R81991
DICKINSON
ARTHUR GEORG

R0081991 DICKINSON ARTHUR G LAC6

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

FORM NO. R. 325

R.C.A.F.

PREFIX NUMBER NAME RANK CODE

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

57893

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

488 27.10.49

John G. Dickinson (Father)
Youghal,
Co. Cork,
Eire,
Ireland.

aug.-46

MEMORIAL BAR
DATE DESP
REGN. NO 1695

10M—3-40 (4425)
H.Q. 1772-45-M

MINISTERIAL CARD ROYAL MESSAGE MEMORIAL CROSSES

M-S-W

E-F-A

H.Q. FILE NO.

NAME DICKINSON, Arthur George

REGT'L NO. R81991

RANK A.C. 1 UNIT Canada

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH	22-6-41	IS MOTHER LIVING? NO IS WIFE LIVING? N.A.		
		MINISTERIAL CARD SENT: 4-7-41 ROYAL MESSAGE SENT: 20-8-41 MEMORIAL CROSSES SENT: NA		
	To father.	To father Same address. MOTHER NOT LIVING NOT MARRIED		
		To Dept. E. Affairs 3-9-41		
Father:	Mr. J.G. Dickinson, Shamrock Hotel, Youghal, County Cork, Eire.			

DICKINSON	Arthur George	C-93104	Pte	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE
BADGE
CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal 1939-45	RCAF distribution R81991

AIR FORCE No. R. 81991 POSTED TO No. 12 Equipment Depot Mtl. TRADE Nursing Orderly (Group "C")

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Dickinson FULL Christian Names Arthur George
2. Present Address #1 Wireless School, Montreal, P.Q. Telephone At. 4786
3. Permanent Address 63 Laurel Avenue, Ottawa, Ontario.
4. Place of Birth Youghal, Co. Cork, Eire. Citizenship British
5. Date of Birth 26th June 1912 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

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

7. Occupation Hospital Orderly 8. Religion Roman Catholic (State denomination)
9. Languages English. (Fluently) (State proficiency)
10. Next of Kin (Full Name) John George Dickinson Relationship Father
    " Address Shamrock Hotel, Youghal, Co. Cork, Eire.
11. Father (Full Name) John George Dickinson Birthplace Yorkshire, England.
    " Address Shamrock Hotel, Youghal, Co. Cork, Eire. Citizenship British
    " Occupation Hotel Proprietor.
12. Mother (Full Maiden Name) Mary Bridget Kearney (deceased) Birthplace Co. Cork, Eire.
    " Address ~~Shamrock Hotel, Youghal, Co. Cork~~ Eire. Citizenship British.
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
R.C.A.M.C. R.C.A.F.	Ottawa	Pte.	Orderly	7-6-40	29-8-40	Transferred.
C.A.S.F.	Montreal	Pte.	Orderly	29-8-40	10-11-40	

R.C.A.F. Records Office
Rec'd. FEB 20 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

14. Honours, Awards, Mentions — nil.
15. Are you now on any Naval, Military or Air Force Reserve? — No.
16. Have you previously made application to join the R.C.A.F.? — No. If so, where? N.A.
    When? — N.A. Result — N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? — No.
    If so, state nature of disability — N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? — No.
    If so, state nature of Disability — N.A.
19. Have you ever been convicted of an indictable offence? — No. If so state nature — N.A.
20. Are you in debt? — No. If so, state particulars — N.A.

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

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—~~Public~~ or Separate School	Presentation Convent Youghal	1918	1921	General Education
High School—Collegiate Institute, etc.	Christian Brothers, "	1921	1928	" "
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Messrs Farrell + Co. Ltd. Youghal, Co. Cork, Eire.	Apprentice electrical engineer.	1928	1930	Company went out of business
Electricity Supply Board Dublin, Eire.	House Wiring.	1930	1932	Came to Canada.
	(Part time work. Ottawa	1932	1936)	
Civic Hospital, Ottawa Ont.	Hospital Orderly	JUNE 1936	JUNE 1940	Enlisted R.C.A.M.C. R.C.A.F.

