R96840
CARREAU
ALFRED

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M.F.M. 101
100M—2-41 (9296)
H.Q. 1772-39-1795

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

ENROLMENT

CANADIAN ARMY
(RESERVE FORMATIONS)

N.R.M.A. Serial Number of Notice of Call....B31136..... Regimental Number....B600-287....

1. Taken on Strength of ....NRMA Clearing Depot No 2....
2. Surname (Block Letters)....CARREAU....
3. Christian Names (in full)....Alfred Andre....
4. Present Address....204 Ashdale Ave Toronto....
5. Place of Birth....Toronto.... 6. Date of Birth....Nov. 21/19.... 7. Religious Denomination....Ang.....
8. Physical Description: Height....5-6.... Weight....132.... Eyes....brown.... Hair....brown....
   Complexion....dark.... Identification marks....Permin. bald spot on head.
9. Next-of-Kin....Mourice Carreau.... Relationship....Father....
   (Name)
   204 Ashdale Ave. Toronto Ont
   (Address)
10. Married, Single, Widower ?....Single.... 11. Mother Tongue....Eng.....
12. What other languages do you: *(a)* Speak?....No.... *(b)* Read?....No.... *(c)* Write?....No....
13. High School or Collegiate?....Nil.... Graduation or Matriculation?....Nil....
    (years completed) (Specify)
14. College ?....No.... University?....No....
    (Specify) (Specify)
    ....
    (Courses and years completed, Degrees obtained)
15. Trade or Occupation....Welder.... Technical Qualifications and Experience....Nil....
16. Previous Military Service....Nil....
    (Show Units and Dates of Service)
17. Preference, if any, for Naval, Army or Air Service....Air Force....
    (Give particulars and qualifications)
18. Employment in War Industry, if any....Nil....
19. Can Drive a Car?....Yes.... Repair a Motor?....No.... Cooking Experience....Nil....
20. Hobbies....Music....

Alfred Carreau
(Signature of Man)

April 17 1941
(Date of Signature)

H. J. Fleming Lieut
(Signature and Rank of Enrolment Officer)

RECORD OF SERVICE, TRAINING, PROMOTIONS, ETC.

A. Medical Category on acceptance at Basic Training Centre A

B. Attached to Basic T.C. No. 20 at Brantford, Ont. Date Apr. 17/41

Completed 44 Days Basic Training.

J. H. Brennan Lt A/Adj.

(*Date, Signature, and Rank of Recording Officer*) Capt. & Adj.

C. Attached to Advanced T.C. No. ..... at ..... Date .....

Completed ..... Days Advanced Training.

Qualities of Leadership, Dormant? ..... Becoming Evident? ..... Positive? .....

Transferred to ..... Date .....
(Unit of Reserve Army to which transferred on completion of Training)

.....

(*Date, Signature and Rank of Recording Officer*)

Date (a)	Place (b)	Details of subsequent Transfers, Training, Service, Promotion, Medical Categorization, Qualifying Certificates, etc. (c)	Authority (d)	Signature of Officer Certifying Entry (e)
9-5-41	Brantford	H.W.L. 2130 hrs - 9-5-41 2130 hrs - 11-5-41 forfeits 2 days pay ART. 149 F.R. & I., C.A.S.F.	D.O. 18	W. J. McLean
25/6/41	"	A-17 Three Rivers (M.G.)	D 039	
26/6/41	Three Rivers	Att. to A-17 for all purposes	D.O. #8 d/26/6/41	M H Bruce
20/8/41	"	Discharged for purpose of enlisting in RCAF.	D.O. #25 d/29/8/41	M H Bruce
12-6-41	Bfd	Re-examined Cat A		
18-4-41	Bfd	2 G B T ½		W. J. McLean
7-6-41	"	" 3		
18-4-41	"	Vaccination		

THE CANADIAN ARMY—RESERVE PERSONNEL

CERTIFICATE OF DISCHARGE

This Certifies *that* B600287 Private CARREAU, Alfred Andre
(Regtl. No.) (Rank) (Name in full)

of 204 Ashdale Avenue *County of* Toronto

Province of Ontario *served continuously in the*

C.A.(B)T.C. No.20, Brantford, Ont., and C.A.(A)T.C. A-17, Trois Rivieres, Que.
(Regiment or Corps)

from the 17th *day of* APRIL 19 41, *to*

the 20th *day of* AUGUST 19 41, *and is now discharged*

therefrom, ~~and that he attended and completed Annual Training for the years~~

for the purpose of enlistment in the Royal Canadian Air Force. R.O.1029(13)
(Each year separately, in figures)

(Total number of years, in words)

Alfred Carreau
(Signature of Soldier)

Place Trois Rivieres, Que.

Date 20 AUGUST 19 41

Conduct - Good

Commanding
(Sqn., Bty. or Coy.)

F.W. Forbes
(D.S. Forbes) Lt-Col.,
†*Commanding* C.A.(A)T.C. A-17, M.D.4.
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

50M—2-41 (9314)
H.Q. 1772-39-62

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

R009684 CARREAU ALFRED LAC

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SERVICE MEDAL	C.V.S.M.				
AWARD														
AWARD AND CLASP														
APPLICATION DISPATCHED						35681								
RIBBON ISSUED														
MEDAL ISSUED														

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Odessa M. Carreau (Widow)

~~54 Hatherley Road,~~
~~Toronto,~~
~~Ont.~~

c/o. J. A. Franklin
R. R. #1. York Mills
Ont.

Dec.-45.

English

8065 18/10/49

MEMORIAL B'R
DATE DESP
REGN. NO A 4732

NAME CARREAU, Alfred FILE NO. R96840

RANK L.A.C. CATEGORY K DIED REG. NO. R96840

DATE OF DEATH: 6-May-45 MOTHER LIVING: Yes WIFE: Yes

MINISTERIAL CARD: 26-5-45 ROYAL MESSAGE: AUG 11 1945 MEMORIAL CROSS TO CHAPLAIN: AUG 9 1945

To wife, DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. Alfred Carreau,
~~24 Hatherley Rd.,~~ 159 Ennerdale Rd.
Toronto, Ontario.

Mother,
Mrs. Maurice Carreau,
204 Ashdale Ave.,
Toronto, Ontario.

COMMAND:

RELIGION:

NAME CARREAU, Alfred FILE NO. R96840

RANK L.A.C. CATEGORY "DIED" REG. NO. R96840

DATE OF DEATH: 6 May. /45 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 27-6-45 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

SEP 13 1945

DEL'D TO MOTHER:

SEP 10 1945

DEL'D TO WIFE:

To Wife-

Mrs. Alfred Carreau,
54 Hatherley Road,
Toronto, Ontario.

Mother-
Mrs. Maurice Carreau,
204 Ashdale Avenue,
Toronto, Ontario.

COMMAND:

RELIGION:

AIR FORCE No. R96840

CARREAU, ALFRED

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 21-8-41

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R44(B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 21-11-19 — PLACE Toronto — CITIZENSHIP British 2

FATHER (FULL NAME) Maurice Carreau

BIRTHPLACE Paris France

MOTHER (FULL MAIDEN NAME) Carrie Hoker

BIRTHPLACE New Jersey N.Y.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X — Ont.

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

0

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

Welder — 8 yrs

3360

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

M.G.G.C. Pte — 17-4-41 to 21-8-41

6

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Nil C.V.S.M. Ribbon	DB74-169	15-1-44
Clasp DC V.S.M.	DB117-15	11-3-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION C. of E.

