

FALSE DOCKET

ESTATES

H.Q. J5089

No. 226

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

ABRAMS,

HYMAN DAVID

P/O

H.Q. J5089

ABRAMS, H.D.

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
25 26	27 28 29	14 8			(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
Nov 10	6-8-42	P.A.	JMH	Estate	Estate with Chq. # 86256	C.R. JHK	14-8-41 15-2-42

CLOSED 22-7-42

DO NOT WRITE BELOW THIS LINE

R.C.A.F.

OVERSEAS. SCHEDULE OF CORRESPONDENCE

RAF unit

	DATE RECEIVED	DATE DESPATCHED	REMARKS
Casualty Report.....	13.8.41		D 3.8.41 air operations
WILL { Yes..... ✓	13.8.41		ALL TO FATHER.
None.....			
Particulars of Family Form.....	— " —		single INSURANCE.
Records File Examined.....			
Form P. 64.....	26.8.41	by brother	single - father living No Estate - No will
Certificate of Death.....	<i>CNA</i> 22.5		no debts
Last Pay Certificate, \$.....	1.56 18.6.42 216.70 29.5.42		Int. on pay verified
Bank Balance, \$.....	119.63	15-1-46 119.63	Wardens' Grant ✓ 199.243
Domicile.....			" P.O.
Distribution from { Canada.....			
{ U.K.....			
Effects—War Area.....			
U.K.....	22-11-41	24-11-41	Val. n. Reg'd M. R
Canada.....			Gladstone. C.N.E.R
Surplus.....	26.3.42	1.5.42	Kit Bag: C.N.E.R
Hospital.....			RR's
ESTATE CLOSED—			
(Total CASH Estate, \$..... 218.26)		23-7-42	all to father per will R/ W. H. G. + stamps hereon above W. H. G. 199.63 ditto A 546

ADVICE RECEIVED
 11 NOV 31 1946
 NO WILL IN REC. OFF.



ABRAMS, Hyman David.

Montreal, Que. 30-5-40

CONFIDENTIAL**ROYAL AIR FORCE****STANDING COMMITTEE OF ADJUSTMENT****REPORT****ON****ACTION TAKEN IN THE CASE OF**Official No. J.5089 Rank PILOT OFFICER Trade or Branch A. OBS.Name ABRAMS. HYMAN DAVID
(Surname) (Christian names in full)

(Under the terms of A.M.O. A.531/1939)

COPY FOR INFORMATION ONLYTo
Chief Treasury Officer (Overseas)
County Hall
Lancaster.

3rd. February 1942.

Reference No. C.D/J.5089/A.1613.Date forwarded to Air Ministry 8th Oct 1941.

(Form 247 attached)

Forwarded by
Central Depository
Colnbrook,
Bucks.

Royal Air Force,
Central Depository,
Colnbrook, Bucks.

Reference:-
CD/J.5089/A.1613.

J.5089. P/O. ABRAMS. H. D.

The Standing Committee of Adjustment has the honour to forward herewith the undermentioned documents in accordance with A.M.O. A.531/1939.

1. ENCLOSURE "A" An inventory of effects showing separately articles in the custody of the Committee and articles retained at the Unit.
2. ENCLOSURE "B" Receipts for Cash and Equipment.
3. ENCLOSURE "C" Copies of correspondence between the Unit - NIL and the next of kin.
4. ENCLOSURE "D" List of Preferential Debts (if any).
5. ENCLOSURE "E" Forms 894 or 901.
6. ENCLOSURE "F" List of Non-Preferential Debts (if any).
7. ENCLOSURE "G" Certified true copy of Will (if any).
8. ENCLOSURE "H" Copy of all correspondence between the - NIL Standing Committee and the next of kin.

~~The Standing Committee awaits the Air Ministry
authority to take the necessary steps to forward the~~

President. H.W. Hardwick F/Lt.

Date. 8th October 1941.

Members... B.L. Higgins P/O.

The Under Secretary of State,
Air Ministry (Accounts 13).

... H.M. Raleigh P/O.

Personal effects of J5689 P/O Adams, H.D. A

1 black travelling case cont:-
 17 photographs in folder.
 4 photographs mounted on one background.
 1 large photograph and 10 small
 snapshots mounted on inside cover.
 1 service ceremonial cap.
 6 handkerchiefs.
 1 wristlet watch (broken)
 1 brown leather wallet.
 1 New Testament.
 2 shirts.
 3 collars.
 1 blue grey pullover.
 1 vest.
 1 shirt with collar.
 1 pr. pants.
 1 pr. bathing trunks grey.
 1 pr. white shorts.
 1 pr. black socks.
 1 pr. tennis shoes white.
 1 black silk socks.
 1 pr. pyjamas.
 1 towel.
 1 fountain pen.
 2 service tunics.
 2 black ties.
 1 metal cigarette case.
 1 ranson lighter.
 1 pr. brown leather gloves.
 1 forage cap.
 2 propelling pencils.
 1 black toilet case cont:-
 hairbrushes.
 shaving brush & container.
 razor and containers.
 shoe horn.
 mirror (broken)
 2 snapshots.
 1 toothbrush container.
 1 pr. service slacks.
 1 utility knife.

A RECEIPT HAS BEEN
 RECEIVED FROM THE ADMINISTRATOR
 OF ESTATES FOR THE EFFECTS ON
 THIS PAGE.

ADDITIONAL PERSONAL EFFECTS OF J.5089.P/O.Abrams, H.D.
A.1613.

- 1 kit bag containing :-
- 1 service shirt
- 5 black ties
- 1 pr slippers
- 1 tunic & belt
- 1 pr trousers
- 1 dressing gown
- 1 leather sports jacket
- 1 knife
- 1 fork
- 1 spoon
- 1 kit bag handle & lock(handle damaged)
- 1 hair brush & comb
- 2 prs pyjamas
- 1 towel
- 8 prs trunks, shorts
- 12 handkerchiefs
- 4 prs socks
- 3 shirts(civilian)
- 1 pr civilian trousers
- 1 pullover
- 1 slipover
- 1 loose leaf cover(black)
- 4 photographs(Group)

This is a further consignment
of effects received at Central
Depository. These are being
forwarded to the Administrator
of Estates. Ottawa.

RECEIPT.

B.I.

Received from C of A re P/O. Abrams H.D. J.5087 the sum of
5/7d in respect of cash found in effects. ✓

Sgd. ???? Accountant Office
R.A.F. Station. Chivenor.

Date 22nd Aug 1941.

Certified True copy

Wenall
P.O.

ROYAL AIR FORCE STATION
CHIVENOR. N. DEVON.

SERVICE EFFECTS OF THE LATE
P/O. ABRAMS (DECEASED).J.5089)

32

NOTE:- All the undermentioned effects have been returned to the Main Stores R.A.F. Station, CHIVENOR, on 6.8.41 Form 675 action taken.

ITEM.	QUANTITY.	REMARKS.
Kit Bag.		
Flying suit inner.	1	
Helmet flying.	1	
Goggles Flying.	1	
Cape A.G.	1	
Hood A.G.	1	
Respirator A.G.	1	
Ointment A.G.	1	
Eyeshields.	3	

Certified correct under A.M.O.
A.531/39.

Signed R.A.H.Bate

Signed A.G.Lovell W/O.

Certified True copy

Wendy
P/O.

J.5089. P/O. ABRAMS. Hymen David.

PREFERENTIAL CHARGES.

Officers' Mess Bills, £5. 16. 9d. ✓

Mess Bill forwarded to Air Ministry.

D

J.5039. P/O. ABRAMS. H.D.

Form 894 showing Credit Balance of 5. 7d.
included in Air Ministry copy of Report.

E 1-2

Name and address of Next of Kin.

Mr. William Abrams. (Brother)
4406 Oxford Avenue,
Montreal,
Quebec.
Canada.

Re J.5089. P/O. ABRAMS. Hyman David (Deceased)

F

CERTIFIED THAT there are no known outstanding
Non-Preferential charges against the Estate of the
above deceased Officer.

Sgd. R.A.H.Bate S/Ld Rev

Sgd. A.G.Lovell W/O

Dated this 7th Day of August
1941.

Certified True copy

[Handwritten signature]
P/O.

Royal Air Force Station
Chivenor,
Near Barnstaple,
North Devon. G.

CERTIFIED THAT a thorough search has been made of the effects of the undermentioned officer, deceased, for a Will or other document of a Testamentary nature but none has been found.

J.5089. P/O. ABRAMS. Hyman David.

Dated this 7th day of August 1941.

Sgd. R.A.H.Bate S/Ldr (Ref)
Sgd. A.G.Lovell. W/Offr.

Certified True copy

Renall
J.O.

P.A. ~~15089~~ 1022-A-447 ✓

R.C.A.F. R.47
100M-10-40 (7391)
H.Q. 1062-3-56

ROYAL CANADIAN AIR FORCE

OFFICER'S APPLICATION AND RECORD SHEET

Date 14/5/41 19.....

I have the honour to apply for an appointment to the Special Reserve (Non-Flying List)
(General List)

Please read these notes before completing the form:—

- (a) All questions must be answered in candidate's own handwriting. It is not sufficient to leave a space for reply, blank. Write "N.A." if "Not Applicable". Incorrect answers may prejudice an applicant's chance of selection.
- (b) Where spaces are inadequate, information should be given on foolscap paper attached to and identified with this application.
- (c) Paragraphs 35, 36 and 37 must be signed, dated and witnessed.
- (d) The submission of false information or falsified documents in connection with this application may render the applicant liable to Prosecution.

1. Surname ABRAMS (Use capital letters)

2. Christian Names HYMAN DAVID (Use capital letters)

3. Date of Birth OCT/10/16 Place Montreal Que Canada
City Province Country

4. Permanent Address 4406 OXFORD AVE MONTREAL

5. Present address for correspondence stating date until which it holds good. Telephone
4406 OXFORD AVE MONTREAL EL. 4333

6. Nationality (If Naturalized Canadian, proof of naturalization must be submitted).....
Canadian

7. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.) HEBREW

8. Next of Kin (Name) William ABRAMS Relationship BROTHER
Address 4406 OXFORD AVE MONTREAL, QUE.

9. Father's name in full Isidore ABRAMS Alive Deceased Alive
Address 4406 OXFORD AVE, MONTREAL
Birth Place Roumania Nationality Canadian
Profession MANUFACTURER

Mother's maiden name in full Rose Moscovitch Alive Deceased Alive
Birth Place Roumania

10. Has either parent acquired any other nationality? (If so, full particulars and date must be given).....
Canadian

11. Single, Married, Widower, Divorced, Separated? Single
Particulars of Marriage N.A. (Date) (Place)
Full maiden name of Wife N.A. Birthplace N.A.

12. Particulars of Children:—

NAME	DATE OF BIRTH	PLACE OF BIRTH

13. Person or persons to be notified in case of casualty:—

Name William ABRAMS Relationship Brother
Address 4406 OXFORD AVE - MONTREAL

14. Education:—

SCHOOLS	DATES IN ATTENDANCE		COURSES	DIPLOMAS AND DEGREES
	FROM	TO		
West Hill High School	1928	1933	Arts.	Jun. Matric
Universities				
McGill University	1933	1934	Commerce.	

15. Special Civil Courses or Examinations other than in 14 above, Correspondence Courses, etc. ✓

16. Civil Employment, from leaving school to present in chronological order, and Reasons, if any, for leaving:—
(If space does not permit full details of civil duties supplementary memorandum should be attached to and identified with each copy of this form.)

NAME AND ADDRESS OF EMPLOYER	FROM	TO	DUTIES	CAUSE OF LEAVING
Montreal Dress Co.	1934	1936	Manager	Ente Business
Peggy Paige Frocks.	1936	1938	Owner	Sold Business
Montreal Dress (Taillorette)	1938	1939	Designer	Ente Service.

17. Clubs or Organizations of which applicant is a member Pi Lambda Phi Fraternity.
epsilon Lambda Phi Fraternity

18. Previous Service with Navy, Army, Air Force, Permanent or Non-Permanent:—
(If in the Air Force state nature of duties, e.g., Pilot, Observer, Technical or Ground duties and if entitled to wings.)

FULL NAME OF UNIT	FROM	TO	RANK	DUTIES
N.A.				

19. Reason for Termination of last Service Engagement N.A.

20. Details of Ground Officer's Duties Performed. N.A.

21. Experience as Teacher or Instructor (Service or Civilian):—

SUBJECT	FROM	TO	UNIT	PLACE
N.A.				

22. Have you ever been or are you now in receipt of a Disability Pension?

If so, state nature of disability: N.A.

Particulars of other Pension: N.A.

23. Honours and Awards (Quote authority—London or Canada Gazette)

N.A.

24. Service Courses taken:—

Empire Training Course II Air O

25. Have you previously applied for any of its auxiliaries? If so, state:—

N.A.

(Unit and Place)

26. Have you any knowledge of international flying?—

N.A.

27. Types of Aircraft Flown (Service)

PLACE

N.A.

28. Total Flying Time.....

29. Sports and games played, and won:—
Soccer, (Mod) Baseball

30. Hobbies Reading, Sports

31. Languages spoken, or written (State)

32. Any other remarks or information

33. Names and present addresses of persons known to you by personal knowledge of the candidate

Name H.C. Atherton
(in capitals)

Address West Hill

Profession Principal

Name.....
(in capitals)

Address.....

Profession.....

34. NOTE:—

The applicant must be prepared to accept the Department is not prepared to accept the candidate has nominated; and the candidate must be personally acquainted with the candidate. Applicants are cautioned not to accept the Department or outside the Service who they are

35.

The foregoing information was prepared by me and I agree that His Majesty may exercise the right of selection

Witness [Signature]

Date 14-5-41

36.

If selected, I agree to accept a Commission in the Royal Canadian Air Force

Witness [Signature]

Date 14-5-41

24. Service Courses taken:—

TYPE OF COURSE	PLACE	FROM	TO
Empire Training Plan Course II Air Observer.			

25. Have you previously applied for a Commission or for enlistment in the Royal Canadian Air Force or any of its auxiliaries? If so, state:—

N.A.

(Unit and Place)

(Date)

(Result)

26. Have you any knowledge of internal combustion engines, construction of aircraft, mechanics or electricity?

N.A.

27. Types of Aircraft Flown (Service or Civilian):—

PLACE	LIST FLYING HOURS BY YEARS	REMARKS
N.A.		

CAUSE OF LEAVING

Enter Business
Sold Business
Enter Service.

28. Total Flying Time.....

(Hours)

(State Type and No. of Licence held)

29. Sports and games played, and whether extensively, moderately or occasionally.

Soccer (Mod.) Basketball (Mod.) Tennis (Ex.) Golf (Ex.)

30. Hobbies. Reading, Sports

31. Languages spoken, or written (State proficiency) English (fluently) French (slightly)

32. Any other remarks or information not included in the foregoing—

DUTIES

33. Names and present addresses of responsible persons (preferably including employer), able to certify from personal knowledge of the candidate's career, as to his suitability for commissioned rank.

Name H.C. Atkinson
(in capitals)

Address West Hill High School

Profession Principal

Name T. Summerville
(in capitals)

Address Montreal High School

Profession Principal

Name.....
(in capitals)

Address.....

Profession.....

Name.....
(in capitals)

Address.....

Profession.....

PLACE

34. NOTE:—

The applicant must be prepared to provide, if required, references from his former headmaster, employer or other person. The Department is not prepared to enter into correspondence, whether officially or unofficially, with persons other than those whom the candidate has nominated; and the Selection Board will disregard recommendations from any persons who are not directly and personally acquainted with the candidate's work, at school, university, in industry or business, in H.M. Forces or otherwise. Applicants are cautioned not to prejudice their candidature by endeavouring to enlist the support of persons inside or outside the Service who they consider might have some influence.

35.

CERTIFICATE

The foregoing information was personally compiled by me and is correct to the best of my knowledge and belief. I understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Witness *[Signature]*

Signature H. D. Abrams

Date 14-5-41

19.....

36.

AGREEMENT

If selected, I agree to accept a Commission in the Royal Canadian Air Force, Special Reserve (Non-Flying List) (General List).

Witness *[Signature]*

Signature H. D. Abrams

Date 14-5-41

19.....

DIPLOMAS AND DEGREES

Jun. Matric

etc.

any, for leaving:—
and identified with each

ternity.

to wings.)

DECLARATION

I, Hyman David Abrams.....having made an application, dated.....

(.....) for a Commission on the Special Reserve of the R.C.A.F. do hereby declare, provided my said application is accepted, that I am willing to serve on Active Service, anywhere in Canada, also beyond Canada and Overseas for the duration of the present war, and for the period of demobilization thereafter, should His Majesty so long require my services.

Witness H. Abrams.....

Date 14/5/41..... 19.....

Place Halifax N.S......

Signature H. D. Abrams.....

38. (a) Location of Will.....

(b) Entered in Officer's Records by..... (Rank)..... (Date)..... (Place).....

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....

PART 1. Information obtained from the applicant:—

- 1 Age..... 2. Have you ever suffered from any of the following defects in health?
(a) Rheumatism..... (j) Nasal Trouble.....
(b) Tuberculosis..... (k) Ear Disease.....
(c) Bronchitis or Asthma..... (l) Eye Disease.....
(d) Heart Disease..... (m) Epilepsy.....
(e) Kidney or Bladder Disease..... (n) Nervous or Mental Disease.....
(f) Stomach or Bowel Trouble..... (o) Syphilis.....
(g) Rupture..... (p) Gonorrhoea.....
(h) Varicose Veins..... (q) Bone Fracture.....
(i) Flat or Deformed Feet..... (r) Other Disease or Defect.....

- 3. Have you ever worn glasses?..... 4. Have you had any illness of more than one week's duration?.....

Signature of Applicant.....

Examiner's remarks re above.....

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

- 1. Identification marks or scars (if operative, obtain history).....
2. Height..... Feet..... Inches 3. Weight..... lbs.
4. Complexion..... 5. Colour of eyes..... Hair.....
6. Development { Good 7. Chest measurement—full expiration..... inches
Fair range of expansion..... inches
Poor
8. Hearing—Right..... Left..... Tympana—Right..... Left.....
9. Vision—Without Glasses—Right..... With Glasses—Right.....
Left..... Left.....
Colour Vision.....
10. Condition of mouth and teeth.....
11. Heart and blood vessels..... 12. Blood Pressure—S..... D.....
13. Reflexes..... 14. Urine—Albumen..... Sugar.....
15. Abnormalities (Congenital and Pathological) found on Examination.....

PART 3. The candidate has been examined in accordance with existing standards and he is considered fit for Category.....

General Impression and any special remarks of Medical Officers.....

Date..... 19.....

(President)

(Member)

(Member)

ROYAL CANADIAN AIR FORCE

R.C.A.F. T-58
12M-5-40 (4963)
H.Q. 1062-13-56

Report on Pupil Pilot—Flying and Ground Training

Surname Abrams Christian Names H.D.

Number R56183 Rank AC2

INSTRUCTIONS

1. The report is to be forwarded so as to arrive on or before the reporting date of the pupil as follows:—

ORIGINAL AND DUPLICATE

From Initial Training School to Elementary Flying Training School (or Flying Club)

From Elementary Flying Training School (or Flying Club) to Intermediate Training Squadron (Service Flying Training School)

From Intermediate Training Squadron to Advanced Training Squadron.

DUPLICATE

To be available on demand by the Training Command concerned.

2. On completion of Advanced Training, the duplicate is to be forwarded to Air Force Headquarters through Command Headquarters and the original placed on the pupil's personal file.

3. In the event of discontinuance of training at any stage: one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil pilot will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each subject, each stage.

PART I
INITIAL TRAINING

1. No. 1 Initial Training School. Course No. 5 From Aug. 19th To Sept. 14 1940

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	82	Drill.....	100	73
Armament (P & O.).....	100	86	Law and Disc., etc.....	100	92
Visual L. Tr.....	100	Good	TOTAL.....	400	333

3. Maximum Marks 500/400 Marks Obtained 333 Percentage 83 Passed or Failed P

Position in Class 89 No. in Pilot's Class 193

4. Remarks Should make a good pilot.

E/S. W.G. C. P. H. G.
Commanding Officer

No. 1 I.T.S. Toronto

To be passed to No. 4 E.F.T.S.

Date 3-10-1940

10

PART II
ELEMENTARY TRAINING

1. No. Elementary Flying Training School. Course No. From To

FLYING TRAINING

2. Flying Time:—

Aircraft	Dual	Solo	Passenger	Total	Link Trainer
<i>Fleet Finch II</i>	<i>12.30</i>	—	—	<i>12.30</i>	—

3. Results of Flying Tests:—20 hour % 50 hour % Instr. Fly %

4. Ability as a Pilot *Very Poor* Pass or Fail *Failed*

5. Recommended for training on T.E. or S.E. Aircraft

6. Remarks on Flying Progress and points which require special consideration

This pupils progress has been very slow throughout. Judgement of height and distance very erratic. Lacks air sense. Unsuited as service pilot.

W. S. Rachall
Chief Flying Instructor

Date *Oct 25th 1940*

GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200		Th. of Flight.....	100	
Airframes.....	200		Air Nav.....	200	
Aero Engines.....	200		Arm. (Oral).....	200	
Signals (Prac.).....	50		Quals. as an { Officer	200	
			{ N.C.O.		

Maximum Marks 1350. Marks Obtained Percentage Pass or Fail

Position in Class No. in Class

8. Commissioned Rank (appears suitable or unsuitable) *unsuitable*

9. General Remarks (Ability, Conduct, etc.) *Intelligence and ability well above average. He is very keen. Personality and conduct very good. He is especially interested in navigation, and should make a good air observer.*

Robert M. Craig Squadron Leader
Commanding Officer
Chief Flying Instructor
No. *4* E.F.T.S. *Windsor Hills*

Date *Oct. 25, 1940*

To be passed to No. S.F.T.S.

1. No. S.F.

2. Flying Time:—

Aircraft

Total.....

Brought Forward.....

Grand Totals.....

3. Qualities as a Pilot.....

4. Remarks on Flying.....

5.

Subject

Airmanship.....

Armament (W.).....

Armament (P).....

6. Remarks of C.O.

7. Qualities as an

8. Total Assessment.....

9. Position in Class.....

10. Commissioned Rank.....

11. General Remarks.....

Certified that pupil is.....

12. Awarded Pilot's

**PART III
INTERMEDIATE TRAINING**

To..... 1. No..... S.F.T.S. Course No..... From..... To.....

2. Flying Time:— **FLYING TRAINING**

Aircraft	S.E. Aircraft				T.E. Aircraft				Passenger	Link Trainer
	Day		Night		Day		Night			
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo		
Link Trainer										
Total.....										
Brought Forward.....										
Grand Totals.....										

3. Qualities as a Pilot, 450. Marks obtained.....

4. Remarks on Flying Progress, Navigation, and points which require special consideration.....

ly..... %
Fail *Failed*
roughout
erratic
service

Chief Flying Instructor

Date.....

5. **GROUND TRAINING**

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200		Air Nav.....	200	
Armament (W.).....	100		Signals.....	50	
Armament (P.).....	100		TOTAL	650	

all
structor
1940

Chief Ground Instructor

Date.....

7. Qualities as an ^{Officer} N.C.O. (Marks possible) 450. Marks Obtained.....

8. Total Assessment 1550. Mark Obtained..... Percentage..... Pass or Fail.....

9. Position in Class..... No. in Class.....

10. Commissioned Rank (appears suitable or unsuitable).....

11. General Remarks.....

lity well
nality and
lly interested
a good

Certified that pupil pilot has passed all tests required for Pilot's Flying Badge, as laid down by A.O. A. 51 /2.....
(Yes or No)

Officer Commanding

Squadron Leader

I.T.S. No..... S.F.T.S.....

Date.....

12. Awarded Pilot's Flying Badge.

Officer Commanding

Date.....

Squadron Leader
Instructor
Anderson Mills
1940

**PART IV
ADVANCED TRAINING**

1. No. S.F.T.S. Course No. From To

2. Flying Time:—

Aircraft	S.E. Aircraft				T.E. Aircraft				Passenger	Link Trainer
	Day		Night		Day		Night			
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo		
Total.....										
Brought Forward.....										
Grand Totals.....										

3. Armament Training:—

AIR FIRING

Fixed Gun A Test (S.E.).....% Free Gun B.R.S. Test (T.E.).....%

Free Gun B Test (T.E.).....% Average (T.E.).....%

BOMBING

High Dive (S.E.).....yds. High Level (T.E.).....yds.

Low Level (S.E.).....yds. Low Level (T.E.).....yds.

4. Assessment:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Navigation.....	200		Qualities as Officer or N C.O.....	300	
Rec. & Photo.....	100		Qualities as a Pilot.....	300	
Armament.....	200		TOTAL.....	1100	

5. Final Assessment: (I.T.S. and A.T.S.)—

	Maximum Marks	Marks Obtained
Intermediate Training.....	1550	
Advanced Training.....	1100	
TOTAL.....	2650	

Percentage Passed or Failed Position in Class No. in Class

6. Qualities as an Operational Pilot (Ex., Above Av., Av., Below Av., or Poor):—

Formation Flying Navigation Ability.....

Night Flying Determ. and Initiative.....

Instrument Flying Ability to Maintain Speed, Course and Height (T.E.).....

Recommended for (Type of Service Squadron) Type of A/C (T.E. or S.E.).....

Recommended for Flying Instructor (Yes or No).....

7. General Remarks on Training, Ability, etc.

..... Squadron Leader

Officer Commanding,

A.T.S. No. S.F.T.S.

PART V

Date

8. Recommended for Commissioned Rank Assessment.....
(Yes or No) (Ex., A.A., A.)

9. Remarks of Commanding Officer.....

..... Gp.C.

Commanding Officer,

No. S.F.T.S.

Date

ROYAL CANADIAN AIR FORCE RECORD OF SERVICE

NAME **ABRAMS,** **HYMAN DAVI**
SURNAME

1 PARTICULARS OF BIRTH			
DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
10-10-16	Montreal	British	birth
2 NEXT OF KIN			
NAME	ADDRESS	RELATIONSHIP	
William Abrams	4406 Oxford Ave., Montreal	brother	

3 ADDRESS PRIOR TO ENLISTMENT			
4406 Oxford Ave., Montreal, Que.			
4 RELIGION			
Hebrew			
5 MARRIED OR SINGLE			
single			
6 PARTICULARS OF MARRIAGE			
DATE	TO WHOM	PLACE	CLERGYMAN

7 PARTICULARS OF CHILDREN			
CHRISTIAN NAMES	DATE	PLACE OF BIRTH	BAPTISED

8 CIVIL EDUCATION		
SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS
Herbert Symonds	1931-33	General
West Hill H.S.	1929-33	General, junior matric
McGill University	1933-34	Commerce

9 CIVIL EMPLOYMENT		
EMPLOYER	YEARS	DUTIES
Montreal Dress Co.	1934-37	general
Peggy Paige frocks	1937-39	manager, own business
Montreal Dress House Co.	1939-	designer, manager

10 USEFUL CIVIL EXPERIENCE			
EMPLOYER	YEARS	DUTIES	ASSESSED

11 PREVIOUS SERVICE				
UNITS	RANK	FROM	TO	DUTIES

12 PARTICULARS OF DISCHARGE FROM LAST ENGAGEMENT			
REASON FOR DISCHARGE	CHARACTER	TRADE AND ASSESSMENT	PENSION

13 HONOURS, AWARDS AND MENTIONS	
AWARD	AUTHORITY
Flying Badge	18-9-40

14 USEFUL SERVICE EXPERIENCE			
SERVICE	YEARS	DUTIES	ASSESSED

17 RANK AND APPOINTMENT	
RANK	APPOINTMENT
	SGT (Wounded)

18 TRADE AND CLASSIFICATION	
TRADE	CLASSIFICATION
Aircrew	Air Observer

19 MEDICAL CATEGORIES	
CATEGORY	ASSESSMENT
A.	A1B.
	A1B-A3B.

20 CHARACTER ASSESSMENT	
CHARACTER	ASSESSMENT

21 TRADE PROFICIENCY	
TRADE	ASSESSMENT

ORCE
CE

NAME ABRAMS, HYMAN DAVID
SURNAME CHRISTIAN NAMES

AIR FORCE No. R56183

BIRTH OR NATURALIZATION
birth

RELATIONSHIP
brother

CLERGYMAN

BAPTISED

OR SUBJECTS
university

TIES
own business

11 PREVIOUS SERVICE

UNITS	RANK	FROM	TO	DUTIES

12 PARTICULARS OF DISCHARGE FROM LAST ENGAGEMENT

REASON FOR DISCHARGE	CHARACTER	TRADE AND ASSESSMENT	PENSION

13 HONOURS, AWARDS AND MENTIONS

AWARD	AUTHORITY
<i>Flying Badge</i>	<i>18-9-40</i>

14 USEFUL SERVICE EXPERIENCE

SERVICE	YEARS	DUTIES	ASSESSED

17 RANK AND APPOINTMENTS

RANK	DATE
<i>1st Lt (Amended)</i>	<i>1-7-40</i>
	<i>6-10-40</i>
	<i>7-10-40</i>

18 TRADE AND CLASSIFICATION

TRADE	DATE
<i>Aircrew</i>	<i>5-1-7-40</i>
<i>Air Observer</i>	<i>26-10-40</i>

19 MEDICAL CATEGORIES

CATEGORY	DATE
<i>A.</i>	<i>27-6-40</i>
<i>A1B.</i>	<i>5-6-40</i>
<i>A1B-A3B.</i>	<i>19-7-40</i>

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

21 TRADE PROFICIENCY

TRADE AND ASSESSMENT	DATE

24 INCREASED RATES OF PAY

INCREASE ON RANK	DATE OF EFFECT

25 ENGAGEMENTS

ENGAGEMENT	FROM	TO
<i>duration of war</i>	<i>1-7-40</i>	

26 OFFENCES WHILE SERVING

OFFENCE	DATE	PUNISHMENT

27 MARRIED ESTABLISHMENT

PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME

UNIT	DATE	HOURS	
		PILOT	PASS

8 CIVIL EDUCATION		
SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS
Herbert Symonds	1931-33	General
West Hill H.S.	1929-33	General, junior matric
McGill University	1933-34	Commerce

9 CIVIL EMPLOYMENT		
EMPLOYER	YEARS	DUTIES
Montreal Dress Co.	1934-37	general
Peggy Page frocks	1937-39	manager, own business
Montreal Dress House Co.	1939-	designer, manager.

10 USEFUL CIVIL EXPERIENCE			
EMPLOYER	YEARS	DUTIES	ASSESSED

13 HONOURS, AWARDS AND MENTIONS	
AWARD	AUTHORITY
Flying Badge	18-9-40

14 USEFUL SERVICE EXPERIENCE			
SERVICE	YEARS	DUTIES	ASSESSED

15 CAPABILITIES OTHER THAN TRADE CLASSIFIED	

16 SPECIALLY ADAPTED TO UNITS	

19 MEDICAL CATE	
CATEGORY	
A.	A1B.
	(A1B-A3B)

20 CHARACTER ASS	
ASSESSMENT	

21 TRADE PROFICI	
TRADE AND ASSESSMENT	

22 COURSES OF INS	
COURSE	

23 EXAMINATIONS A	
SUBJECT	

13 HONOURS, AWARDS AND MENTIONS	
AWARD	AUTHORITY
<i>Flying Badge</i>	<i>18-9-40</i>

14 USEFUL SERVICE EXPERIENCE			
SERVICE	YEARS	DUTIES	ASSESSED

15 CAPABILITIES OTHER THAN TRADE CLASSIFIED

16 SPECIALLY ADAPTED TO UNITS

19 MEDICAL CATEGORIES	
CATEGORY	DATE
<i>A. A1B. A1B-A3B.</i>	<i>27-6-40</i> <i>5-6-40</i> <i>19-7-40</i>

20 CHARACTER ASSESSMENT	
ASSESSMENT	DATE

21 TRADE PROFICIENCY	
TRADE AND ASSESSMENT	DATE

22 COURSES OF INSTRUCTION		
COURSE	FROM	TO

23 EXAMINATIONS AND TESTS		
SUBJECT	RESULTS	DATE

OFFENCE	DATE	PUNISHMENT

27 MARRIED ESTABLISHMENT		
PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME			
UNIT	DATE	HOURS	
		PILOT	PASS

XX

0

R.60 amca

ECTS

in matric

business
ag.

ASSESSED

5/2/40

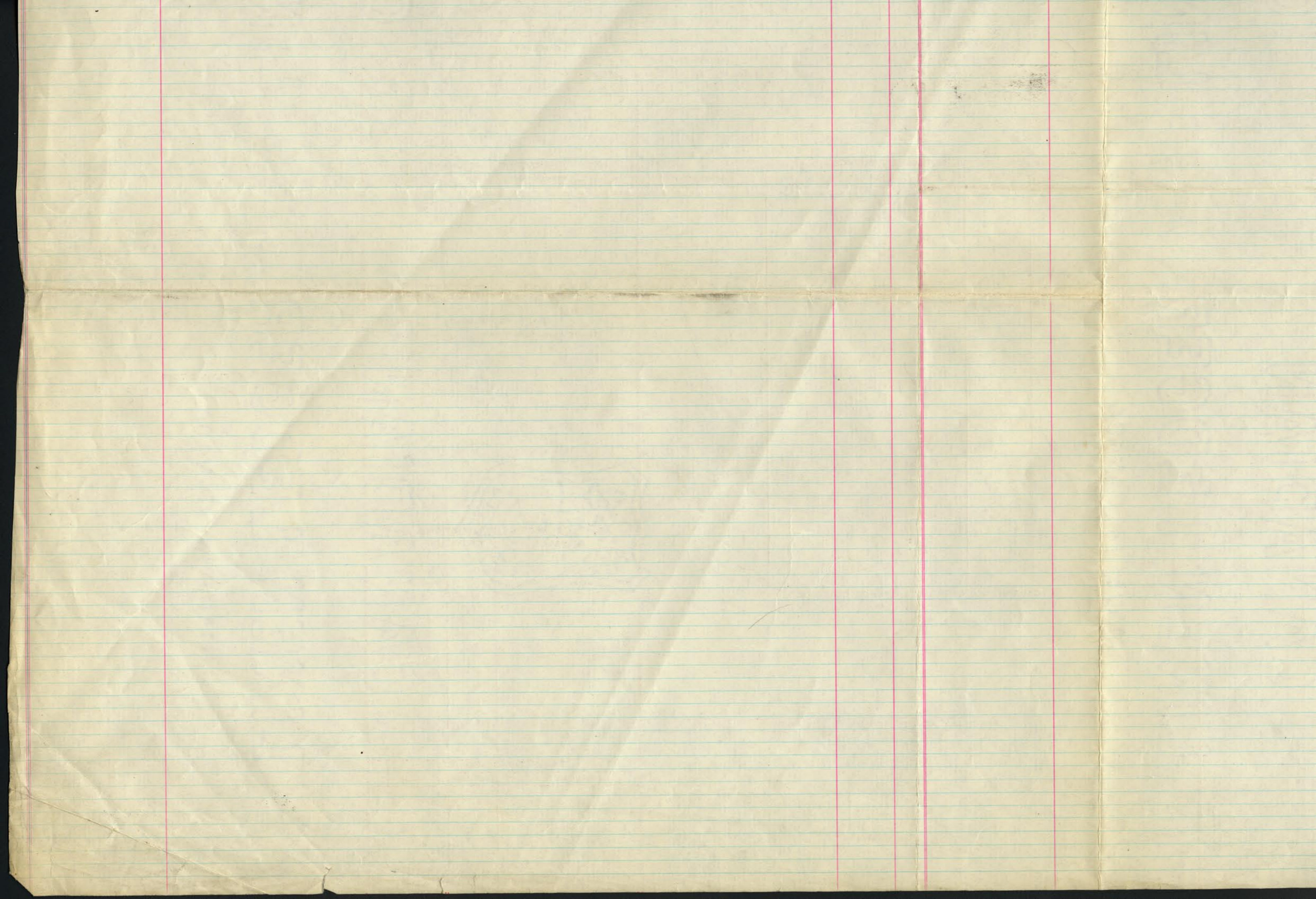
AUTHORITY	CASUALTY	DATE OF EFFECT	AUTHORITY
J.M.P. 157	Enlisted R.C.A.F. S.R. at Montreal, Que. 1-7-40 Q.C. 2 Graded Aircrew. Std.	1-7-40	
T.M.P. 174 J.M.P. 173	Posted to and P.O.S. #1 M.D. Toronto. 2-7-40	2-7-40	
1228168	S.O.S. posted #1 Int. Tr. Sch. Toronto, Ont. Eff. 20-7-40 (amended by DRO. 174)	20-7-40	
1228167	D.P.O. 173 is amended to read 22-7-40 instead of 20-7-40	22-7-40	
4EAS30	S.O.S. posting to H.Q. 975 Windsor Mills 6-10-40 Reply (amended)	6-10-40	
1228168	leave from 30-9-40 to 6-10-40	30-9-40	
4EAS43	Reclassified S.O.S. 6-10-40 (amended by DRO. 174)	6-10-40	
4E20444EAS43	D.P.O. 167 is amended to read S.O.S. 7-10-40 and Std 7-10-40	7-10-40	
1MD271	Remustered Air-Observer 26-10-40	26-10-40	
	S.O.S. on posting to #1 M.D. 5-11-40	5-11-40	
	S.O.S. eff 10-11-40 on being posted to #1 Air Observers School 1 Malton	10-11-40	

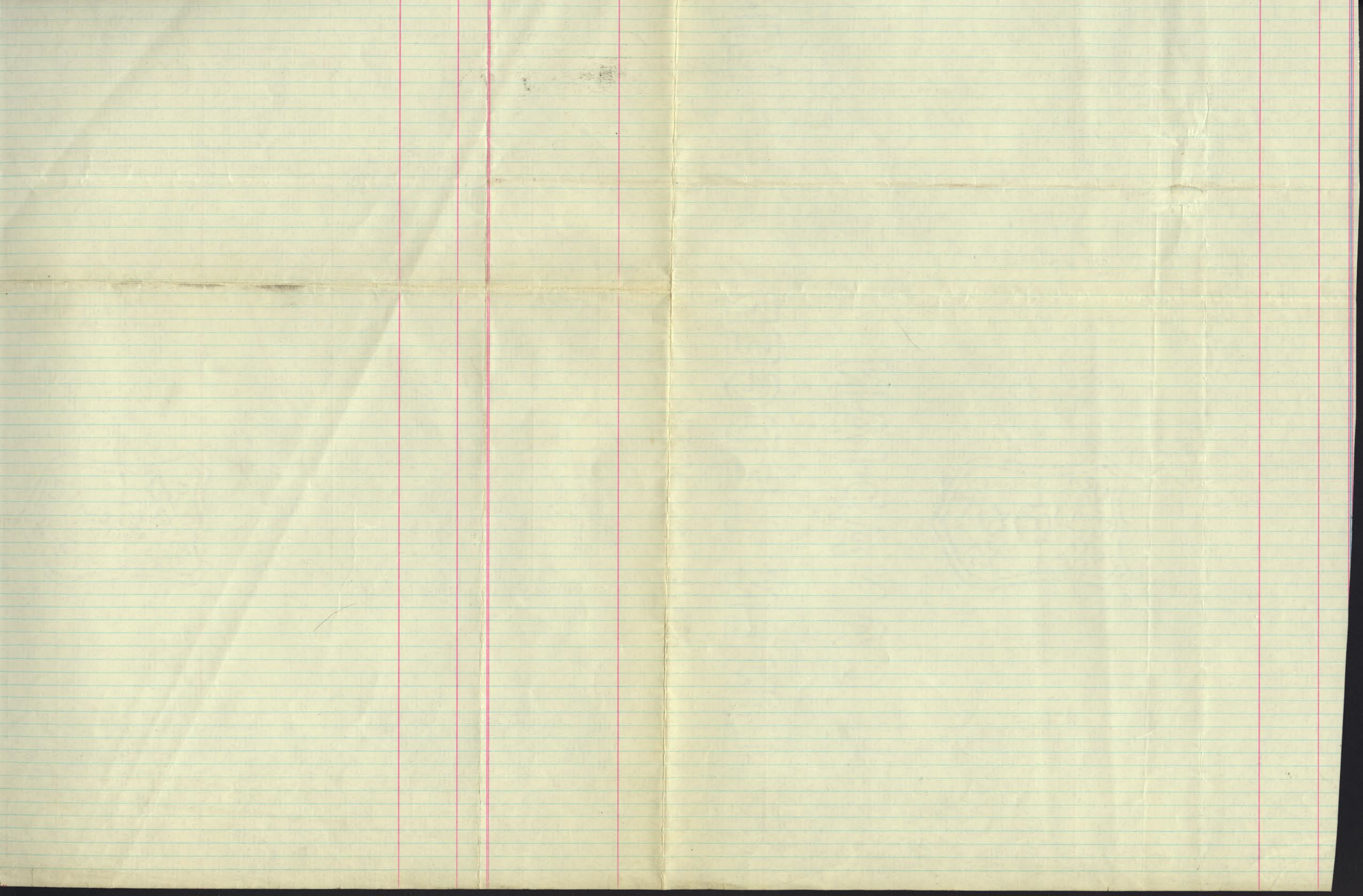
25089

DPB

CASUALTY	DATE OF EFFECT	AUTHORITY	CASUALTY	DATE OF EFFECT
, 2nd. 1-7-40 Q.C. 2 Graded Aircrew. Std.	1-7-40			
Toronto. 2-7-40	2-7-40			
Toronto, Ont. 20-7-40 (amended by DRO. 174)	20-7-40			
20-7-40	22-7-40			
Windsor Mills 6-10-40 Reply (Amended)	6-10-40			
5-10-40	30-9-40			
40 (amended by DRO 68)	6-10-40			
SOS 7-10-40 and 8-10-40	7-10-40			
26-10-40	26-10-40			
5-11-40	5-11-40			
sted to #1 Air Observer School Malton	10-11-40			

Comm.





Personal effects of J5089 P/O Abrams, H.D.

- ✓ 1 black travelling case cont:-
- ✓ 17 photographs in folder.
- ✓ 4 photographs mounted on one background.
- ✓ 1 large photographs and 10 small snapshots mounted on inside cover.
- ✓ 1 service ceremonial cap.
- ✓ 6 handkerchiefs.
- ✓ 1 wristlet watch (broken)
- ✓ 1 brown leather wallet.
- ✓ 1 New Testament.
- ✓ 2 shirts.
- ✓ 3 collars.
- ✓ 1 blue grey pullover.
- ✓ 1 vest.
- ✓ 1 shirt with collar.
- ✓ 1 pr. pants.
- ✓ 1 pr. bathing trunks grey.
- ✓ 1 pr. white shorts.
- ✓ 1 pr. black socks.
- ✓ 1 pr. tennis shoes white.
- ✓ 1 black silk socks.
- ✓ 1 pr. pyjamas.
- ✓ 1 towel.
- ✓ 1 fountain pen.
- ✓ 2 service tunics.
- ✓ 2 black ties.
- ✓ 1 metal cigarette case.
- ✓ 1 ronson lighter.
- ✓ 1 pr. brown leather gloves.
- ✓ 1 forage cap.
- ✓ 2 propelling pencils.
- ✓ 1 black toilet case cont:-
- ✓ hairbrushes.
- ✓ shaving brush & container.
- ✓ razor & containers.
- ✓ shoe horn.
- ✓ mirror (broken)
- ✓ 2 snapshots.
- ✓ 1 toothbrush container.
- ✓ 1 pr. service slacks.
- ✓ 1 utility knife.



J. Kearns

RECEIVED THE ABOVE ITEMS.

SIGNATURE.....

DATE.....



CANADA

IN REPLY PLEASE QUOTE

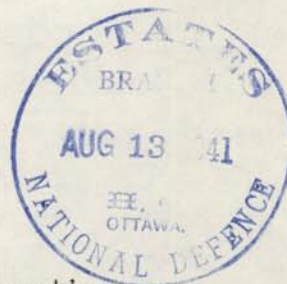
NO. J5089
(D.P.R.2)

Department of National Defence

Air Service

Ottawa, Canada. August 13th, 1941

Administrator of Estates,
304 Sparks Street,
Ottawa, Ontario.



The following is forwarded for your information:

Air Force No. J5089 Rank Pilot Officer

Name ABRAMS Hyman David
(Surname) (Christian Name)

Unit RAF OVERSEAS

Details of Casualty KILLED in air operations 3-8-41 at 1450 hrs.
about 1 mile north of Croyde (Overseas)

Authority Air Ministry Kingsway X, 6783 dated 4-8-41

Next of Kin William Abrams Relationship Brother
(Name)

Address 4406 Oxford Avenue Montreal, P.Q.

.....

.....

(Signature)
for (C. Sheldon)
Flight Lieutenant,
for Chief of the Air Staff.

Copy of M.F.M.5 and Will enclosed.

J5089
(D.P.R.2)

August 13th, 1941.

The following is forwarded for your information:

Air Force No.....J5089.....Rank.....Pilot Officer.....

Name.. ABRAMS, Hyman David.....
(Surname) (Christian Name)

Unit,.....RAF OVERSEAS.....

Details of Casualty.. KILLED in air operations 3-8-41, at 1450 hrs,
about 1 mile north of Croyde, (Overseas).....

.....


Authority... Air Ministry Kingsway, X, 6783, dated 4-8-41,.....

Next of Kin.. William Abrams.....Relationship... Brother....
(Name)

Address.. 4406 Oxford Avenue, Montreal, P.Q.

.....

.....


for (C. Sheldon)
Flight Lieutenant,
for Chief of the Air Staff.

COPY SENT TO: G of E C.P.C. D.A.A.P.R.

Copy of M.F.M.5 and Will enclosed.

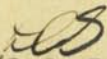
11th August, 1941.

Dear Mr. Abrams:

I have learned with deep regret of the death of your son, Pilot Officer Hyman David Abrams, as a result of air operations Overseas, on August 3rd, and I wish to offer both you and Mrs. Abrams my sincere and heartfelt sympathy.

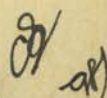
Your son was an extremely popular and efficient Officer and his loss is greatly deplored and keenly felt by both his brother Officers and the men who served under him.

Yours sincerely,


(L.S. Breadner)
Air Vice Marshal,
Chief of the Air Staff.

Mr. I. Abrams,
4406 Oxford Avenue,
Montreal, Quebec.

/13



CASUALTY DIGEST

PRESS RELEASE
 (OVERSEAS CASUALTY ONLY)
 DATE 7-8-41
 TIME

NAME ABRAMS, Hyman David NUMBER J.5089 RANK Pilot Officer
 (SURNAME) (CHRISTIAN NAMES)

UNIT Overseas SERVICE : R.C.A.F.
 (INDICATE IF RCAF, RAF, RAAF OR RNZAF)

AIR FORCE TRADE Air Observer

PLACE OF ENLISTMENT Montreal, P.Q. DATE 1-7-40 NATIONALITY

PLACE OF BIRTH Montreal, P.Q. DATE 10-10-16 RELIGION Hebrew

NEXT OF KIN William Abrams RELATIONSHIP Brother

ADDRESS 4406 Oxford Avenue, Montreal, P.Q.

NAME OF WIFE N.A.

ADDRESS N.A.

PARENTS Mr. & Mrs. Isidore Abrams IS MOTHER LIVING? Yes

IS FATHER LIVING? Yes

ADDRESS 4406 Oxford Avenue, Montreal, P.Q.

EDUCATIONAL BACKGROUND

(SCHOOLS ATTENDED, ETC.) West Hill High School, 1928-33 - Arts, Junior Matric., McGill

University 1933-34 Commerce.

GENERAL BACKGROUND

(OUTSTANDING ACHIEVEMENTS, ETC.) Montreal Dress Co. Mgr. 1934-36. - Peggy Paige Frocks -

1936-38 Owner. Montreal Dress Co. - Designer 1938 to date of enlistment -

Pi Lambda Phi Fraternity. Hobbies - Reading; Sports: Soccer, Basketball, Tennis, Golf.

DETAILS OF CASUALTY KILLED - in air operations 3-8-41 at 1450 hrs. about 1 mile north of Croyde. (Overseas).

Commissioned from ranks 26-4-41.

AUTHORITY Air Ministry Kingsway, X.6783, dated 4-8-41.

SLINDSOR MILLS FLYING TRAINING SCHOOL LIMITED

For Inter Office Use Only

To: F/L W.T. Wrathall,

Date, October 24th, 1940.

From: Murray MacRae,

Subject: AC2 Abrams, failure to solo

AC2 Abrams slow learning the use of controls, and in general flying, possible due to the fact that at first he was not very enthused about flying.

At approximately eight hours, he was given a progress test by Mr. Stevenson and found to be below standard, Mr. Stevenson called in the Chief Supervisory Officer, who suggested that he be given three more hours and then rechecked.

After his progress test he became more enthused, but the time was too short to reach the required standard. He would turn quite badly on the take-off, and became stiff on the controls on landings, resulting in poor landings.

Yours sincerely,

(Sgd) Murray MacRae,
Instructor.

(COPY)

7



CANADA

IN REPLY PLEASE QUOTE

NO. 9-2-1

Department of National Defence
"Air Force"

Windsor Mills, Que. October 25th, 1940.

To: Air Officer Commanding,
No. 3 Training Command,
Montreal, Que.

From: Chief Supervisory Officer,
No. 4 E.F.T.S., R.C.A.F.,
Windsor Mills, Que.

Subject: No. R-56183 LAC Abrams, H.D.

1. A progress test was carried out this date on the flying ability of LAC Abrams. He lacks the necessary air sense and judgment to solo in a reasonable time and for this reason it is recommended that his flying training be discontinued.
2. It is wished to recommend him for the Air Observers Course.

(Sgd) C.J. Fee, Flight Lieutenant,
Chief Supervisory Officer.

(COPY)



Department of National Defence

"Air Force"

Ottawa, Canada,
July 12, 1940

QUOTE No. 1022-A-447

To: Commanding Officer
No.1 Manning Depot, RCAF
Toronto, Ontario

From: R.C.A.F. Records Officer

Subject: No. R.56183 AC 2 ABRAMS, H.D.

1. Records at this office indicate the following requirements (X) as affecting the enlistment of the marginally named airman:

FORMS NOT RECEIVED:

- R.100 - Attestation
- M.2 - Medical Examination (2)
- A.F.M.10 - Certified True Evidence (Birth)
- A.F.M.11 - " " " (Education)
- A.F.M.12 - " " " (Discharge-previous Unit)
- A.F.M.13 - " " " (Marriage)
- Letters of Recommendation (at least 2 originals)
- M.F.M.30 - X-Ray Inspection of Chest
- M.F.M.5 - Particulars of Family
- M.F.B.465 - Dental Record (No.1)
- Verification of Decorations and Awards

Airman states his next of kin as his brother, although his father and mother are living; may this office be informed of the full name, address, and relationship of the Airman's true next of kin, immediately, please.

*I.T.S
Toronto*

FORMS RETURNED HEREWITH:

- R.100 -
- M.2 -
- A.F.M.10 -
- A.F.M.11 -
- A.F.M.12 -
- A.F.M.13 -

✓

2. May these documents be completed and/or corrected respectively, and forwarded to this office immediately, please.

[Handwritten Signature]

for (E.E. Middleton)
Wing Commander
R.C.A.F. Records Officer

CLINICAL CHART

Name Str. Hospital Dartmouth Bed No. _____ Ward 10

Number 5087 Rank P/O Name McDonald R. Age 28

Unit or Ship F. H. A. Diagnosis 1) acute catarrhal submedia (left)
2) acute pharyngitis Date 20-3-46

Date	20		21		22		23		24		25		26	
	TIME		TIME		TIME		TIME		TIME		TIME		TIME	
	A. M.	P. M.	A. M.	P. M.	A. M.	P. M.	A. M.	P. M.	A. M.	P. M.	A. M.	P. M.	A. M.	P. M.
TEMPERATURE	97	99	99	98	97	98	97	98	97	98	97	98	97	98
PULSE	75	80	75	70	65	80	70	70	70	70	70	70	70	70
RESPIRATION	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Stools ...	i		i				i		i					
Penicillin	120,000 U.		160,000 U.		40,000 U.		= Total		320,000 U.					

NOTE—The above spaces to be used for urine, fluid intake, weight, etc.

AIR FORCE NO. R56-183

NAME OF
AIRMAN ABRAMS, Hyman D.

R.C.A.F. Special Reserve

EVIDENCE OF BIRTH

J. A. T. P. CANADA

DESCRIPTION OF DOCUMENT Birth Certificate.

NUMBER 4973

DATE May 30, 1932.

ISSUING AUTHORITY J. J. Laliberte, Deputy Prothonotary, S.C. Montreal, Que.

SUBJECT Self (full name) ABRAMS, Hyman David.
~~XXXXXXXXXXXXXX~~

DATE OF BIRTH October 10, 1916.

PLACE OF BIRTH Montreal, Q Quebec. Canada.
city, town, village, province, country,

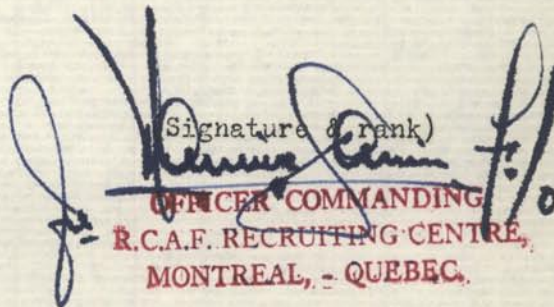
MOTHER (Full Maiden Name) Rose MOSCOVITCH.

FATHER (Full Name) Isidore ABRAMS.

DATE 30-5-40

CERTIFIED TRUE EXTRACT

R.P.


(Signature & rank)
OFFICER COMMANDING
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

Strike out words not applicable.

A.F.M. No. 10.

APPLICATION FOR MARRIAGE

UNIT	No 1 A.N.S.
DATE	2/4/41
NAME	ABRAMS H.D.
RANK	Sergeant.
AGE	24
TOTAL SERVICE AT PRESENT JOB	9 months
NAME OF FUTURE WIFE	Molly Kaufman
APPROXIMATE DATE OF MARRIAGE	20/4/41
CERTIFICATE OF CHARACTER AVAILABLE AND ATTACHED	attached
CERTIFIED I AM FREE FROM DEBT	H. D. Abrams.
UNIT COMMANDERS REMARKS: A.O.11	Recommended Mrs. <u>Sullivan</u> etc.....Unit Comm
COMMANDING OFFICERS REMARKS: Approved	<i>A. Miller</i> Commanding Officer, R.C.A.F. Station, Toronto, Ontario. Rivers Man.

Rewis, Man.

3. 2. 41.

To: Commanding Officer, #1 R. H. S.
From: F/O Fredale J. O.

This is to certify that I have known
Miss Molly Kaufman, 724 Upper Belmont Ave.,
Westmount, Que., for five years. I believe her
character to be excellent. Her family background
is good and her education in Westmount Schools
and at Smith College, Mass. of the highest order.
She is twenty-one years of age.

J. O. Fredale F/O

J 5089 4

Protestant Board of School Commissioners

of the City of Montreal

R.C.A.F. Special Rese.

SCHOOL OF MONTREAL

34~~5~~ UNIVERSITY STREET

MONTREAL

MAS SOMMERVILLE, M.A., RECTOR

ROYAL CANADIAN AIR FORCE

To Whom It May Concern.

This is to certify that the bearer, Hyman Abrams, is well known to me, having been a student in my class when I was a teacher in West Hill High School.

Hyman was an Honours student, with excellent ability in all subjects. His conduct was always exemplary, and his attitude towards authority always respectful.

From personal knowledge I can commend this young man, and feel confident he will acquit himself well in any position to which he is appointed.

R.C.A.F. Records Office	
Rec'd	JUL 10 1940
O. K.	C.I.B.
R. C.	N. I.
S. L.	P. A.

J. Summer, Jr.
Rector.

J. J. May 1940

AIR FORCE NO. B56-183

NAME OF AIRMAN ABRAMS, Hyman David.

EVIDENCE OF EDUCATION

DESCRIPTION OF DOCUMENT letter from Protestant Board of School Commissioners Montreal, Quebec.

NO. not stated. DATE May 23, 1940.

ISSUING AUTHORITY H.C. Atkinson, B.A. Principal, West Hill High School, Montreal, Quebec.

COURSES TAKEN

1928-1929	Seventh year (Elementary School)	88.4%	Scholarship.
1929-1930	Eight Year (First Year High)	85.5%	Scholarship.
1930-1931	Ninth Year (Second Year High)	83.5%	Promoted.
1931-1932	Tenth Year (Thir Year High)	78.2%	Promoted.
1932-1933	Eleventh Year (Graduation Class)	78.8%	Graduated.

DIPLOMAS, DEGREES OBTAINED

Obtained High School Leaving Certificate with matriculation standing. school record given above.

DATE 30-5-40

CERTIFIED TRUE EXTRACT

R.B.

R.C.A.F. Records Office	
Rec'd	JUL 10 1940
O. K.	<i>Mans</i> C.I.B.
R. C.	<i>my</i> N. I.
S. L.	P. A. <i>ME</i>

[Handwritten Signature]
 Signature (Blank)
 OFFICER COMMANDING,
 R.C.A.F. RECRUITING CENTRE,
 MONTREAL, - QUEBEC.

4996. 27/9/50

Isidore Abrams (Father)

~~4406 Oxford Avenue,~~

~~Montreal,~~

~~Que.~~

4790 COTE. DES. NEIGES RD. Apt 18
MONTREAL. P.Q.

~~July 4th~~

In stock

M. MORTAL BAR

LATE DESP

CANCELLED
REG. NO 3197

Medals RET'd Undeliv'rd
RET'd TO STOCK

MINISTERIAL CARDROYAL MESSAGEMEMORIAL CROSS

H.Q. FILE No.

NAME ABRAMS, Hyman DavidREG'TL No. J5089RANK P.O.UNIT Overseas

CABLE

NATURE OF CASUALTY

CAS. LIST

NO. DATE

IS MOTHER

IS WIFE

NO.

DATE

DATE OF DEATH 3-8-41

LIVING? YES

LIVING? N.A.

ROYAL MESSAGE

MEMORIAL CROSS

SENT:

SENT: 5-9-41To Mother
same address.

To be sent from Overseas.

To engraver 27-8-41To mother
same address.Father: Mrs. W. Abrams,
4406 Oxford Ave.,
Montreal, P.Q.14.8.41
OK'd

CABLE

NATURE OF CASUALTY

CAS. LIST

NO.

DATE

NO.

DATE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

MONTREAL QUE.

GENERAL INFORMATION

SINGLE

EDUCATION

1928-33 West Hill High School, Arts course, Jr. Matric
1933-34 McGill University, Commerce course
French (slightly)

CIVIL EXPERIENCE

1934-36 Montreal Dress Co., Manager
1936-38 Peggy Paige Frocks, Owner
1938-39 Montreal Dress Co., Designer

SPORTS

Soccer, Basketball, Tennis, Golf

HOBBIES

Reading, Sports

COURSES

Empire Training Plan, Course 11, Air Observer.

(GL)

ABRAMS, Hyman David

(SR)

J5089

CPR

10-10-16

24

26-4-41

Birth Date

Age on Appointment

Date of Appointment

POSTINGS

Rank	Date	Station	Date	Duty	Rank	Prom.
P/O	26-4-41			Air Observer		
		KILLED 3-8-41				

Remarks on Postings

KILLED DURING AIR OPERATIONS 3-8-41 -- A.F.R.O. # 938 4/15-8-41

Date

CONFIDENTIAL REPORTS

Date

A. M. P. Liaison Reports

KILLED DURING AIR OPERATIONS 3-8-43 -- 12-8-43
#65617

Recommendations for Promotion

Remarks of Promotion Board

CONFIDENTIAL REPORTS

Date

Date	Remarks re Promotion

MEMORANDUM FOR

P. 64

Mr. William Abrams,
4406 Oxford, Avenue
Montreal, P.Q.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. J. 5089 FD 226

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

August 15, 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

P/O Hyman David ABRAMS, No. J. 5089.

R.A.F. Overseas.

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

(N.O. Seagram) F/O,
for (L.M. Firth) Major,
Administrator of Estates.



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 inquired for	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.....	none			
2	Children of the Deceased and dates of their Births.....	none			
3	Father of the Deceased.....	ISIDORE ABRAMS	56	4406 Oxford Ave, Montreal	
4	Mother of the Deceased.....	ROSE ABRAMS	50	ditto	
5	Brothers of the Deceased	Full Blood	WILLIAM ABRAMS	26	ditto
		Half Blood			
6	Sisters of the Deceased	Full Blood	ANNE ABRAMS MRS. SOL MAX	19 27	ditto 167 Bayswater, Ottawa
		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		
	none				

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	HYMAN DAVID ABRAMS
11	Give the month and year of his birth.	OCTOBER, 1916
12	Where and when were his parents married?	NEW YORK, NY: 1912
13	Was he ever married? If so, state exact place and date of marriage.	no
14	Did he leave a (later) Will? If so, it should be forwarded.	no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	MONTREAL, QUE.
17	In what Province, Country or State did he reside, and in which last?	MONTREAL, QUE.
18	How long in each?	ALL HIS LIFE
19	What was the nature of his employment?	DRESS DESIGNER AND MANUFACTURER
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State <u>your</u> postal address in full.	4406 OXFORD AVE., MONTREAL, QUE.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	2
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	no

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* brother of the deceased.

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

William Abrams {Signature of Informant

CERTIFICATE

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

*See above Abrams {Name of Informant} is the * brother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 22nd day of August 1941.

Signature of Clergyman, Priest or Magistrate } Harry J. Stern, Ltd Qualification Rabbi

Address Temple Emanuel, Westmount - Montreal

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

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

INSTRUCTIONS.

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

(1) Name of Officer of Other Rank Hyman David ABRAMS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R56183 (J5089)

(3) Unit ROYAL CANADIAN AIR FORCE

(4) Are you married? No

(5) If married, state,

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

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

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

N.A.

(7) Are you a widower? N.A.

(8) Have you any children? N.A. Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?..... No
If so, state her full name and Postal Address.....
..... N.A.

(11) Is your father alive?..... Yes
If so, state name and address, occupation..... Isadore ABRAMS
..... 4406 Oxford Ave., Montreal, Que.

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

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

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

(14) Is your mother alive?..... Yes
If so, state name and address..... Rose MOSCOVITCH ABRAMS
..... 4406 Oxford Ave., Montreal, Que.

(15) If your mother is a widow, are you her sole or partial support?..... No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment..... N.A.
Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?..... N.A.

(17) Are you contributing to the support of any dependents, other than those shown above?..... N.A.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship..... N.A.

Full Name..... N.A.

Postal Address.....

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

(18) Are you insured?..... Yes
If so, in what Company?..... Travellers Ins. Co. Hartford,
..... (Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

..... (Sgd.) H.D. Abrams,
..... (Signature of officer or man)

Date..... July 1st, 1940

..... (Sgd.)
..... (J.V. Sorsoleil) Flt.Lt.
..... Officer Commanding
..... R.C.A.F. Recruiting Centre,
..... Montreal, Que.

Date..... July 1st, 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.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

85089
WILLS

R.C.A.F. R. 60
40M-5-40 (5140)
H.Q. 1062-3-45

12

(1) I, Hyman David Abrams of the City Town Village Township

Last Permanent Civilian Address

of Montreal in the County District of N.D.G. District

Province of Quebec, Manufacturer (Civil Occupation)

a member of the Royal Canadian Air Force, Number R56-183 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship
(b) Names and
(c) Address of beneficiaries and
(d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

My Father

Isadore Abrams

4406 Oxford Ave., Montreal Que.

My Whole Estate

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

N/A'

(4) I appoint William Abrams 4406 Oxford Ave. Montreal (Name) (Address)

to be the Executor Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 2nd day of

July 19 40

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Hyman Abrams
(Signature of Testator)

First Witness sign here.

(5) John Glass (Signature)

No. 1 Manning Depot (Address)

Clerk (Occupation)

Second Witness sign here.

B. Hannay (Signature)

No. 1 Manning Depot (Address)

Clerk (Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd JUL 15 1940
O. K. C. I. B.
R. C. A. M. A. N. I.
S. L. P. A. P. E.

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....	\$.....00 and
my household goods and effects",	
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.	\$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....	\$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....	\$.....00",

and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
- (4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.
- (5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.
When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

Read this whole Form and Instructions on other side before commencing to complete.

WILL P/O 95089

R.C.A.F. R. 60
20M-12-40 (8303)
H.Q. 1062-3-45

(1) I, Hyman David Abrams of the City of Montreal in the County of Hochelaga District of Quebec Province of Quebec Designier (Civil Occupation)

Last Permanent Civilian Address

a member of the Royal Canadian Air Force, Number RS6183 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship (b) Names and (c) Address of beneficiaries and (d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my father all my estate - Isidore Abrams, Montreal.

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Isidore Abrams (Name) 4406 Oxford Ave Montreal (Address), to be the Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this fourteenth day of May 1941

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Hyman David Abrams (Signature of Testator)

First Witness sign here.

(5) Isidore Abrams (Signature)
R.C.A.F. (Address)
(Occupation)

Second Witness sign here.

Jack Allan (Signature)
R.C.A.F. (Address)
(Occupation)

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
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 - "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....\$.....00 and
my household goods and effects",
 - "my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.\$.....00",
 - "my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....\$.....00",
 - "my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....\$.....00",
 and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
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Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.
When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....

.....
(Signature)

(COPY)

AIR MINISTRY,

LONDON, W. C. 2.

J5089/204

Sir,

I am directed to forward the enclosed certified notification of death in respect of the under-mentioned airmen:-

Can/R77220 Sergeant A.G. Dumville
Can/5361040 Pilot Officer H.D.
Abrams

I am, Sir,
Your obedient Servant,

for Director of Personal Services

signed: M. CLAVE

ORIGINAL ON

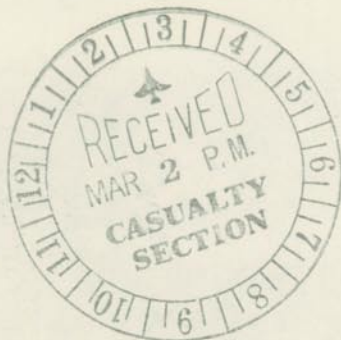
The Secretary,
Department of National Defence for

Ottawa,
Ontario, Canada.

FILE

1622-D-1861





INSTRUCTIONS ON REVERSE SIDE

PUPIL'S TEST CARD

R.C.A.F. T. 44
18M-3-40 (4200)
H.Q. 1062-13-42

Pupil: *LAC ABRAMS No R56183*

Weather: *Wind West @ 12 mi*

Test: *Progress TEST at 12 hours.*

Flying Club: *AEFTS*

Marks:
Percentage Basis: *Failed*

Date: *29/10/40*

<p><u>TAXYING</u></p> <p>Use of Throttle Use of Controls <i>slow</i> Ground Speed Airmanship</p>	15	<p><u>STEEP TURNS</u></p> <p>Throttle Height Skid Slip Bank</p>	10	<p><u>FORCED LANDING</u></p> <p>Field Method Airspeed Turns Undershooting Overshooting Landing</p> <p><u>Remarks on Forced Landings</u></p>	45
<p><u>TAKING-OFF</u></p> <p>Clear Ahead <i>Rough &</i> Cockpit <i>heavy on</i> Pump handling <i>ruders</i> Direction Other Faults</p>	20	<p><u>GLIDING TURNS</u></p> <p>Airspeed Degree of Bank Holding off Bank</p>	10	<p><u>GENERAL REMARKS ON TEST</u></p> <p><i>Fails to inspire the feeling that he will ever become a pilot Wash out</i></p> <p style="text-align: right;"><i>9</i></p> <p style="text-align: center;"><i>FLK</i></p> <p>..... R.C.A.F. EXAMINING OFFICER UNIT: <i>AEFTS</i></p>	
<p><u>LANDING</u></p> <p>Height and Distance <i>undershot each time</i> Gliding Speed Pump handling <i>curves too</i> Drift <i>large</i> Wheel or Tail <i>landing too</i> Heavy Lateral Level <i>high</i></p>	25	<p><u>SIDESLIPPING</u></p> <p>Going In Airspeed Angle of Bank Line Coming Out</p>	15		
<p><u>CLIMBING TURNS</u></p> <p>Throttle Bank <i>Ball all over</i></p>	10	<p><u>SPINNING</u></p> <p>Going In Staying In Coming Out</p>	15		
<p><u>MEDIUM TURNS</u></p> <p>Height Airspeed <i>rough</i> Skid Slip Bank</p>	10	<p><u>AEROBATICS</u></p> <p>Loop 5 Half Roll 10 Slow Roll 10</p>	5 10 10		

INSTRUCTIONS COVERING TEST CARD

1. Record name of pupil in **BLOCK LETTERS**
Thus: "P.O. (P) JONES, H.M."
2. All data on the card heading must be filled in and the card signed by the R. C. A. F. Examining Officer.
3. Indelible pencil will be used.
4. A pupil at the beginning of the test is to be considered capable of doing each manoeuvre correctly. For each mistake one or more marks will be deducted and the balance entered into the second column opposite the manoeuvre under test, e.g., if a pupil is very rough with the throttle in taxiing write "Very Rough — 3", after "Use of Throttle". The balance of marks will then be "12".
5. **DISPOSITION**
 - (a) 20 and 50 hour test—Two copies of each forwarded to Officer Commanding, Air Command:
 - (i) Original to be placed on pupil's file.
 - (ii) Duplicate to be forwarded to unit to which pupil is proceeding at completion of Elementary Training.
 - (b) Progress Test—Two copies forwarded to Officer Commanding, Air Command:
 - (i) Original to be placed on pupil's file.
 - (ii) Duplicate to be forwarded to unit to which pupil is proceeding at completion of Elementary Training.
 - (iii) Duplicate to be forwarded to Air Force Headquarters, if test is unsuccessful.
 - (c) If the training of an R.C.A.F. pupil on the 20 or 50 hour test is recommended to be discontinued, two copies will be made and forwarded to Officer Commanding, Air Command:
 - (i) Original to be placed on pupil's file.
 - (ii) Duplicate to be forwarded to Air Force Headquarters.

INSTRUCTIONS ON REVERSE SIDE

Pupil: *No R 56183 LAC Abrams*
 Flying Club: *No 4 E.F.T.S.*
 Date: *16/10/40*

PUPIL'S TEST CARD

R.C.A.F. T. 44
 ISM-3-40 (4300)
 H.Q. 1062-13-42

Weather: *Wind N.W @ 10 mi*

Test: *Progress*
Test at 8 hours

Good horizon

Marks:
 Percentage Basis:

TAXYING

15

- Use of Throttle
- Use of Controls
- Ground Speed
- Airmanship

STEEP TURNS

10

- Throttle
- Height
- Skid
- Slip
- Bank

*speed increases
nose for down
on height*

FORCED LANDING

45

- Field
- Method
- Airspeed
- Turns
- Undershooting
- Overshooting
- Landing

Remarks on Forced Landings

TAKING-OFF

20

- Clear Ahead
- Cockpit
- Pumphandling
- Direction
- Other Faults

Swing (30° off line)

GLIDING TURNS

10

- Airspeed
- Degree of Bank
- Holding off Bank

SIDESLIPPING

15

- Going In
- Airspeed
- Angle of Bank
- Line
- Coming Out

LANDING

25

- Height and Distance
- Gliding Speed
- Pumphandling
- Drift
- Wheel or Tail
- Heavy
- Lateral Level

Ballooning very high

SPINNING

15

- Going In
- Staying In
- Coming Out

CLIMBING TURNS

10

- Throttle
- Bank

Skids badly

MEDIUM TURNS

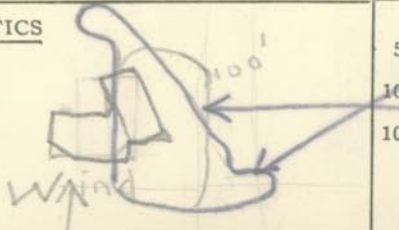
10

- Height
- Airspeed
- Skid
- Slip
- Bank

Both skid + slip

AEROBATICS

- Loop
- Half Roll
- Slow Roll



GENERAL REMARKS ON TEST

Might make the grade

*general shape of
1 circuit
after coaching*

[Signature]

R.C.A.F. EXAMINING OFFICER

UNIT.....

INSTRUCTIONS COVERING TEST CARD

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Thus: "P.O. (P) JONES, H.M."
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4. A pupil at the beginning of the test is to be considered capable of doing each manoeuvre correctly. For each mistake one or more marks will be deducted and the balance entered into the second column opposite the manoeuvre under test, e.g., if a pupil is very rough with the throttle in taxiing write "Very Rough — 3", after "Use of Throttle". The balance of marks will then be "12".
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 - (ii) Duplicate to be forwarded to Air Force Headquarters.

R50103

ABRAMS, HYMAN DAVID

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE Montreal, Que.

DATE 1-7-40

13

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

J 5.089

OFFICER RECORD OF SERVICE AIRMEN

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.				4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.	
T.O.S.	1 M.D. Toronto	2 7 40	TMP 157	C.O. 2	1 7 40	TMP 157	Aircrew	8	1 7 40	TMP 157	30-9-40	6-10-40			192816	
S.O.S.	1 M.D. to 1 D.D. Toronto	20 7 40	TMP 173	LtC. (Amended)	6 10 40	HEP 30 1942	Air Observer	8	26 10 40	HEP 43	25-4-41	4-5-41	10	(amended)	1A7514	
S.O.S.	1 M.D. to 1 D.D. Toronto	22 7 40	TMP 174	LtC.	7 10 40	1958 198	Air Observer	8	75 3 41	189874	25-4-41	12-5-41	18	Incl	1A7514	
S.O.S.	1 D.D. to 4 Ets. Windsor Mills	6 10 40	1928 167	T/Sgt pd	15 3 41	1948 74										
	Amended to read:	7 10 40	1928 168	Pilot Officer	26 4 41	1948 5 EM 114										
S.O.S.	4 Ets. to 1 M.D. Toronto	5 11 40	HEP 43, 44													
S.O.S.	1 M.D. to 1 AOs. Malton	10 11 40	1MD 271													
S.O.S.	1 AOs. to 1 B.S. Jarvis	2 2 41	1 AOs. 10													
T.O.S.	1 B.S. Jarvis	3 2 41	1 B.S. 33													
S.O.S.	1 AOs. Jarvis	8 2 41	1 AOs. 24													
	8 SF Moncton															
S.O.S.	1 B.S. Jarvis	15 3 41	1 B.S. 74													
T.O.S.	1 ANS Rivermen	16 3 41	1 ANS 69													
S.O.S.	1 ANS Rivermen	5 5 41	1 ANS 97													
	Temporary "M" Depot, Debert															
S.O.S.	1 ANS Rivermen	13 5 41	1 ANS 100													
P.O.S.	Temp. "M" Depot, Debert	13 5 41	EM 85													
S.O.S.	1 M. Depot Debert	25 7 41	EM 85													
	On app. to comm. base 392 (13) 48															
	Air															
T.O.S.	1 M. Depot (amended)	12 5 41	EM 85													
S.O.S.	1 M. Depot Halifax	6 5 41	EM 85													
	Killed - air operations	3 8 41	AFRO 938													
T.O.S.	1 "M" Dep. Halifax	13 7 41	EM 172													
S.O.S.	1 Y TO OVERSEAS	6 41	FOR 28													
	Killed in flying accident	3 8 41	Sy 26783													
	while training at 3 OTU	2/4-8-41														
	1 mile north of Croyde (Overseas)															
	Overseas primary, Great Britain.															
	7															
	COMPLETED															
	WSG		226 15													
	WSG		18 10 44													
	Killed	3 8 41	AFRO 938/41													

C	CH	STRENGTH	DATE	CAUSE	STATUS	REULT	DATE OR PLACE	P	CH
		8	8 41	0	9	7	00200		

ALL Ranks 26 4 41

SUBJECT	RESULT	DATE	AUTHORITY
Pupit air obs	79.2	25 4 41	19NS T81

PROVINCIAL EDUCATION RELIGION PROV. SERVIC. PROVINCE OF ENLISTMENT DISCHARGE AC

FORCE No.

R 56183

Abrams
SURNAME

Hyman David
FULL CHRISTIAN NAMES

ENLISTMENT RE-ENLISTMENT

PLACE *Montreal, Que.*

DATE *1-7-40*

C.R. FILE NUMBER

Comm Expires Mar 26-4-41

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

J-5089 Sf.

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE *10-10-16* PLACE *Montreal, Que.* CITIZENSHIP *2* *Canadn.*

FATHER (FULL NAME) *Isadore Abrams*

BIRTHPLACE *Roumania*

MOTHER (FULL MAIDEN NAME) *Rose Mascovitich*

BIRTHPLACE *Roumania*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *X*

JUNIOR MATRICULATION *X Que*

SENIOR MATRICULATION *X Que*

TECHNICAL SCHOOL

UNIVERSITY *- 1933-34 Mc Gill Univ Montreal*

CORRESPONDENCE COURSES

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: *William Abrams* RELATIONSHIP *Brother*

ADDRESS: *4406 Oxford Ave, Montreal, Que.* D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

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

Montreal Dress Co. - 1934-37 Mgr.

Peggy Paige Frocks - mgr. ^{owner} 1937-39

Designs & mgr. - 1939 Montreal Dress Co.

6100

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil.

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

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

11. HONOURS-AWARDS, MENTIONS

AUTHORITY	DATE
<i>see Observer Judge / 25874</i>	<i>15-3-41</i>

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO - DUAL - PASSENGER -

13. RELIGION *Hebrew*

14. LANGUAGES *Some French*

15. SPORTS *Tennis, Baseball.*

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
<i>Duration</i>	<i>1 7 40</i>				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
<i>see Ill & Drawing Rations</i>		<i>2-2-41</i>	<i>134823</i>
<i>see 2nd Dr. Rats</i>		<i>17-3-41</i>	<i>141569</i>
<i>ceases to occupy Govt. qtrs & draw</i>		<i>25-4-41</i>	<i>141597</i>
<i>see pub. Rats & Rations</i>		<i>13-5-41</i>	<i>EM 83</i>
<i>Disch. Spec. Res. off 25-4-41 under Para 392(18) K.R.(10) Ex 185</i>			
<i>an app. to comm.</i>			

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD
<i>15-7-40</i>		<i>3-7-40</i>			<i>KX</i>

APL 4406 Oxford Ave, Montreal, Que. 22302

AIR FORCE No. J.5089.	SURNAME Abrams	FULL CHRISTIAN NAME Hyman	ENLISTMENT/APPOINTMENT PLACE _____ DATE _____	RELIGION
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**ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN**

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY				
------------	-------	---------	-------------	---------------	-----------------------	--	--	--	--

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

SINGLE, MARRIED, WIDOWER, DIVORCED	
WIFE (FULL MAIDEN NAME) OR HUSBAND	
PRESENT ADDRESS (IN PENCIL)	
PLACE OF MARRIAGE	DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CIVIL OCCUPATIONS AND EXPERIENCE	

CHILDREN			
NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

PREVIOUS SERVICE	

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)	
<i>Montreal.</i>	

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN					
TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS			
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
8 <i>P/O</i>	<i>26.6.41</i>		

AIRMEN AND AIRWOMEN						OFFICERS, AIRMEN/AIRWOMEN				
RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE

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

AIR FORCE No.

J.5089

ABBAMS
SURNAME

HYMAN
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

RELIGION

PLACE

DATE *10/1/41*

R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT (IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	POSTINGS, ATTACHMENTS & TEMPORARY DUTY					ALL OTHER CASUALTIES	
FROM	TO	NO. DAYS	DESCRIPTION	AUTH.		SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

Killact during ops. 3.8.41 AFRO 938

9

8. Date 21. 6. 41

SERVICE **COMMAND**
 NUMBER: **C AN J.**

ROYAL CANADIAN AIR FORCE
 RECORD OF SERVICE

R.C.A.F. R. 87
 10M-10-40 (7520)
 H.Q. 1062-3-70

1. RANK P/O	2. CHRISTIAN NAMES Hyman David	3. SURNAME Abrams	4. DECORATIONS	
	5. Type and Date of Commission S.R. 26-4-41 Date of Expiry	6. Branch Genl. List	7. Date of Birth 16-10-1916	8. Religion Hebrew

9. Service Machines flown	10. Type on which most proficient. (If under instruction state total number of hours flown on each type, and tests passed).	11. If married: Date	12. Med. Category
			13. Place and Date of Last Med. Exam.

14. Qualifications including specialist courses and results of promotion examinations.

SUBJECT	UNIT	FROM	TO	RESULT AND PERCENTAGE MARKS
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SUBJECT	UNIT	FROM	TO	RESULT AND PERCENTAGE MARKS

15. Permanent Address <i>4406 Oxford Ave, Montreal, Que</i>	16. Next of Kin, Relationship and Address <i>Wm. Abrams, Brother 4406 Oxford Ave, Montreal</i>	17. Name and Address of Person to be notified in case of casualty <i>Same as 16</i>
--	---	--

10, 12, 13, 15, 16 and 17 to be kept in pencil

18. Courts Martial attended, with dates

Under Instruction

As Member

19. Duties on which employed (including miscellaneous Station Duties, e.g., P.M.C., P.S.I., O. i/c Transport, etc.)

20.

POSTINGS

From To Authority Date

1 A.N.S. #1 "M" Depot
#1 "M" (Spec.Duties)
Montreal

21.

ATTACHMENTS

From To Authority Date

22. Periods in hospital, or sick quarters or sick at home

No. of enclosure in Form 48 4
Serial No. in Form 38 } NA *basical command*
or in A. & D. Book } 19 Oct 1941

Hospital or Sick List—Record Card.

Surname ABRAMS Christian Names H-Donald
Rank P/O Unit 3 F.S.T.U.
R.A.F. or Army No. } J-5089 Branch or Trade Obs.
Age 24 Total Service } 13/12 Under instruction as } Obs.
Hospital or Station rendering this form } 550 RAF Chivenor
Dates of: Exam 31.7.41 from Chivenor
Arrival as direct admission from
" " transfer from
Discharge to duty
" as an invalid or to unit for invaliding
Transfer to
Death
Number of days under treatment.....

CLINICAL NOTES.

Disease or injury Eye Strain

New disease supervening, and date.....

Operation, nature and date.....

Anæsthetic, and method of administration.....

Date	Previous history of case and family, if relevant
	<u>Op. Headache with reading</u>

Condition on admission.....
Vision R 6/12 L 6/6
Sent to specialist
RAF SE. Hospital for
consultation

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

Date

Progress of case.....

Specialists report from RAF
Station Locking.

31.7.41

R. - Plus 0.5 cyl. 90 deg.

L - normal

(Spnd) M. Duggan
F.R.C.S.

Condition on discharge.....

certified true copy of
Specialists' Report

Signature of Medical Officer.....

T.E. HUNT S/L

Date.....

5.8.41

ROYAL CANADIAN AIR FORCE
CERTIFICATE OF THE SERVICE AND DISCHARGE OF

to be cut off if the man
 is discharged with a
 "Bad" Character
 or with disgrace,
 or if specially
 directed by
 N.D.H.Q.

NAME ABRAMS, HYMAN, DAVID OFFICIAL No. R.56-183
(in full, Surname first)

(1) DATE OF BIRTH 10-10-16 AGE ON ENTRY INTO R.C.A.F. 23 years 263 days.
 PLACE OF BIRTH (Parish) MONTREAL (Town or County) QUEBEC
 OCCUPATION IN CIVIL LIFE MANUFACTURER
 TRADE IN ROYAL CANADIAN AIR FORCE AIRCREW DUTIES
 RELIGIOUS DENOMINATION H.E.B.E.W.
 SIGNATURE ON TRANSFER TO THE RESERVE OR DISCHARGE

(2) CURRENT ENGAGEMENT IN R.C.A.F.:-
 (a) State whether in Perm. or A.A.A.F.
R.C.A.F. SPECIAL RESERVE

(3) PRIOR ENGAGEMENT IN H.M. FORCES

Service (Navy, Army, R.A.F., C.A.F., A.A.A.F. or R.C.A.F.)	Period		Rank on Discharge
	From	To	

(b) Period

Date current engagement commenced	Age at that date	Terms of Enlistment
<u>1-7-40</u>	<u>23</u>	<u>DURATION OF WAR</u>

(c) Date of actual entry into { years Perm. R.C.A.F. Service
 years A.A.A. Force Service
 (d) Period re-engaged for.....

(4) NAME, ADDRESS and RELATIONSHIP of person to be informed of casualties (to be entered in pencil).
Ms. William Abrams, 4406 Oxford Ave. Montreal, Que, Canada

PARTICULARS AS TO MARRIAGE

(5) Full Christian Names and Surname of Woman and whether Spinster or Widow	Place and Date of Marriage	Present Address of Wife	No. and Date of C.F. Promulgating	Initials of Officer verifying entry

(6) DESCRIPTION OF PERSON

DESCRIPTION OF PERSON	Height		Chest Inches	Colour of			Marks, Wounds or Scars
	Feet	Inches		Hair	Eyes	Complexion	
On entry as a boy.....							
On mustering as a man at age of 18 years Or on entry at 18 years or over.....	<u>5</u>	<u>10 1/4</u>	<u>30</u>	<u>Dark Brown</u>	<u>Dark</u>	<u>APPENDECTOMY SCAR</u>	
On extension of service.....							
On re-engagement.....							
Further description if necessary.....							

DISCHARGE PARTICULARS:-
 Date..... Address on Discharge.....
 Total Service { towards engagement.....(years).....(days)
 towards pension.....(years).....(days)

(8) MOVEMENTS AND CASUALTIES

MOVEMENTS AND CASUALTIES

Departure Authority	Unit FROM which	Unit TO which	Date of effect	Arrival Authority confirming	Departure Authority	Unit FROM which	Unit TO which	Date of effect	Arrival Authority confirming
M.O.									
DR 13	MONTREAL	TORONTO	1-7-40	DR 157					
DR 173	#17 Man. Depot Toronto	#11 I.T.S. Toronto	22-7-40	DR 110/40					
DR 130/40	Admitted	Manning Depot	3-8-49	Hospital					
DR 139/40	Above entry	cancelled.							
DR 167	#13 T.S. Toronto	#4 EFTS Windsor Mills	7/10/40	DR 22					
DR 43	Windsor Mills	Depot Tor	6-11-40	DR 267/40					
DR 270	#140 Toronto	#1 AOS Melton	10-11-40	DR 57					
DR 10	#1 B.S. School	#1 J.S. School	2-2-41	DR 33/41					
DR 74	#1 B.S.H. Riverside	#1 J.A.S. Riverside	15/3/41	DR 69					
DR 96	#1 A.M.S. Riverside	#1 M. Depot Debert N.S.	5-5-41	DR 83					

(9) PROMOTIONS, REDUCTIONS, REMUSTERINGS

Authority	Description	Date of effect
REQ. NO.		
AC 509	DC 2	1-7-40
	STA. (6.D.) MACREW	" " "
DR 157	Aviation Stab.	1-7-40
DR 167	Rechar. L.A.C.	7/10/40
DR 74	Appointed imp. Sgt	15/3/41
DR 74	Remustered Av	15/3/41
	Aviation Sgt	

PART III
ARMAMENT TRAINING

1. No. 1 B.G.S. Course No. 11 A.O. From 3-2-41 To 17-3-41

Air Training

2. Flying Time:—

Aircraft	BOMBING		GUNNERY		Passenger	Total
	Day	Night	Day	Night		
Battle	15:15		6:10		2:00$\frac{1}{4}$	23:25
					Brought Forward.....	47:50
					GRAND TOTAL.....	71:15

Air Exercises

3. BOMBING:—

(a) Individual High Level Bombing—Stationary Target (results converted to 10,000 ft.).

(i) Average error of all exercises.....**196**.....yds. (ii) Average error of best exercise.....**165**.....yds.

(b) Low Level Bombing—Average error of all exercises.....**84**.....yds.

4. AIR GUNNERY:—

(a) Beam Test.....(Average % hits to rounds fired).....**3.8**.....%

(b) Beam Relative Speed Test.....(Average % hits to rounds fired).....**3.5**.....%

(c) Under Tail Test.....(Average % hits to rounds fired).....**8**.....%

Assessment

5. EXAMINATION RESULTS:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Bombing (W).....	150	98	Gunnery (W).....	100	88
Bombing (P).....	150	102	Gunnery (P).....	100	78

6. Proficiency as Bomb Aimer 300 Marks. Marks obtained.....**212**

7. Remarks.....**Average**

8. Proficiency as Air Gunner 200 Marks. Marks obtained.....**134**

9. Remarks.....**Average**

10. Qualities as an Officer or N.C.O. 200 Marks. Marks obtained.....**148**

11. Total Assessment 1200. Marks obtained.....**860**..... Percentage.....**71.7**..... Pass or Fail.....**pass**

Position in Class.....**23**..... No. in Class.....**41**

12. Commissioned Rank (Appears suitable or unsuitable).....**Suitable 12/16**

W. J. Hill
Chief Instructor (Squadron Leader)

No. 1 B. & G.S. Date:— 16-3-41

13. General Remarks.....**A clever student. Took a keen interest in course. Average**

.....**Practical man, should make a good observer**

J. E. West
Officer Commanding (Group Captain)

No. 1 B. & G.S. Date:— 16-3-41

*To be passed to No. 1 A.N.S.

*In the case of Air Observers who do not proceed to an Air Navigation School paragraphs 12 to 14 of Part IV will be completed at the Bombing and Gunnery School.

PART IV

ADVANCED AIR OBSERVERS TRAINING (At Air Navigation School)

1. No. 1 A.N.S. Course No. 11 From 17-3-41 To 25-4-41

Air Training

2. Flying Time:—

Aircraft	DAY		NIGHT		Passenger	B.G.S.	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.			
	9.25	3.20	6.25	3.10			22.20
Brought Forward	22.15	22.05	1.50	1.40	2.00	21.25	71.15
GRAND TOTALS	31.40	25.25	8.15	4.50	2.00	21.25	93.35

3. Proficiency as Air Navigator 250. Marks Obtained 210

4. Remarks on Air Training and points which require special consideration
Grasped application of Astro - Nav. theory and used it intelligently in all exercises.

Ground Training

5. Examination Results:—

Subject	Maximum Marks	Marks Obtained
Astronomical Navigation (Plotting)	150	101
Astronomical Navigation (Written)	100	93

6. Remarks on Ground Training
Intelligent student, has a sound knowledge of Astro

7. Total Assessment 500. Marks Obtained 344 Pass or Fail Pass

8. Position in Class 9 No. in Class 72

9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Above Av.

10. Recommended as an Instructor (Yes or No) Yes

11. General Remarks on Training, Ability, etc.
This man has taken a keen interest and shown ability, possible future instructor.

A.H.S. Ruban
 Chief Instructor

No. 1 A.N.S. Date:— 29-4-41

12. Final Assessment (A.O.S., B.G.S. and A.N.S.)

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Air Observers' School	1800	1506	*Air Navigation School	500	344
Bombing and Gunnery School	1200	860	Total		2770

Percentage 79.2 Pass or Fail Pass Position in Class 14 No. in Class 72

13. Recommended for Commissioned Rank Yes Assessment Above Av.
(Yes or No) (Ex., Above Av.)

14. Remarks Non militaristic type, but is commission material

A. Muller
 Officer Commanding

No. 1 A.N.S. Date:—

15. Awarded Air Observer's Badge (date) 15-3-41

G.E. Wait (Group Captain)
 (G.E. Wait) Officer Commanding

* Delete if not applicable.

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

AIR AND GROUND TRAINING

Surname.....**H. D. Abrams**..... Christian Names.....**H. D.**.....
 Number.....**R. 56183**..... Rank.....**L. A. C.**.....

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate..... From I.T.S. to Air Observers School.
 From Air Observers School to Bombing and Gunnery School.
 From Bombing and Gunnery School to Air Navigation School.

Duplicate..... To be available on demand by the Training Command concerned.

2. On completion of Training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage; one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects, included in this Test.

PART I

INITIAL TRAINING

1. No..... Initial Training School. Course No..... From..... To.....

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100		Drill.....	100	
Armament (P. & O.).....	100		Law and Disc., etc.....	100	
			TOTAL.....	400	

3. Maximum Marks 400. Marks Obtained..... Percentage..... Pass or Fail.....
 Position in Class..... No. in Observers Class.....

4. Remarks.....

..... Wg. Comdr.
Commanding Officer

Date:—

To be passed to No..... A.O.S.

PART II
AIR OBSERVERS SCHOOL

1. No. 1 Air Observers School. Course No. 11 From 11-11-40 To 1-2-41

Air Training

2. Flying Time:—

Aircraft	DAY		NIGHT		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
	22.15	22.05	1.50	1.40		47.50

3. Proficiency as Air Observer 500. Marks obtained 371

4. Remarks on Air Training and points which require special consideration Consistently good. Very attentive to instructions. Came 19th in class of 44

5. Ground Training

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
D.R. (Plotting)	150	106	Maps and Charts	100	93
D.R. (Written)	150	131	Meteorology	100	91
Compasses and Instruments	150	134	Photography	100	88
D.F. (W/T)	100	94	Reconnaissance	100	78
Signals	50	50	TOTAL	1000	865

6. Remarks on Ground Training Excellent student. Came 4th in class

7. Qualities as Officer or N.C.O. 300. Marks obtained 270

8. Total Assessment 1800. Marks Obtained 1506 Percentage 83.7 Pass or Fail Passed

9. Position in Class 6 No. in Class 44

10. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Above Average

Assessment as Air Observer (Ex., Above Av., Av., Below Av., or Poor) Above Average

11. Commissioned Rank (Appears suitable or unsuitable) Suitable 10/25 (AA)

12. As Instructor (Appears suitable or unsuitable) Suitable

13. General Remarks on Training, Ability, etc. This man is extremely quick at learning things and rarely needs a second explanation. Very clean cut appearance. Well liked by fellow students and officers. Will make excellent observer.

W. Stapley Jr.
Chief Instructor

No. 1 A.O.S. Date:— February 1, 1941

To be passed to No. 1 B.G.S.

24. Service Courses taken:—

TYPE OF COURSE	PLACE	FROM	TO
Empire Training Plan Course II Air Observer			

25. Have you previously applied for a Commission or for enlistment in the Royal Canadian Air Force or any of its auxiliaries? If so, state:—

N.A.

(Unit and Place)

(Date)

(Result)

26. Have you any knowledge of internal combustion engines, construction of aircraft, mechanics or electricity?

N.A.

27. Types of Aircraft Flown (Service or Civilian):—

PLACE	LIST FLYING HOURS BY YEARS	REMARKS
N.A.		

28. Total Flying Time.....

(Hours)

(State Type and No. of Licence held)

29. Sports and games played, and whether extensively, moderately or occasionally.

Soccer (Mod) Basketball (Mod) Tennis (Ex) Golf (Mod)

30. Hobbies. Reading, Sports.

31. Languages spoken, or written (State proficiency) English (Fluently) French (Slightly)

32. Any other remarks or information not included in the foregoing—

33. Names and present addresses of responsible persons (preferably including employer), able to certify from personal knowledge of the candidate's career, as to his suitability for commissioned rank.

Name. H.C. Atkinson (in capitals)	Name. T. Sumnerville (in capitals)
Address. West Hill High School	Address. Montreal High School
Profession. Principal	Profession. Principal
Name..... (in capitals)	Name..... (in capitals)
Address.....	Address.....
Profession.....	Profession.....

34. NOTE:—

The applicant must be prepared to provide, if required, references from his former headmaster, employer or other person. The Department is not prepared to enter into correspondence, whether officially or unofficially, with persons other than those whom the candidate has nominated; and the Selection Board will disregard recommendations from any persons who are not directly and personally acquainted with the candidate's work, at school, university, in industry or business, in H.M. Forces or otherwise. Applicants are cautioned not to prejudice their candidature by endeavouring to enlist the support of persons inside or outside the Service who they consider might have some influence.

35. CERTIFICATE

The foregoing information was personally compiled by me and is correct to the best of my knowledge and belief. I understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Witness..... Signature. H. D. Abrams.

Date. 14-5-41..... 19.....

36. AGREEMENT

If selected, I agree to accept a Commission in the Royal Canadian Air Force, Special Reserve (Non-Flying List) (General List).

Witness..... Signature. H. D. Abrams.

Date. 14-5-41..... 19.....

DECLARATION

I, Hyman David Abram.....having made an application, dated

(.....) for a Commission on the Special Reserve of the R.C.A.F. do hereby declare, provided my said application is accepted, that I am willing to serve on Active Service, anywhere in Canada, also beyond Canada and Overseas for the duration of the present war, and for the period of demobilization thereafter, should His Majesty so long require my services.

Witness H. D. Abrams
Date 14/5/41 19..... Signature H. D. Abrams
Place Halifax, N.S.

38. (a) Location of Will R.C.A.F.
(b) Entered in Officer's Records by..... (Rank) (Date) (Place)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....

PART 1. Information obtained from the applicant:—

- 1. Age.....
- 2. Have you ever suffered from any of the following defects in health?
 - (a) Rheumatism.....
 - (b) Tuberculosis.....
 - (c) Bronchitis or Asthma.....
 - (d) Heart Disease.....
 - (e) Kidney or Bladder Disease.....
 - (f) Stomach or Bowel Trouble.....
 - (g) Rupture.....
 - (h) Varicose Veins.....
 - (i) Flat or Deformed Feet.....
 - (j) Nasal Trouble.....
 - (k) Ear Disease.....
 - (l) Eye Disease.....
 - (m) Epilepsy.....
 - (n) Nervous or Mental Disease.....
 - (o) Syphilis.....
 - (p) Gonorrhoea.....
 - (q) Bone Fracture.....
 - (r) Other Disease or Defect.....

- 3. Have you ever worn glasses?.....
- 4. Have you had any illness of more than one week's duration?.....

Signature of Applicant.....

Examiner's remarks re above.....

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

- 1. Identification marks or scars (if operative, obtain history).....
- 2. Height..... Feet..... Inches
- 3. Weight..... lbs.
- 4. Complexion.....
- 5. Colour of eyes..... Hair.....
- 6. Development { Good, Fair, Poor
- 7. Chest measurement—full expiration..... inches
range of expansion..... inches
- 8. Hearing—Right..... Left..... Tympana—Right..... Left.....
- 9. Vision—Without Glasses—Right..... Left.....
With Glasses—Right..... Left.....
Colour Vision.....
- 10. Condition of mouth and teeth.....
- 11. Heart and blood vessels.....
- 12. Blood Pressure—S..... D.....
- 13. Reflexes.....
- 14. Urine—Albumen..... Sugar.....
- 15. Abnormalities (Congenital and Pathological) found on Examination.....

PART 3. The candidate has been examined in accordance with existing standards and he is considered fit for Category.....

General Impression and any special remarks of Medical Officers.....

Date..... 19.....
(President) (Member) (Member)

ROYAL CANADIAN AIR FORCE

OFFICER'S APPLICATION AND RECORD SHEET

Date 14/5/41 19

I have the honour to apply for an appointment to the Special Reserve (Non-Flying List)
(General List)

Please read these notes before completing the form:—

- (a) All questions must be answered in candidate's own handwriting. It is not sufficient to leave a space for reply, blank. Write "N.A." if "Not Applicable". Incorrect answers may prejudice an applicant's chance of selection.
- (b) Where spaces are inadequate, information should be given on foolscap paper attached to and identified with this application.
- (c) Paragraphs 35, 36 and 37 must be signed, dated and witnessed.
- (d) The submission of false information or falsified documents in connection with this application may render the applicant liable to Prosecution.

1. Surname ABRAMS
(Use capital letters)

2. Christian Names HYMAN ABRAMS DAVID
(Use capital letters)

3. Date of Birth Oct 10/16 Place Montreal Quebec Canada
City Province Country

4. Permanent Address 4406 OXFORD AVE MONTREAL EL. 4333

5. Present address for correspondence stating date until which it holds good.
4406 OXFORD AVE, MONTREAL Telephone _____

6. Nationality (If Naturalized Canadian, proof of naturalization must be submitted).....
Canadian

7. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.) HEBREW

8. Next of Kin (Name) William Abrams Relationship BROTHER
Address 4406 OXFORD AVE MONTREAL, QUE.

9. Father's name in full Isidore Abrams Alive
~~Deceased~~ Alive
Address 4406 OXFORD AVE, MONTREAL, QUEBEC
Birth Place Roumania Nationality Canadian
Profession MANUFACTURER

Mother's maiden name in full Rose Moscovitch Alive
~~Deceased~~ Alive
Birth Place Roumania

10. Has either parent acquired any other nationality? (If so, full particulars and date must be given).....
Canadian

11. Single, Married, Widower, Divorced, Separated? Single
Particulars of Marriage N.A. (Date) _____ (Place) _____
Full maiden name of Wife N.A. Birthplace N.A.

12. Particulars of Children:—

NAME	DATE OF BIRTH	PLACE OF BIRTH

13. Person or persons to be notified in case of casualty:—
Name William Abrams Relationship Brother
Address 4406 OXFORD AVE, MONTREAL

14. Education:—

SCHOOLS	DATES IN ATTENDANCE		COURSES	DIPLOMAS AND DEGREES
	FROM	TO		
West Hill High School	1929	1933	Arts	Jun. Matric.
Universities				
McGill University	1933	1934	Commerce	

15. Special Civil Courses or Examinations other than in 14 above, Correspondence Courses, etc.

16. Civil Employment, from leaving school to present in chronological order, and Reasons, if any, for leaving:—
(If space does not permit full details of civil duties supplementary memorandum should be attached to and identified with each copy of this form.)

NAME AND ADDRESS OF EMPLOYER	FROM	TO	DUTIES	CAUSE OF LEAVING
Montreal Dress Mfg Co	1934	1936	MANAGER	Enter business
Progy Paige Frocks	1936	1938	Owner	Sold business
Montreal Dress (Taillorette)	1938	1939	Designer	Enter Service

17. Clubs or Organizations of which applicant is a member. Pi Lambda Phi Fraternity
Upsilon Lambda Phi Fraternity18. Previous Service with Navy, Army, Air Force, Permanent or Non-Permanent:—
(If in the Air Force state nature of duties, e.g., Pilot, Observer, Technical or Ground duties and if entitled to wings.)

FULL NAME OF UNIT	FROM	TO	RANK	DUTIES
N.A.				

19. Reason for Termination of last Service Engagement. N.A.20. Details of Ground Officer's Duties Performed. N.A.

21. Experience as Teacher or Instructor (Service or Civilian):—

SUBJECT	FROM	TO	UNIT	PLACE
N.A.				

22. Have you ever been or are you now in receipt of a Disability Pension? N.A.If so, state nature of disability: N.A.Particulars of other Pension: N.A.

23. Honours and Awards (Quote authority—London or Canada Gazette).....

Enclosure No.
in R.C.A.F. M10

ROYAL CANADIAN AIR FORCE
TREATMENT RECORD

R.C.A.F. M 34
200M-11-42 (2865)
H.Q. 885-M-34

Hospital *Sts. Dartmouth*

Date Admitted *26-3-46*

Ward *10*

Date Discharged *26-3-46*

No. *5087*

Rank *P/O*

Name *McDonald*

Age *25*

Unit *F.A.H.*

Diagnosis *1) acute catarrhal otitis media - l. ear
2) acute pharyngitis*

ORDER GIVEN		ORDERS Treatment, Medications, etc.	ORDER DISCONTINUED	
Date	By Whom		Date	By Whom
<i>20 Mar.</i>	<i>H.B.</i>	<i>1) Bed care & B.R.P. 2) Force fluids 3) Hot saline throat irrigation } q 2 h 4) Penicillin pastilla - i q 2 h } 5) Continuous H.W.B. to left ear. 6) A.P.C. ii q. 4 h. 7) Penicillin 20,000 units q. 3 h. 8) Irrigate ear gently & sterile bouc. b.i.d. 9) Paint canal & ZnO. oint. after irrigation.</i>	<i>23 Mar</i>	<i>H.B.</i>
<i>22 Mar.</i>	<i>H.B.</i>	<i>up in blues.</i>		
<i>23 Mar.</i>	<i>H.B.</i>	<i>1) 1/4 % neosinephrine gtt. ii q. 1 h.</i>		
<i>25 Mar.</i>	<i>H.B.</i>	<i>Discharge.</i>		

ORDERED		DIET	DISCONTINUED	
Date	By Whom		Date	By Whom
<i>21 Mar.</i>	<i>H.B.</i>	<i>Ord.</i>		

LABORATORY RECORD

Hospital Station - Dartmouth Ward _____
 No. 5089 Rank P/O Name M. Donald K.
 Unit or Ship F. H. H. Diagnosis 1) acute catarrhal otitis media
2) acute pharyngitis Date Admitted 20-3-46

URINE

Date	Reaction	Sp. Gr.	Albumin	Sugar	Other Tests	Microscopic and/or Remarks
21-3-46	acid	1.026	neg	neg	None	Few Co casts

HÆMOTOLOGY

Date	Hb.	C. Index	R.B.C.	W.B.C.	Sed. Rate	Neutro	Eosin	Baso	Lymph Small	Lymph Large	OTHER FINDINGS

BLOOD CHEMISTRY

Date	Test	Results

BLOOD SEROLOGY

Date	Test	Results
21-3-46	Talms	

BACTERIOLOGY

Date	Specimen	Direct Smear and Culture
21-3-46	Throat Swab	Gms + cocci in chains, gram neg dip.
"	cultures	Light growth of strep viridans & staph aureus

SPINAL FLUID

Date	Appearance	Pressure	Cytology or test and result

GASTRIC ANALYSIS BLOCK IS REQUIRED

Date	Quantity	Colour	Odour	Sedi-ment	Total Acidity	Free H. Cl	Lactic Acid	R.B.C.	W.B.C.	Yeast	Starch	Bacilli	Fibres or Cells

MISCELLANEOUS: (Faeces, Basal Metabolism, Tissue Pathology, Etc.)

BLOOD CHEMISTRY

Date	Hb	C. Hb	B.C.	M.N.C	M.P.C	Urea	Alb	BUN	Cl	CO ₂	PHOS	OTHER FINDINGS

HEMOLOGICAL

Date	Hb	C. Hb	B.C.	M.N.C	M.P.C	Urea	Alb	BUN	Cl	CO ₂	PHOS	OTHER FINDINGS

URINE

Date of test: _____ Date of specimen: _____ Date of analysis: _____

No. of tests: _____ Name of patient: _____ Name of doctor: _____

Remarks: _____ (Signature) _____



2

R-56183

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ontario.

Date 19/7/40.

FILE NUMBER

Surname Abrams Chr. Names Hyman, David.
 Nature of Commission..... Date of Birth 10/10/16 Married or Single S.
 Branch..... Hours Flown None.
 Address 4406 Oxford Ave., Montreal, Quebec.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown..... NO
- Severe or "Sick" Headaches, Migraine..... "
- Fits or Convulsions of any kind..... "
- Sun or Heat Stroke..... "
- Head Injury or Concussion (including "knock-out")..... "
- Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... "
- (ii) LUNG TROUBLE or Consumption..... "
- Bronchitis, Pneumonia or Pleurisy..... "
- Asthma or Hay Fever..... "
- (iii) HEART DISEASE, "Weak or Strained Heart"..... "
- Fainting Attacks or Giddiness..... "
- Rheumatism, Rheumatic Fever or "Growing Pains"..... "
- Frequent Sore Throats or Tonsillitis..... "
- Diphtheria, Scarlet Fever or Scarletina..... "
- (iv) STOMACH or BOWEL TROUBLE..... "
- Chronic Indigestion or Pain after Food..... "
- (v) KIDNEY or BLADDER TROUBLE..... "
- Syphilis or Gonorrhoea..... "
- (vi) TROPICAL DISEASE..... "
- Malaria..... "
- Dysentery..... "
- (vii) EYE TROUBLE or Inflammation of Eyelids..... "
- Wearing of Glasses..... "
- Colour or Night Blindness..... "
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... "
- Deafness, Noises in the Ears, or Dizziness..... "
- Frequent Colds in Head, Catarrh or Obstruction..... "
- Prolonged Hoarseness or Loss of Voice..... "
- Sea, Car or Train Sickness..... "
- Discomfort on Swings, Roundabouts, Switchbacks..... Appendectomy at 17.
- (ix) OPERATIONS..... T&A at 5.
- (x) Any Illness or Injury not mentioned above..... Measles, mumps, chicken-pox,

Education Jr. Matric and 1 year McGill University (Commerce)
 Present Occupation Designer (Dress Manuf.) Hobbies Sports,
 Previous Service..... None.
 Athletics Tennis, basketball, baseball, soccer, riding.
 Habits—Smoking 10-20 cigs./day Alcohol Occasional - spirits.
 FAMILY HISTORY—Consumption Brother had T.B. ---cured.
 Nervous Ailments, Mental Trouble, or "Fits"..... No
 Father Alive—Health Good Dead—Cause.....
 Mother Alive—Health Good Dead—Cause.....
 Brothers (1) Alive—Health Good Dead—Cause.....
 Sisters (2) Alive—Health Good Dead—Cause.....

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

Date 19.7.40 Signature H. D. Abrams Witness [Signature]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Athletic (b) Mentality Alert, left handed.
 Body Marks, Scars, Deformities Appendectomy -- McBurney well healed.
 Size of Thyroid Gland Normal.
 Surgical Abnormalities Nil
 Results of Wounds, Injuries, Operations Appendectomy.

	Date <u>19/7/40</u>		Date <u>2/8/40</u>		Date		REMARKS ON ANY ABNORMALITIES FOUND
	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room		
Height (ins.)	<u>70⁵/₄</u>						Date <u>2/8/40.</u>
Weight (lbs.)	<u>148</u>						
Chest Circumference (ins.)	<u>35</u>						<u>Rotation Test</u>
Body Build (lbs.)	<u>-5</u>						
LEG LENGTH (ins.)	<u>42³/₈</u>						Before: Pulse <u>72</u> B.P. <u>120/76</u>
Pulse Rate	(Sitting) <u>72</u>						After: Pulse <u>78</u> B.P. <u>122/80</u> <u>J.B.W.</u>
	Standing 1st <u>84</u>						
	Standing 2nd <u>84</u>						
	After Exercise <u>96</u>						
	Time to Normal <u>15</u>						
Arterial Walls	<u>Soft</u>						Nystagmus after Rot. to right -- 30 secs.
Blood Pressure	{ Systolic <u>114</u> Diastolic <u>84</u> <u>68</u>						
Heart	(Size) <u>2¹/₂</u>						Nystagmus after Rot. to left -- 30 secs. <u>J.B.W.</u>
	Sounds <u>N</u>						
	Rhythm <u>Reg.</u>						
Lungs	<u>N</u>						Date.....
Breath held	<u>65</u>		<u>75</u>				
Expiratory Force	<u>120</u>						
Vital Capacity (Best of 5)	<u>5300</u>						
<u>4500, 4300, 5300, 4100,</u>							
Reflexes	(Knee) <u>N</u>						Date.....
	Ankle <u>N</u>						
	Triceps <u>N</u>						
	Abdominal <u>N</u>						
	Plantar <u>F</u>						
Cranial Nerves	<u>N</u>						
Balancing Rod	R. L. <u>1S 1S</u>	R. L.	R. L.	R. L.	R. L.	R. L.	Date.....
	R. L. <u>1FS 1FS</u>	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing							
Tremors	{ Fingers <u>N</u>						Date.....
	{ Eyelids <u>N</u>						
Abdomen	{ Liver <u>0</u>						Date.....
	{ Spleen <u>0</u>						
	{ Muscular Tone <u>Good</u>						
Urine	{ Albumen <u>Neg.</u>						Date.....
	{ Sugar <u>Neg.</u>						
Initials of M.O.	<u>E.R.W.</u>		<u>H.A.P.</u>				
40 mm. Hg. Test	<u>57</u>	<u>---</u>	<u>7/81011/101110/111110/108.</u>				
Date	<u>2/8/40.</u>	<u>P---</u>	<u>63</u>	<u>---</u>	<u>7/779/997/778/787.</u>		
Date							
Date							

Remarks by Consultant.

P. E. Index -- 50, fainted on expiratory, force, at I.T.S.
and Montreal.

EYE EXAMINATION

History.....			
	Negative.		
Visual Acuity	R. 20/20 , ± 2.25 = 20/200		
	L. 20/20 , ± 2.25 = 20/200		
Colour Vision.....	N. Ishihara.		
Red, Green.....	Eso tendency.		
Diaphragm Test (P.D. = 59)	Blur at 2 Exo.		
Convergence	(C. = 8. cms.		
	(S. C. = 12.5 cms.		
Accommodation	(R. 8.5 cms.		
	(L. 8.5 cms.		
Cover Test.....	Lat. div. R&L rec. rapid.		
Fundi and Media.....	N.		
Fields.....	N.		
Remarks:	Fit.		
	Initials of M.O. H.L.S.	Initials of M.O.	Initials of M.O.
	Date 19/7/40.	Date	Date

EXAMINATION OF EAR, NOSE AND THROAT

History.....	T&A at 5.		
Hearing	R. Ear.....	W. V. 20'	
	L. Ear.....	W. V. 20'	
External Ear, Meatus Membranes	R. Ear.....	N	
	L. Ear.....	N	
Middle Ear, Eustachian Tubes	R. Ear.....	Pat.	
	L. Ear.....	Pat.	
Cochlear Apparatus	R. Ear.....	N	
	L. Ear.....	N	
Vestibular Apparatus	R. Ear.....	N	
	L. Ear.....	N	
Buccal Cavity.....	N		
Teeth.....	Good		
Gums.....	Healthy		
Pharynx.....	"		
Nasopharynx.....	"		
Nose.....	"		
Larynx.....	N		
Remarks:	Fit.		
	Initials of M.O. J.B.W.	Initials of M.O.	Initials of M.O.
	Date 19/7/40.	Date	Date

HISTORY OF PRESENT CONDITION

Date.....

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date..... 2/8/40.

★ 30 - (8)

CATEGORY
APPROVED

AUG 27 1940

A1B A3B

H. A. Peacock Maj. for D.G.M.S.

P. E. Index -- 50, fit Hebrew.

Category -- A1B, A3B.

(H. A. Peacock) Major, R.C.A.M.C.

1

MEDICAL HISTORY OF

SURNAME Abrams CHRISTIAN NAMES Lyman

TABLE I.—General Table

Birthplace { Town Montreal
Province Quebec

Examined { on 5 day of June 1940
at Montreal

Declared age 23 years

Apparent age 23 years

Trade or occupation Manufacturer

Height 5 feet 10 1/2 inches. Weight, stripped 146 lbs.

Colour of Hair dark Complexion dark

" Eyes brown

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 2 1/2 inches

Physical development fair
(Good, fair or poor)

Vaccination marks	Arm	Right	Left
	Number		<u>1</u>

When vaccinated 18 years ago

Vision { R.E.—V 20/20 With Glasses { R
L.E.—V 20/20 L

Hearing, R. ear NV 20' L. ear NV 20'

Identification marks, such as Tattoo, Moles, Scars, etc.—
Appendectomy scar

Defects or ailments:—

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

DATE	BRIEF DETAILS AND SIGNATURES
<u>June 5-40</u>	<u>Urine test neg colour vision Ishihara normal</u> <u>Cian</u>
<u>2/4/40</u>	<u>X-ray neg u.s.t.</u>
<u>3-7-40</u>	<u>Vacc + Tabs i J.S.</u>
<u>10-7-40</u>	<u>TET i TAB i J.S.</u>
<u>17-7-40</u>	<u>T.A.B. iii Comp J.S.</u>
<u>21-10-40</u>	<u>TET, Toxoid 1cc J.S.</u>
<u>30/4/41</u>	<u>Arched at R. P. L. L. L.</u>
<u>24-4-41</u>	<u>Fit for overseas</u> <u>W. Gray J.S.</u>

Examined and found—

FIT FOR CATEGORY A. I. B

(Strike out those which do not apply)

Signature Cian
(Rank) Esut

Enlisted or appointed { at Montreal, Que.
on 1st, day of July 1940.

TABLE IV.—Service Table

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Joined on enlistment or appointment

CORPS Manning Depot, Toronto, Ontario. REGTL. No. R56-183

Transferred to

Became non-effective by

on..... day of..... 19.....

(Signature).....

(Rank).....

Specialist's Report.

CONFIDENTIAL.

R.A.F. Form
Army Form I. 12
Naval Form M. 246No. of enclosure in Form
Serial No. in Form 38
or in A. & D. Book-4.
n/a

1900 Coastal Command.

Hospital or Sick List—Record Card.

Surname **ABRAMS** Christian Names **DAVID**
 Rank **P/O** Unit **No. 3 C.O.T.U.**
 R.A.F. or Army No. **J 5809** Branch or Trade **Obs.**
 Age **24yrs** Total Service **13mths** Under instruction as **Obs.**
 Hospital or Station rendering this form **S.S.Q. R.A.F. Chivenor**
 Dates of: **Exam: 31.7.41** from **Chivenor.**
 Arrival as direct admission from
 " " transfer from
 Discharge to duty
 " as an invalid or to unit for invaliding
 Transfer to
 Death.....
 Number of days under treatment.....

CLINICAL NOTES.

Disease or injury **Eye Strain**
 New disease supervening, and date.....
 Operation, nature and date.....
 Anaesthetic, and method of administration.....

Date. Previous history of case and family, if relevant.....
c/o headache with reading.

Condition on admission.....
Vision R. 6/12 L. 6/6.
Sent to Ophthalmic Specialist
R.A.F. Stn. Locking for consultation.

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

Date. Progress of case.....

Specialist's Report from R.A.F. Stn.
Locking.

31.7.41 Rt. eye - Plus 0.5 cyl. 90deg.
Lt. eye - normal.

Sgd. Mr. Doggart FRCS.

Condition on discharge.....

...Certified true copy of Specialist's
...Report.

Signature of Medical Officer.....

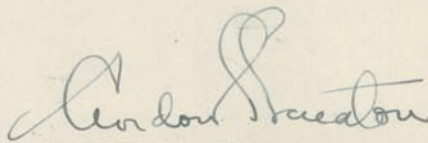
Date.....

5.8.41.

J. Hume S/Ldr.

NOTIFICATION OF DEATH

CERTIFIED that according to the records of this department Can/J5089 Pilot Officer Hyman David ABRAMS, Royal Canadian Air Force, lost his life on active service, on the 3rd day of August, 1941, near Croyde, North Devon.



Flight Lieutenant,
for Director of Personal Services.

Dated at
the Air Ministry,
London, ^{sc}
this 31 day of January, 1942.



Faint, illegible text, likely bleed-through from the reverse side of the page.



DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

5089
28059Do not
write in
this space

1. PLACE OF DEATH		Municipal county	Official name of civil municipality or township			Place an X over the word which applies to this municipality or this territory City | Town | Village | Parish | Township								
		Street	No.			Hospital or Institution								
2. LENGTH OF STAY		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname ABRAMS (Block letters)			Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH							
		Given names HYMAN DAVID					22. Date of death August 3rd 19 41							
4. RESIDENCE		Street 4406 Oxford Avenue, Official name of civil municipality or township Montreal, P.Q.					23. I HEREBY CERTIFY that I attended deceased from.....19..... to.....19..... and last saw him alive on.....19.....							
		Municipal county			Province		24. CAUSE OF DEATH							
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		I Immediate cause						
MALE		CANADIAN		Roumanian Jew		SINGLE		Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Killed during air operations						
9. If married give name of wife or husband of deceased		NA						(b) Overseas.						
10. BIRTHPLACE (Province or Country)		NA						Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (c)						
11. DATE OF BIRTH		Montreal, P.Q.		Oct. 10th, 1916				II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.						
12. AGE OF DECEASED		Years	Months	Days	If less than one day old		III If a communicable disease is mentioned on this certificate, (a) Date of appearance.....19..... (b) Duration of disease.....days							
		24	9	24	hrs. or.....min.		25. If a woman, was there a puerperal condition? NA							
OCCUPATION		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.			14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		15. Date deceased last worked at this occupation		26. Was there a surgical operation?.....Date of.....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.....Date.....19..... Manner of injury..... Nature of injury..... Specify whether injury occurred in industry, in home, or in public place..... Signed.....M.D. Address.....Date.....19.....					
		Air Observer			R.C.A.F.		3-8-41		NA					
		17. NAME			18. BIRTHPLACE (Province or Country)				Accident 3-8-41					
FATHER		Isidore Abrams			Roumania				Aircraft Accident (sustained)					
MOTHER (Maide's Name)		Rose Moscovitch			Roumania				Fatal					
19. Place of burial, cremation or removal		JEWISH CEMETERY, MAGDELEN ROAD,			EXETER, ENGLAND				Public Place.					
20. Date of burial		7-8-41							28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.					
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church			(b) Civil municipality of		(c) Municipal county		This signature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)					
		P.O.			for Director of Postings & Records		R.C.A.F. Headquarters.							
		(d) Date												

1. LIEU DU DÉCÈS	Comté municipal	Nom officiel de la municipalité civile ou du canton		Apporter un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité | Ville | Village | Paroisse | Canton																			
	Rue	No.		Hôpital ou institution																			
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours							
3. NOM DU DÉFUNT	Nom de famille.....			(Lettres moulées)			N'écritez pas dans cet espace			CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS													
4. RÉSIDENCE	Noms de baptême ou prénoms.....									22. Date du décès..... 19.....													
	Rue.....	No.....									(jour)			(mois)			(année)						
Comté municipal.....			Province.....									23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le..... 19..... jusqu'au..... 19..... que je l'ai vu vivant pour la dernière fois le..... 19.....											
5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE		8. Célibataire, marié, veuf ou divorcé (Écrire l'un de ces mots)						24. CAUSE DU DÉCÈS													
9. Si le défunt était marié, nom de son conjoint												I Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a)..... dû à.....											
10. LIEU DE NAISSANCE (Province ou pays)												États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b)..... dû à.....											
11. DATE DE NAISSANCE.....			(jour)			(mois)			(année)			II Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. (c).....											
12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour..... hrs. ou..... min.									III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion..... 19..... (b) Durée de la maladie..... jours										
13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.			14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.			15. Dernière date à laquelle le défunt vaquait à ce travail			16. Nombre d'années occupées dans cette profession						25. S'il s'agit d'une femme, y avait-il état puerpéral?.....								
17. NOM			18. LIEU DE NAISSANCE (Province ou pays)									26. Y a-t-il eu intervention chirurgicale?..... Date de l'opération..... 19.....											
PÈRE												Constatations..... Y a-t-il eu autopsie?.....											
MÈRE (Nom de fille)												27. Dans les cas où le décès est attribuable à des causes extérieures (violence):— Accident, suicide ou homicide..... Date..... 19..... (Spécifier) Manière de la blessure..... (Dans quelle circonstance) Nature de la blessure.....											
19. Lieu de l'inhumation, de l'incinération ou destination du transport												Indiquer si la blessure a été infligée au lieu du travail, dans l'habitation ou dans un endroit public.....											
20. Date de l'inhumation..... 19.....												Signature..... M.D.											
21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE			(a) Nom de la paroisse ou église.....			(b) Municipalité civile de.....			(c) Comté municipal.....			(d) Date..... 19..... (jour)			(mois)			(année)					
																		28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)			29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.		
																		Cette signature autorise le collecteur à accepter la formule comme authentique.			(For English see other side)		

Comm 26-4-41

ROYAL CANADIAN AIR FORCE

95089

R.C.A.F. T-58
12M-5-40 (4963)
H.Q. 1062-13-56

Report on Pupil Pilot—Flying and Ground Training

Surname Abrams Christian Names H.D.

Number R.56183 Rank AC2

INSTRUCTIONS

1. The report is to be forwarded so as to arrive on or before the reporting date of the pupil as follows:—

ORIGINAL AND DUPLICATE

- From Initial Training School to Elementary Flying Training School (or Flying Club)
- From Elementary Flying Training School (or Flying Club) to Intermediate Training Squadron (Service Flying Training School)
- From Intermediate Training Squadron to Advanced Training Squadron.

DUPLICATE

To be available on demand by the Training Command concerned.

- 2. On completion of Advanced Training, the duplicate is to be forwarded to Air Force Headquarters through Command Headquarters and the original placed on the pupil's personal file.
- 3. In the event of discontinuance of training at any stage: one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.
- 4. A pupil pilot will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each subject, each stage.

PART I
INITIAL TRAINING

1. No. 1 Initial Training School. Course No. 5 From Aug. 19th To Sept. 14/40

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	82	Drill.....	100	73
Armament (P & O.).....	100	86	Law and Disc., etc.....	100	92
Visual L. Tr.....	100	Good	TOTAL.....	400	333

3. Maximum Marks ⁴⁰⁰~~500~~ Marks Obtained 333 Percentage 83 Passed or Failed P.

Position in Class 89 No. in Pilot's Class 193

4. Remarks Should make a good pilot

F/S Wg. Comdr.
Commanding Officer

No. 1 I.T.S. Toronto

To be passed to No. 4 E.F.T.S.

Date 3-10-40

(COPY)

PART II
ELEMENTARY TRAINING

1. No. Elementary Flying Training School. Course No. From To

FLYING TRAINING

Flying Time:—

Aircraft	Dual	Solo	Passenger	Total	Link Trainer
leet Finch II	1230	—	—	1230	—

3. Results of Flying Tests:—20 hour% 50 hour% Instr. Fly%

4. Ability as a Pilot..... Very poor Pass or Fail Failed

5. Recommended for training on T.E. or S.E. Aircraft.....

6. Remarks on Flying Progress and points which require special consideration.....

This pupil's progress has been very slow throughout. Judgment of height and distance very erratic. Lacks air sense. Unsuitable as service Pilot

(Sgd) W.S. Wrathall
Chief Flying Instructor

Date October 25, 1940.....

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	.....	Th. of Flight.....	100	.....
Airframes.....	200	.....	Air Nav.....	200	.....
Aero Engines.....	200	.....	Arm. (Oral).....	200	.....
Signals (Prac.).....	50	.....	Quals. as an { Officer N.C.O.....	200	.....

Maximum Marks 1350. Marks Obtained..... Percentage..... Pass or Fail.....

Position in Class..... No. in Class.....

8. Commissioned Rank (appears suitable or unsuitable)..... Unsuitable

9. General Remarks (Ability, Conduct, etc.)..... Intelligence and ability well above average. He

is very keep..... Personality and conduct very good..... He is especially interested in

in navigation, and should make a good Air Observer.

(Sgd) Carleton M. Craig Squadron Leader
Commanding Officer Chief Ground Instruct

No. 4 E.F.T.S. Windsor Mills,

To be passed to No. S.F.T.S.

Date Oct. 25, 1940.....

Doc. P/b 5089

ROYAL CANADIAN AIR FORCE

OFFICER'S APPLICATION AND RECORD SHEET

Date 14/5/41 1941

I have the honour to apply for an appointment to the Special Reserve (Non-Flying List)
(General List)

Please read these notes before completing the form:—

- (a) All questions must be answered in candidate's own handwriting. It is not sufficient to leave a space for reply, blank. Write "N.A." if "Not Applicable". Incorrect answers may prejudice an applicant's chance of selection.
- (b) Where spaces are inadequate, information should be given on foolscap paper attached to and identified with this application.
- (c) Paragraphs 35, 36 and 37 must be signed, dated and witnessed.
- (d) The submission of false information or falsified documents in connection with this application may render the applicant liable to Prosecution.

1. Surname ABRAMS
(Use capital letters)

2. Christian Names HYMAN DAVID
(Use capital letters)

3. Date of Birth Oct 10/41⁶ Place Montreal Que Canada
City Province Country

4. Permanent Address 4406 Oxford Ave. Montreal

5. Present address for correspondence stating date until which it holds good.
4406 OXFORD AVE. MONTREAL Telephone EL. 4333

6. Nationality (If Naturalized Canadian, proof of naturalization must be submitted).....
Canadian

7. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.) Hebrew

8. Next of Kin (Name) William ABRAMS Relationship Brother
Address 4406 OXFORD AVE MONTREAL

9. Father's name in full Isidore ABRAMS Alive Deceased Alive
Address 4406 OXFORD AVE - MONTREAL

Birth Place Roumania Nationality Canadian
Profession MANUFACTURER

Mother's maiden name in full Rose Moscovitch Alive Deceased Alive
Birth Place.....

10. Has either parent acquired any other nationality? (If so, full particulars and date must be given).....
Canadian

11. Single, Married, Widower, Divorced, Separated? Single
Particulars of Marriage N.A. (Date) (Place)
Full maiden name of Wife N.A. Birthplace N.A.

12. Particulars of Children:—

NAME	DATE OF BIRTH	PLACE OF BIRTH

ENTERED IN RECORDS
DOCUMENT SECTION
JUN 23 1941
m/b

13. Person or persons to be notified in case of casualty:—
Name William ABRAMS Relationship BROTHER
Address 4406 OXFORD AVE - MONTREAL, QUE.

14. Education:—

SCHOOLS	DATES IN ATTENDANCE		COURSES	DIPLOMAS AND DEGREES
	FROM	TO		
West Hill High School	1928	1933	Arts	Jun. Matric.
Universities				
McGill University	1933	1934	Commerce	

15. Special Civil Courses or Examinations other than in 14 above, Correspondence Courses, etc.

16. Civil Employment, from leaving school to present in chronological order, and Reasons, if any, for leaving:—
(If space does not permit full details of civil duties supplementary memorandum should be attached to and identified with each copy of this form.)

NAME AND ADDRESS OF EMPLOYER	FROM	TO	DUTIES	CAUSE OF LEAVING
Montreal Dress Co	1934	1936	Manager	Enter business
Peggy Page Frocks	1936	1938	Owner	Sold Business
Montreal Dress Co	1938	1939	Designer	Enter Service

17. Clubs or Organizations of which applicant is a member *Pi Lambda Phi Fraternity*
*Upsilon Lambda Phi Fraternity*18. Previous Service with Navy, Army, Air Force, Permanent or Non-Permanent:—
(If in the Air Force state nature of duties, e.g., Pilot, Observer, Technical or Ground duties and if entitled to wings.)

FULL NAME OF UNIT	FROM	TO	RANK	DUTIES
N.A.				

19. Reason for Termination of last Service Engagement *N.A.*20. Details of Ground Officer's Duties Performed *N.A.*

21. Experience as Teacher or Instructor (Service or Civilian):—

SUBJECT	FROM	TO	UNIT	PLACE
N.A.				

22. Have you ever been or are you now in receipt of a Disability Pension? *N.A.*If so, state nature of disability: *N.A.*Particulars of other Pension: *N.A.*

23. Honours and Awards (Quote authority—London or Canada Gazette)

24. Service Courses taken:—

TYPE OF COURSE	PLACE	FROM	TO
Empire Training Plan Course 11 Air Observer.			

25. Have you previously applied for a Commission or for enlistment in the Royal Canadian Air Force or any of its auxiliaries? If so, state:—

N.A.
(Unit and Place) (Date) (Result)

26. Have you any knowledge of internal combustion engines, construction of aircraft, mechanics or electricity?

N.A.

27. Types of Aircraft Flown (Service or Civilian):—

PLACE	LIST FLYING HOURS BY YEARS	REMARKS
N.A.		

28. Total Flying Time..... (Hours) (State Type and No. of Licence held)

29. Sports and games played, and whether extensively, moderately or occasionally.

Soccer (mod) Basketball (mod) Tennis (ex) Golf (mod)

30. Hobbies..... Reading, Sports.

31. Languages spoken, or written (State proficiency) English (Fluently) French (slightly)

32. Any other remarks or information not included in the foregoing—

33. Names and present addresses of responsible persons (preferably including employer), able to certify from personal knowledge of the candidate's career, as to his suitability for commissioned rank.

Name H. C. Atkinson (in capitals) Name T. Summerville (in capitals)
Address West Hill High School Address Montreal High School
Profession Principal Profession Principal

Name..... (in capitals) Name..... (in capitals)
Address..... Address.....
Profession..... Profession.....

34. NOTE:—

The applicant must be prepared to provide, if required, references from his former headmaster, employer or other person. The Department is not prepared to enter into correspondence, whether officially or unofficially, with persons other than those whom the candidate has nominated; and the Selection Board will disregard recommendations from any persons who are not directly and personally acquainted with the candidate's work, at school, university, in industry or business, in H.M. Forces or otherwise. Applicants are cautioned not to prejudice their candidature by endeavouring to enlist the support of persons inside or outside the Service who they consider might have some influence.

35. CERTIFICATE

The foregoing information was personally compiled by me and is correct to the best of my knowledge and belief. I understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Witness [Signature] Signature H. D. Abrams
Date 14-5-41 19.....

36. AGREEMENT

If selected, I agree to accept a Commission in the Royal Canadian Air Force, Special Reserve (Non-Flying List) (General List).

Witness [Signature] Signature H. D. Abrams
Date 14-5-41 19.....

37.

DECLARATION

I, Hyman David Abrams having made an application, date

() for a Commission on the Special Reserve of the R.C.A.F. do hereby declare, provided my said application is accepted, that I am willing to serve on Active Service, anywhere in Canada, also beyond Canada and Overseas for the duration of the present war, and for the period of demobilization thereafter, should His Majesty so long require my services.

Witness H. D. Abrams

Date 11/5/41 19

Signature H. D. Abrams

Place Halifax, N.S.

38. (a) Location of Will.....

(b) Entered in Officer's Records by..... (Rank) (Date) (Place)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....

PART 1. Information obtained from the applicant:—

- 1 Age..... 2. Have you ever suffered from any of the following defects in health? (a) Rheumatism..... (j) Nasal Trouble..... (b) Tuberculosis..... (k) Ear Disease..... (c) Bronchitis or Asthma..... (l) Eye Disease..... (d) Heart Disease..... (m) Epilepsy..... (e) Kidney or Bladder Disease..... (n) Nervous or Mental Disease..... (f) Stomach or Bowel Trouble..... (o) Syphilis..... (g) Rupture..... (p) Gonorrhoea..... (h) Varicose Veins..... (q) Bone Fracture..... (i) Flat or Deformed Feet..... (r) Other Disease or Defect.....

- 3. Have you ever worn glasses?..... 4. Have you had any illness of more than one week's duration?.....

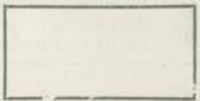
Signature of Applicant.

Examiner's remarks re above.....

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

- 1. Identification marks or scars (if operative, obtain history)..... 2. Height..... Feet..... Inches 3. Weight..... lbs. 4. Complexion..... 5. Colour of eyes..... Hair..... 6. Development { Good Fair Poor } 7. Chest measurement—full expiration..... inches range of expansion..... inches 8. Hearing—Right..... Left..... Tympana—Right..... Left..... 9. Vision—Without Glasses—Right..... Left..... With Glasses—Right..... Left..... Colour Vision..... 10. Condition of mouth and teeth..... 11. Heart and blood vessels..... 12. Blood Pressure—S..... D..... 13. Reflexes..... 14. Urine—Albumen..... Sugar..... 15. Abnormalities (Congenital and Pathological) found on Examination.....

PART 3. The candidate has been examined in accordance with existing standards and he is considered fit for Category.....



General Impression and any special remarks of Medical Officers.....

Date..... 19.....

(President)

(Member)

(Member)

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

AIR AND GROUND TRAINING

Surname..... **Krems**..... Christian Names..... **H. D.**
Number..... **R. 56183**..... Rank..... **L. A. C.**

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate..... From I.T.S. to Air Observers School.
From Air Observers School to Bombing and Gunnery School.
From Bombing and Gunnery School to Air Navigation School.

Duplicate..... To be available on demand by the Training Command concerned.

2. On completion of Training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage; one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects, included in this Test.

PART I

INITIAL TRAINING

1. No..... Initial Training School. Course No..... From..... To.....

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	.....	Drill.....	100	.....
Armament (P. & O.).....	100	.....	Law and Disc., etc.....	100	.....
			TOTAL.....	400	.....

3. Maximum Marks 400. Marks Obtained..... Percentage..... Pass or Fail.....

Position in Class..... No. in Observers Class.....

4. Remarks.....

R.C.A.F.
Rec'd. MAY 22 1941
O.K. C.I.B.
R.G. N.I.
S.L. P.A. *W.M.*

..... Wg. Comdr.
Commanding Officer

Date:—

To be passed to No..... A.O.S.

PART II
AIR OBSERVERS SCHOOL

No. 1 Air Observers School. Course No. 11 From 11-11-40 To 1-2-41

Air Training

2. Flying Time:—

Aircraft	DAY		NIGHT		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
	22.15	22.05	1.50	1.40		47.50

3. Proficiency as Air Observer 500. Marks obtained 371

4. Remarks on Air Training and points which require special consideration Consistently good. Very attentive to instructions. Came 10th in class of 44

5. Ground Training

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
D.R. (Plotting)	150	106	Maps and Charts	100	93
D.R. (Written)	150	131	Meteorology	100	91
Compasses and Instruments	150	134	Photography	100	88
D.F. (W/T)	100	94	Reconnaissance	100	78
Signals	50	50	TOTAL	1000	865

6. Remarks on Ground Training Excellent student. Came 4th in class

7. Qualities as Officer or N.C.O. 300. Marks obtained 270

8. Total Assessment 1800. Marks Obtained 1506 Percentage 83.7 Pass or Fail Passed

9. Position in Class 6 No. in Class 44

10. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Above Average

Assessment as Air Observer (Ex., Above Av., Av., Below Av., or Poor) Above Average

11. Commissioned Rank (Appears suitable or unsuitable) Suitable 10/25 (AA)

12. As Instructor (Appears suitable or unsuitable) Suitable

13. General Remarks on Training, Ability, etc. This man is extremely quick at learning things and rarely needs a second explanation. Very clean cut appearance. Well liked by fellow students and officers. Will make excellent observer.

W. Stapley
Chief Instructor

No. 1 A.O.S. Date: February 1, 1941

To be passed to No. 1 B.G.S.

PART IV

ADVANCED AIR OBSERVERS TRAINING (At Air Navigation School)

1. No. 1 A.N.S. Course No. 11 From 17-3-41 To 25-4-41

Air Training

2. Flying Time:—

Aircraft	DAY		NIGHT		Passenger	B.G.S.	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.			
	9.25	3.20	6.25	3.10			22.20
Brought Forward	22.15	22.05	1.50	1.40	2.00	21.25	71.15
GRAND TOTALS	31.40	25.25	8.15	4.50	2.00	21.25	93.35

3. Proficiency as Air Navigator 250. Marks Obtained 210

4. Remarks on Air Training and points which require special consideration
Grasped application of Astro - Nav. theory and used it intelligently in all exercises.

Ground Training

5. Examination Results:—

Subject	Maximum Marks	Marks Obtained
Astronomical Navigation (Plotting)	150	101
Astronomical Navigation (Written)	100	93

6. Remarks on Ground Training
Intelligent student, has a sound knowledge of Astro

7. Total Assessment 500. Marks Obtained 344 Pass or Fail Pass

8. Position in Class 9 No. in Class 72

9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Above Av.

10. Recommended as an Instructor (Yes or No) Yes

11. General Remarks on Training, Ability, etc.
This man has taken a keen interest and shown ability, possible future instructor.

A.H.S. P... S.L.
 Chief Instructor

No. 1 A.N.S. Date: 29-4-41

12. Final Assessment (A.O.S., B.G.S. and A.N.S.)

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Air Observers' School	1800	1506	*Air Navigation School	500	344
Bombing and Gunnery School	1200	860	Total		2770

Percentage 79.2 Pass or Fail Pass Position in Class 14 No. in Class 72

13. Recommended for Commissioned Rank Yes Assessment 40 Above. Av. 110/150
(Yes or No) (Ex., Above Av.)

14. Remarks Non militaristic type, but is commission material

A. Miller
 Officer Commanding

No. 1 A.N.S. Date:—

15. Awarded Air Observer's Badge (date) 15-3-41

G.E. Wait (Group Captain)
 (G.E. Wait) Officer Commanding

No. 1 Bombing & Gunnery School, Jarvis, Ont.

* Delete if not applicable.

PART III
ARMAMENT TRAINING

1. No. 1 B.G.S. Course No. 11 A.O. From 3-2-41 To 17-3-41

Air Training

2. Flying Time:—

Aircraft	BOMBING		GUNNERY		Passenger	Total
	Day	Night	Day	Night		
Battle	15:15		6:10		2:00 $\frac{1}{4}$	23:25
					Brought Forward	47:50
					GRAND TOTAL	71:15

Air Exercises

3. BOMBING:—

(a) Individual High Level Bombing—Stationary Target (results converted to 10,000 ft.)

(i) Average error of all exercises 196 yds. (ii) Average error of best exercise 165 yds.

(b) Low Level Bombing—Average error of all exercises 84 yds.

4. AIR GUNNERY:—

(a) Beam Test.....(Average % hits to rounds fired)..... 3.8 %

(b) Beam Relative Speed Test.....(Average % hits to rounds fired)..... 3.5 %

(c) Under Tail Test.....(Average % hits to rounds fired)..... 8 %

Assessment

5. EXAMINATION RESULTS:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Bombing (W).....	150	<u>98</u>	Gunnery (W).....	100	<u>88</u>
Bombing (P).....	150	<u>102</u>	Gunnery (P).....	100	<u>78</u>

6. Proficiency as Bomb Aimer 300 Marks. Marks obtained 212

7. Remarks..... Average

8. Proficiency as Air Gunner 200 Marks. Marks obtained 134

9. Remarks..... Average

10. Qualities as an Officer or N.C.O. 200 Marks. Marks obtained 148

11. Total Assessment 1200. Marks obtained 860 Percentage 71.7 Pass or Fail pass

Position in Class 23 No. in Class 41

12. Commissioned Rank (Appears suitable or unsuitable)..... Suitable 12/16

M. J. Gullib
(Squadron Leader)
Chief Instructor

No. 1 B. & G.S. Date:— 16-3-41

13. General Remarks..... A clever student. Took a keen interest in course. Average

Practical man, should make a good observer

G. E. West

(Group Captain)
Officer Commanding

No. 1 B. & G.S. Date:— 16-3-41

*To be passed to No. 1 A.N.S.

*In the case of Air Observers who do not proceed to an Air Navigation School paragraphs 12 to 14 of Part IV will be completed at the Bombing and Gunnery School.

NAME ABRAMS H.D. RANK AC2 AGE 23 REG. No. P-561813

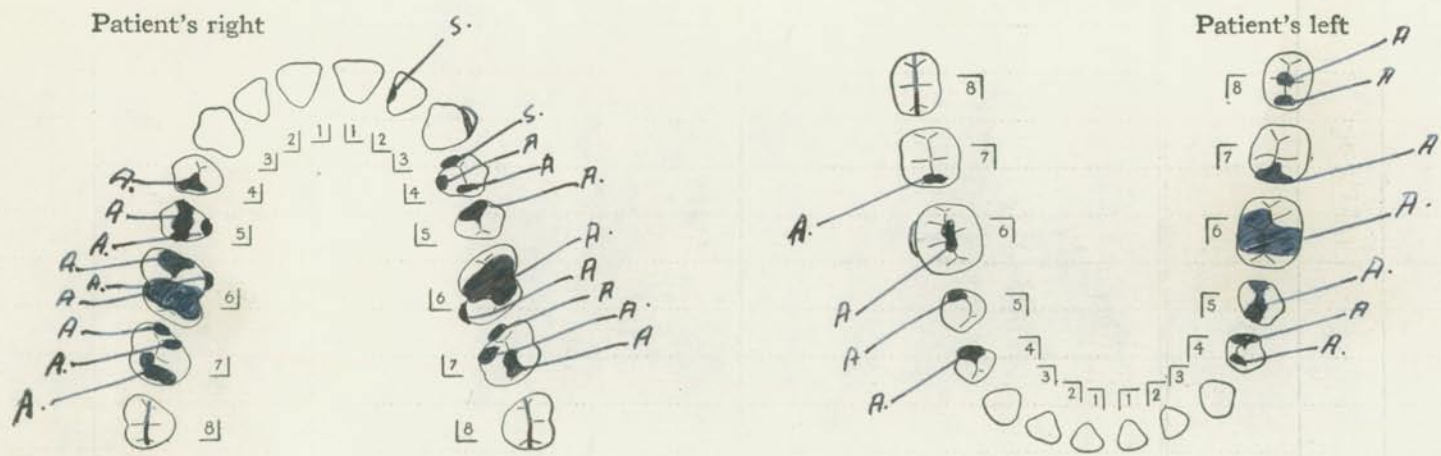
UNIT RCAF DATE JUL 3 1940 19

Strike out inapplicable number and words.

ORAL HYGIENE Good
~~Fair~~
Neglected

PROPHYLAXIS required Yes
~~No~~

MUCOSA
(Describe any pathological condition briefly)



R.C.A.F. Records Office
 Rec'd AUG 28 1940
 O. K. C.I.B.
 R. C. N.I.
 S. L. P.A. Y F

ABBREVIATIONS:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- | | |
|--------------|---------|
| GI Gold | } Inlay |
| PI Porcelain | |
| GC Gold | } Crown |
| PC Porcelain | |
| RC Richmond | |
| JC Jacket | |

- TREATMENT
- R Root Canal
 - V's Vincent's
 - Pu Pulpitis
 - PO Post Operative
 - Pe Periodontia
 - Ra X-ray

- Describe with sketch
- Br Bridge
 - PD Partial
 - CU Complete upper
 - CL Complete lower
 - DA Adjustment
- } Denture

Irreparable tooth—Mark with an X drawn through diagram of tooth.
 Caries—Outline defective tissue. Do not fill in space.
 Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
 Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.
 All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

① For first examination after enlistment. ② Subsequent examination and treatment.

H.S. Lawson
 Signature and unit of examining officer
1604. C.O.C.

R-56183

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ontario.

Date 19/7/40.

FILE NUMBER

Surname Abrams Chr. Names Hyman, David.
Nature of Commission..... Date of Birth 10/10/16 Married or Single S.
Branch..... Hours Flown..... None.
Address 4406 Oxford Ave., Montreal, Quebec.

HAVE YOU ANY HISTORY OF:-

- (i) NERVOUS TROUBLE or Nervous Breakdown..... NO
- Severe or "Sick" Headaches, Migraine..... "
- Fits or Convulsions of any kind..... "
- Sun or Heat Stroke..... "
- Head Injury or Concussion (including "knock-out")..... "
- Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... "
- (ii) LUNG TROUBLE or Consumption..... "
- Bronchitis, Pneumonia or Pleurisy..... "
- Asthma or Hay Fever..... "
- (iii) HEART DISEASE, "Weak or Strained Heart"..... "
- Fainting Attacks or Giddiness..... "
- Rheumatism, Rheumatic Fever or "Growing Pains"..... "
- Frequent Sore Throats or Tonsillitis..... "
- Diphtheria, Scarlet Fever or Scarletina..... "
- (iv) STOMACH or BOWEL TROUBLE..... "
- Chronic Indigestion or Pain after Food..... "
- (v) KIDNEY or BLADDER TROUBLE..... "
- Syphilis or Gonorrhoea..... "
- (vi) TROPICAL DISEASE..... "
- Malaria..... "
- Dysentery..... "
- (vii) EYE TROUBLE or Inflammation of Eyelids..... "
- Wearing of Glasses..... "
- Colour or Night Blindness..... "
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... "
- Deafness, Noises in the Ears, or Dizziness..... "
- Frequent Colds in Head, Catarrh or Obstruction..... "
- Prolonged Hoarseness or Loss of Voice..... "
- Sea, Car or Train Sickness..... "
- Discomfort on Swings, Roundabouts, Switchbacks..... "
- (ix) OPERATIONS..... T&A at 5. Appendectomy at 17.
- (x) Any Illness or Injury not mentioned above..... Measles, mumps, chicken-pox.

Education Jr. Matric and 1 year McGill University (Commerce)

Present Occupation Designer (Dress Manuf.) Hobbies Sports.

Previous Service..... None.

Athletics..... Tennis, basketball, baseball, soccer, riding.

Habits—Smoking 10-20 cigs./day Alcohol Occasional - spirits.

FAMILY HISTORY—Consumption Brother had T.B. ---cured.

Nervous Ailments, Mental Trouble, or "Fits"..... No

Father Alive—Health Good Dead—Cause.....

Mother Alive—Health Good Dead—Cause.....

Brothers (1.) Alive—Health Good (..) Dead—Cause.....

Sisters (2.) Alive—Health Good (..) Dead—Cause.....

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

Date 19.7.40 Signature H. D. Abrams Witness [Signature]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Athletic (b) Mentality Alert, left handed.
 Body Marks, Scars, Deformities Appendectomy -- McBurney well healed.
 Size of Thyroid Gland Normal.
 Surgical Abnormalities Nil
 Results of Wounds, Injuries, Operations Appendectomy.

	Date <u>19/7/40</u>	Assessing Room	Date <u>2/8/40</u>	Assessing Room	Date	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	<u>70³/₄</u>						Date <u>2/8/40.</u>
Weight (lbs.)	<u>148</u>						
Chest Circumference (ins.)	<u>35</u>						<u>Rotation Test</u>
Body Build (lbs.)	<u>-5</u>						
LEG LENGTH (ins.)	<u>42³/₈</u>						Before: Pulse 72 B.P. 120/76
Pulse Rate	(Sitting)	<u>72</u>					After: Pulse 78 B.P. 122/80 J.B.W.
	Standing 1st	<u>84</u>					
	Standing 2nd	<u>84</u>					
	After Exercise	<u>96</u>					
	Time to Normal	<u>15</u>					
Arterial Walls	<u>Soft</u>						Nystagmus after Rot. to right -- 30 secs.
Blood Pressure	(Systolic)	<u>114</u>					Nystagmus after Rot. to left -- 30 secs. J.B.W.
	(Diastolic)	<u>84 68</u>					
Heart	(Size)	<u>2¹/₂</u>					
	Sounds	<u>N</u>					
	Rhythm	<u>Reg.</u>					
Lungs	<u>N</u>						
Breath held	<u>65</u>		<u>75</u>				
Expiratory Force	<u>120</u>						
Vital Capacity (Best of 5)	<u>5300</u>						
	<u>4500, 4300, 5300, 4100,</u>						Date.....
Reflexes	(Knee)	<u>N</u>					
	Ankle	<u>N</u>					
	Triceps	<u>N</u>					
	Abdominal	<u>N</u>					
	Plantar	<u>F</u>					
Cranial Nerves	<u>N</u>						
Balancing Rod	R. L.	<u>R. L.</u>	R. L.	R. L.	R. L.	R. L.	
	<u>LS. LS.</u>						
Self Balancing	R. L.	<u>R. L.</u>	R. L.	R. L.	R. L.	R. L.	
	<u>1FS. 1FS.</u>						
Tremors	(Fingers)	<u>N</u>					Date.....
	(Eyelids)	<u>N</u>					
Abdomen	(Liver)	<u>0</u>					
	(Spleen)	<u>0</u>					
	(Muscular Tone)	<u>Good</u>					
Urine	(Albumen)	<u>Neg.</u>					
	(Sugar)	<u>Neg.</u>					
Initials of M.O.	<u>E.R.W.</u>		<u>H.A.P.</u>				

40 mm. Hg. Test 57 ---- 7/81011/121110/111110/108,
 Date.....
 Date 2/8/40.P --- 63 ----- 7/779/997/778/787.
 Date.....
 Date.....

Remarks by Consultant.

P. E. Index -- 50, fainted on expiratory, force, at I.T.S.
 and Montreal.

EYE EXAMINATION

History.....	Negative.	
Visual Acuity	$\left\{ \begin{array}{l} \text{R. } 20/20, \text{ } \overset{+}{c} 2.25 = 20/200 \\ \text{L. } 20/20, \text{ } \overset{+}{c} 2.25 = 20/200 \end{array} \right.$	
Colour Vision	N. Ishihara.	
Red, Green	Eso tendency.	
Diaphragm Test (P.D. = 59)	Blur at 2 Exo.	
Convergence	$\left\{ \begin{array}{l} \text{C.} = 8. \text{ cms.} \\ \text{S. C.} = 12.5 \text{ cms.} \end{array} \right.$	
Accommodation	$\left\{ \begin{array}{l} \text{R.} \dots 8.5 \text{ cms.} \\ \text{L.} \dots 8.5 \text{ cms.} \end{array} \right.$	
Cover Test	Lat. div. R&L. rec. rapid.	
Fundi and Media	N.	
Fields	N.	
Remarks:	Fit.	
Initials of M.O.	H.L.S.	Initials of M.O.
Date	19/7/40.	Date

EXAMINATION OF EAR, NOSE AND THROAT

History.....	T&A at 5.	
Hearing	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{W. V. } 20' \\ \text{L. Ear} \dots \text{W. V. } 20' \end{array} \right.$	
External Ear, Meatus Membranes	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$	
Middle Ear, Eustachian Tubes	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{Pat.} \\ \text{L. Ear} \dots \text{Pat.} \end{array} \right.$	
Cochlear Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$	
Vestibular Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$	
Buccal Cavity	N	
Teeth.....	Good	
Gums.....	Healthy	
Pharynx.....	"	
Nasopharynx.....	"	
Nose.....	"	
Larynx.....	N	
Remarks:	Fit.	
Initials of M.O.	J.B.W.	Initials of M.O.
Date	19/7/40.	Date

HISTORY OF PRESENT CONDITION

Date.....

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date..... 2/8/40.

CATEGORY
 APPROVED
A1B A3B
 AUG 27 1940
H. A. Peacock
 Maj. for D.G.M.S.

P. E. Index -- 50, fit Hebrew.

Category -- A1B, A3B.

(H. A. Peacock) Major, R.C.A.M.C.

R.C.A.F. Records Office
 Rec'd OCT 5 1940
 O. K. C.I.B.
 R. C. N. I.
 S. L. P. A. *NhB*

R56-183

Manning Depot, Toronto, Ont.

Standard Gen

AIR FORCE No.

POSTED TO

TRADE

Air Crew

ROYAL CANADIAN AIR FORCE

(Copy, Original on C.R. File)

REGISTRATION PAPER

420/R561832

"Air Force"

Full Christian Names

1. Present Address: 4406 Oxford Ave. Telephone: 4322

2. Permanent Address: 4406 Oxford Ave. Montreal Que

3. Place of Birth: Montreal, Quebec Citizenship: Canadian

4. Date of Birth: Oct 10, 1916 Married, Single, Widower, Separated, Divorced: Single

5. Particulars of Children: n.a.

Name	Date of birth	Name	Date of birth

7. Occupation: Manufacturer 8. Religion: Hebrew (State denomination)

9. Languages: English - French, not fluently (State proficiency)

10. Next of Kin (Full Name): William Abrams Relationship: Brother
Address: 4406 Oxford Avenue, Montreal, Que

11. Father (Full Name): Isadore Abrams Birthplace: Roumania X
Address: 4406 Oxford Avenue Citizenship: Canadian
Occupation: Dress Manufacturer

12. Mother (Full Maiden Name): Rose Moscovitch Birthplace: Roumania X
Address: 4406 Oxford Avenue Citizenship: Canadian

13. Details of any Naval, Military or Air Force Service: n.a.

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	

14. Honours, Awards, Mentions: n.a.

15. Are you now on any Naval, Military or Air Force Reserve? no

16. Have you previously made application to join the R.C.A.F.? no If so, where? n.a.
When? n.a. Result: n.a.

17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no
If so, state nature of disability: n.a.

18. Have you ever been or are you now in receipt of a Disability Pension? no
If so, state nature of Disability: n.a.

19. Have you ever been convicted of an indictable offence? no If so, state particulars: n.a.

20. Are you in debt? no If so, state particulars: n.a.



13-13

HB

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Herbert Symonds	1931	1933	General
High School—Collegiate Institute, etc.....	West Hill High School	1929	1933	General
Technical School.....				
University or School other than above.....	Mc Gill University	1933	1934	Commerce
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Montreal Dress Co	general	1934	1937	To enter own business
Peggy Paige Frocks	manager—own business	1937	1939	Advancement.
Montreal Dress & Blouse Co	Designer & manager	1939		still there

23. Flying Experience (in Hours) Solo none Dual none Passenger none24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. no25. Sports engaged in. State: extensively, moderately, occasionally Tennis extensively, Baseball moderately.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. n/aIf for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew).
(Cross out words not applicable.)

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

Name	Address	Occupation
A. C. Atkinson	West Hill High School	Principal
Mr. Somerville	Montreal High School	Rector

28. Other information that may have any bearing on this application. no29. 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 May the 29th 1940Signature Hyman D. Abrams

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 23 2. Have you ever suffered from any of the following defects in health?
- | | | | |
|------------------------------------|----|------------------------------------|----|
| (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) Bone Fracture..... | NO |
| (i) Flat or Deformed Feet..... | NO | (r) Other Disease or Defect..... | NO |
3. Have you ever worn glasses?..... NO

Hyman Abrams
Signature of Applicant

Examiner's Remarks re above..... Candidate gives a positive family history of pulmonary tuberculosis. Brother has been ill with tuberculosis. I do not find any evidence of pulmonary T.B. in candidate's chest.

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

1. Identification marks or scars (if operative obtain history).....
Appendectomy scar.
2. Height..... 5 feet 10 $\frac{1}{2}$ inches. 3. Weight..... 146 pounds.
4. Complexion..... Dark 5. Color of Eyes..... Brown Hair..... Dark.
6. Development $\left\{ \begin{array}{l} \text{Good} \\ \text{Fair} \\ \text{Poor} \end{array} \right.$ 7. Chest Measurement—Full expiration..... 33 $\frac{1}{2}$ inches
Range of expansion..... 2 $\frac{1}{2}$ inches
8. Hearing—Right W.V. 20..... Left W.V. 20..... Tympana—Right..... N Left..... N
9. Vision—Without glasses—Right..... 20/20..... With glasses—Right.....
Left..... 20/20..... Left.....
10. Condition of mouth and teeth..... Healthy
11. Urine—Albumen..... N..... Sugar..... N
12. Abnormalities (Congenital and Pathological) found on Examination.....
Kidney neg. with

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

A

Any special remarks of the Medical Officers.....

Date..... June 27 1940
[Signature] President *[Signature]* Member Member

FOR OFFICIAL USE ONLY

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test—

Trade in which tested.....

Result.....

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

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

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, Hyman David ABRAMS 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 July 1st, 1940. H. D. Abrams Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date July 1st, 1940. H. D. Abrams Signature of Recruit

(E) CERTIFICATE OF ATTESTING OFFICER

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

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

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

at Montreal, Que. this 1st day of July 1940.

C. S. Gervin Signature of Officer Rank Unit ROYAL CANADIAN AIR FORCE