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

24. Special Qualifications, ~~Hobbies~~, etc., useful to the R.C.A.F. Four years employed as hospital orderly at the Ottawa Civic Hospital, Ottawa, Ontario. St. John's Ambulance first aid certificate 1935. R.C.A.M.C. 7-6-40

25. Sports engaged in. State: ~~extensively~~, moderately, ~~occasionally~~ Football (soccer) Swimming Cricket, Field hockey

26. Air Force Duty you wish to enlist for Ground Duties. ~~Flying Duties.~~

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

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

Name	Address	Occupation
Dr. J. Dobbie	Civic Hospital, Ottawa	Supt. Ottawa Civic Hosp.
Mr. N. Tremblay	67 Caroline Ave. Ottawa	Yardmaster C.N.R.
Mr. H. Munro	44 Waverly St. Ottawa	Engineer, Canadian Bank Note. Ottawa

28. Other information that may have any bearing on this application. Enlisted in R.C.A.M.C R.C.A.F. C.A.S.F. 7th June 1940 # C 93104

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

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

Date 13th December 1940 Signature Arthur George Dickinson Pte. R.C.A.M.C. R.C.A.F.

Nu

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

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

Date Nov. 16th, 19 40 Arthur George Dickinson
Signature of Recruit

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

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

Date Nov. 16th 19 40 Arthur George Dickinson
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

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

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

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

at Montreal, P. Q. this sixteenth day of November 19 40

L. A. Beauchesne F.O. R.C.A.F. Recruiting Centre Mtl.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age.

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

(a) Rheumatism: no
(b) Tuberculosis: no
(c) Bronchitis or Asthma: Bronchitis age of 20
(d) Heart Disease: no
(e) Kidney or Bladder Disease: no
(f) Gastro-intestinal: no
(g) Rupture: no
(h) Varicose Veins: no
(i) Flat or Deformed Feet: no
(j) Nasal Trouble: no
(k) Ear Disease: no
(l) Eye Disease: Astigmatism
(m) Epilepsy: no
(n) Nervous or Mental Disease: no
(o) Syphilis: no
(p) Gonorrhoea: no
(q) Bone Fracture: no
(r) Other Disease or Defect: no

3. Have you ever worn glasses? Yes since 1937

Arthur George Dickinson
Signature of Applicant

Examiner's Remarks *re* above: None

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

1. Identification marks or scars (if operative obtain history): Small scar 2 inches long back of left leg, and scar one inch long on right knee.

2. Height 5' feet 7½" inches.
3. Weight 152 pounds.
4. Complexion Fair
5. Color of Eyes blue Hair Fair
6. Development {Good / ~~Fair~~ / ~~Poor~~}
7. Chest Measurement—Full expiration 35½ inches
Range of expansion 2½ inches
8. Hearing—Right 20 Left 20 Tympana—Right N. Left N
9. Vision—Without glasses—Right 20/20 With glasses—Right 20/20
Left 20/50 Left 20/30
10. Condition of mouth and teeth Good
BP 120/75
11. Urine—Albumen No Sugar No
Colour Vision Normal
12. Abnormalities (Congenital and Pathological) found on Examination No
Reflexes normal
Urine negative
X-Ray chest negative
J.E.B.

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

Any special remarks of the Medical Officers

Date 26/12/40 19

M. Hellwell Major — President
G. H. Graham Capt — Member
F. Jones Lieut. — Member

ORIGINAL
DUPLICATE
TRIPLICATE

(*To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.*)

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

Unit R.C.A.M.C. C.A.S.F. R.C.A.F. Regimental Number 693104

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: DICKINSON
2. Christian Names: ARTHUR GEORGE
3. Present address: Civic Hospital, Ottawa, Ont.
4. Date of birth: June 26, 1912
5. Place of birth: EIRE (Country) Co. Cork (County or Province) Youghal (Town or Township)
6. Religion (state denomination): ROMAN CATHOLIC
7. Trade or Calling: HOSPITAL ORDERLY
8. Married, Widower or Single: SINGLE
9. Name of next of kin: John George Dickinson,
10. Relationship: Father
11. Address of next of kin: South Main St., Youghal, Co. Cork, EIRE
12. Have you served in any Naval, Military or Air Force? NO
13. If previous war service, state arm, force and regimental particulars: N.A.
14. Do you now belong to or have you served in the Active Militia of Canada? NO

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Arthur George Dickinson do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 7th June, 1940. Arthur G. Dickinson (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Arthur G. Dickinson (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at OTTAWA this 7th day of June, 1940.