3

14. LANGUAGES English

1

15. SPORTS Lacrosse-football-basketball-hockey-swimming-skating-tennis

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

WIFE (FULL MAIDEN NAME) Odessa Merle Munroe

PLACE OF MARRIAGE Verdun Que — DATE 18-9-42

AUTHORITY (IF AFTER ENLISTMENT) 1WS.229

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.
Dep. All'ce	AC1	18 9 42	1WS229

18. CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.
Beverley Joyce	20-2-43	8RD57			

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

FULL NAME: Maurice Carreau — RELATIONSHIP father

ADDRESS: 204 Ashdale Ave Toronto Ont — D.R.O.

FULL NAME: Mrs Odessa Merle Carreau — RELATIONSHIP Wife

ADDRESS: 204 Ashdale Ave Toronto — 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.
Qtrs Allce	5 10 42	1WS239			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	21 8 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ qtrs & disc rtns		21-8-41	5 AMD 96
Issued T.W. Spec. Leave	C.C 54435	20-2-42	1W.S. 47.

22.(A) ADDRESS PRIOR TO ENLISTMENT

204 Ashdale Ave Toronto Ont

15614

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
9-9-41	JAN 16 '42					Kx MC

AIR FORCE No. R96840

CARREAU, ALFRED

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 26-8-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

14

R.C.A.F. FORM R44(B) 30M-3-41 (9782) H.Q. 1062-3-58

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	5 A.M.D. Valcartier	21	8	41	5 A.M.D. 96
S.O.S.	5 A.M.D. Valcartier	20	11	41	5 A.M.D. 174
T.O.S.	1 W.S. Montreal	21	11	41	1 W.S. 279.
	=				
Proc. TO 12 S 289,					
S.O.S.	1 W.S. Montreal	11	1	43	1 W.S. 10
TOS	8 R.D. Winnipeg	12	1	43	8 R.D. 11
T.D. Proc. 8 R.D. 21 T.D. Proc. 8 R.D. 64 T.D. Ceases 8 R.D. 75					
T.D. Ceases 8 R.D. 27					
S.O.S.	8 R.D. Winnipeg	27	12	43	8 R.D. 297
T.O.S.	1 G Depot Lachine	28	12	43	1 Y.D. 7
SOS	1 G Lachine	1	1	44	1 Y 16
	3 PRC				
TOS	3 Repair Dpo	23	1	45	3 R.D. 24
Dead. 6 May 45. DCL 1020 d/12 May 45					
Wsg	COMPLETED	26	6	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C. 2.	21	8	41	5 A.M.D. 96
AC 1. 8.	13	7	42	1 W.S. 204.
L.A.C.	1	10	43	8 R.D. 233.

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.
21-8-41	R100	A4B	
Stn S. 2	18-8-42	24-8-42	1 W.S. 200 1 W.S. 204
S.S. 2.	20-4-43	22-4-43	8 R.D. 95-101 8 R.D.
Deer Lodge Hosp.		22-4-43	8 R.D. -98 101
S.S. 2.	6-5-43	14-5-43	8 R.D. 118
Stn Sick, 2.	19-8-43	21-8-43	8 R.D. 201.
Deer Lodge	23-11-43	2/12/43	8 R.D. 282/290.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
A.F.M. (m)	S	21	8	41	5 A.M.D. 96
50 A.S.					
A.F.M.	"C"	13	7	42	1 W.S. 192
A.F.M.	B	1	10	43	8 R.D. 233.
A.F.M.	A	10	10	44	G.R. 1125

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
A.F.M. "C"	F.	13	4	42	1 W.S. T.T.
Qual for A.F.M. B		1	10	43	8 R.D. 195 T.T.

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
23-2-42	9-3-42	14		1 W.S. 44
1-6-42	15-6-42	14		1 W.S. 115
30-8-43	12-9-43	14	Annual	8 R.D. 207.
14-12-43	27-12-43	14	Emb.	8 R.D. 297

AIR FORCE No. CAN. R 96840.

C.T.E. CANADA

Carreau — SURNAME

Alfred. — FULL CHRISTIAN NAME

A

ENLISTMENT/APPOINTMENT

PLACE Quebec, Que;

DATE 21-~~11-19~~ 8-41

RELIGION

Finger Printed Date 22-8-41 Initials [illegible]

R.C.A.F. FORM R230 100M-9-43 (3486) H.Q. 885-R-230 K.P. 89985

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
21-11-19	Toronto	Ontario	Canada	French Can.

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE yes.	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Welder 1933-1941.

PREVIOUS SERVICE

M.G.G.C. 3 Rivers 17-4-41 to 21-8-41.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
21-8-41	A.4.B.		
Wpg. Man Dec/43	Fit Aircrew		

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED 2

WIFE (FULL MAIDEN NAME) OR HUSBAND Odessa Merle Munroe

PRESENT ADDRESS (IN PENCIL) 503 Roslyn Ave; Montreal Que.

PLACE OF MARRIAGE Montreal, Quebec. DATE 18/9/42

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH
Beverley Joyce.	20-2-43. Iroquois Falls Ont.		

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs Odessa Merle Carreau (wife)
~~5632 Roslyn Ave; Montreal Que;~~
204 Ashdale Ave; Toronto, Ont.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	21 8 41				
AC1	13 7 42				
LAC	1 10 43	DRO 233	AFM 'A'	1 10 44	00 1123/44
6					

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
AFM.	Std			21 8 41
AFM	C			13 7 42
" "	B	55	F	16 4 43
Qual " "	B		DRO 195	1 10 43
Rem " "	B		DRO 233	1 10 43
" "	A		DRO 102 F	1 10 43
6 of 9 at Hamb. Works.			P	20 3 44

A-05

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

R. T. Raines

AIR FORCE No. CAN R 96840

SURNAME: Carreau

FULL CHRISTIAN NAME: Alfred

ENLISTMENT/APPOINTMENT
PLACE Quebec Que.
DATE 21-8-41

RELIGION: C of E

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
23-2-42	9-3-42	14	Annual	OKO 44.
1-6-42	15-6-42	14		OKO 115
30-8-43	12-8-43	14		OKO 207.
TWX C 30 6232				
14 Dec 43	27 Dec 43	14	Embarkation Leave	LORO 297/43
11.2.45		9	PL	410 R&S Sq 11

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
15-1-44	C.V.S.M & ~~Bar~~.	410 R&S Sq. 21/44
11. 3. 44	Clasp	410. R&S Sq. 42/44

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
Oct Nov/43	C.T. 2/26.	

