STEVENS, Trevor Charles

Original

The Secretary,
Department of National Defence
Ottawa, Ont.

ORIGINAL

ACTIVE MILITIA OF CANADA

READ INSTRUCTIONS ON BACK

H.Q.

M.D. M. 11-S-994

†Recommendation for { Appointment to / ~~Promotion in~~ / ~~Transfer to~~ } * .... { Squadron, Battery or Company } * Corps Reserve of Officers THE SHERBROOKE [illegible] REGIMENT M.G. (N.P.A.M.) Regiment

Headquarters at SHERBROOKE Province of QUE. Date 19

1 Present Rank	2 (The whole name in full, Surname last) (IN BLOCK CAPITALS)	3 Profession or Occupation	4 Residence and Post Office Address IN FULL	5 Native Country (if born abroad state if British Subject)	6 Date of Birth	7 Married or Single	8 Military Qualification: Qualified for rank of	9 Military Qualification: Branch of Service Number and Date of Certificate	10 Rank for which Recommended	11 Appointment to date from	12 How vacancy was caused
Gentleman	TREVOR CHARLES STEVENS	SALESMAN	189 QUEBEC STREET SHERBROOKE P. QUEBEC CANADA	CANADA	JULY 10, 1916	SINGLE	LIEUTENANT	BISHOPS UNIVERSITY C.O.T.C. 87547 17/3/37	2nd LIEUT.	27-7-40	To complete establishment

13 Particulars of Education including Matriculation and University Degrees	Colleges or Schools Attended	Dates From	Dates To	Nature of Course	Degrees or Educational Certificates Obtained
Matriculation	Sherbrooke High School	1931	1935		matriculation
	University of Bishop's College	1935	1938	General Science	

14
Particulars of active service. (See instructions on reverse side of Form). NIL

MEDALS AND DECORATIONS

15
I certify that I am a British Subject and that the above particulars of myself are correct.

am willing to accept this appointment.

evor C Stevens
(Signature of Appointee)

{Signature of O.C. Sqn. Bty. or Coy.} ....

Date July 28th, 1940

{Signature of O.C. Regt.} F M Mackenzie Lt Col

Date ....

Recommended and Forwarded.

Brigadier
District Officer Commanding

Military District No. 4

Place Montreal, P. Q.

Date 23rd September, 1940.

This space for use at National Defence Headquarters only

Extract No. ....

Date ....

Canada Gazette No. ....

Date ....

(Medical Certificate on Reverse side must be completed)

2-39-49

INSTRUCTIONS

READ THE INSTRUCTIONS CAREFULLY

†*Strike out the term not applicable. The Squadron, Battery, Company or similar formation to which the appointee is to be posted, transferred, etc., should be shown in all cases where units of the Regiment or Brigade, etc., are not centralized.

Under appropriate Columns information in accordance with the following must be inserted.

COLUMN No. 1—Whether holding any rank in the Canadian Militia, the Military or Air Forces of the British Empire. If so, rank, unit and force to be shown.

No. 2—Christian name (or names) and surname to be clearly inserted in full (surname last), particular attention to be given to correct spelling.

No. 3—The actual profession or occupation to be stated.

No. 5—If a naturalized British subject, how naturalization was obtained to be stated.

No. 6—Accuracy is essential as to the day, month and year of birth; verification may be necessary at a later date.

Nos. 8 and 9—All qualifications to be inserted.

No. 10—If a provisional or supernumerary appointment, it must always be so stated.

No. 11—Except under very special circumstances, appointments will not be antedated prior to the date of recommendation. If an antedate is recommended the reason therefor must accompany this Form.

No. 12—How vacancy was caused must be given, i.e., vice "————" promoted, transferred or retired as the case may be. "To complete establishment" is not correct after the establishment has once been completed.

No. 13—Degrees or Educational Certificates to be inserted in detail.

No. 14—Particulars of active service. To include information as to actual theatre of war in which services were performed, with dates.

No. 15—The person recommended must sign his name, showing that he consents to the appointment or promotion.

No. 16—Medical Certificate to be completed in compliance with paragraph 145 (v) K.R. (Canada), 1939.

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a—In all instances this recommendation must be sent direct by the Squadron, Battery or Company Commander to the Officer Commanding the Regiment for his recommendation to the Officer Commanding Division or District.
b—In all instances "Transfer Receipt" of Stores must accompany the recommendation for promotion, or the resignation of an Officer Commanding a unit.
c—For full instructions see "The King's Regulations and Orders for the Canadian Militia, 1939".