Harold V. Canfield Lieut. R.C.A.M.C. (Signature of Magistrate, Justice or Attesting Officer.)

for OC HQ DET RCAMC CASF RCAF (Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of DICKINSON, (Surname) Arthur George (Christian Names) Regimental Number C93104

QUALIFICATIONS

Military

Business or Professional

Trade or Civil: Hospital Orderly

Technical

Languages: English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Christian Bros., Youghal (years completed) 3 years

Graduation or Matriculation (specify)

*College

*University

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment						
		T.O.S. & posted to RCAF H.Q., Ottawa	Pte.	7-6-40	RCAF HQ.	Ottawa	Pt. II Ord. # 3	8-6-40
		Granted Subsistence Allowance	"	"	" "	"	" " " "	"
		Posted to RCAF St'n & occ. Pub. Qtrs.	"	11-6-40	" St'n	"	" " " 5	14-6-40
		S.O.S.RCAF St'n,Rockcliffe Post. No. 3 T.C. H.Q.	"	27-8-40	" "	"	HQ Pt.II Ord. # 29	26-8-40
		T.O.S. #3 T.C. DET RCAMC CASF RCAF and	"	29-8-40	" "	Montreal	" " " 29	29-8-40
		Posted to #1 Wireless School Montreal	"	29-8-40	" "	Montreal	" " " #29	29-8-40
d/23-11-40	HQ54-27-584	Posted from #1 Wireless Sch to #12 Equip Dep	"	3-11-40	" "	"	" " " #1	d/4-1-41
		T.O.S #3 T.C. DET RCAMC, CASF, RCAF	"	15-11-40	" "	"	" " " 10	14-2-41

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Dickinson, Arthur George Date 1/6/40

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis NO
c. Bronchitis or asthma See below
d. Heart disease NO
e. Kidney or bladder disease NO
f. Gastro-intestinal NO
g. Rupture NO
h. Varicose veins NO
i. Flat or deformed feet
j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Epilepsy NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? For past 3 years.

Arthur G. Dickinson
(Signature of Recruit)

Examiner's remarks re above (b) This man had left sided dry pleurisy in April 39. In bed 5 weeks and rested another week. Has worked since with no ill effects. 3 chest x-rays, the last in April 40, were negative for T.B. Tuberculen skin test, positive. (c) One att of Bronchit 8 years ago None since.

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Old scar over each patella. Small scar inner side of left thigh. 2 vaccination scars left arm.

2. Height 5 feet 6½ inches. 3. Weight 136 pounds.

4. Complexion Fair Eyes Blue Hair Brown 5. Development Good ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion 38 inches.
Range of expansion 2" inches.

7. Vision, right 20/60 left 20/30 8. Hearing, right 20Ft.W.V. left 20 W.V.

9. Condition of mouth and teeth Mouth healthy complete upper Dentures. Partial lower

10. The abnormalities (congenital and pathological) found on examination are as follows None
Apart from diminished breath sounds lower left lung. 50% flattening of both plantar arches causes no disability. Vision corrected to 20/30 each eye.

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A.

Special remarks when category lower than A

Robert Benson Capt. RAMC — President
H. Everett Lieut RCAMC — Member
D. H. Hubbs Lieut RCAMC — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
4-6-40	Chest X-Ray Neg. H. G. Smith Capt RCAMC		
1-6-40	Urine Neg. Robert Benson Capt. RAMC		

M.F.M. 7
400 M—8-39 (17049)
H.Q. 1777-45-18

ACTIVE SERVICE
CANADIAN ~~FIELD~~ FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. C.93104 (Rank) Private

Name (in full) Arthur George DICKINSON enlisted in

the R.C.A.M.C., C.A.S.F., R.C.A.F.

CANADIAN ~~FIELD~~ FORCE at Ottawa, Ontario on the Seventh

day of June 1940

He served in R.C.A.M.C., C.A.S.F., R.C.A.F.
for the purpose of immediate enlistment in the R.C.A.F.

and is now discharged from the service ~~by reason of~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	28	Marks or Scars	Old scar over each patella
Height	5'6½"		Small scar inner side of left thigh
Complexion	Fair		2 vaccination scars left arm
Eyes	Blue		
Hair	Brown		

A. G. Dickinson
Signature of Soldier

F. W. Emard Major
Issuing Officer (L.M. Emard)

Major
Rank

Date November 15th, 1940

Date of Discharge

November 15th, 1940

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Dickinson, Arthur George Date 1/6/40

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis NO
c. Bronchitis or asthma See below
d. Heart disease NO
e. Kidney or bladder disease NO
f. Gastro-intestinal NO
g. Rupture NO
h. Varicose veins NO
i. Flat or deformed feet

j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Epilepsy NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? For past 3 years.