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
T.O.	Ceases T.D. No 3 Rcd.		
	MacDonald, Man	8 12 43	LORO 294/43
SOS	#8 R.D. #14 Depot		
	Wpgman Lachine P.Q.	27 12 43	LORO 297/43
	Pld. 2 PRC	31 12 43	ORO 15
	Embk. Halifax	1 1 44	
	Reclamb. U.K.	11 1 44	
	Ret. C169 3 P.R.C.	12 1 44	410 R&S Sq 2/44
SOS	3 PRC to 410 R&S Sq.	27 1 44	3 PRC 24/1/44
ATT.	405 R.&S. fr. 410 R&S.	31/2 1/2 44	405 R&S Sq 2/44
ATT.	49 M.U. fr. 410 R&S Sq.	16/2 2/3 44	49 M.U. 1/44
ATT.	Ibsley	17/2 2/3 44	49 M.U. 1/44
Att.	Messrs. Cunliffe Dove	19/1 3/4 44	410 R&S Sq. 1/44
			410 R&S Sq. 2/44
	Died.	6 5 45	C.R. 762.
	Killed	6 5 45	AFRO 1000

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
A DM. Clerkredge 23-11-43.	LORO 282
Distb Clerkredge 2-12-43.	LORO 290.
Temp. Retsn Allot 14-12-27-12-43 (cancel 14)	LORO 297/43
A 8 Gen Hosp 18-1-45	410 R&SU 3/45
D 8 Gen Hosp 30-1-45	410 R&SU 3/45

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA
Embarked 1/4/44

Bareau A.A. Acr 8 Dec 194?
Name Initials Rank

R96840 No.1 Wireless School R.C.A.F.
Regimental No. Unit

REPORT—

CANADIAN DENTAL CORPS

Dental Officer

M.F.M. 51—50M-12-41(2768)—H.Q. 1772-39-1711

R.C.A.F. R. 78A
60M—11-41 (1297)
H.Q. 1062-3-61

ROYAL CANADIAN AIR FORCE

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

N.B.—To be rendered in accordance with the Instructions on Pages 3 and 4

1. Name CARREAU (Surname) Alfred (Christian Names in Full)

Rank AC2 Number R96840 Unit # 1 W.S.

Date and time of accident 30-6-42 1430 Place of accident (exact locality) Nanoose Bay 13 SFTS 24 Hudson.

2. Short statement by injured person of the circumstances of the injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see Instructions 7 and 9).

caring in for landing - Rt runway & right wheel came off -

No injury.

N.B.—See Instruction 4 before completing the following Section.

3. (*a*) Type and R.C.A.F. No. of Aircraft Vancouver 2459

(*b*) Name of Pilot of Aircraft Sgt Clay (P/O Halsall capt of A/C.)

(*c*) Number in Aircraft, including Pilot 6

(*d*) Crash occurred while: ~~*taking off*~~ *landing* ~~*stationary*~~ *in air (collision)* ~~*forced landing*~~
(strike out those not applicable)

(*e*) Weather good.

(*f*) In case of non-fatal crash does individual recall all events immediately preceding and following crash? yes.

(*g*) Number of flying hours of person reported on: Dual ..... Solo .....

(*h*) Duty: ~~*instructor*~~ ~~*pupil*~~ ~~*aircrew*~~ *passenger other (specify)*
(Strike out those not applicable)

4. (*a*) Description of injuries:— No injury.

(*b*) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? No

(*c*) Whether admitted to hospital or Sick in Quarters? No

Give name of hospital. No

(*d*) How long before initial treatment was given? No.

Date 30-6-42 Signature of Medical Officer [signature]

5. Commanding Officer's statement:—

(*a*) Was the injury sustained

(i) In the performance of air force duty? YES
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority? N.A.

(iii) On leave? (State whether with or without pay) N.A.

N.B.—See Instruction 8 before completing the following Section.

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

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

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.) N.A.

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

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

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

(v) Was the Officer or airman a selected representative of an air force unit practising under authority? N.A.

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

(*c*) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission:—

N.A.

N.B.—See Instruction 12 before completing the following Section.

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

If so, state in what way N.A.

(*e*) Was anyone else to blame? If so, give name and particulars NO

(*f*) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place NO

(ii) An investigating Officer? NO

Date: July 6-42

Signature [signature]

Commanding 201 W/S

INSTRUCTIONS

1. This form is to be rendered WITHIN 48 HOURS after the event in all cases of accidental or self-inflicted injuries to an officer or airman involving:—

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the Medical Officer, who should invariably be consulted, advises that the injury *may* be the exciting cause of disability later.

AND ALSO

(*d*) *In all flying accidents involving personnel, whether there is evidence of injury or not.*

2. A separate form is to be used in respect of each individual affected.

3. The form is to be rendered notwithstanding the holding of a Court of Inquiry or Investigation (see Instruction 10).

(*a*) Three copies of this form are to be forwarded in all cases direct to Air Force Headquarters, one copy is to be retained by the Unit rendering the form, and one copy placed in the Medical envelope, R.C.A.F. M. 10 of the person concerned.

(*b*) One copy of the form is to be forwarded to Command Headquarters for their information (but see Instruction 10).

(*c*) Of the copies received at Air Force Headquarters, one copy is to be sent to D.M.S. (Air), and the remaining two copies passed to D.P.R. 2 who will forward one copy to the Canadian Pension Commission and place one copy on the C.R. file of the person concerned.

4. Section 3 (*a*), (*b*), (*c*), (*d*), (*e*), (*f*), (*g*), (*h*), is only to be answered in cases of flying accidents involving personnel as per instruction 1 (*d*) above—(see K.R. (Air) 669A (*a*) (i) and (ii) for definition).

5. This form is to be used in lieu of Naval Hurt Certificate for injuries sustained by naval personnel serving with the R.C.A.F., in all cases where issue is appropriate under Instruction 1 above, irrespective of whether the circumstances are such as would justify the issue of a Hurt Certificate under K.R. (Admiralty) 1419. Whenever the injury is one for which a Hurt Certificate might have been issued, copies of form R. 78A are to be made in Air Force Headquarters and forwarded as follows: For an officer, two copies are to be returned to the C.O. of the unit, who is to pass one copy to the officer and endorse the other copy to that effect and then return the copy to Air Force Headquarters for transmission to Naval Headquarters. For a rating, one copy of form R. 78A is to be returned by Air Force Headquarters to the Unit for attachment to the Service Certificate (Naval) on which an appropriate note is to be made.

6. The statement made by the injured person in Section 2 of this form should not be used as evidence against him in any subsequent disciplinary proceedings. The rendering of this form should not be delayed in the event of his being unable to make a statement, but the latter should be forwarded at the earliest opportunity.

7. No statements of witnesses are required in support of form R. 78A when an accident forms the subject of a Court of Inquiry or an Investigation under K.R. (Air) 669A or 674. Where no such inquiry is held, form R. 78A must be accompanied by full statements taken by an officer or warrant officer from witnesses of the accident and signed both by the witnesses and the officer or warrant officer. When there are no witnesses, statements from any persons to whom the injured person may have mentioned his injury immediately after the occurrence should, when obtainable, be attached to the form. In the case of injury in organized games, etc., when the witnesses of the accident are in agreement, the evidence of one witness only need be attached to the form, his statement being endorsed by the other witnesses in corroboration. When separate forms are rendered in accordance with Instruction 2 above, a copy of the statements of witnesses is to be attached to each form.

8. In the case of an injury sustained in an organized game, etc., it is most important in the interests of the injured Officer or airman that the questions contained in Section 5 (*b*) of the form should be answered carefully and in full detail, since if and when the question of attributability of the injury to conditions of service comes to be decided under the provisions of the Pension Act, that decision may be based on the information given in answer to these questions.

9. When an affirmative answer is given to Section 5 (*a*) (i) the statement required by Section 2 should specify the particular act of air force duty on which the officer or airman was engaged at the time the injury was received.

10. Courts of Inquiry are to be held or Investigations made when required under K.R. (Air) 669A and 674 regardless of the rendering of this form, but a copy of this form should be included in the Proceedings of the Court of Inquiry or Investigation for information. The Proceedings will be disposed of as laid down in regulations in force at the time of reporting.

11. In addition to being reported on this form, all casualties are to be reported in accordance with the procedure laid down in K.R. (Air) 1871, *et seq.* and A.F.A.O. A. 8/1.

12. Sections 5 (*d*) and (*e*) should only be definitely answered where the answer is obviously in the negative; otherwise it should be noted that no opinion can be given pending finding of Court of Inquiry or Investigation.