MEDICAL CERTIFICATE

CERTIFIED that the Candidate has been medically examined in accordance with instructions laid down in Appendix No. 6, Regulations for the Canadian Medical Service,

1923, een found fit for Category A

Date Sept - 17 - 40

Signature of Medical Officer

~~ORIGINAL~~
~~DUPLICATE~~
TRIPLICATE

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

M.F.M. 1
56M—8-39 (1695)
H.Q. 1772-45-18

Unit THE SHERBROOKE FUSILIER REGIMENT C.A.S.F. Rank Lieutenant

Personal No. Name STEVENS, Trevor Charles

ACTIVE SERVICE
CANADIAN F[redacted]FORCE

OFFICER'S DECLARATION PAPER

Also applicable to Nursing Sisters

WSG COMPLETED

1. Surname STEVENS
2. Christian Names TREVOR CHARLES
3. Present Address 278 FRONTENAC STREET, KINGSTON, ONTARIO, CANADA
4. Date of birth 10 JULY, 1916
5. Place of birth ~~LENNOXVILLE~~ CANADA (Country) QUEBEC (County or Province) LENNOXVILLE (Town or Twp.)
6. Religion (state denomination) CHURCH OF ENGLAND
7. Profession or occupation SALESMAN
8. Married, widower or single ~~SINGLE~~ MARRIED
9. Name of next of kin ~~ALBERT-CHARLES-STEVENS~~ Mrs Agnes Robina Stevens
10. Relationship ~~FATHER~~ WIFE
11. Address of next of kin 180 QUEBEC STREET, SHERBROOKE, QUEBEC, CANADA
12. (a) State unit of Active Militia in which you are serving or have served THE SHERBROOKE REGIMENT (MG)
Bishop's College O.T.C. P.W.O.R. Kingston, Ont
(b) Present rank Lieutenant
13. State particulars of former war service Nil

I, TREVOR CHARLES STEVENS do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Fi[redacted]orce Active Service if, when and so long as required.

Date July 28 1940

C.A. Skinner Witness

Trevor C Stevens Lt
(Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of LIEUT. T.C. STEVENS (Rank and name) for appointment to the THE SHERBROOKE FUSILIER REGIMENT C.A.S.F. (Unit) with the rank of LIEUT. and appointment as Platoon Commander ~~(was)~~ (is) recommended, appointment to date from 28th July, 1940 ~~has been approved.~~ is recommended for approval.

Authority Part II orders No. 1 dated 29th July 1940
H.Q.S. 3498-10-D, F.D. 36, Org. 2C, dated 23rd July, 1940.
1044

(Signature of O.C.) (Rank)

Date 28 July 1940

THE SHERBROOKE FUSILIER REGIMENT
C.A.S.F.
(Unit)

Record of Service of STEVENS. Trevor Charles
(Name)

Active Militia Unit THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.

Rank Lieutenant

Date of Rank 28 July 1940

Highest rank for which qualified by examination LIEUT

Staff College

Militia Staff Course

Advanced Course

Languages English and French

University or College Degrees

Civil Technical Training or qualifications (specify)

Other military qualifications or special courses (specify) A. Wing

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.	LIEUT	28-7-40	S.F.R	Sherbrooke	No 1	29 July 1940
		To be Lieutenant	Lieut	28/7/40	Sher Fus R	Sherbrooke	No 0779 Routine Order	7/11/40
17 Oct. 40	S.F.R.	Granted Allce. $1.70 per diem	"		"	"	Part 2 No. 55	17 Oct. 40
8 Jan. 41	"	On Command to Ski Course, Lansdowne Park, Ottawa Ontario	"	4 Jan. 41	"	"	Part 2 No. 6	8 Jan. 41
10 Feb. 41	"	Return to this Unit	"	27 Jan. 41	"	"	Part 2 No. 32	10 Feb. 41
1 July 41	"	Granted 14 days Furlough from 30 June 41 to 14 July 41	"	30 June 41	"	St Johns	Part 2 No. 136	1 July 41
16 Aug. 41	"	Granted 48 hours embarkation leave	"	7 Aug. 41	"	Ottawa	Part 2 No. 174	16 Aug. 41
23 Feb 42	"	Proceeded on command 10 weeks course Camp Borden Ont	"	11 Feb 42	"	St John's Nfld	Part 2 No 3	23 Feb 42
2 Mar 42	"	Embarked St John's Nfld 8 Feb 42 and detrained Debert N.S. 11 Feb 42	"	11 Feb 42	"	Debert N.S.	Part 2 No 9	2 Mar 42
30 Apr 42		Returned from on command Regt Subalterns Course, Camp Borden Ont	"	27 Apr 42	"	"	" " 35	30 Apr 42

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

Are you receiving or have you in the past received, disability

CERTIFICATE OF MEDICAL EXAMINATION

Name in full **TREVOR CHARLES STEVENS** Date **27th July, 1940**

PART 1. Information obtained from the applicant.