Arthur G. Dickinson
(Signature of Recruit)

Examiner's remarks re above (b) This man had left sided dry pleurisy in April 39. In bed 5 weeks and rested another week. Has worked since with no ill effects. 3 chest x-rays, the last in April 40, were negative for T.B. Tuberculen skin test, positive. (c) One attack of Bronchitis 8 years ago. None since.

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Old scar over each patella. Small scar inner side of left thigh. 2 vaccination scars left arm.

2. Height 5 feet 6½ inches. 3. Weight 136 pounds.

4. Complexion Fair Eyes Blue Hair Brown 5. Development Good ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion 38 inches.
Range of expansion 2" inches.

7. Vision, right 20/60 left 20/80 8. Hearing, right 20Ft.W.V. left 20 W.V.

9. Condition of mouth and teeth Mouth healthy complete upper Dentures. Partial lower

10. The abnormalities (congenital and pathological) found on examination are as follows None
Apart from diminished breath sounds lower left lung. 50% flattening of both plantar arches causes no disability. Vision corrected to 20/30 each eye.
DHH

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

Robert Pearson Capt. RCAMC — President; T. Lemert Lieut. RCAMC — Member; D.H. Hubbs Lieut. RCAMC — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
1-6-40	Chest X-Ray Neg. H. G. Smith Capt. RCAMC		
1-6-40	Urine Neg. Robert Pearson Capt. RCAMC		
8-7-40	Tetanus Toxoid 1 c.c.		
1-7-40	TABS		
8-7-40	3		
15-7-40			
1-7-40	VACC. MPD		
20-8-40	Tetanus Toxoid 1 c.c.		

discharged

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: DICKINSON, ARTHUR GEORGE (b) Reg'l. No. R91991
2. (a) Arm of service: R.C.A.F. (b) Unit: MEDICAL (c) Rank: A.C.1.
3. (a) Date of birth: 26-6-1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment: 63 LAUREL AVE. OTTAWA ONTARIO
4. (a) Place of enlistment: MONTREAL, P.Q. (b) Date of enlistment: 16-11-41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school (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.): JUNIOR MATRICULATION
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? ELECT. ENGINEER (c) Did you finish it? No. (d) If you did not finish it, how long did you serve at it? APPROX. 2 YRS.
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

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

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

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

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

18. Name of employer: OTTAWA CIVIL HOSPITAL, OTTAWA ONTARIO Address: CARLING AVENUE OTTAWA ONTARIO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): CIVIC HOSPITAL
20. (a) Your specific occupation: HOSPITAL ORDERLY (b) Number of years' experience at this occupation with any employer: 4 YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? No.

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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: TO REMAIN IN R.C.A.F.

DATE 27th MAY 1941 SIGNATURE Arthur George Dickinson

R.C.A.F Records Office
Rec'd JUN 17 1941
O. K.
R. C. A. F.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

DICKINSON A.G. R81991 ACL (Age 28) -R.V.H.-

Admitted March 15th/41.

PRESENT ILLNESS: The patient is a Hospital Orderly with the R.C.A.F. He had a seizure observed by the Medical Officer, at about 11 A.M. this morning. The doctor was in the adjoining room when he heard the patient cry out. When he saw him he was lying on the floor, having clonic movements of both arms and of both legs. The doctor thought that the head and eyes were turned to one side, but he could not remember which side. He observed no twitching of the face and no movements of the mouth, but the pt. bit his tongue. The clonic movements lasted about two minutes. The pt. regained consciousness in about five minutes, and then complained of a headache and vomiting. Patient denies having had any previous seizures, and denies any knowledge of this one. He thinks that he just had a headache, felt faint, and vomited.

He has had only a light breakfast, consisting of a cup of coffee and a piece of toast at about 7 a.m., and then he took a glass of orange juice at 10.30 a.m., about ½ hour before the seizure. At the time of admission, the patient had no complaints excepting a slight frontal headache, and by this time he was feeling hungry.

PAST HISTORY: Knows no details about mother's pregnancy or his birth. No details about his childhood, except that he had measles.

MENTAL: Has noted no recent changes in personality, intellect or memory. Has worked as a hospital orderly. Was formerly at the Ottawa Civic Hospital. At present, he is with the R.C.A.F.