August 23, 1943.

STATEMENT OF R96840 AC1 CARREAU, A.A.

1. On August 19, 1943, at approximately 2200 hours, I was salvaging a Fleet Fort aircraft, No. 3629, on runway 35, Stevenson's Field, Winnipeg, Man. I slipped from the crown of the fuselage onto the w ng strut onto the salvage trailer injuring my left back and chest in doing so. It knocked the wind out of me for a minute or so.

2. I was admitted to No. 8 Repair Depot Station Hospital and received treatment within half an hour of the accident.

.....Carreau A.A.....
R96840 A.C.1. CARREAU, A.A.

Witness:

.....
(T. A. Spear) F/L.
for C.O., No. 8 R. Dpo.,
Wpg., Man.

SICK NOTE

AND

PAY BOOK

R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. R96840 Surname Carreau

Christian Names (in full) Alfred

Date of Birth 21-NOV-19 Religion C of E.

Date of Enlistment/~~Appointment~~ 21-Aug-41

Married (M), Widower (W) or Single (S) S

Occupation in Civil Life

Welder. 1933-41

Signature of Holder Carreau AA

Name and Address of Next-of-Kin

(wife)
Mrs. Odessa Mae Carreau,
204 Ashdale Ave
Toronto, Ont.

Name, Address, and Relationship of Person to be informed of Casualties—

Certified Correct R E Dell P/O

Date Place No 1 Y Depot

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
A.F.M. (B)	1-OCT-43	DRO 233	R F Dell P/O
A.F.M (A)	1.10.44	O.O. 1123	[illegible] F/LT.

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
LAC	1-Oct-43	DRO 233	R F Dell P/O

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
C V S M.	15.1.44 PoR 21/44	[illegible] F/LT.
Maple Leaf	11.3.44 " 42/44	

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

Particulars	Date and Authority	Signature and Rank of Officer
1250	30/12/43	W. Young Sgt.
1250	28/6/44	[illegible]
5 Blankets	24/11/44	[illegible]
1 pR. S-Boot Sacks	10-1-45	[illegible]

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
12-8-41	AHB	M10		

BLOOD GROUP

Date	International	Initials of M.O.
	"O"	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
19-4-41	~	
24-5-44		

Susceptibility Test	Date	Result	
Schick Test	29-8-41	Sens.	
Dick Test	29-8-41	Neg.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
T.A.B.T. — i	19-4-41	1 cc	
" — ii	3-5-41	1 cc	
" — iii	5-6-41	1 cc	
" — Ann	18-6-42	½ cc	
" — Ann	5-10-43	½ cc	
Wass. Test - Neg.	26-8-42	~	
Ty/Phus.	3-3-44	1. cc	M.W. S/Ldr
~	16-3-44	1. cc	M.W. S/Ldr
~	27.3.44	1 cc	
"	26-7-44	1 cc	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.
TABCT ATT annual	24/4/45	1.25cc	
TYPHUS, 1st	24/4/45	1 cc	

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

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

ROYAL AIR FORCE.

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

Official No. CAN.R.96840. Name CARREAU Alfred. Rank LAC.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Fitt.11.A.Grp.1. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 21.11.19. Religion C.E. Occupation in Civil Life Welding. 1933-41.

Last Enlisted 21.8.41. Current Engagement D of W.

If a member of the Auxiliary Air Force

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

Name, address and relationship of legal next of kin (to be entered in pencil) : Wife
Mrs. O. M. Carreau 204 Lisbdale Ave. Toronto Ontario.

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

W of K.

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

Section I.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.			
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.		Date of Effect.
8.R.D.	1.Y. Depot.	27.12.43.		AFM Std	AC.2.	21.8.41.
1.Y. Depot.	U.K.	31.12.43.		" C	AC.1.	13.7.42.
	Emb.New York.	1.1.44.		" B	LAC.	1.10.43.
	Disemb. U.K.	11.1.44.		Fitt.11.A.Grp.1. "		1.10.43.
Int.C.169.	3.RCAF(PRC)	12.1.44.				
3 RCAF PRC	NO. 410 REPAIR & SALVAGE UNIT	9.1.44				
Tactical Disposition Tangmere.	RAF Concentration Area	4.6.44				
	RAF Marshalling Area	11.6.44				
	Emb. U.K.	13.6.44				
	France	14.6.44				
S.O.S. having died of methyl alcohol poisoning		6.5.45				
				RCAF O/S ORDER 1123 REMUSTERED AFM "A"		1.10.44

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

CLOTHING, ETC. RETURNED TO STORES OR DEALT WITH IN ACCORDANCE WITH AMO A 1129/1942.

8/5/45 A. F. Smith F/L
IMPREST HOLDER
410 R. AND S. U.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(*13550—10349) Wt. 39510—P3068 25M 11/43 T.S. 700

Section 4.—Character and Trade Proficiency.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
LAC	V.G.	AFM	SAT	—	—	—	31.12.44	S.V. Gosdale F/L
LAC	V.G	AFM	SAT.	—	—	—	6/5/45	A. Robinson S/L

Record of Leave and Issue of Free Travelling Warrants

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

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

Authority.	Nature.	Date of Effect.
POR 21/44	Authorised to wear Can Service Volunteer Medal Ribbon	15-1-44
POR 47/44	Authorised to wear the Maple Leaf Emblem	11.3.44
POR 43/44	Attended Spitfire Airframe Course & Passed	20.3.44

CERTIFICATE OF DIVISION REGISTRAR

Respecting Registration of Birth

THIS IS TO CERTIFY that the following particulars are from a registration filed during the preceding three months in the office of the Registrar for the

Registration Division of.....Iroquois Falls.....

Name.....Beverley Joyce Carreau.....
Date of Birth.....February 20th, 1943...Sex.....Female.....
Where Born.....Anson General Hospital, Iroquois Falls, Ont.
(Street and Number or Concession and Lot. If an institution give its name.)

Full Name of Father...Alfred Andre Carreau.....
Maiden Name of Mother.Odessa Merle Munroe.....
Date of return.....March 5th, 1943.....

Dated this.....March 6th.....1943.....

Signed.....Frank R. Ebbitt.....
Division Registrar.

.....Iroquois Falls, Ont...
Address

Registration Division of.....Iroquois Falls, Ontario.....

District of.....Cochrane.....

Certified true copy:

T.A. Spear F/L

(T.A. Spear) Flight Lieutenant,
Adjutant,
No.8 Repair Depot, RCAF,
Winnipeg, Manitoba.

A 068401

96840

Carreau, A. H.

SPECIAL RESERVE

Occupational History Form completed 26 Feb./43. X

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R-96840 — A.F. No.
CARREAU — Surname
ALFRED — Christian Names
Church of England — Religion

Born 21-11-19 Place Toronto. Ont. Country Canada Citizen of Canada Racial Origin French Canadian

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 7-8-41	High School Entrance Yes Jr. Mat. Sr. Mat.	M. G. G.C. 3-Rivers.
At R.C. Induc Quarters of Way	Technical School Corres. Courses	
Term	University	17-4-41 21-8-41

RANK	DATE	Med. Cat.	Date
AC2	21 8 41	A 4 B	21 8 41
AC1	13 7 42		
SAC	1 Oct 43 DRO 233/43		

CIVIL OCCUPATIONS AND EXPERIENCE

Welder 1933-1941

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
A.F.M.	Ltd			21 8 41	Qual AFM	"B"		DRO 195	1 Oct 43
AFM	"C"			13 7 42	Rem. AFM	"B"	DRO 233		1 Oct 43
AOM	"B"	55	F.	16 4 43	AFM	"A"	DRO 102	F	1 Oct 43

PARTICULARS OF FAMILY

Wife	Maiden Name	Present Address (in pencil)
Odessa Merle Munroe		5032 Roslyn Ave, Notre Dame.