1. Age **24** 2. Have you ever suffered from any of the following diseases?

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

Trevor C. Stevens
(Signature of Applicant)

Examiner's remarks *re* above **(q) For past ten years - constantly**

PART 2. Information obtained by medical examination. The applicant must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Small scars - right little finger near palm and below right patella.

2. Height **5** feet **8** inches. 3. Weight **148** pounds.

4. Complexion **Medium** Eyes **Brown** 5. Development Good **x** Fair Poor

Hair **L. Brown**

6. Chest measurement—Girth on full expansion **36½** inches.
Range of expansion **2** inches.

7. Vision, right **20/100** left **20/100** 8. Hearing, right **W.V.20** left **W.V.20**
With correction R. 20/20 L. 20/20 Color vision normal

9. Condition of mouth and teeth

10. The abnormalities (congenital and pathological) found on examination are as follows

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 Applicant in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category

Special remarks when category lower than A

H. D. Bayne. Major — President
G. B. Loomis Capt — Member
C. a. Tomkins M.O. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Are you receiving or have you in the past received, disability pension or compensation? If so give details N.O.

Date	Brief details and signature	Date	Brief details and signature
27/7/40	Re.exam urine normal Ears - reflexes Cat.A	Sept 12/40	T.A.B. 3. T Jewes Capt
		Sept 26/40	A.T.T. 1cc T.J.
		Nov 20/40	A.T.T. 1cc T.J.
28/7/40	X-Ray No. 11769 — N	Sept 12/40	Vacc. T.J.
6/3/41	No change in Cat. [illegible] (Chest	27-6-42	TABT ½ cc Bothwell Capt.
1-May-42	Reboard Cat A by board [illegible]		

Rank [illegible] [illegible] LIEUTENANT Surname STEVENS Christian Name TREVOR CHALES R

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Statement the Service of No. Rank LIEUT. Sheet No. 2

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name STEVENS, Trevor Charles

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
6 JUL.42	27 CAR	GRANTED LEAVE OF ABSENCE FROM 4 JUL.						
		UNTIL 17 JULY 42. T/W NO.A-107942	LIEUT.	4 JUL.	27 CAR	DEBERT	PART 2 NO.89	6 JUL.
19 Sep. 42	27 Car	Is Qualified as driver I.C. CLASS III (W)	"	19 Sep.	27 CAR	DEBERT	Supp. Part 2 No.146	19 Sep.42
19 Aug. 42	27 CAR	Was married to Miss Agnes Robina McDougall	"		27 CAR	DEBERT	PART 2 NO. 122	19 Aug.42.
	1227-	S.O.S., C.A. Canada 27/10/42 T.O.S., C.A. Overseas ~~28/11/42~~ Disembarked ~~Gourock~~ 5/11/42 T.O.S.			27 AR	Aldershot	Part 2 No 6	9/11/42
		P/leave to 30 Dec 42	Lieut	23 Dec 42	27 Arm Rgt	UK	8	31 Dec 42
		P/Leave to 9 May 43	Lieut	3 May 43	27 Arm Regt	UK	16	20 May 43.
		On CMHQ Cse 857 & att AFV School BOVINGTON. FAP	Lieut	16 JUN 43.	27 A.Tk.R	UK	21.	24 JUN 43
		Off CMHQ Cse 857 & s/att AFV Sch FAP	Lieut	5 Aug 43.	27. A. Regt	UK.	29	25 Aug 43
		On CMHQ Cse 800 & att 6 W. CTS FAP	Lieut	29 Aug 43	27. A. Regt	UK	32.	16 Sep 43
		Off CMHQ Cse 800 & c/att 6W.CTS FAP.	Lieut	17 Sep 43.	27. A. Regt	UK.	34.	30 Sep 43
		Having Completed Cse 800 - Qual "Q1"	Lieut	16 Sep 43	27. A. Regt.	UK.	35.	7 Oct 43
	Daughter	born. Charlotte Nancy Irene - at Three Rivers- Quebec. Canada			27. A. Regt.	UK.	37.	22 Oct 43.
(C21) Change of address of next of kin (wife)		AGNES ROBINA STEVENS. 1082 STE. CECILE ST., THREE RIVERS, QUEBEC. CANADA			27. A. Regt		45	17 Dec 43.
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
(C95)		Embarked at UK on 3 June 44 Disembarked at France on 6 June 44	Lieut		27 Arm'd R	21 A. Gp	34	15 July 44
		Killed	Lt	7 Jun 44	27 CAR		CLA 457	18 Jun 44

Statement of the Service of No. Rank Sheet No.