CONSCIOUSNESS: Was not aware of loss of consciousness in the attack to-day. He is not aware of any other loss of consciousness. No dreamy states, hallucinations or delusions. Was not aware that he had convulsion, this morning.

PHYSICAL EXAMINATION: Significant positive findings. General appearance good.

HEAD: Normal
EARS, EYES, NOSE: Normal.
MOUTH: Bite marks are present on the tongue.
THROAT: Negative.
HEART & LUNGS: Normal.
THORAX & SPINE: A dorsal kyphosis and scoliosis to the right is present.
ABXOMEN: Normal.
GENITALIA: Normal.
LYMPH NODES: Normal.
NEUROLOGICAL EXAMINATION: Intelligence and mental state normal.
CRANIAL NERVES: All negative to detailed examination except for slight horizontal nystagmus on gazing to the left.
MOTOR SYSTEM, CO-ORDINATION: Deep and superficial reflexes. Sensations all normal.
BLOOD WASSERMANN: Negative.
C.S.F. EXAM: Proteins 42 mgm. %. Pandy 0. Fluid clear and colourless.
E.E.G. REPORT: There was no evidence of epileptiform activity in this electrogram

X/RAY REPORT March 17th/41:
Skull impression: Question of displacement of falx to left. No other gross abnormality of the skull

CHEST IMPRESIION: Thoracic scoliosis. No evidence of active intrathoracic disease.

DR. E. W. HARDING.

AGREEMENT

From: Arthur George Dickinson

To: Commanding Officer
R.C.A.F. Recruiting Centre,

1. In the event of my being accepted for enlistment in the Royal Canadian Air Force, I agree to the following conditions of service;

(a) That I will be liable to be called upon to perform duties not directly or indirectly connected with the trade in which I have applied, i.e. Nursing Orderly Group "C" until such time as the R.C.A.F. is in a position to employ, or train me in said trade.

(b) That I will be required to pass the prescribed examinations and tests before a R.C.A.F. Trade Test Board before I will become eligible for re-mustering to a higher trade group.

R.C.A.F. Records Office
Rec'd. FEB 20 1941
O.K. ..... C.I.B. ..... R.C. ..... N.I. ..... S.L. ..... P.A. .....

(c) That in the event of my being found unsuitable by R.C.A.F. authorities for employment or training in the above mentioned trade, I am liable to be re-mustered to another trade.

2 I have carefully read this agreement, and fully understand it to be in addition to the agreement in the attestation paper that it will be necessary for me to sign if I should be attested.

J. A. Leechai, F.O. (witness)

Arthur George Dickinson (Signature of Applicant)

Nov. 16th, 1940 (DATE)

Nov. 16th, 1940 (DATE)

A.F.M. 23
17/6/40

Name DICKENSON Arthur Reg. No. R-81991 Hospital ROYAL VICTORIA

Form 100 of 19 Continued

ROYAL VICTORIA HOSPITAL Age 29 Admission: June 19th, 1941.
(died) Discharge: June 22nd, 1941.

SERVICE: Dr. C.G. Sutherland, Medicine "B".
REF. BY: Dr. L. Lowenstein, Wireless School.

PREVIOUS ADMISSIONS: (1) 1939 - Ottawa Civic Hospital - Pleurisy.
(2) March 1941 - M.N.I. - Epileptic seizures.

POSITIVE FINDINGS: HISTORY:

1. Sore throat, 10 days.
2. Abdominal distension, nausea and anorexia, 10 days.
3. Smoky reddish urine, 5 days.

PHYSICAL EXAMINATION:

1. Septum deviated to the left. Mucosa injected, with purulent discharge.
2. Tonsils injected and enlarged. Posterior pharynx intensely injected.
3. Abdomen: Area of tenderness in the L.L.Q.
4. B.P.: 175/130.

SPECIAL EXAMINATIONS:

1. URINALYSIS: June 20th. Acid. 1008. Albumen ++++. No sugar. 5-8 RBC.&5 pus cells, per h.p.f., uncentrifuged, with an occasional blood cast. June 21st. Acid. 1012. Albumen ++++.
2. BLOOD: June 20th. No sugar. Centrifuged field clouded W.B.C. 9,000. Hgb. 70% (with R.B.C. Occasional WBC.
3. ECG: June 21st. Dr. C.F. Moffatt. Rate 96 per minute. Rhythm is regular. Conduction time normal.