Children — Names	Date of Birth	Place of Birth
Beverley Joyce	20 Feb/43	Iroquois Falls, Ont.

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

Mrs. Odessa Merle Carreau - wife
5032 Roslyn Ave., Montreal, P. Que.

LEAVE

From	To	Auth. and Description
23-2-42	9-3-42	14 days Ann. DRO. 44
1-6-42	15-6-42	14 days (115)
30 Aug 43	12 Sept 43	(14 days) DRO 207.
T.U.A. #	C 30 6232.	25 Aug 43.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
Transcribed on P. 230.				
13/12/43				
	-			
Oct-Nov/43	C.T. 2+26.			

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
M.Q. B13 Reg'n # 25	R.C. Induc.	#5 A.M.Q.	21-8-41	DRO 312	Ceased dependent All.		29-12-42
DRO 96/41 T.O.S. "5A"	M.D. Valcartier		21-8-41	300	Ent. to Rations All.		5 days
DRO 174/41	as 1 M.D. Valcartier	R.C.A.F. Montreal	20-11-41		24-28/12/42 inc.		
				10	no. 1 W.S.	no. 8 R.D.	11-1-43
47	Joined T.U.	C 54435	2/20-2-42		Ent. Due	Wpg. Man.	
200	Adm.	S.S. 2	18-8-42	DRO 21	Proc. Temp.	duty Portage	24 Jan/43
204	Disch.	S.S. 2	24-8-42	DRO 27	Cease Temp.	duty Portage	1 Feb/43
229	Married with Leave		18-9-42	DRO 64	Proc. Temp	duty Fravel Lake	16 Mar/43
	Ent. to Dep. All.		18-9-42	DRO 75	Cease Temp.	duty Fravel Lake	29 Mar/43
239	Auth. draw on All.		5-10-42	DRO 95	Admit to Sick Qtrs.		20 Apr/43
289	Proceeded on Leave		1/Duty 5	DRO 98	DISCH. DEER LODGE HOSP.		22 APR/43
	Montreal	East dep.	Oct. 1/42-42				

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

(OVER)

DRO 116	Discharge	STn. Sick Qtrs	14 May '43				
D.R.O ~~100~~ 118	admitted	Stat. sick quart.	6/5/43.				
DRO 182-43	Proc't. D	Portage la Prairie	2 Aug 43.				
DRO 191-43	Cease TD	Portage	11 Aug 43				
D.R.O 201-43	Admn. Stn.	Sick Qtrs.	19 Aug 43.				
D.R.O 201-43	Discharge Stn.	Sick Qtrs.	21 Aug 43.				
DRO 207-43	Cut Rat	Allowed 30 Aug - 12 Sept 43					
DRO 244-43	Proc't. D	Souris	11 Oct 43.				
DRO 246-43	Cease TD	Souris	14 Oct 43.				
DRO 282-43.	Admit.	Deer Lodge	23 Nov 43.				
DRO 290-43	Discharge	Deer Lodge	2 Dec 43				

Finger Printed
Date 21-8-43
Initials ADP

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK AC1 No. R96840 NAME CARREAU A.A.

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
MAR-	27																													25				25
"	28																													45			1	10
MAY	1																													40			1	50
"	2																													1 10			3	00
"	5																													50			3	50
"	21																													30			4	20
JUNE	15																													45			5	05
"	25																													40			5	45
"	30																													45			6	30
JULY	3																													50			7	20
"	24																													40			8	00
"	29																													30			8	30
AUG.	6																													40			9	10
"	25																													20			9	30
~~SEPT.~~	11																													35			10	05
"	2																													1 00			11	05
"	23																													1 00			12	05
OCT.	23																													1 25			13	30
NOV.	27																													20			13	50
DEC.	7																													40			14	30

AIR FORCE NO. R96840 NAME OF AIRMAN Carreau, A.

T

EVIDENCE OF MARRIAGE

DESCRIPTION OF DOCUMENT	**Evidence of Marriage**
NO.	
ISSUING AUTHORITY	**C.H. Stone, F/Lt.**
HUSBAND (Full Name)	**Alfred Andre Carreau.**
WIFE (Full Maiden Name)	**Odessa Merle Munroe**
DATE OF MARRIAGE	**September 18th, 1942.**
PLACE OF MARRIAGE	**Montreal, Quebec.**

DATE **24-9-42**

CERTIFIED TRUE EXTRACT

(Signature & Rank)
(R.M.Smith) Group Captain,
Commanding Officer,
No.1 Wireless School, R.C.A.F.
Montreal, Quebec.

A.F.M. 13

RECORD OF DRUGS ADMINISTERED.

DRUG	DOSE	TIME AND DATE GIVEN
A.T. Serum		
A.T. Serum		
MORPHIA		
MORPHIA		

MALARIA TREATMENT.

Date									
Atebrin (grms.)									
Quinine (grains)									
Other Drugs. Date and dosage									

MALARIA:— B.T. ☐ M.T. ☐ Q. ☐ Clinical ☐

DYSENTERY:—B.Ex. ☐ E. Hyst. ☐ Indef. Ex. ☐

SULPHONAMIDES:—If drugs of the sulphonamide group are given, A.F. W3211 "Sulphanilamide label" must be used to record dosages.

No further entries will be made on this form when A.F.I 1220 is taken into use.

(21397) 33852/3840 2,520,000 12/44 K.H.K. Gp. 8/8

Nok 2nd TAF RCAF

Army Form W3118. R.A.F. Form 3118. Naval Form M204.

FIELD MEDICAL CARD. Trade

*Army No. R96840 Rank h.AC Service.....

Surname {BLOCK LETTERS} CARREAU Initials A

Unit 410 R.S.U. Religion..... Age 22

*In the case of P.W., write Serial No. allotted by A.F. W3000.

Insert X in square alongside CORRECT answer. DO NOT CROSS OUT.

Battle casualty ☐ Battle accident ☐ Injury ☐ Sick ☐

R.A.P.

Unit..... Date first seen.....

Date of wound or onset of illness.....

Diagnosis of Unit M.O.:—

POISONING (METHYL ALCOHOL)

Transferred to.....

Date 5.5.45 M.O.'s Signature [signature] 2/45

Admitted to No.	Diagnosis:—	Date:—
Fd. Amb.		
F.D.S.		
121 General Hospital		
Post mortem result		
methyl alcohol poisoning		

8010

BID 6.5.45

105

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CLINICAL NOTES AND TREATMENT. (Dates and Units in which treated must be stated.)

5-4-45. This airman is brought to these sick quarters in a semi-stuporous condition. He is reported to have become intoxicated upon methylated spirit containing drinks the evening of May 3, and "slept" all day May 4. Upon waking this am. vision was only a faint blur. He is able to walk c̄ aid but muscular coordination is poor. There are fibrillary muscular twitchings in his face, vision is poor. Reflexes exaggerated ++ throughout.

21:30 HRS. The patient seems much brighter. Vision has improved (can count fingers of hand but cannot identify book as anything more than "square" at 3')

0630 HRS 6-5-45. The patient was discovered dead in bed. He had previously been seen by a nursing orderly at 0400 HRS, apparently in satisfactory condition

J. McAllister F/LT.

This card must NOT be destroyed. It must accompany the patient if he is evacuated to U.K. together with all temperature charts, additional clinical notes, etc., attached to the patient.

121 (Bo) General Hosp.
D.M. Report attached

RECORD OF DRUGS ADMINISTERED.

DRUG	DOSE	TIME AND DATE GIVEN
A.T. Serum		
A.T. Serum		
MORPHIA		
MORPHIA		

MALARIA TREATMENT.

Date									
Atebrin (grms.)									
Quinine (grains)									
Other Drugs. Date and dosage									

MALARIA :— B.T. ☐ M.T. ☐ Q. ☐ Clinical ☐

DYSENTERY :—B.Ex. ☐ E. Hyst. ☐ Indef. Ex. ☐

SULPHONAMIDES :—If drugs of the sulphonamide group are given, A.F. W3211 "Sulphanilamide label" must be used to record dosages.

No further entries will be made on this form when A.F.I 1220 is taken into use.

(21397) 33852/3840 2,520,000 12/44 K.H.K. Gp. 8/8

Nok 2nd TAF RCAF

Army Form W3118. R.A.F. Form 3118. Naval Form M204.

FIELD MEDICAL CARD. Trade FITT IIA

*Army No. R96840 Rank L.A.C. Service 4 yrs.

Surname {BLOCK LETTERS} CARREAU Initials A.

Unit 410 R.S.U. Religion C of E. Age 25.

*In the case of P.W., write Serial No. allotted by A.F. W3000.

Insert X in square alongside CORRECT answer. DO NOT CROSS OUT.

Battle casualty ☐ Battle accident ☐ Injury ☐ Sick ☒

R.A.P.

Unit..... Date first seen.....

Date of wound or onset of illness.....

Diagnosis of Unit M.O. :—

POISONING (METHYL ALCOHOL)

Transferred to.....

Date..... M.O.'s Signature [signature] 2/6

Admitted to No.	Diagnosis :—	Date :—
.....Fd. Amb.		
.....F.D.S.		

103

CLINICAL NOTES AND TREATMENT. (Dates and Units in which treated must be stated.)

5.5.45 This airman was brought over from 410 R.S.U. about 1100 HRS having allegedly drank methylated spirits containing beveridge 36 hrs previously. He had apparently shown no signs of consciousness the previous day. He has been able to walk into sick quarters but reactions are very slow and he is mentally confused. There is optic nerve involvment such that vision is ~~only~~ blurred. Reflexes throughout are exaggerated ++

21.30 HRS. The patient seems improved. He is responding more brightly to questioning and his vision has improved but he is still unable to recognize an airforce pay book at three feet from his eyes. He is able to stand out of bed to urinate (eliminated ℥ XVIII)

0.630 HRS. This airman was discovered dead in bed. He was seen by the duty nursing orderly at 200 hrs and approximately 400 hrs, at which times his condition appeared satisfactory

J. McAllister F/LT.

This card must NOT be destroyed. It must accompany the patient if he is evacuated to U.K. together with all temperature charts additional clinical notes, etc., attached to the patient.

THE BOARD OF EDUCATION TORONTO

155 COLLEGE ST.

C. C. GOLDRING
SUPERINTENDENT OF SCHOOLS

Toronto,
July 28th,
1 9 4 1.

TO WHOM IT MAY CONCERN:

According to records on file at Queen Alexandra Public School, Alfred Carreau was a former pupil at that school. He completed Grade 7 (Junior Fourth) in June 1935, and left school at that time.

C. C. Goldring B.A.
Superintendent of Schools.

H.

ADDRESS ALL COMMUNICATIONS
TO THE REGISTRAR-GENERAL
PARLIAMENT BUILDINGS, TORONTO

ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY

REGISTRAR-GENERAL'S BRANCH

July 28-1941.

This Certificate of Birth is issued for Military, Naval and Air Force purposes only

THIS IS TO CERTIFY that the Birth of the person named hereunder is of record at the office of the Registrar-General of Ontario as of the date and place noted.

Alfred Carreau

York County

November21-1919

Name of Father Maurice Carreau

Maiden Name of Mother Carrie Haker

Reg. July 28-1941.

Decl. Bk. 172

F. V. Johns.

Deputy Registrar-General

R.C.A.F. Records Office
Rec'd. AUG 26 1941
O.K. ..... C.I.F. .....
R.C.N.I. .....
S.L. ..... P.A. .....

JVM

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

TRADESMEN

APPENDIX "A"
Bulletin No.150

1. In the event of my being accepted for enlistment in the Royal Canadian Air Force, I hereby acknowledge that I have read, understand and agree to the following conditions of service:

(a) That I may be called upon to perform duties not directly or indirectly connected with the trade in which I have applied, i.e. **Airframe. Mechanic. Metal. Standard** until such time as the R.C.A.F. is in a position to employ or train me in aid trade.

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

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

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

Chs. Tremblay F/O — Alfred Carreau
(Witness) (Signature of Applicant)

Quebec City, P.Q. — August 21, 1941
(Place) (Date)

A.F.M. 23 (A)
2-4-41

R.C.A.F. Records Office
Rec'd. AUG 26 1941
O. K. ..... C. I. B. .....
R. C. 226 N. I. .....
S. L. ..... P. A. .....

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 CARKEAU, ALFRED, ANDRE (b) Reg'l. No. R96840
2. (a) Arm of service Can Force (b) Unit 7 B Repair Depot 1 Fd Coy (c) Rank AC1
3. (a) Date of birth 21 Nov 1919 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Toronto, Ont
4. (a) Place of enlistment Quebec City Que. (b) Date of enlistment 12 Aug 1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) One Year High School
7. If you attended a university, give name of university and standing or degree secured N A
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? BOILER MAKER (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 Year
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 Toronto Iron Works Address Toronto Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Iron Foundry
20. (a) Your specific occupation Welder (b) Number of years' experience at this occupation with any employer 6 years
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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? N A
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? N A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? N A
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 N A

MAR 8 1943 ... Office ... S. L. ... N R ...

DATE February 9th 1943 SIGNATURE A Carreau

TREASURY ACKNOWLEDGEMENT

EIGHTH VICTORY LOAN BONDS

...ication for $ 50 00 ....Eighth Victory Loan Bond(s) has been received and your delivery instructions will be passed to the Department ...e, Ottawa, (if a pay assignment purchase) or the Bank of Canada (if a cash purchase). When the transaction is completed, a record will be placed ...owing that your bond(s) were mailed in accordance with your instructions or are being held for safe keeping by the Department of Finance, Ottawa.

Regt or Official No. R 96840

Rank and Name LAC CARREAU. A. A.

Unit 410 (RCAF) R. O S. U

CANADIAN TREASURY OFFICE OVERSEAS
16 JUN 1945
TREASURY STAMP
DEPARTMENT OF FINANCE, CANADA

In above panel Unit Representative MUST Print in block letters the Regimental or Official Number, Rank, Name and unit of the purchaser (Original copy only to be completed).

IMPORTANT—READ BACK

TREASURY ACKNOWLEDGEMENT

EIGHTH VICTORY LOAN BONDS

Your application for $ 50. Eighth Victory Loan Bond(s) has been received and your delivery instructions will be passed to the Department of Finance, Ottawa, (if a pay assignment purchase) or the Bank of Canada (if a cash purchase). When the transaction is completed, a record will be placed on file showing that your bond(s) were mailed in accordance with your instructions or are being held for safe keeping by the Department of Finance, Ottawa.

Regt or Official No. R968 40

Rank and Name LAC. CARREAU. A. A.

Unit RCAF O/S.

CANADIAN TREASURY OFFICE
(O'SEAS)
-2 MAY 1945

TREASURY STAMP

In above panel Unit Representative MUST Print in block letters the Regimental or Official Number, Rank, Name and unit of the purchaser (Original copy only to be completed).

IMPORTANT—READ BACK

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number

For use of Registrar General only.

1. PLACE OF DEATH
City, Town or Village of OVERSEAS (GERMANY) Street
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of County or District of

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED CARREAU (Surname or last name) ALFRED (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Toronto Street 204 Ashdale Avenue
Township of County or District of Province of Ontario

5. SEX	**6.** CITIZENSHIP (See marginal note)	**7.** RACIAL ORIGIN (See marginal note)	**8.** Single, Married, Widowed or Divorced (Write the word)	**9.** BIRTHPLACE (Province or Country)
Male	Canadian	French	Married	Ontario

10. Date of Birth: November (Month by name) 21st (Day) 1919 (Year)

11. AGE

Years	Months	Days	If less than one day
25			hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Air Frame Mechanic
(b) Kind of industry or business, as paper mill, lumber, bank, etc. R.C.A.F.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation May 6th 1945

14. Total years spent in this occupation Four

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased Munroe, Odessa Merle

16. Name of father: Carreau (Surname or last name) Maurice (Given or Christian names)

17. Maiden name of mother: Meyer (Surname or last name) Carrie (Given or Christian names)

18. Birthplace: Father: France (Province or Country) Mother: United States (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, this 26th day of May 19 45
Signature of informant: For (R.C.A.F. Records Officer) Relationship to deceased
Address

20. Burial, Cremation or Removal: Date (Month by name) (Day) 19 (Year)
Place of Burial (Municipality) Cemetery
Burial Permit was issued by Address

21. Funeral Director:
Name Address

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May (Month by name) 6th (Day) 19 45 (Year)

24. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw h alive on 19

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
Immediate cause — Give disease, injury or complication which caused death, NOT the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Died (alcoholic poisoning)			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)			
	due to			
	(c)			
II				
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy? Duration weeks. Was there a delivery?

26. Was there a surgical operation? Date of operation 19
State findings Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? N.A. (State which) Date of injury N.A. 19
Manner of injury (How sustained) N.A.
Nature of injury
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Signed by **Designation** M.D., Coroner, etc.
Address **Date** 19

Division Registrar's Record No.
Date of Registration 19 (*For use of Division Registrar only*) (*Signature of Division Registrar*)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

[redacted]

NUMBER R96843 RANK LAC UNIT 430 R. AD.U. (OVERSEAS)

TRADE A.F.M.

NAME CARREAU, ALFRED

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

PRESENT MARITAL STATUS MARRIED RELIGION C. OF E. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS. ALFRED CARREAU

RELATIONSHIP WIFE

ADDRESS 94 CATHERINE ROAD TORONTO ONTARIO

FATHER'S NAME MR. & MRS MAURICE CARREAU

ADDRESS 204 MCMICHAEL AVENUE LIVING ON ENLISTMENT YES

MOTHER'S NAME TORONTO ONTARIO.

ADDRESS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 204MCMICHAEL AVE. TORONTO ONTARIO MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO NOT KNOWN SEE REMARKS

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN INT----107584 ----6----7-MAY-45

"DEAD" 6-MAY-45 (OVERSEAS) (AS A RESULT OF ACCIDENTAL ALCOHOLIC POISONING)(CAUSE OF INQUEST NOT YET RECEIVED)

(NEXT OF KIN INFORMED BY CHAPLAIN)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO NIL

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO NIL

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

DATE 24-MAY-45

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (466)
H.Q. 885-R217
△TS-RT

7

COPY FOR DOCUMENT FILE

72147

2180 / R 96840

R 6480 Cole

159 Empress Ave.,
Toronto 10, Ont.
June 18th /45.

JUN 29 1945

The Secretary,
Dept. of Nat. Defence for Air,
Ottawa.

JUN 19 PM 12:01

44B

R.C.A.F. Records Officer.

Dear Sir:

D02/10-29

Your letter re my late husband's gratuities. Our daughter, who was two years old in Feb. and myself were my husband's dependents. There is only the one child, born before my husband went missed in Dec. 1943. We are fully dependent on the pension cheque now, as since we are living alone, I have to take entire care of the child. If possible, I will take a part time job to help

C456

JUN 23 1945

me along, so I am not
well off financially.
Hoping this is the
required information.

Yours truly,
Mrs. Alfred Ouellette.

File 20. R96840 (R. 2 W. S. G.)

MENT OF NATIONAL DEFENCE

ARMY — AIR FORCE

4 AIR

STATEMENT OF WAR SERVICE GRATUITY

Alfred (CHRISTIAN NAMES) Carreau (SURNAME)

REGISTER NO. A16939
FILE NO. 21180
DATE 13 Aug/45
SERVICE NO. R.96840
FINAL RANK OR RATING LAC
DATE OF DISCHARGE 6 May/45

PAYEE Mrs. Odessa M. Carreau,
ADDRESS 159 Ennerdale Rd.,
Toronto 10, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 6 May/45

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1355 / 30 EQUAL TO 45 COMPLETE PERIODS AT $7.50	337.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 492 LESS 5 INELIGIBLE DAYS, EQUAL TO 487 DAYS @ 25C. PER DAY	121.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE — PAY $ 2.25; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ $ $	
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70; TOTAL $ 5.20 ×7 = $ 36.40; NO. OF DAYS 492 / 183 ×$ 36.40	97.86
D. WAR SERVICE GRATUITY	557.11
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	557.11

AUG 27 1945

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 51.12 OF $ 557.11 =$ 557.11
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 51.12

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

PREPARED BY	CHECKED BY
CWB	JFM

TREASURY	
CHECKED BY	DATE
W S Scott	11-1-45

G Johnston F/O
SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. AUG 16 194[illegible]
P. & A. SECTION

TREASURY ACKNOWLEDGEMENT

EIGHTH VICTORY LOAN BONDS

Your application for $ 50.00 Eighth Victory Loan Bond(s) has been received and your delivery instructions will be passed to the Department of Finance, Ottawa, (if a pay assignment purchase) or the Bank of Canada (if a cash purchase). When the transaction is completed, a record will be placed on file advising that your bond(s) were mailed in accordance with your instructions or are being held for safe keeping by the Department of Finance, Ottawa.

Regt or Official No. R 96840

Rank and Name LAC CARREAU, ALFRED, ANDRE

Unit 410 A & S Sq.

RCAF

CANADIAN TREASURY OFFICE OVERSEAS
TREASURY STAMP
1 JUN 1945
DEPARTMENT OF FINANCE, CANADA

In above panel Unit Representative MUST Print in block letters the Regimental or Official Number, Rank, Name and unit of the purchaser (Original copy only to be completed).

IMPORTANT—READ BACK

SPECIAL RESERVE

AIR FORCE NO. R.96840 POSTED TO #5A Manning Depot, Valcartier, P.Q. TRADE Airframe Mechanic Metal Standard

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname CARREAU FULL Christian Names Alfred ~~Andre~~
2. Present Address Coteau Barracks, Three Rivers, P.Q. Telephone (Toronto) Ge. 5756
3. Permanent Address 204 Ashdale Ave., Toronto, Ontario.
4. Place of Birth Toronto, Ontario. Citizenship Canadian
5. Date of Birth 21-11-1919 ~~Married~~, Single, ~~Widower, Separated, Divorced~~ Single
6. Particulars of Children N.A.

Name	Date of birth	Name	Date of birth

7. Occupation Welder 8. Religion ~~Protestant~~ Church of England.
   State denomination
9. Languages English perfectly.
   State proficiency
10. Next of Kin (Full Name) Maurice Carreau Relationship Father
    " Address 204 Ashdale Ave., Toront, Ontario.
11. Father (Full Name) Maurice Carreau Birthplace Paris, France.
    " Address 204 Ahhdale Ave., Toronto, Ont. Citizenship Canadian
    " Occupation Furrier
12. Mother (Full Maiden Name) Carrie HAKER Birthplace New Jersey, N.Y.
    " Address 204 Ashdale Ave., Toronto, Ont. Citizenship American
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
M.G.G.C.	Three-Rivers P.Q.	Pte.	N.A.	17-4-41	21-8-1941	

R.C.A.F. Records Office
Rec'd. AUG 26 1941
O.K. ..... C.I.B.
R.C. ..... N.I. C
S.L. ..... P.A. .....

14. Honours, Awards, Mentions None
15. Are you now on any Naval, Military or Air Force Reserve? Yes
16. Have you previously made application to join the R.C.A.F.? Yes If so, where? Three Rivers, P.Q.
    When? July 24, 1941. Result NONE
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

162-270

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Queen Alexandria	1924	1930	Primary
High School—Collegiate Institute, etc.	Bruce School	1930	1931	"
Technical School	Connaught High School	1931	1934	"
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
Toronto Iron Works Toronto, Ont.	Welder	1933	1935	For better wages
Toronto, Ont Pindal Boiler Co.,	Welder	1935	1938	Better Wages.
Superior Welding, Toronto, Ont.	Welder	1938	1941	For military training.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Have done all sorts of tubular frame work with gas welding, and electric welding. Have also done sheet metal work, tinsmithing

25. Sports engaged in. State: extensively, moderately, occasionally: lacrosse, football, basketball and hockey extensively. Swimming, skating, moderately. Tennis occasionally.

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. Airframe Mechanic Metal.
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~~ 4 persons who can give references as to character and ability.

Name	Address	Occupation
Mr. Ribchester, Jack.	17 Tyndal Ave., Toront, Ont.	Welder
Mr. James Wallace	Symington Ave., Toronto, Ont.	Boiler Maker
Mr. Smillie	Liberty Street, Toronto, Ont.	"Smillie Steel Owner of Products Co."
Mr. David Major	279 Coxwell Ave., Toronto, Ont.	Proprietor of the "White-Shop Hamberghur".

28. Other information that may have any bearing on this application. have taken out papers for "high pressure welding". Have done a little of "Durro Metal Welding" (done with gas).

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 August 12. 1941. Signature Alfred Carreau

NATIONAL REGISTRATION CER...
PRODUCED E.O.163 P.D.46 J.R.C.M.
Chs. Lacroix F/O

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Good General appearance Good

Suitability for (state in what capacity) Airframe Mechanic Metal "Standard".

Date 12 - 8 - 41 Signature P. E. LeBlanc Rank F/Lt.

(B) *Report of Trade Test—*

Trade in which tested Airframe Mechanic Metal.

Result Airframe Mechanic Metal "Standard".

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

Welder (Gas)

Date 12 - 8 - 41 Signature P. E. LeBlanc Rank F/Lt.

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

I, Alfred CARREAU 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 August 21 1941 Alfred Carreau
Signature of Recruit

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

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

Date August 21 1941 Alfred Carreau
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 Quebec City, P.Q. this 21st day of August 1941

Chs. Lacroix — Signature of Officer
Flying Officer — Rank
RCAF Recruiting Centre, Quebec P.Q. — Unit

Finger Printed
Date 21-8-41
Initials T.H.R.

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CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 21 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism.....No.....
(b) Tuberculosis.....No.....
(c) Bronchitis or Asthma.....Bronchitis 5 years old.....
(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.....No.....
(m) Epilepsy.....No.....
(n) Nervous or Mental Disease.....No.....
(o) Syphilis.....No.....
(p) Gonorrhoea.....No.....
(q) Bone Fracture.....No.....
(r) Other Disease or Defect.....Measles.....

3. Have you ever worn glasses?.....No.....

4. Have you had any illness for more than one week's duration?.....No.....

5. I certify that I have revealed my full medical history and have not withheld any relevant information.

Signature of Applicant Alfred Caveau

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).....Birth mark Lower Region.....
Scar upper lip Mace left arm - Scar Rt Knee -

2. Height.....5.....feet.....5 1/2.....inches. 3. Weight.....138 1/2.....pounds.

4. Complexion.....Med.....

5. Color of Eyes.....Brown.....Hair.....Lt/Brown.....

6. Development { Good / Fair / Poor } 7. Chest Measurement—Full expiration.....32.....inches

Range of expansion.....2 1/2.....inches

8. Hearing—Right.....W.V. 20.....Left.....W.V. 20.....Tympana—Right.....N.....Left.....N.....

9. Vision—Without glasses—Right.....20/30.....With glasses—Right.....N.A.....

Left.....20/30.....Left.....N.A.....

10. Condition of mouth and teeth.....Tonsils removed - Teeth fair 34 pts.....

11. Urine—Albumen.....N.L.....Sugar.....N.L.....

12. Abnormalities (Congenital and Pathological) found on Examination.....None.....

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 A4B.

Any special remarks of the Medical Officers.....None.....

21-8-41 X Ray neg #621 G.L.

Part 2 Cont'd:

13. Reflexes N
14. Heart N
15. Lungs N.
16. Blood Pressure S. D. 110/60
17. Colour Vision Normal

Date.....August 12th.....1941.....

Gerry Fortier F/L — President
de la B Fortier Mbl — Member
Ishihara 4th Edition — Member

Unit Stamp

126 A.F.H.Q
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RATION CARD

R.

N° 96840

Name CARREAU.

Unit 410 R.S.U.

Signature of Holder :

.....

CIGARRETTES					CONFECTIONERY				
MAR. 4	APR. 29	JUNE 24	AUG. 19	OCT. 14	MAR. 4	APR. 29	JUNE 24	AUG. 19	OCT. 14
MAR. 11	MAY. 6	JULY 1	AUG. 26	OCT. 21	MAR. 11	MAY. 6	JULY 1	AUG. 26	OCT. 21
MAR. 18	MAY. 13	JULY 8	SEP. 2	OCT. 28	MAR. 18	MAY. 13	JULY 8	SEP. 2	OCT. 28
MAR. 25	MAY. 20	JULY 15	SEP. 9	NOV. 4	MAR. 25	MAY. 20	JULY 15	SEP. 9	NOV. 4
APR. 1	MAY. 27	JULY 22	SEP. 16	NOV. 11	APR. 1	MAY. 27	JULY 22	SEP. 16	NOV. 11
APR. 8	JUNE 3	JULY 29	SEP. 23	NOV. 18	APR. 8	JUNE 3	JULY 29	SEP. 23	NOV. 18
APR. 15	JUNE 10	AUG. 5	SEP. 30	NOV. 25	APR. 15	JUNE 10	AUG. 5	SEP. 30	NOV. 25
APR. 22	JUNE 17	AUG. 12	OCT. 7	DEC. 2	APR. 22	JUNE 17	AUG. 12	OCT. 7	DEC. 2