. Instrument Flying	A	
6. Night Flying	A	
7. Aerobatics	N A	
8. Formation Flying	N A	
9. Map Reading	P	
10. Wind Speed & Direction Finding (TE)		
11. Straight Runs over as Pilot (TE)		

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
11 EFTS	Finch 2	36.30	29.10	4.00			7.00	11.15			13.50	
13 SFTS	Harvard	32:10	53:20	3:30	1:35		13:10	18:30	2:45	2:00	7:55	

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of ~~Aircraft~~ Accident Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.		x					x
S.F.T.S.							

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para. 3)	
G. I. S. (Para. 1)	
Character & Leadership (Para. 8)	
TOTAL	
PERCENTAGE	
STANDING IN CLASS	

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	138
S.F.T.S.	
TOTAL	

(9) CERTIFIED:

(a) That this pupil pilot has (has not) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (is not) authorized to wear the Pilot's Flying Badge, w.e.f.

.....

Chief Instructor
No. S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S.

Serious, Persistent, Determined, Upright, Good leader.

Alternative Recommendation: Ground trade.

.....
Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, P.Q.

(b) E.F.T.S.

This student is very hard worker, but his flying is only average, will need watching at service.

L.W. Allen (Asst. C.F.I.)

Has ability to do much better, did not study sufficiently, rather sloppy and slow in his work.

J. C. Elliott
CHIEF GROUND INSTRUCTOR

.....
J. C. Elliott
Chief Supervisory Officer
No. " E.F.T.S.

(c) S.F.T.S.

Killed in flying accident.

.....
Chief Instructor
No. S.F.T.S.

(d) S.F.T.S.

.....(J.S.Scott).Group.Captain,
Commanding Officer
No. 13 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

1st October, 1942

Received from S/L J.J. O'Connell the following personal effects which were found on the body of ~~omrx~~ R81582 Cpl Denis, J.J.R.

1. Handkerchief, blue - marked Denis
2. One blue money-belt
3. $.57 in coins.
4. 2 pieces gold chain.
5. one pearl handle knife
6. One wristwatch with part of strap missing. (INGERSOLL)
7. R.C.A.F. ring (Sterling)
8. One religious medal and chain.
9. One slip paper (I.O.U.) $5.

E J Strathan 2/10

Closed

December 17, 1945.

ESTATES BRANCH. DEC 19 1945 H. Q. OTTAWA NATIONAL DEFENCE

Administrator of Estate
Department of National Defence
Ottawa, Ont.

Dear Sirs:

File no. R81582 Denis, J.J.R.

My son, Jean Rheal Denis, who was a member of the R.C.A.F., was killed in an accident at St. Hubert Airport on September 30, 1942.

When he joined the Air Force, his mother was declared as dependent, but she, herself, died on May 8, 1942, after which time no other arrangements had been made as I was told by the Commanding Officer that nothing was to be done until I hear further from the Department.

I did not hear anything further until July 23, 1945 when I received a circular letter from the Department of National Defence, Air Service, their file R-2-1-2, informing me as the next of kin of a gratuity, which in case of deceased members, forms a part of the Service Estate.

Would you please let me know, at your earliest convenience, what steps shall be taken in collecting from the Government whatever compensation I am entitled to, as the deceased was the only child that I had and I feel that I should be entitled to a certain indemnification for his loss.

Yours very truly

Raoul Denis

Raoul Denis

385 St. Zotique St. East,
Montreal, Que.

Registered JAN 14 1946

JAN - 91946

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME J. JEAN. R. DENIS — Register No.....
(Christian Names) (Surname)

PAYEE: R. J. (illegible) C — File No. 30113
(Christian Names) (Surname)

Date 1 MAY 46

ADDRESS:

Service No. R 81582

Final Rank or Rating CPL

Date of Discharge 30 SEPT 42

Date of Termination of O/S Service N/A

A. TOTAL QUALIFYING SERVICE No. of days 667 / 30 equal to 22 complete periods @ $7.50	165:00
B. QUALIFYING OVERSEAS SERVICE NO. of days less ineligible days, equal to days @ 25¢ per day	
6. SUPPLEMENT FOR OVERSEAS SERVICE Daily rates at Discharge Pay.....$..... Subsistence or Lodging and Provision Allowance.....$..... Additional Pay.....$..... .....$..... Dependents' Allowance 1/30 of $.....$..... TOTAL $ x 7 = $ No. of days ___ / 183 x $	
D. WAR SERVICE GRATUITY	165:00
E. Deductions Overpayment of Pay and Allowances $ Dependents' Allowance $ and Assigned Pay Other deductions $	
F. TOTAL AMOUNT PAYABLE	165:00
G. YOUR PROPORTION: (D.A. in issue to you ___ of $) (Total D.A. in issue)	

R.C.A.F. Records Office MAY 2 1946 N.I.

Prepared By	Checked By
L. G.	O.K.

DL

E&E

FORMULE F

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalité pour usage-illégal—$300," et correctement adressée, jouira de la FRANCHISE POSTALE

PROVINCE DE QUÉBEC — BULLETIN DE DÉCÈS — MINISTÈRE DE LA SANTÉ, ET DU BIEN-ÊTRE SOCIAL

1. LIEU DU DÉCÈS — Comté municipal: County of Chambly — Nom officiel de la municipalité civile ou du canton: St. Hubert R 81682 — *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire: Cité | Ville | Village | Paroisse | Canton*

Rue: N.A. — No. — Hôpital ou institution: N.A.

2. SÉJOUR

	Années	Mois	Jours
(a) dans l'hôpital ou l'institution	0	0	0
(b) dans la municipalité du décès	0	6	23
(c) dans la province	26	6	26
(d) au Canada (s'il s'agit d'un immigré)	N.A.		

3. NOM DU DÉFUNT — (Lettres moulées)

Nom de famille: DENIS

Noms de baptême ou prénoms: Joseph Jean Real

4. RÉSIDENCE

Rue: 7754 Blvd. Gouin, East. — No.

Nom officiel de la municipalité civile ou du canton: Riviere de Prairie Quebec

Comté municipal: Hochelaga — Province:

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

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

10. LIEU DE NAISSANCE (Province ou pays): Valleyfield, P.Q.

11. DATE DE NAISSANCE: 4th March, 1916 (jour) (mois) (année)

12. ÂGE DU DÉFUNT: Années 26 | Mois 6 | Jours 26 — Si âgé de moins d'un jour: ..... hrs. ou ..... min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.: Student - Pilot

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.: R.C.A.F.F.

15. Dernière date à laquelle le défunt vaquait à ce travail: 30-9-42

16. Nombre d'années occupées dans cette profession: 2

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE	Raoul Denis	P.Q.
MÈRE (Nom de fille)	Maria Vaillant	P.Q.

19. Lieu de l'inhumation, de l'incinération ou destination du transport: Valleyfield, P.Q.

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église

(b) Municipalité civile de

(c) Comté municipal

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

Nom de l'entrepreneur de pompes funèbres *(Pour les cités seulement)*

ÉCRIRE LISIBLEMENT AVEC UNE ENCRE INDÉLÉBILE.
CECI EST UN DOCUMENT PERMANENT.
Chaque information doit être donnée minutieusement.

Le médecin traitant, ou le coroner, doit gratuitement remplir, signer et délivrer ce certificat médical et y attester la ou les causes du décès. Pour rendre son attestation CONFIDENTIELLE, il doit la recouvrir de l'appendice attaché, humecter le pourtour gommé et le coller avec soin dans le cadre approprié. Il doit ensuite certifier par ses initiales le recto de cet appendice.
PLIER EXACTEMENT AU POINTILLÉ et ÉVITER DE LAISSER BAILLER

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès: 30-9-42 (jour) (mois) 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le 30-9-42 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le 30-9-42 19.....

24. CAUSE DU DÉCÈS

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

(a) Multiple compound fractures of skull and facial bones.

dû à Aeroplane crash

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

(b) .....

dû à

(c) .....

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

Compound fracture left thigh.

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion ..... 19.....

(b) Durée de la maladie N.A. jours

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

26. Y a-t-il eu intervention chirurgicale? No Date de l'opération N.A. 19.....

Constatations NA Y a-t-il eu autopsie? No

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

Accident, suicide ou homicide Accident (Spécifier) Date 30-9-42 19.....

Manière de la blessure Aeroplane crash (Dans quelle circonstance)

Nature de la blessure Multpile fractures skull and face

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

Signature J. B. Cunnell. **M.D.**

Adresse St Hubert PQ **Date** 1 — 10 — 1942

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

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

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

(For English see other side)

PUBLICATA

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT MONTREAL, QUE. ON 2-12-40

MARRIED OR SINGLE SINGLE

No. R81582 NAME IN FULL DENIS, J.J.R.

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
	1-12-41	A/Cpl.	B	A/S	2 20			NA	#11 E.F.T.S. (#3 T.C.)
7	1-7-41	T/Cpl.	B.	A/S	2 20			NA	
22	14-3-42	AC2	S.T.D	A/S	1 30			NA	REVERTS TO AC. REM. AIRCREW.
98	1.4.42	Cpl.	B	A/S	2 20				U.T. P.M.D.
122	9-5-42	Cpl.	B	A/S	2 20				Rejoined Pilot
47	8-6-42	Cpl.	B	A.S	2 20	75	2 95		

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS — N.D.T. Class.

Period 1941	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1/12-31/12	31	68 20					68 20							34 00	34 00	34 20	—	
1942 1-31/1	31	68 20					68 20							34 00	34 00	34 20	—	
1-25/2	28	61 60					61 60							30 00	30 00	31 60	—	
1-14/3	13	28 60	1 30				29 90							34 00	34 00		4 10	SOS #11 EFTS to #3 T.S. 14-3-42 DO 22
15/31-3-42	17	22 10					22 10			4 10					4 10	18 00	—	T.O.S. #3 T.S. FROM #11 EFTS. EFF 15-3-42 DO 65
1/30-4-42	30	66 00					66 00							20 00	20 00	46 00	—	
1/23-5	23	50 60					50 60						50 60		50 60			SOS TO #5 M.D. DEPOT EFF. 23-5-42 DO 125
24/31-5	8	17 60					17 60						17 60		17 60		—	
1/6-6	6	13 20					13 20						13 00		13 00		20	SOS TO #11 EFTS. CAP-MADELAINE DRO 135 - EFF: 6-6-42
7-6/30-6	24	17 25 / 52 80				20	70 25						20 —		20 00	50 25	—	TOS EFF 7-6-42 DO 47
1-31/7	31	91 45					91 45							45 00	45 00	46 45	—	
1-8-42	1	2 95					2 95										2 95	SOS to 135 EFTS. 1-8-42 DO. 63
2-31/8	30	88 50				2 95	91 45							45 00	45 00	46 45	—	DO-190 - T.O.S - EFF. 2-8-42.
1-30/9	30	88 50					88 50							44 00	44 00	44 50	—	DO 236 S.O.S. HAVING DIED 30-9-42.
Oct.				2.51 P. Card		77 57	77 57								—		77 57	
						77 57					o/c FEB. 1941	5 60			5 60		71 97	F.O.B. A/L 1941. CR 28 do. e/s 4200 SHOULD HAVE BEEN 36 40
						71 97											71 97	cr.
1-31/10	31	91 45				71 97	163 42										163 42	DRO 260 Amends DO 236 to read S.O.S. having died 1.10.42.
											ESTATES CHEQUE #52074	81 71						
											#52075	81 71						
												163 42						

Audited

Estate

1. No.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R81682	Cpl.	D E N I S	Joseph Jean Real

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE No.	8. RELIGION
St. Hubert, Que.	30/9/42		R.C.

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Flying Accident	Mr. R.H. Denis (Father), 7704 Gouin Blvd. East, MONTREAL, Que.

11. LOCATION OF UNIT AT TIME OF CASUALTY
St. Hubert, Que.

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

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED No. OF GRAVE
Ste. Cecile de Valleyfield	Valleyfield, Que.	Grave No. 6 Plot 12' x 12' Row 14th Northeast	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE No.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2643
3.500—5-42 (4669)
H.Q. 1772-39-1458

AIR FORCE No. R81582 R

DENIS, JOSEPH JEAN REAL

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT

PLACE Montreal, Que.

DATE 3-12-40

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R. 44 (2

7. BIRTH: DATE 4-3-16 — PLACE Valley field Que — CITIZENSHIP British

FATHER (FULL NAME) Raoul Hilaire Denis

BIRTHPLACE Valley field Que

MOTHER (FULL MAIDEN NAME) Maria Vaillancourt

BIRTHPLACE Montreal Que

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que. commercial

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY X Ont. 3 yrs commercial

CORRESPONDENCE COURSES

3

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

salesman secretary 4 yrs Laubliere & Lepage Ltd

janitor 1 yr Canada Packers

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS — AUTHORITY — DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic 1

14. LANGUAGES French & English 3

15. SPORTS skiing, tennis

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Raoul Hilaire Denis — RELATIONSHIP father

ADDRESS: 7754 Gouin Blvd East, Montreal Que. — D.R.O. 1E762

FULL NAME: — RELATIONSHIP

ADDRESS: — D.R.O.

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	3 12 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Govt quarters & Rations		4-12-40	4MD82
Trans. Warrant # 43348 Quebec		Three Rivers	4 M.D. 27
Occpg. Govt Qts & Rtns.		31-1-41	11E749
Issued Special T.W. No. C8602		4-8-41	11E235
Occ. pub. qtrs & draw. rtns		16-3-42	3DJS65

22302

APE: 7754 Gouin Blvd. Est Montreal, Que.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
14-12-40	FEB 10 '42					KX

AIR FORCE No. R81582

DENIS, JOSEPH JEAN REAL

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-E[redacted]

PLACE Montreal Que

DATE 3-12-40

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

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

1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	4 M.D.	4	12	40	4MD82
S.O.S.	4 M.D. Quebec	31	1	41	4 M.D. 27
T.O.S.	11 E.F.T.S. Cap de la Madeleine	31	1	41	11EF19
SOS	11EF Cap de la Madeleine	14	3	42	11EF22
T.O.S.	3 I.T.S. Victoriaville	15	3	42	3ITS65
SOS	3 I.T.S. Victoriaville	23	5	42	3ITS172
T.O.S.	5 M Depot Quebec Lachine	24	5	42	5MD.126
SOS	5 M Depot Lachine	6	6	42	5MD135
T.O.S.	11 E.F. Cap de la Madeleine	7	6	42	11EF.47
SOS	11 E.F.T.S.	1	8	42	11EF63
T.O.S.	13 S.F.T.S. St Hubert Qu	2	8	42	13SF190
SOS	Having amended	30	9	42	13SF260 237 13SF236
	Died	1	10	42	13SF260
	Killed M 417 1/10	30	9	42	
	St Hubert Que. airdrome cause obscure. 13 S.F.T.S.				
WSG	Computed	2	10	44	

CA S/WSG

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	3	12	40	4MD82
AC1 amended	1	4	41	11EF19;23
AC1	4	3	41	11EF23
A/cpl. (paid)	1	7	41	11EF31
LAC	4	6	41	11EF31
Temp (cpl. (paid)	1	7	41	11EF7
AC2 (reverts)	14	3	42	11EF22
T/Cpl. (Pd) T5	1	4	42	3ITS98

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
16-9-40	R100	A	
Hrs, sick	6-1-42	8-1-42	11EF3

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Clk	Std	3	12	40	4MD82
Clerk	C	5	2	41	11EF16
Clerk. Steno	B	1	7	41	11EF31
Aircrew P and O	S	14	3	42	11EF22
Clk Steno (U.T.P.O.)	B	1	4	42	3ITS98
Clk Steno (U.T.P.)	B	9	5	42	3ITS122
302S					—

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Sat.	Good	31-1-42

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Clk. Steno. "C"	53% P	5	2	41	TTB-4M.D.
Clk. Steno. "B"	87% P	21	5	41	TTB-11EF

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
4-8-41	18-8-41		Annual	11EF35
8-5-42	24-5-42	15		3ITS122