There is a sharp inversion of the T-waves in Lead I; and very slight elevation of the R.-T. interval in Lead III. Suggested myocardial changes possibly an acute pericarditis - but this is not definite.

4. BLOOD CHEMISTRY: June 19th. N.P.N. 68.8 mg.%. June 21st. Creatinine, 1.70 mg.%. N.P.N. 59.1 mg.%.

DIAGNOSIS: 1). Acute Haemorrhagic nephritis.
2). Bronchopneumonia (terminal).
3). Acute upper respiratory infection with acute pharyngitis.

PROGRESS & THERAPY: On admission, patient was given an ice collar to neck & steam inhalations for sore throat. On the following day he developed many medium and coarse rales throughout both lung fields; he became

(p.t.o.)

"CONTINUED"

dyspnoeic and had difficulty in breathing. The dyspnoea appeared to occur in bouts, relieved by Morphine and oxygen tent. The blood pressure rose to 230/130, and on June 23rd, the temperature rose to 102.8, and he developed blowing breathing in the right upper lobe posteriorly. He became restless and irrational. Many fine moist rales appeared throughout both lung fields, in addition to the medium and coarse rales. Patient died on June 22nd, 1941, at 8.25 a.m.

.....

:K.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R81991	Dickinson	Arthur George	R.C.

Born 26-6-12 Place Youghal Co Country Ireland Citizen of Can Racial Origin Irish Can.

ENLISTMENT	CIVIL EDUCATION			PREVIOUS SERVICE
Date 16-11-40	High School Entrance	Jr. Mat.	Sr. Mat.	R.C.A.M.C. C.A.S.F.
At Montreal	Technical School	Corres. Courses		7-6-40 / 15-11-40
Term Duration of War	University			

Rank	Date	Med. Cat.	Date
A.C. 2	16 11 40		
Lac	16 2 41		
ac 1	16 11 40		

CIVIL OCCUPATIONS AND EXPERIENCE

Hospital Orderly

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Nursing Ord	C		P.	16 11 40					

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)

Mrs. O. Flaherty (sister) 63 Laurel St. Ottawa, Ont.

LEAVE

From	To	Auth. and Description

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
Req 58	R.C.A.M.C.	#12 E.D. R.C.A.F.	16-11-40				
D.R.O. 64	Admitted to Royal Victoria Hosp.		15-3-41				
D.R.O. 65	R/c. Montreal	#12 E.D.	1-3-41				
D.R.O. 72	Disch'd from Royal Victoria Hosp.		25-3-41				
D.R.O. 72	Admitted to No 1 Wireless Sch. Hosp.		25-3-41				
D.R.O. 78	Disch'd from	" "	" 1-4-41				
D.R.O. 92-97	#12 E.D.	#1 W.S.	2-4-41				
DRO 145	Adm.	Stn Hosp Ottawa	17-6-41				
— 148	Stn. Hosp.	R.V. Hosp.	19-6-41				
— 150	Disch.	R.V. Hosp.	22-6-41				
— 157	Died at	R.V. Hosp.	22-6-41				

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

(OVER)

REPORT
ON
WOUNDS, INJURIES, ILLNESSES, DEATHS

(To be rendered to A.F.H.Q. in Duplicate)

1. Service No. R 81991 Rank L.A.C.

Name Arthur George. (Christian Names) Dickinson (Surname)

Unit No.1 Wireless School Montreal Que. (Title in full) (P.A.A.F.) (A.A.A.F.) (S.R.)

2. Nature of casualty sustained Acute Hemorrhagic Nephritis and Pneumonia.

at #1 Wireless School (place) Montreal (date) 17-6-41 (time) --

3. First reported to Medical Officer, #1 Wireless School.

at #1 Wireless School (place) Montreal (date) 17-6-41 (time) --

ACTION TAKEN Transferred to the Royal Victoria Hospital on the 19-6-41 for further treatment. PATIENT DIED AT 0825 HOURS ON THE 22/6/41 IN THE ROYAL VICTORIA.

4. Is injury or disability serious (or trivial) Serious.

Signature L Bouvenstein F/O F/O M.O.