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name Stevens, T C

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
C54	✓	SOS, Killed in action	Lieut	6 June 44	27 a Lg	21 a Gp	29	26 June 44

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. Rank Lieut Surname Stevens, Christian Name Trevor Charles

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE OR INJURY	REMARKS	CAS. LIST NO.
		Day	Mo.	Year	Day	Mo.	Year				
27 Armd Regt CAC	—								Killed 7-6-44		A-457

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

27 ARMOURED REGT
THE SHER FUS R

SERVICE AND CASUALTY FORM

27 Army Tank Regt

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit 27 Cdn Armd Regt (Sher Fus Regt)

Regimental Number Lieutenant

1. Surname STEVENS
2. Christian Names Trevor Charles
3. *Substantive Rank and Appointment Lieut
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Lennoxville, PQ, Canada
5. Date of birth as declared on attestation 10 July, 1916
   (A)
6. Date of enlistment 28 July, 1940
7. Place of enlistment Sherbrooke, Que., Canada
8. Residence at time of enlistment Kingston, Ont., Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C of E
12. If married, state date
13. Trade on enlistment Salesman
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
C. A. C.	27 Cdn Armd Regt (Sher Fus Regt)

(18) Medical

Category	Date	Authority
"A"	27/7/40	Sherbrooke Med Board

(19) Next of kin (entries to be made in pencil) (wife)
AGNES ROBINA STEVENS
1082 Ste Cecile Street, Three Rivers
Quebec, Canada.

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report Date	 From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
9/11/42			SOS Cdn Army Canada 27/10/42 TOS " " O/S 29/10/42	Aldershot	28/10/42	Lieut	Pt II No 6
			Disem[illegible] 11 42				
26-12-42	C.R.	Field	7 days P.L. money allowance	Field	23-12-42	Lieut	2 No 8 d/31-12-42
			UNIT REDESIGNATED 27 CDN ARMY TANK REGT				
11 May 43	C.R.	Field	7 days P.L.	Field	9/5/43	Lieut	16 d/20/5/43
17/6/43	C.R.	Field	Proc. on C.M.H.Q. Course 857 Ser 449 J (Offrs A.F.V. Drivers) and att to A.F.V. School Bovington	Field	16/6/43	Lieut	21 d/24/6/43
			27 ARMOURED REGT				
	C.R.	Field	Ret from C.M.H.Q. Course 857 Ser 449 J and ceases att to A.F.V. School Bovington f.a.p.	Field	5 Aug 43	Lieut	29 d/25 Aug 43
7 Sep 43	C.R.	Field	Proceeded on C.M.H.Q. Course 880 Ser 26 (Gas) and att to C.C.T.S. (Tech) Wing f.a.p.	Field	29 Aug 43	Lieut	32 d/16 Sep 43
20 Sep 43	C.R.	Field	Ret from C.M.H.Q. Course No 880 Ser 26 Gas Offrs & N.C.O.'s ceases att to Tech Wing C.C.T.S. f.a.p.	Field	17 Sep 43	Lieut	34 d/30 Sep 43
1 Sep 43	C.R.	Field	Having completed C.M.H.Q. Course No 880 Ser 26 Qual "Q1"	Field	16 Sep 43	Lieut	35 d/7 Oct 43
8 Oct 43	C.R.	Field	Daughter, Charlotte Nancy Irene born at Three Rivers, Que, Canada.	—	20 Mar 43	Lieut	27 d/22 Oct 43
	C.R.	Field	~~N of K notified~~	Field		Lieut	45 d/27 Dec 43
18 Jan 44	C.R.	Field	Awarded Canadian Volunteer Service Medal and Clasp	Field	15 JAN. 44	Lieut	4 d/22 Jan 44
16 Jun44	CR	27AR	SOS killed in action	Field	6Jun44	Lieut	29/26 Jun 44

SURNAME Stevens **CHRISTIAN NAMES** Trevor Charles

C.A. (A.F.)		**AUTHORITY**
UNIT	27 Armd. R. (Sher. Fus.)	
RANK ON APPT.	Lieut.	
DATE OF APPT.	28 Jul 40	
T.O.S. C.A. (O'SEAS)	28 Oct 42	
2ND LT.		
LIEUT.	28 Jul 40	779c-4
Lieut.(CAC) **CAPT.**	26 Jan 42	1876c-2
MAJ.		
LT. COL.		

C.A. (R.F.)		**AUTHORITY**
UNIT	Sherbrooke Regt. Bishops O.T.C. P.W.OR	
RANK	NIL	DFL 39
REGIMENTAL & STAFF APPTS. C.A. (O'SEAS)		

DATE OF BIRTH 10 Jul 1916 **RELIGION** C. of E. **MED. CAT.** A.

CIVIL OCCUPATION Salesman

CIVIL RESIDENCE Kingston, Ont. Language- English and French

HONOURS & AWARDS

PART II ORDERS

ENTRY				CONTRA			
	UNIT	EFFECTIVE DATE	ORDER No.		UNIT	EFFECTIVE DATE	ORDER No.
SOS	27 Armd. Regt.	6 June 44	27	–	Killed in action		
		Confirmed Killed 7 Jun 44 m					

COURSES & QUALIFICATIONS		CASUALTIES BY RO's, Etc.	AUTHORITY
EMHQ Crse No.857 AFV Wireless Instr. Ser 449G 16 Jun to 4 Aug 43. "P1"			
~~519 Ser 36 Vehicle Mastership 13 Jun to 19 Jun 43~~			
CMHQ Crse 800 Ser 26 Unit Gas Offrs. 30 Aug to 16 Sep 43 "Q1"			

REMARKS Burial returns received believed Killed in Action CAS/6868
Now confirmed Killed 7 Jun 44 CAS/6969

SECRET C3880/A.

NAME :-
STEVENS, T.C.

KILLED IN ACTION m

SOS

NAME STEVENS, Trevor Charles H.Q. File 332-53-163

RANK ~~2ND LT.~~ LT.

C.A.S.F. UNIT SHER. FUS. R.

N.P.A.M. UNIT C.R. of O., SHER. R. (M.G.)

Appt. R.O. No. 779 Date 7-11-40 Effective date of appt. 28-7-40

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

EMBARKED CANADA - SAILING LIST No. 801 AUG 1 1 1941

RET. CANADA FEB 10 1942 R. S. L. 72.

To be Lt. 27th Armd. R. (Sher. Fus. R.) from Sher. Fus. R. 26-1-42. R.O. # 1876, 18-4-42.

EMBARKED CANADA - SAILING LIST No. 2098 OCT 2 7 1942

K.I.A. 7-6-44 27TH ARMY TANK Rgt. C.A.C. "U.K." Cables # 6868, 6969 d/ 23-6-44.

5M—9-40 (7205)
H.Q. 1772-45-8

Sherbrooke Fus. Regt - St. John's Nfld - 29/11/41

File No. 332-53-1[illegible]

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. ______ Name STEVENS TREVOR CHARLES

Rank on Discharge Lieut Date of Discharge 7-6-44

Authority for Discharge or Retirement Deceased

Served in:

					Non-qualifying service
Canada	from	28-7-40	to	27-10-42	
	from		to		
United Kingdom	from	28-10-42	to	5-6-44	
	from		to		
Italy	from		to		
Northwest Europe	from	6-6-44	to	7-6-44	KIA
	from		to		
	from		to		

Eligible for award of:

1939 - 45 Star ok ✓

~~Italy Star~~

France-Germany Star ok ✓

Defence Medal ok ✓

War Medal ok ✓

Canadian Volunteer Service Medal ok ✓

with clasp ok ✓

Verified by

Date 30-8-46

Carded

HA 165

A-8 CANADIAN ARMOURED CORPS TRAINING CENTRE

RANK & NAME	UNIT	SUBJECT	PROGRESS	INTEREST	PREP	AB	M	REMARKS
Lt.T.C.Stevens	27 CAR	D & M	Good	Good	Good	Fair	65	Capable of taking charge of troop vehicle
		GUN	Average	Good	---	Good	75	Keen-nervous requires coaching very attentive
		R/T/	V.G.	V.G.	V.G.	V.G.	93	Keen hard worker
		Tactics	Good	Good	Good	Good	66	Average initaitive Satisfactory report

copy

OM

STANDING OF CANDIDATES ATTENDING 1st WINTER TRAINING SCHOOL.

RANK	NAME	UNIT	STANDING	REMARKS
Lieut	Stevens, T.	S.F.R.	Q2	Will make a good instructor.

CANADA

CERTIFICATE OF MILITARY QUALIFICATION

~~ACTIVE MILITIA OF CANADA~~

CANADIAN ARMY (ACTIVE)

NATURE OF QUALIFICATION Lieutenant C.A.C. (AF)

This is to Certify that 2/Lieut. Trevor Charles STEVENS *Corps* Canadian Armoured Corps (AF)

has attended the required Course *held at* A8 Canadian Armoured Corps (Adv) Trng Centre (AF)

from 16th February, 1942 *to* 6th May, 1942 *and has qualified*

as ~~*in*~~ Lieutenant C.A.C. (AF)

NOTE—This Certificate is registered at N. D. H. Q. *Headquarters* OTTAWA

Canada, under No. 111513

DEPT. NATIONAL DEFENCE
Registered in
Canadian Army Orders
No. 143 1942
Ottawa, Canada.
Adjt. General's Branch.

Westwood Major,
for Adjutant-General

AMcGoun
(A. McGOUN) Lt-Col. R.T.R.
Officer Commanding
A8 C.A.C.(A)T.C.(AF)

M. F. B. 1417
10M.—5-41 (466)
H.Q. 1772-39-1522

4

M 1 2 3 ~~4~~ 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 ✓

KILLED IN ACTION 7 JUN 44

1. H.Q. File No. INDEX CARDS MADE XXXXX REMOVED

OFFICERS INFORMATION CARD

2. Date Completed 12 APRIL 43

3. Name (use block letters.) STEVENS (surname) TREVOR CHARLES (given names)

4. Rank LIEUT.

5. Unit 27 C.A.T.R. CAC

6. Present Employment & Location TP. Comd.

7. Permanent Home Address 189 QUEBEC ST, SHERBROOKE, P. QUEBEC CANADA

8. Med. Cat. A

9. Decorations NIL

10. Date of Birth 10 JULY 16

11. Place of Birth LENNOXVILLE P. QUE.

12. Nationality CANADIAN

13. Adapt'y Test

14. Total Commiss'd Service 2 yrs 8 mos.

15. Date of Appmt. to A.F. 28 JULY 40

16. Rank (Militia) LIEUT

17. Unit or Corps (Militia) NPAM.

T. C. Stevens (signature of officer)

18. T.O.S. O/S 28 Oct 42 X

APR 24 1943

CIVILIAN EDUCATION

19. School	20. No. of Years	21. Name of Institution	22. Courses or Subjects	23. Graduated Yes	23. Graduated No	24. Degree or Diploma	25. Year Finished	26. Professional Memberships	27. Hobbies (see note)
High School	4	SHERBROOKE HIGH SCHOOL	Jr. Matric. ☒ Sr. Matric. ☐	yes		XXXXX			CHEMISTRY, SKIING.
Coll. or Univ.	3	UNIVERSITY OF BISHOP'S	SCIENCE		NO				
Post Grad.									

CIVILIAN OCCUPATION

28. Name of Firm (Last three)	29. Location	30. Nature of Business or Profession	31. Employed From	31. Employed To	32. Positions Held (Mention major responsibilities)
1. QUEBEC CENTRAL RLY	SHERBROOKE	RAILWAY	Sept 39	JAN 40	CLERK
2. SHERWIN-WILLIAMS CO.	MONTREAL-KINGSTON	RETAIL STORE	JAN. 40	JULY 40	ASSISTANT MANAGER RETAIL STORE
3.					

LANGUAGES

33.	English	French	German	Russian	Spanish	Other
Spoken	fluently	fluently				
Written	fluently	fluently				
Translated	fluently	fluently				

34. Marital Status

- Single ☐
- Married ☒
- Separated ☐
- Divorced ☐
- Widower ☐
- No. of Dependents one

35. Religion: Prot. ☒ R.C. ☐ Other (specify) C of E

36. Racial Origin

- Anglo-Saxon ☒
- Fr. Can. ☐
- Other

37. Special Service or Appointments

38. SERVICE SCHOOLS AND COURSES

Year	Months	School	Course	Grade
1941	1	SKI SCHOOL	SKI	P2
1942	3	CAMP BORDEN	TP. LEADER	QUALIFIED
1943	2	CMHQ 857	AFV. Wireless Instrs	P1
1943	2 Wks.	6 CTS. CMHQ.800	Unit Gas Offrs & NCO's.	Q1 75%

39. WAR AND MILITARY SERVICE

Year	Months	Service	
1942/43	6	Present War (Overseas only)	YES
		Great War (Any Service)	NO
		P.F. Officer	NO
		P.F. Other Rank	NO
		N.P.A.M. or R.F. Officer	NO
1936/39	24	C.O.T.C.	YES
		Other (Specify)	NO

40. STAFF EMPLOYMENT or COMMAND (last six)

Year	Months	Location	Appointment

NOTE:—HOBBIES SHOULD INCLUDE ACTIVITIES WHICH MIGHT HAVE AN APPLICATION IN WARTIME, E.G., TRAINING DOGS, PIGEONS, ETC. OR ADVANCED PHOTOGRAPHY.

THIS SIDE ONLY FOR N.D.H.Q. OR C.M.H.Q.

NAME STEVENS, T.C.
Surname First. Use Block Letters.

SUMMARY OF CONFIDENTIAL REPORTS

Entry Made at N.D.H.Q. C.M.H.Q.	27.ATK R Sker Fus								
Date of Report	30 3.43								
1. Reliability	D								
2. Leadership	C								
3. Sense of Responsibility	D								
4. Stability	D								
5. Alertness	D								
6. Administrative Ability	D								
7. Energy and Persistence	D								
8. Group Value	C								
9. Appearance	C								
10. Speech	B								
11. Writing Facility	B								
12. Basic Knowledge of Arms	B								
13. Tactical Aptitude	D								
14. Teaching Ability	B								
RATING									

RECOMMENDATIONS

Staff Appointment									
Accelerated Promotion									
Normal Promotion	✓								
Retarded Promotion									
Transfer to Other Arm									
Retirement or Reclassicat'n									
Civil Occupation									
Other									

POSTINGS, ETC.

A.P. AND R. OR OTHER ENTRIES	EFFECTIVE DATE	UNIT	AUTHORITY MIN. APPROVAL	AUTHORITY R.O.
AEF: Burial returns received				
Believed killed in action	7 JUN 44			CAS/6868
Treating as Unclassified				
Confirmed killed	7 Jun 44			CAS/6969
~~2~~Lieut	28 JUL 40			C 779
Lieut (CAC)	26 JAN 47			C 1876-2

MFM—241(b)—40/P & S/1626 (2644)

HB
PY

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) 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 Canadian Army (AF) 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 individual's new unit.

---

(1) Name of Officer or Other Rank STEVENS, Trevor Charles
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank Lieutenant

(3) Unit Sherbrooke Fusilier Regiment C.A.S.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? No

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

Names and ages

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

46

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

Name

Postal Address

[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

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Albert Charles Stevens

189 Quebec Street, Sherbrooke, Quebec, Canada.

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

(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

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

(14) Is your mother alive? Yes

If so, state name and address Irene Elizabeth Stevens

189 Quebec St., Sherbrooke, P. Quebec, Cana

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

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

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?

(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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Sun Life Assurance Co. 2244016
(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 othe assignment you wish to make, provided the total assignment is not in excess of the maximu 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.

(Sgd) Trevor C Stevens
(Signature of officer or man)

Date July 28th, 1940.

(Sgd) ? Lt. C

Officer Commanding The Sherbrooke Fus
Regiment C.A.S.F.

Date August 5, 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.

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 STEVENS TREVOR CHARLES (b) Reg'l. No. N/A
2. (a) Arm of service ARMY (b) Unit SHERBROOKE FUSILIERS (c) Rank LIEUT.
3. (a) Date of birth JULY 10/16 (b) Have you any dependents? NO (c) Place of residence at time of enlistment KINGSTON ONT.
4. (a) Place of enlistment SHERBROOKE P. QUEBEC (b) Date of enlistment JULY 1 - 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 4 YEARS PUBLIC SCHOOL
7. If you attended a university, give name of university and standing or degree secured ~~SHERBROOK~~ BISHOP'S UNIVERSITY
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N/A (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? ENGLISH & FRENCH (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? N/A

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 N/A
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 SHERWIN-WILLIAMS CO. Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RETAIL STORE
20. (a) Your specific occupation SALESMAN (b) Number of years' experience at this occupation with any employer 2
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? — (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? (b) Do you feel competent to operate a farm? N/A (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.) N/A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE MAY 8 1941 SIGNATURE T C Stevens Lt.

FOR COMPLETION AND RETURN BY

Mrs. Agnes R. Stevens,
189 Quebec St.,
Sherbrooke P.Q.

1

Form P. 64

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

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

and the following number quoted:—

H.Q. 332-53-163 FD 10

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

July 19, 1944

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

STEVENS TREVOR CHARLES Lieut.

No. none C.A.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

ESTATES BRANCH SEP 27 NATIONAL D

GHF/JT

51

Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Agnes Robina McDougall Stevens	26	189 Quebec St Sherbrooke Que.
2	Children of the Deceased and dates of their Births		Charlotte Nancy Irene born March 20, 1943	1½ yrs	189 Quebec St. Sherbrooke Que.
3	Father of the Deceased		Albert C Stevens	59	189 Quebec St Sherbrooke Que.
4	Mother of the Deceased		Irene Elizabeth Stevens	57	189 Quebec St Sherbrooke Que
5	Brothers of the Deceased	Full Blood	Basil Webster Stevens born July 10th 1916	28	Canadian Army O.S.
			Edgar Gardner Stevens born April 30th 1921	23	Nitro, Valleyfield Que.
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	—		
		Half Blood	—		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	—				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Trevor Charles Stevens
9	Date of his birth.	July 10th 1916
10	Place and date of his marriage.	Three Rivers, Que., Aug 15th 1942
11	Place and date of his parents' marriage.	Coaticook Que., June 18th 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lennoxville, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Resided in Prov. of Quebec, (b) except for 6 mo. prior to (c) enlistment, spent in Prov. of Ontario. (d)
14	Nature of employment before enlistment.	Salesman
15	State whether he owned the premises in which he lived, and, if so, where situated.	— No.
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	See letter attached —
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Yes. Sherbrooke Trust Co., Sherbrooke, $299.77 — No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$100.00 Canadian Bank of Commerce Sherbrooke, Quebec.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Bearer bonds $1,200.00 Canadian Bank of Commerce Sherbrooke
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Sun Life Assurance Co — $4000.00 Canada Life Assurance Co. $1000.00 Beneficiary, Albert C. Stevens
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. See below	Sun Life Assurance. $5000.00 with War Co Beneficiary — Agnes R. Stevens

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	— No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	— No.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

* wife of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Agnes R. Stevens Signature of Informant

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief

See above. Agnes R. Stevens, {Name of informant} is the Wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Sherbrooke this 25th day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. G. Ellery Read Qualification Clergyman

Address 175 Quebec St. Sherbrooke, Que.

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

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

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

Other assets: MacLaren P. & P. $1,000.00
: J. S. Mitchell & Co. Ltd. $250.00 (4 shares)
Southern Canada Power preferred (2 shares) $200.00

No Rank **Lieutenant** Name **STEVENS, Trevor Charles**

Unit **Canadian Armoured Corps** Date of death **7th June, 1944.**

Died at **France**

Cause **Killed in action.**

Death occurred on strength of Forces.HQ 332-53-163 d 23-6-44

N/K **Mrs. Agnes R. Stevens** Relationship **Widow**

Address **189 Quebec Street, Sherbrooke, P.Q.**

Remains buried in **Road fork south Beny-sur-Mer.** Cemetery

987812 Sheet 7E/5.

Grave location

CHK

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. MAY 11 1946

RETURN TO BUR. OF STAT. NOV 16 1945

ROYAL MESSAGE DESP'D. JUL 15 1944

CAN. MESSAGE DESP'D. 28/6/44

Temp BR sent to NK & Ma

REBURIAL

Beny-sur-Mer Canadian Military Cem.,
Beny-sur-Mer, France.

Grave 6, row H, plot 10.

HI & CR Form Despd. JAN 29 1947

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Lieutenant

SERVICE UNIT 27th Army Tank Regiment C.A.C. (C.A.).

NAME STEVENS, Trevor Charles

DATE OF BIRTH
DAY 10th MONTH July YEAR 1916 Enlisted: 28-7-40

MARITAL STATUS Married Religion--Church of England.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

NAME ADDRESS D.A.B. Mrs. Agnes R. Stevens,

ADDRESS
189 Quebec St.,
Sherbrooke, P.Q.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 6868 6969 H.Q. 332-53-163

CASUALTY DETAILS

Killed in action

DATE 7-6-44

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

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

DATE 23-6-44

OFFICER I/C RECORDS

BTC

6

COPY FOR DOCUMENT FILE

332-53-163

FIELD SERVICE

Army Form B. 2090A.

PORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after eceipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

R l OF } 27 Armd Regt.

Squadron, Troop, Battery or Company }

Office al No. (if known) Soldie y No. }

Rank Lieut.

Surname STEVENS

Christian Names Trevor Charles

Died { Date Y 6 June 44

Place Normandy France

Cause of Death* K/A

Nature and Date of Report AFW.3013/11 d. 17 June 44

By whom made Cdn.Sec. GHQ 2nd Ech.21 Army Group

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Beny-

ial { Place Road fork South B~~ernier~~es-sur-Mer 987812 Sheet 7E/5

Date

By whom reported C.F. 10 Armd Regt.

State ether he leaves a Will or not { (a) in Army Book 64 No

(b) as a separate document Not known

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date } England 5th Aug.44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } W Rennie Lieut O i/c Cdn.Sec. GHQ 2bd Ech.21 A.G.

46

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239