5. Has Court of Inquiry been held No Date (If no; give date it will be held)

6. List of Witnesses (Attachments 1, 2, 3, 4 etc.) Attach statement by each witness, including M.O. first attending.

7. CERTIFICATE BY COMMANDING OFFICER:—

(a) Was officer or airman on duty at time of casualty? In Hospital

(b) Is the injury, etc., considered as directly attributable to Air Force Service as such? No

(c) What were the particular service conditions which caused the injury etc? N/A

(d) Was the injury, etc., due to negligence—

(i) On the part of the injured No

R.C.A.F. R. 78
30M—11—40 (8151)
H.Q. 1062-3-61

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R81991	LAC	DICKINSON	ARTHUR, GEORGE

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
#1 WIRELESS SCHOOL, R.C.A.F.	June 22nd, 1941	H.Q. 1022-D-1063	R.C.

9. CIRCUMSTANCES OF CASUALTY

Died in Royal Victoria Hospital, Montreal, Que., of Broncho-Pneumonia complicating acute Glomerular Nephritis

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. M. O'Flaherty,
Sister,
63 Laurel Avenue,
Ottawa, Ontario.

11. LOCATION OF UNIT AT TIME OF CASUALTY

Montreal, 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
Notre-Dame	Montreal Road, Town of Eastview,	Grave: Perpetual Care Single Grave Plot: Row:	No.1073

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
5M—5-40 (5074)
H.Q. 1772-32-1458

20. REPORTED LOCATIONS OF GRAVE

21. REMARKS

1. As far as has been ascertained, no photographs of grave have been taken.

1022-D-1063 (R.2D)

To the Administrator of Estates:

No. R.81991 Rank. AC.1

DICKINSON Arthur George
Surname Christian Names

Unit. No. 1 Wireless School, Montreal, P.Q.

Date of Death. 22-6-41 Place of Death. Royal Victoria Hospital, Montreal, P.Q.

Next-of-kin Mrs J.G. Dickinson Relationship. Father
as per statement on attestation

Address. Shamrock Hotel, Youghal County, Cork, Eire
or
Mrs. O. Flasherty, 63 Laurel Street, Ottawa, Ontario, (SISTER)

M.F.M. 5 ENCLOSED

Will None received at this office

Authority No. 1 WS Signal C.13 d/22-6-41

Date. 30-6-41

(E.F.R. Hewitt)
Flying Officer

for Director of Airmen Personnel Services

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: ARTHUR G DICKINSON
(Christian Names) (Surname)

PAYEE: R G of C
(Christian Names) (Surname)

ADDRESS:

Register No. .....
File No. 24616
Date 25 Sept 45
Service No. R81991
Final Rank or Rating LAC
Date of Discharge 22 June 41

Date of Termination of O/S service N/A

	$	¢
A. TOTAL QUALIFYING SERVICE		
No. of days 381/30 equal to 12 complete periods @ $7.50	90	00
B. QUALIFYING OVERSEAS SERVICE		
No. of days less ineligible days, equal to days @ 25¢ per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE		
Daily Rates at Discharge Pay .....$..... Subsistence or Lodging and Provision Allowance .....$..... Additional Pay ....$..... Dependents' Allowance 1/30 of $ .....$..... TOTAL $ x 7 = $ No. of days ____/183 x $		
DD. WAR SERVICE GRATUITY	90	.00
E. Deductions Overpayment of Pay and Allowances $ Dependents' Allowance $ and Assigned Pay Other deductions $		
F. TOTAL AMOUNT PAYABLE	90	00
G. YOUR PROPORTION: (D.A. in issue to you / (Total D.A. in issue = ____ of $)		

PREPARED BY	CHECKED BY

118

STB

To be made out in duplicate

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 DICKINSON ARTHUR GEORGE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R. 81991 AC.2

(3) Unit Royal Canadian Air Force.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N.A.
N.A.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons
N.A.

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls

Names and ages N.A.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.
N.A.

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N.A.

Postal Address N.A.

R.C.A.F. Records Office
Rec'd. FEB 20 1941
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address N.A.

(11) Is your father alive? YES.

If so, state name and address, occupation John George Dickinson (Hotel Proprietor) Shamrock Hotel, Youghal, Co. Cork Eire.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment N.A.

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N.A.

(14) Is your mother alive? NO

If so, state name and address N.A.

(15) If your mother is a widow, are you her sole or partial support? N.A.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N.A.

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? N.A.

(17) 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:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

Amount contributed monthly during the past six months N.A.

(18) Are you insured? YES.

If so, in what Company? Metropolitan Life Insurance Co.
(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.

Arthur George Dickinson
(Signature of officer or man)

Date Nov. 16th, 1940

L. A. Beaubien, F.O.
for: Officer Commanding
R.C.A.F. Recruiting Centre Montreal, P. Q.

Date Nov. 16th, 1940

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.

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier DICKINSON
(Surname first—Christian names in full—Block capitals)
Arthur George

(2) Regimental Number 693104

(3) Unit RCAMC CASF RCAF

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons
N.A.

(7) Are you a widower? NO

(8) Have you any children? NO
If so, give number of boys and girls
Also their names and ages

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name N.A.

Postal Address

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NO

If so, state her full name and Postal Address

(11) Is your father alive? YES

If so, state name and address John George Dickinson

South Main St., Youghal, Co. Cork, Eire.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? N.A.

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. N.A.

Also state reason he has no other means of support

(14) Is your mother alive? NO

If so, state name and address N.A.

(15) If your mother is a widow, are you her sole support? N.A.

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. N.A.

Also state reason why she has no other means of support

(17) Are you insured? YES

If so, in what Company? METROPOLITAN LIFE

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.

Arthur G. Dickinson
(Signature of officer or man)

Date 7th June, 1940.

Harold V. Crawford Lieut. RCAMC
Officer Commanding H.Q. DETACHMENT,
RCAMC CASF RCAF

Date 7th June, 1940.

AIR FORCE No. R81991

SURNAME: DICKINSON, FULL CHRISTIAN NAMES: ARTHUR GEORGE

ENLISTMENT — PLACE: Montreal Que. DATE: 16-11-40

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
201	12 E.D. Montreal	16	11	40	12ED46
SOS	12 E.D. Montreal	1	4	41	12ED92
T.O.S	1 W.S. Montreal	2	4	41	1WS97
S.O.S.	Died	22	6	41	1WS157
	Died of Bronchial Pneumonia at Montreal				
	Inc. Sig No. B	22	6	41	
23-QM-001	1 W.S. Mont.				

C	CH	STRENGTH	DATE			CAUSE	STATUS	RESULT	DATE OR PLACE	P	OH
H	D	18	22	6	41	9	9.	9.	22302		✓

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C.2.	16	11	40	
A.C.	16	11	40	12ED46
LAC	16	2	41	1WS132
6				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
26-12-40	R100	A.	
Royal Victoria Hos.	15-3-41	25-3-41	12ED64 72
1 W.S. Hos.	25-3-41	1-4-41	12ED72 78
22/5/41	MEB227	APBR.	
SS 2.	17-6-41	19-6-41	1WS145-148
R.V.H.	19-6-41	22-6-41	1WS148-150

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Nursing Orderly N-O/C	C	16	11	40	

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.

WSG Computed 2/10/44

CAS/WSS

AIR FORCE No. R81991 R

DICKINSON, ARTHUR GEORGE
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal Que. — DATE 16-11-40
RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE [redacted] — PLACE Youghal, Co. Cork, Eire — CITIZENSHIP British

FATHER (FULL NAME) John George Dickinson

BIRTHPLACE Yorkshire, England.

MOTHER (FULL MAIDEN NAME) Mary Bridget Kearney (deceased)

BIRTHPLACE Co. Cork, Eire

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Eire

JUNIOR MATRICULATION 2 yrs. High school Eire

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

St. Johns Ambulance First Aid Certificate

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

App. Electrical Engineer 2 yrs. Messrs. Farrell & Co. Ltd. Ottawa
House Wiring 6 yrs. Electricity Supply Board Eire
Hospital Orderly. 4 yrs. Civic Hospital, Ottawa.

4400

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

R.C.A.M.C., R.C.A.F. Ottawa Pte. - June 7-1940 to Aug. 29-1940
C.A.S.F. Montreal Pte. Aug. 29-1940 to Nov. 15-1940

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic

14. LANGUAGES English (fluently)

15. SPORTS Football, soccer, swimming, cricket, field hockey.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: John George Dickinson — RELATIONSHIP Father
ADDRESS: Shamrock Hotel, Youghal Co. Cork, Eire — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE			D.R.O.	RATE CHANGES ETC.	EFFECTIVE			D.R.O.
202 & 12 ED for Pur pose	1	3	41	12 ED 65					

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
Duration	16	11	40						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Auth. to draw qtrs. allnce		4-4-41	14382
Ceases to draw qtrs. allnce		10-4-41	14386
O.P.C. 63 Laurel Ave. Ottawa Ont.			18507

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD