FALSE DOCKET

H.Q. J5089

No. 226

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE



HYMAN DAVID

	CENTRAL REGISTRY	DATE	P. A OR B. F.	Initials	REFERRED TO	FOR REMARKS	INITIALS	DATE
680	36	开学	*** 8 (III	purpose for which r	eferred cannot be eand enter here	pressed on one line, add minute to file With Minute")		
5	NUL 10	6-8-42	61	ment	Estates		e.a.	14-8-41
E.O.	4	0012	(Trans		estates	with Cly # 86256	***	15-2-4
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1				*				***************************************
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		************	****************		*************			
			***************************************			22-2	42	
M	.F.M. 50	DO	NOT	WDIT	E BEI	OW THIS LINE		

5M-2-40 (4090) H.Q. 1772-39-1710

OVERSEAS. SCHEDULE OF CORRESPONDENCE RAF unit

	DATE RECEIVED	DATE DESPATCHED	REMARKS
Casualty Report	13.8.41		D 3.8.41 aur operations
Will Yes None	13.8.41		ALL TO FATHER.
Particulars of Family Form	_,,_		single INSURANCE.
Records File Examined			
Form P. 64	26.8.41	by brother	No Estate - no will
Certificate of Death	225		no desti
Last Pay Certificate, \$ 2/6.70	29.5.42		Jul. on Det Pay Variful
119.63	15-1-46	119.63	Parfernie Grat VV9, 243
Domicile			" P. 9.
Distribution from U.K.		3+	*
Effects—War Area			
U.K	22-11-41		Val. x: Reg. & M. R
CanadaSurplus	112111		Kit Bag: C. M. E. R
Hospital			O RR95
ESTATE CLOSED— (Total Cash Estate, \$. 218.20	,	23-7-42	all to father for will Ry
A DVICED ECEIVED			Historial 19963 Dilles
NO WILL IN REC. OFF.			V. 540



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. HXMAN DAVID

(Surname) (Christian names in full)

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



COPY FOR INFORMATION ONLY

To 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

(6869-3854) Wt. 46960-3401 10,000 4/41 T.S. 700

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

Royal Air Force, Central Depository, Colnbrook, Bucks.

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" Certafied true copy of Will (if any).
- 8. ENCLOSURE "H" Copy of all correspondence between the Standing Committee and the next of kin.

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 J5889 P/O Almens, H.D.

1 black travelling case cent:-

17 photographs in folder.

4 photographs mounted on one background.

1 large photograph and 10 small

snapshots mounted on inside cover.

1 service devemonial cap.

6 hankerchiefs.

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 gray.

1 pr. white shorts.

1 pr. tennis shoes white.

I 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 poncils.

1 black toilet case cont:-

hairbrushes.

shaving brush & container.

'razor and containers.

shoe horn.

mirror (broken)

2 anapshots.

l toothbrush container.

1 pr. service slacks.

I utility knife.

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

1 kit bag containing :l service shirt 5 black ties l pr slippers 1 tamic & belt 1 pr trousers 1 dressing gown 1 leather sports jacket 1 kmife 1 fork 1 spoon 1 kit bag handle & lock(handle damaged) I hair brush & comb 2 prs pyjamas 1 towel 8 pre trunks, shorts 12 handkerchiofs 4 prs socks 3 shirts(givilian) This is a further consignment l pr civilian trousers of effects received at Central 1 pullover Depository. These are being 1 slipover forwarded to the Administrator 1 loose leaf cover(black) of Estates. Ottawa. 4 photographs (Group)

Received from C of A re P/0. 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

wewally.

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

3.2

REMARKS.

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

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

Signed R.A.H. Bate

Signed A.G. Lovell W/O.

Certified True copy

hoerdet.

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

PREFERENTIAL CHARGES.

Dfficers' Mess Bills, £5. 16. 9d.

Mess Bill forwarded to Air Ministry.

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

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

Name and address of Next of Kin.

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

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

CERTIFED 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

benty.

Royal Air Force Station Chivenor, Near Barnstaple.

North Devon.

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

prevally.

P.A. \$5089 1022

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 app	ly for an appo	pintment to the Spe		Non-Flying List) General List)	
(b) (c)	Where spaces are inac Paragraphs 35, 36 an	e answered in car icable". Incorre dequate, informa d 37 must be sign	ndidate's own handwrit ect answers may prejudi- tion should be given on ned, dated and witnesse	ing It is not succe an applicant's foolscap paper a	ifficient to leave a space chance of selection. ttached to and identified this application may re-	with this application.
1. Su	rname ABR	AMS	(Una o	apital letters)		
2. Ch	ristian Names	namen	DAVID			
3. Da	ite of Birth OCT	110/16	PlaceM	lontreal City	Que Province	Const
4. Pe	rmanent Address	4406	Oxtoro	Ave	Montreal	
5. Pr	esent address for co	orrespondence	stating date until	which it holds	good.	Telephone
	4406 0	CRORD F	Ave Mon	treal		EL.4333
6. Na					be submitted)	
7. Re					EBREW	
8. Ne	ext of Kin (Name).	willia	m Asenn	18	Relationship.	BROTHER
					real, Que.	
Ad Bir Pro	rth Place Row ofession Man	menie menie	turen	Montre Nationality	Alive Alive Alive Deceased	D
10. Ha	s either parent acq	uired any oth	er nationality? (If	so, full partic	culars and date must	be given)
11. Sin	gle, Married, Wide	ower, Divorce	d, Separated?	Single		
Pa	rticulars of Marria	g a .,	(Dota)		(P)	101 101 Capal 01
					Birthplace	
	rticulars of Childre					
	NAME		DATE O	F BIRTH	PLACE O	F BIRTH
<u> </u>						
Na		m Aa			Relationship B	Rother

SCHOOLS		N ATTENI	ANCE	COURSES	DIPLOMAS
BOHOOLS	FROM	1 7	0.0		and DEGI
West Hill High School	1928	193	3	ARTS.	Jun. Mat.
Universities					
McGill University	1933	193	4	Commerce.	
15. Special Civil Courses or Examinat	ions other th	nan in 14 a	bove, C	orrespondence Course	s, etc.
16. Civil Employment, from leaving se	shool to pres	ent in chro	nologica	al order and Reasons	if any for leaving:-
(If space does not permit full details of copy of this form.)	eivil duties supp	plementary n	nemorand	lum should be attached to	and dentified with each
NAME AND ADDRESS OF EMPI	LOYER	FROM	то	DUTIES	CAUSE OF LEAVING
Montreal Dren Co.		1934	1936	manage	Enta Busi
Peggy Paige Frocks.		1936	1938	Cure	Sold Busi
Mortreal Dress (Tails	Porette)	1938	1939	Dengine	Enter Serv
17. Clubs or Organizations of which a	pplicant is a	member.	i La	mbda Phi F	raterity,
lepsilon Lamboda	y, Air Force	Jacke, Permaner	t or No	on-Permanent:—	
18. Previous Service with Navy, Arm	y, Air Force s, e.g., Pilot, Ob	Jacke, Permaner	t or No	on-Permanent:—	
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties	y, Air Force s, e.g., Pilot, Ob	Permaner oserver, Tech	nt or No	on-Permanent:— Ground duties and if entitle	ed to wings.) DUTIES
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT	y, Air Force s, e.g., Pilot, Ob	, Permaner server, Tech	at or No	on-Permanent:— Ground duties and if entitle RANK	ed to wings.) DUTIES
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legsion Famboa 18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT	y, Air Force s, e.g., Pilot, Ob	, Permaner server, Tech	at or No nical or C	on-Permanent:— Ground duties and if entitle RANK	ed to wings.) DUTIES
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT 19. Reason for Termination of last Se	y, Air Force s, e.g., Pilot, Ob	Permaner server, Tech	at or No	on-Permanent:— Ground duties and if entitle RANK	ed to wings.) DUTIES
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT 19. Reason for Termination of last Second Officer's Duties	y, Air Force s, e.g., Pilot, Ob ervice Engages s Performed.	Permaner server, Tech	t or No	on-Permanent:— Ground duties and if entitle RANK	ed to wings.) DUTIES
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT	y, Air Force s, e.g., Pilot, Observice Engages Performed tor (Service of Service of Serv	Permaner server, Tech	t or No	on-Permanent:— Ground duties and if entitle RANK	ed to wings.) DUTIES
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT 19. Reason for Termination of last Second Details of Ground Officer's Duties 21. Experience as Teacher or Instruct	y, Air Force s, e.g., Pilot, Observice Engages Performed tor (Service of	Permaner server, Technor FROM	t or No nical or C TO	On-Permanent:— Ground duties and if entitle RANK UNIT	DUTIES PLACE
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT 19. Reason for Termination of last Second Officer's Duties 21. Experience as Teacher or Instruct SUBJECT	y, Air Force s, e.g., Pilot, Observice Engages Performed tor (Service of	Permaner server, Technorer Ser	t or No nical or C	On-Permanent:— Ground duties and if entitle RANK UNIT	DUTIES PLACE
18. Previous Service with Navy, Arm (If in the Air Force state nature of duties FULL NAME OF UNIT 19. Reason for Termination of last Second Details of Ground Officer's Duties 21. Experience as Teacher or Instruct SUBJECT	y, Air Force s, e.g., Pilot, Observice Engages Performed.	Permaner server, Technorer Ser	t or No	On-Permanent:— Ground duties and if entitle RANK UNIT	PLACE
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24. Service Courses taken:—
TYPE OF COURS
Empire Training
Course 11 air o
25. Have you previously applied for of its auxiliaries? If so, state:-
(Unit and Place)
26. Have you any knowledge of int
M· W·
27. Types of Aircraft Flown (Service
PLACE
μ.θ.
28. Total Flying Time
29. Sports and games played, and s
30. Hobbies Leading, Spe
31. Languages spoken, or written (
32. Any other remarks or informat
33. Names and present addresses
personal knowledge of the candi
Name H.C. Atkins
Address West Hill
Profession Profession
Name(in capitals)
Address
Profession
34. Note:— The applicant must be prepared to enough the candidate has nominated; and the personally acquainted with the cand Applicants are cautioned not to or outside the Service who they can be a s
35.
The foregoing information was p that His Majesty may exercise the ri
Witness Sur Staff
Datex.x.
36. If selected, I gree to accept a C
Witness du dia
Date

	24. Service Courses taken:— TYPE OF COURSE		DI ACE	EDOM	TO
			PLACE	FROM	ТО
_	Empire Training Pla	~			
•	Cours 11 air Obse	ruer.			
	25. Have you previously applied for a of its auxiliaries? If so, state:—				ir Force or an
	(Unit and Place)	(Date)	(Result)	
	26. Have you any knowledge of internal				or electricity?
	27. Types of Aircraft Flown (Service or	Civilian):—			
	PLACE	LIST FLYING HO	URS BY YEARS	REMA	ARKS
	<i>κ.</i> θ:				
			•••••••••••••••••••••••••••••••••••••••		
			••••••		
	28. Total Flying Time		*************		
	* (Hou	rs)	(State Type and No.	of Licence held)	
	29. Sports and games played, and wheth				r.1
	Socar (Mod) Barlete	ale (Mod) 1	enni (Ex)	Joly (Ex.)
	30. Hobbies leading, Spots			******************************	
	31. Languages spoken, or written (State	proficiency) Fral-	h (fluentle)	French	(slightle
12	32. Any other remarks or information no				
			going		
	33. Names and present addresses of respersonal knowledge of the candidate's	ponsible persons (pre career, as to his suita	ferably including obility for commission	employer), able	to certify from
	Name H.C. Atkinson	Nan	e T. Sum	neville	
	(in capitals)		(in	capitals)	
	Address West Hill H.	T/2		ntreal Hig	
	Profession Principal		Profession	maipal	
	Name(in capitals)	Nan	ne	canitala)	
	Address			capitals)	
	Profession			······································	
	34. Note:—				
	The applicant must be prepared to prepared to prepared to enter into the candidate has nominated; and the Selective personally acquainted with the candidate's Applicants are cautioned not to prejudice or outside the Service who they consider	o correspondence, whether tion Board will disregard work, at school, univers ice their candidature b	refficially or unofficially recommendations from sity, in industry or bu y endeavouring to en	y, with persons other	er than those who
	35.	CERTIFICA	re		
	The foregoing information was personal that His Majesty hay exercise the right at Witness.		correct to the best of m the services of an Office Signature		
	Date 14-5-41				•••••••••••••••••••••••••••••
			rm.		
	36. If selected, I agree to accept a Commiss	AGREEMEN		erve (Non-Flying I	ist) (Canaral List
	Witness Sursial		SignatureH.D.		
	Date 14-5-41	19			

DECLARATION

	1 Hyman Davis	abianis.		an application, de
appl	ication is accepted, that I am willing to ser	nmission on the Spec	al Reserve of the R.C.A.F. do hereby decla	re, provided my said
dura	tion of the present war, and for the period	of demobilization the	hereafter, should His Majesty so long requi	re my services.
Da	te 14/5/41	19	Signature H. D. abram	T. 7.
Pla	ce Halifax, N.S.	••••••		
38. (a)	Location of Will			
(6)	Entered in Officer's Records by	(Rank)	(Date)	(Place)
			EXAMINATION	
Name i	n full.			
	Information obtained from the ar		9	- FI - WI
	Age 2. Have you ever su		of the following defects in health?	
	Rheumatism		(j) Nasal Trouble	
	Tuberculosis		(k) Ear Disease	
	Bronchitis or Asthma.		(l) Eye Disease	
	Heart Disease		(m) Epilepsy	
	Kidney or Bladder Disease			
	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 week's duration?	
	y lagrant all all makes and		***************************************	
			Signature of A	
Ex	aminer's remarks re above			
1.	identification marks of scars (if o	perative, obtain i	nistory)	
2.	HeightFeet.	Inches	3. Weight	
4.	Complexion		5. Colour of eyes	Hair
	(Good	7. Chest measur	rement—full expiration	inche
6.	Development Fair		range of expansion	
8	Hearing—RightLo	oft	Tympana—Right	T off
	Vision—Without Glasses—Right			
υ.	9			
		***		•••••••••
40		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 Pa	athological) found	on Examination	
PART 3.	The candidate has been examined considered fit for Category			e emediquă Promiete e
General	Impression and any special remar	ks of Medical Off	icers	<u> </u>
•••••				
 Date				

ROYAL CANADIAN AIR FORCE

Report on Pupil Pilot-Flying and Ground Training

Surname Abrams	-	Christian	Names H2D.		2. Fising T
Number R56183			400		
	***************************************				***************************************
		INSTRU			
1. The report is to be forward	arded so as	to arrive on	or before the reporting date	of the pupil as	follows:—
	ORI	GINAL AN	DUPLICATE		
From Initial Training S	chool to El	ementary Fl	ying Training School (or Fly	ing Club)	
From Elementary Flyin (Service Flying Tra	g Training aining Scho	School (or lol)	Flying Club) to Intermediate		
From Intermediate Tra	ining Squad	dron to Adva	anced Training Squadron.		
		DUPL			
To be available on dem	and by the	Training Co	mmand concerned.		
2. On completion of Advar through Command Headquarter	nced Traini s and the o	ing, the dup	licate is to be forwarded to d on the pupil's personal file.	o Air Force H	eadquarters
 In the event of disconting quarters through Command Head and instructor's report as to the 	adquarters	with full pa	y stage: one copy is to be for rticulars as to the cause of failure.	warded to R.C. discontinuance	A.F. Head- of training
	itled to "Pa	ass" if he obt	ains not less than 60 per cer	nt of the total mach stage.	narks in the
		PAR			
		INITIAL T	RAINING		
1. No. lnitia	1 Training	School. Con	irse No. 5 From	Aug. 19th T	Sept. 14
2. Results of Examinations:	:-				
Mexigum Marks	Todinos -	1	STIEM STUDENTS	7350/08	
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	4 00	333
Position is	n Class	89 No. i	n Pilot's Class	Paged Renk (ap	8. Commiss
L GODDE SALESPAN O.P.		الإهددو			9. General I

-					
			Commanding	Officer F/3.	Nelkhalt.
		No. 4	No11.T	.s. Toront	9
To be passed to No	E.F.7	r.s. otag	Date 3-10-19	940 614 615	amound of

PART II

ELEMENTARY TRAINING

. Flying Time:—		FLYING	TRAINING		emarc,	
Aircraft	Dual	Solo	Passenger	Total	Link ?	Trainer
t Finch II	12.30	_	_	12.30		
. Results of Flying	rests:—20 hour	%	50 hour	% Instr. I	7ly	%
. Ability as a Pilot	Very	Poor		Pass or	Fail Za	iled
. Recommended for	0					
This pupil Judgemen Sacks of Silot	t of her	has be ight an		slow the	erral	vel lie
				Chief Flying In		
			Dat	te Oct 25th	1940	
and a find		CROUND	TRAINING			
		GROOND	TRAINING	The Garage		
Subject	Maxim Mark			Subject	Maximum Marks	Marks Obtained
irmanship	200		Th. of Flight		100	
irframes	200		Air Nav		200 •	
Aero Engines			Quals. as an	Officer	200	
ignals (Prac.)	50		Quais. as an	N.C.O	200	
Maximum Marks	1350. Marks Obta	ained	Percentag	ge Pa	ss or Fail	
	Position in Cl	ass	No. in Clas	38		
3. Commissioned Ran	nk (appears suitabl	le or unsuitable	lus	witable		
		0	ligance.	1. 1 06	1:1-	-10
9. General Remarks	Ability, Conduct,	11	. 1	1)	nig us	<u> </u>
aleme as	reige.	Ne 6	very Re	in Plus	malily	and
And de	1 very	good.	His	especia	lle,	interest
conauc	in ti	and	Show	la brak	e a	good
in has	rgaum,				(/	
in has	reiver				v	
in har	reiver.		10	1 1		
in ha	server.		Carl	etne	i Squa	dron Leads
in ha	server.		Carl	et m Cir	Insti	dron Leade
in has	serve.		Chicon Chicon	et m Cis managing Officer Winning E.F.T.S. Win	Institution	dron Leade

. No
2. Flying Time:—
Aircraft
Total
Brought Forward
Grand Totals
3. Qualities as a P
4. Remarks on Fly
•••••
5.
V =
Subject
Airmanship
Armament (W.)
Armament (P)
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PART III INTERMEDIATE TRAINING

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Maximum Marks

s or Fail.....

Instructorials

1940

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ROYAL CANADIAN AIR FORCE RECORD OF SERVICE

NAME ABRAMS, HYMAN DAVI

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DATE

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R56183 ABRAMS, HYMAN DAVID CASUALTY

d R G.G. f. S.R. at montreal, 2de. 1-7-40 Q.G. 2 Synded Ourcrew. Stal. 1-7-40

to and J.O. S. # 1 M. D. Joronto, 2-7-40

posted # 1 Int. Ir Sch Toronto, Ont. & Ife. 20-7-40 (amounded by DRO. 174) 20-7-40

is a mended & read 22-1-40 update of 20-7-40

no, pasting to 46.3 J.S. Windser Mills 6-10-40 (granded) 22-7-40

no, pasting to 46.3 J.S. Windser Mills 6-10-40 (granded) 30-9-40

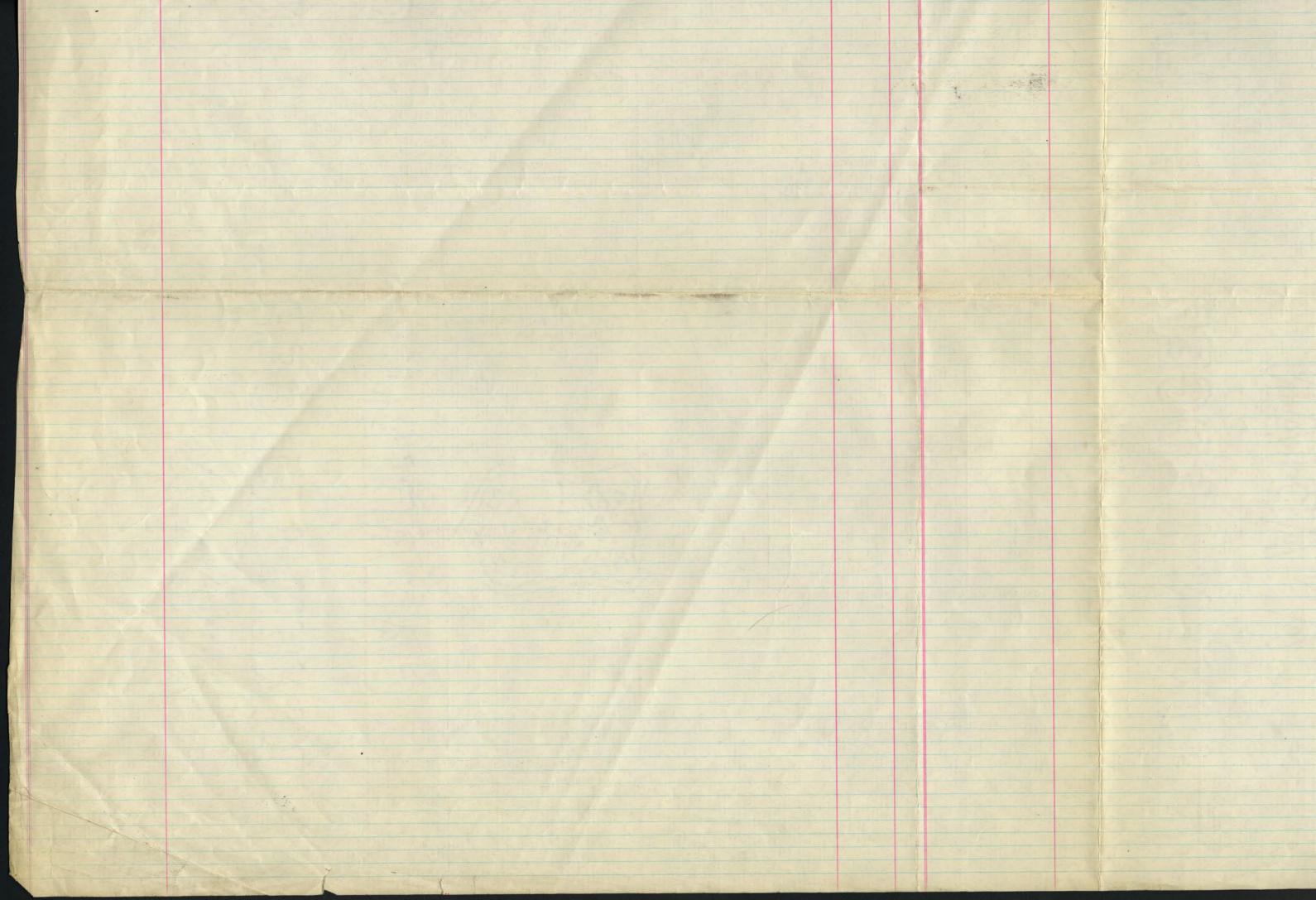
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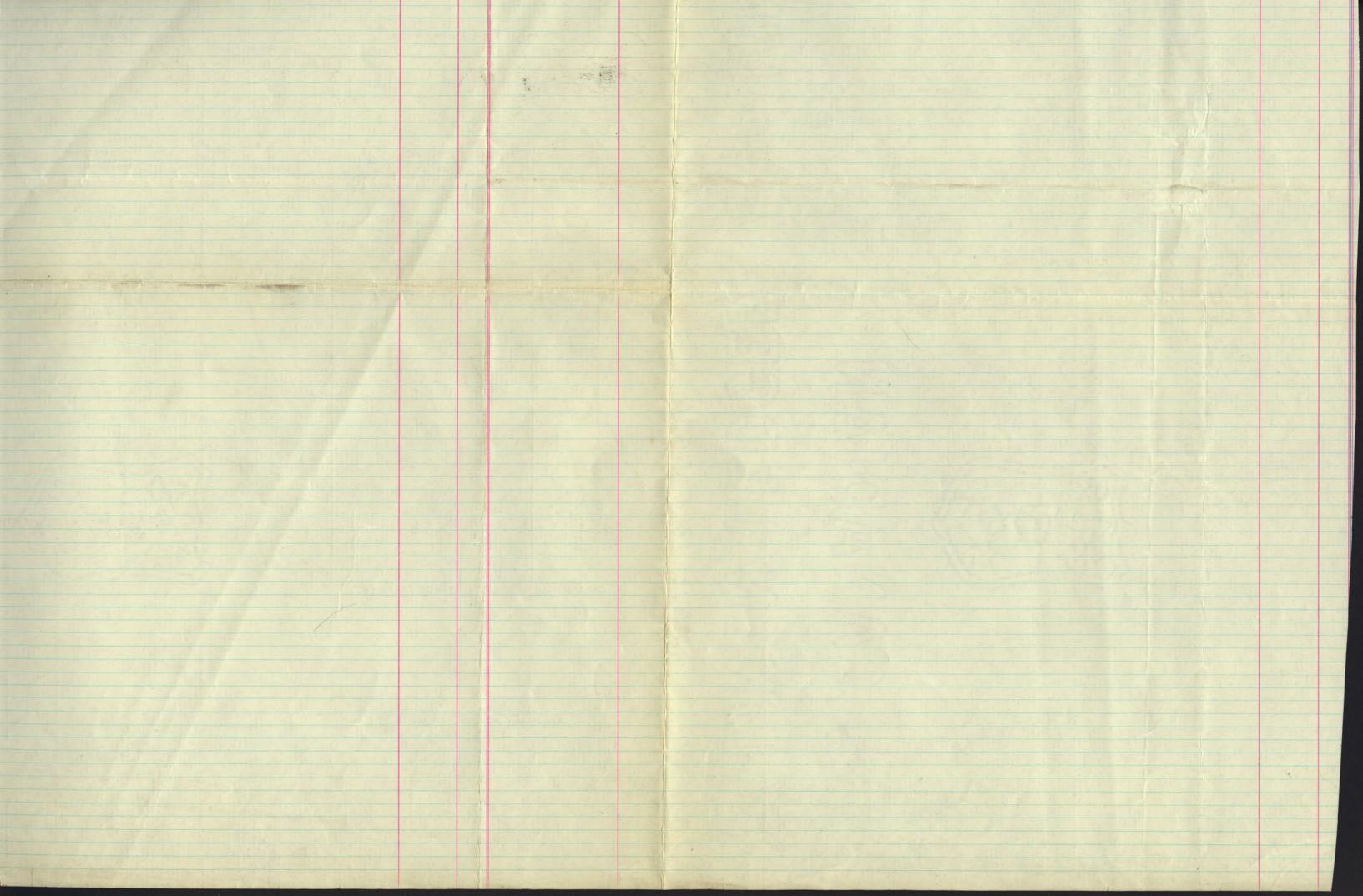
1250 1968 Affeliassefied all 6-10-40 (Imended by Aky 68)

1450 167 hs amended to read 808 1-10-40 for 800 7-10-40

450 44 150 843 Sommistered air-observer 26-10-40

140 271 505 eff 10-11-40 on being posted to # 1 air Observers School Malton 4571330 7-10-40 36-10-40 10-11-40





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

1 black travelling case cont:-17 photographs in folder. A photographs mounted on one background. VI large photographs and 10 small snapshots mounted on inside cover. VI service ceremonai cap. 18 hankerchiefs. V1 wristlet watch (broken) 1 brown leather wallet. 1 New Testament. 12 shirts. V3 collars. I blue grey pullover. W vest. A shirt with collar. M pr. pants. I pr. bathing trunks grey. or . white shorts. It pr. black socks. or. tennis shoes white. 1 black silk socks. 1 pr. pyjamas. 2 towel. 1 fountain pen. 2 service tunics. 12 black ties. A metal cigarette case. ronson lighter. or brown leather gloves. I forage cap. 2 propelling pencils. It black toilet case cont:hairbrushes. shaving brush & container. razor & containers. shoe horn. mirror (broken) snapshots. 1 toothbrush container. 1 pr. service slacks. V1 untility knife.

TES OCI 25 DE CONTROLLES

RECEIVED	THE	ABOVE	ITEMS.

SIGNATURE

DATE....



Department of National Defence

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)
UnitRAF OVERSEAS	
Details of Casualty KILLED.ip.ai	r.operations.3-8-41.at.1450.brs.
.about.1.mile.porth.of.Groyde(Ov	erseas)
AuthorityAir.Winistry.Kingsway	.¥.6783.dated.4-8-41
Next of KinWilliam.Abrams (Name)	Relationship.Brother
Address4406.0xford.Avenue.Montre	alP.Q.
	••••
	••••

(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:

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

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

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

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.

/18

de al

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.
AIR FORCE TRADE Air Observer	(INDICATE IF RCAF, RAF, RAAF OR RNZAF)
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
ADDRESS4406 Oxford Avenue, Montre	al, P.Q.
NAME OF WIFE N.A.	
PARENTS Mr. & Mrs. Isidore Abrams	IS MOTHER LIVING? Yes
ADDRESS 4406 Oxford Avenue, Montrea	1, P.Q.
(Schools Attended, etc.) West Hill High Sch	ool, 1928-33 - Arts, Junior Matric., McGill
University 1933-34 Commerce.	
GENERAL BACKGROUND	
	ss Co. Mgr. 1934-36 Peggy Paige Frocks -
1936-38 Owner. Montreal Dress Co D	esigner 1938 to date of enlistment -
Pi Lambdon Phi Fraternity. Hobbies -	Reading; Sports: Soccer, Basketball, Tenni
Golf.	
DETAILS OF CASUALTY KILLED - in air operati	ons 3-8-41 at 1450 hrs. about 1 mile north
of Croyde. (Overseas).	
Commissioned from ranks 26-4-41.	
AUTHOR: YY Air Ministry Kingsway, X.6783,	dated 4-8-41

LNDSOR MILLS FLYING TRAINING SCHOOL LIMITED

For Inter ffice 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.



Department of National Defence

"Air Force"

Windsor Mills, Que. October 25th, 194 0.

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:

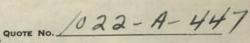
No. R-56183 LAC Abrams, H.D.

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

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.

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

FORMS NOT RECEIVED:

- Attestation R.100

M.2 - Medical Examination (2)

A.F.M.10 - Certified True Evidence (Birth) A.F.M.11 -11 (Education)

A.F.M.12 -11 11 11 (Discharge-previous Unit)

11 11 - 11 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

FORMS RETURNED HEREWITH:

R.100

M.2

A.F.M.10

A.F.M.11 -

A.F.M.12 -

A.F.M.13 -

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 relation ship of the Airman's true next of kin, immediately, please.

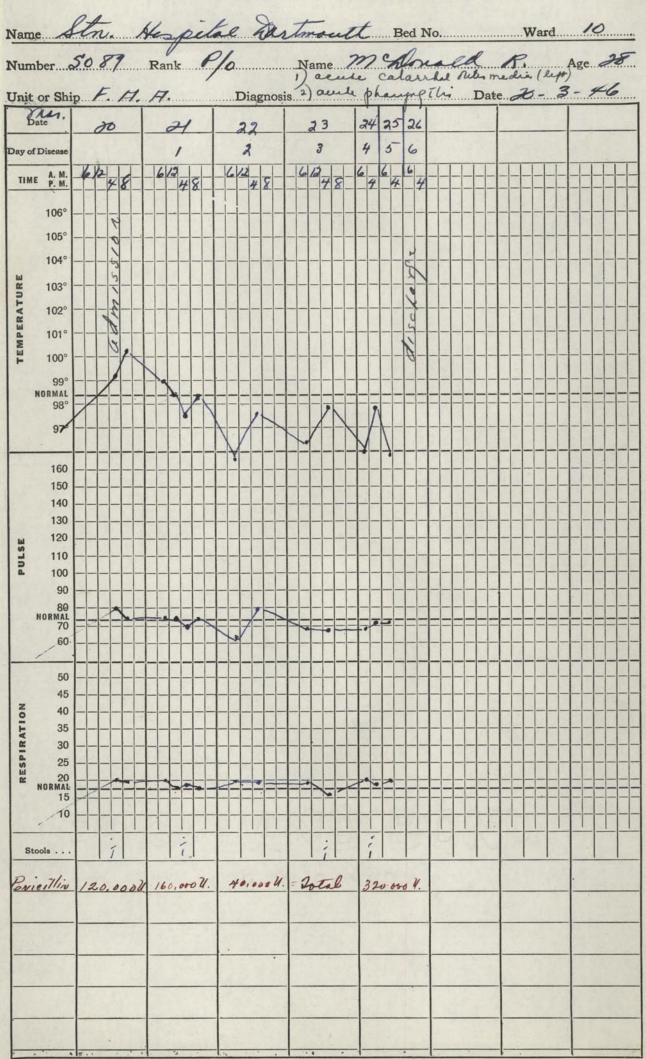
May these documents be completed and/or corrected respectively, and forwarded to this office immediately, please.

> (E.E. Middleton) Wing Commander

R.C.A.F. Records Officer

DOMINION OF CANADA - MEDICAL SERVICES

CLINICAL CHART



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

P_& H.....345 R.C.A.F. M. 52—240M—743 (3388),H.Q. 885-M52 Militia.....M.F'B, 288~H.Q. 1772-39-513—500M—7-43 (1151) R.C.N..... M. 2007

NAME OF ATRMAN ABRAMS. Hyman D.

EVIDENCE OF BIRTH

J. A. T. P. CANADA

DESCRIPTION OF DOCUMENT Birth Certificate.

NULIBER 4973

May 30, 1932. DATE

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

Self (full name) ABRAMS, Hyman David. # SUBJECT XXXXXXXXXXXXXXXXX

DATE OF BIRTH October 10, 1916.

PLACE OF BIRTHMontreal, Q city, town, village,

Quebec. province, Canada. country,

MOTHER (Full Maiden Name), Rose MOSCOVITCH.

FATHER (Full Name) Isidore ABRAMS.

DATE 30-5-40

CERTIFIED TRUE EXTRACT

Strike out words not applicable.

A.F.M. No. 10.

MONTREAL, - QUEBEC.

APPLICATION FOR MARRIAGE UNIT No 1 A.N.S. 2/4/41 DATE NAME ABRAMS H.D. RANK Serceant. AGE 24 TOTAL SERVICE AT PRESENT JOB 9 months NAME OF FUTURE WIFE Molly Kautman APPROXIMATE DATE OF MARRIAGE 20/4/41 CERTIFICATE OF CHARACTER attached. AVAILABLE AND ATTACHED CERTIFIED I AM FREE FROM DEBT H. D. abrams. UNIT COMMANDERS REMARKS: Recommended A.O.11 Mrs. Suna Unit Comm CCLMANDING OFFICERS REMARKS: Approved. & Smiller which

R.C.A.F. Station,

Commanding Officer,

Revers Hon.

Revis, Man. 3. 4. 41.

From: 4/6 Aredale J. Q.

This is to certify that I have known Miss Molly Kaufman, 724 Upper Belmout Ave. Westmount, Orece., for five years. I believe her character to be encellent. Her family back ground is good and her education in Westmount Schools and at Smith ballege, Mass. of the highest order. She is twenty-one years of age. J. W. Andale %

\$5089 4 R.C.A.F. Special Rese

Protestant Board of School Commissioners

of the City of Montreal

SCHOOL OF MONTREAL

345 UNIVERSITY STREET

MAS SOMMERVILLE, M.A., RECTOR

ROYAL CANADIAN AIR FORCE

To Whom It May Concern.

This is to certify that the beaver, Hyman abrans, is well known to me, having been a student in my class when I was a leacher in West the Styl School.

My man was as Atmans Student, with breellent abilit. In all subjects. This conduct was always exemplay, and his allitude low mos authority always respectful.

From personal howolings I can comment This young man, and feel compident he will acquit hunself well in any position to what he is appointed

R.C.A.F Resords Office
Redd JUL 10 1940

O. K. C. D. D. R. C. D. R. C. D. D. R. C. D. D. R. C. D. R. D. D. R. D. R

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

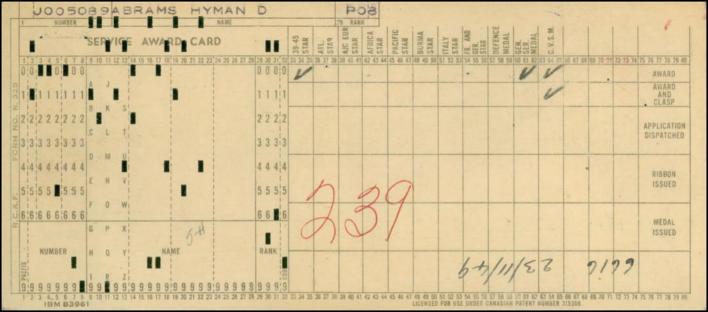
DIPLOMAS, DEGREES OBTAINED

> 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 JUL 10 1940

MONTREAL, - QUEBEC.

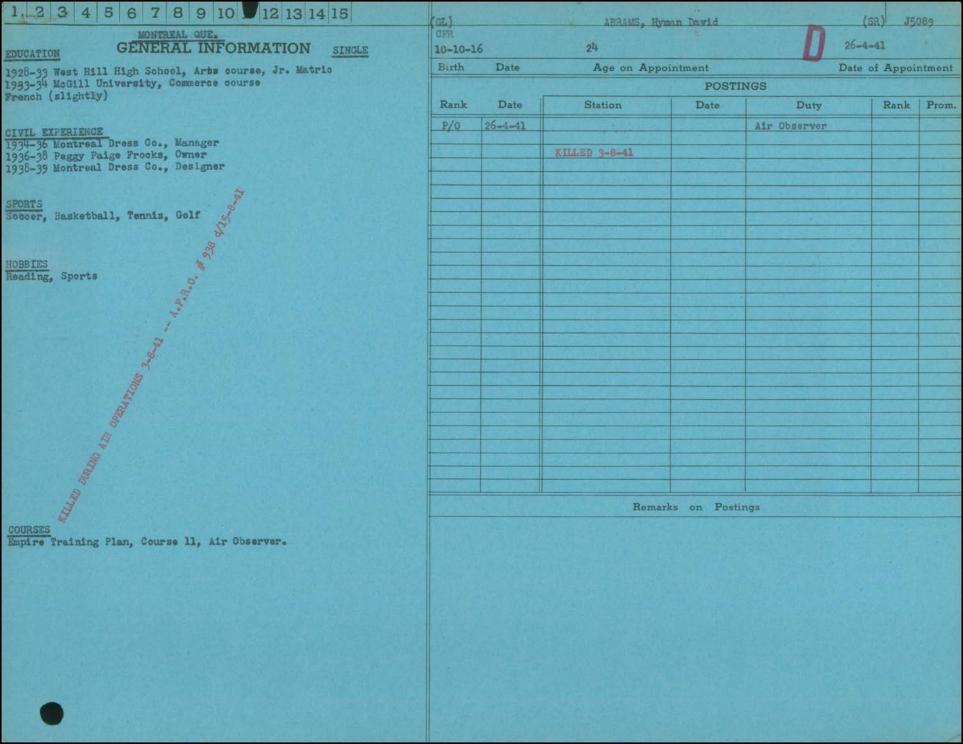


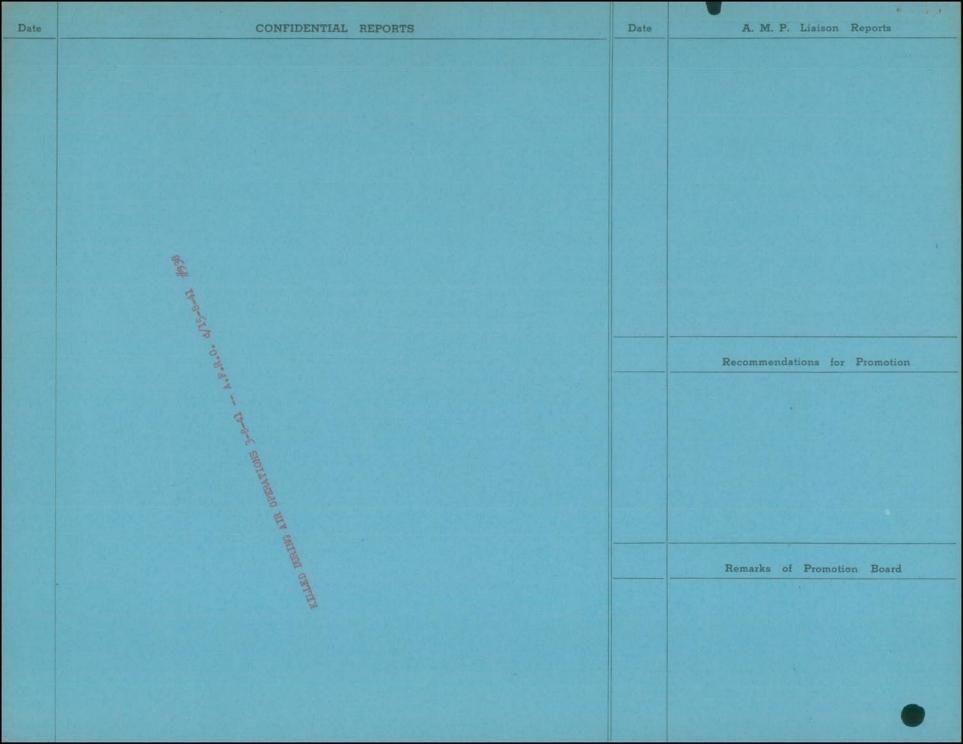
A 4996. 2119150 Isidore abrams (Father) 4406 Oxford avenue, 4790 COTE. DES. INEIGHT ROWERTAL BAR montreal, MONTREAL. P.Q. Que. MEDALS NET' UNDELIV'RD RETIN TO STOCK

10M-3-40 (44)	INISTERIAL	CARD ROYAL MESSAGE MEMORIAL CROSS		
	ADDAMA	H.Q. F	ILE NO.	
NAME	ABRAMS,	Hyman David	No. J50	89
RANK	P.O.	UNIT Overseas		
CA	BLE	NATURE OF CASUALTY	CAS	. LIST
No.	DATE	IS MOTHER IS WITH	No.	DATE
DATE OF	3-8-41	LIVING? YES LIVING? N	.A.	_
AMAIS	TRIAL CARL	ROYAL WESSAGE ME ORIAL C SENT: 5-4-	303S	
ON SERVE:	21-8-41	OLD 11:		
^	other	To be spot from Overseas.	er 27-8-41	
Same	address.	To mother		***************************************
b		same a	dress.	
*				
F				
Father:	Ins W. Ab	rams,		
	4400 UXIO	rd Ave., P.Q.		
	,			

CABLE		NATURE OF CAGUALTY		CAS. LIST		
No.	DATE	NATURE OF CASUALTY		DATE		

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GENERAL INFORMATION

. . . .

(S.R.) Serv. No. FULL NAME J5089 ABRAMS Hyman David. Air Observer Date of Appointment Birth Date Age on Appointment POSTINGS Posting List No. Rank Date Duty Station Date P.O. 26-4-41. Killed 3-8-41

Emb. 21-6-41.

Date

Date Remarks re Promotion

MEMORANDUM FOR

	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.

	194+J.
	he purpose of record and in the event of there being any balance of pay, memorials available for distribution (according to law) on account of the
olen.	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.

hip	RELATIVES required to be accounted for		INFORMANT'S STATEMENT			
Degrees of Relationship			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 De	ceased	none			
2	Children of the l dates of their I	Deceased and Births	rone			
3	Father of the Dec	ceased	ISIDORE ABRAMS	56	4406 Oxford Ave, Montre	
4	Mother of the De	eceased	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	ditto 167 Bayswater, Ottawa	
		Half Blood				
	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	
7	hone					

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	
	19072346			

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.	0 = TOBER , 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.	Lo
14	Did he leave a (later) Will? If so, it should be forwarded.	λω .
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 MANUFACTURE
20	Did he own the house or homestead in which he lived? If so, where?	ho
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	ho
22	State your postal address in full.	4406 OXFORD AVE., HONTREAL, 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).	ho

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.

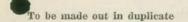
*Insert degree of relationship, for example "Widow," "Father," "Brother," etc. of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

.....of the deceased.

* Bother

	A HORAL				
N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate	1	William	abra	us.	Signature of Informant
	-	CERTIFICA	TE	The Williams	
I houshy or	ntify that to the	a hart of my know	ladge and balic	f William	- 1 - 1 - 1
					of the Deceased
				Statement of Rela	tives made by the
Informant and	signed in my pres	sence to be comple	te and correct.		
Dated at. no	ontreal	this 22 7	day of	august	1944
		1			
Signature of Clergyman, Priest or Magistrate	ury & Of	ery Ld4	Qualification7	Table	
Signature of Clergyman, Priest or Magistrate Ad	14	als Fina	w-60.	islandura	wh-
Ad	dress	- Christon		mor	Treel

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
(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 regu-
	larly supporting them N.A.
	Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
	Name N.A.
	Postal Address N.A.

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
	If so, state her full name and Postal Address
	N.A.
(11)	Is your father alive? Yes
	If so, state name and address, occupation
	4406 Oxford Ave., Montreal, Que.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
1000	or partial support? No
(13)	If sole or partial support of father who is a widower, totally incapacitated from earning a living
(10)	-state what amount per month you have given him prior to appointment or enlistment
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support?
Carate Man	
(14)	Is your mother alive? Yes
	If so, state name and address Rose MOSCOVITCH ARRANS
	4406 Oxford Ave., Montreal, Que.
	If your mother is a widow, are you her sole or partial support?
(16)	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment.
	Also state reason why she has no other means of support, if partially supported by you what
	is your reason for not providing full support?
(17)	Are you contributing to the support of any dependents, other than those shown above?
	Relationship N.A.
	Full Name
	Postal Address
	Amount contributed monthly during the past six months N.A.
	Are you insured? Yes
(18)	
	If so, in what Company? Travellers Ins. Co. Hartoford. (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,
	Date July 1st, 1940 (Signature of officer or man)
-	
	(Sgd.) (J.V. Sorsoleil) Flt.Lt. Officer Commanding Date July 1st, 1940 R.C.A.F. Recruiting Centre, Montree Que en replaced by foster parent(s),
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.

structions of	whole Form and In- on other side before noing to complete. (1) I, Hyman David Abrams	R.C.A.F. R. 60 40M-5-40 (5140) H.Q. 1062-3-45 City Town Village
Last Permanent Civilian Address	of	(Township
	Province of Quebee , Manufactura (Civil	Cocupation)
	, a member of the Royal Canadian Air Force, NumberR56-185 revoke all former Wills by me made and declare this to be my LAS.	
(a) Relation- ship (b) Names and (e) 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 S	ue.
	My Whole Estate	
Relationship, Names and Address of Residuary Beneficiaries.	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate of whatsoever kind and wheresoever situate unto	, both real and personal,
	N/A'	
	(4) I appointWilliam Abrams	itrealddres)
	Execute Execute	of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this	2ndday 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. Hypera Gignature of Testator, in the presence of each other have hereunto subscribed our names as witnesses.	vu Q Postator)
First Witness sign here.	(5) John Glass (Signature)	
	No.1 Manning Danot (Address)	
Second Witness sign here.	(Gocupation) (Signature)	.C.A.F. Records Office edd JUL 15 1940
		COMP NI

(Witnesses are not to be beneficiaries.)

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... my household goods and effects", 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.

Last Permanent Civilian Address	(1) I, Hyman David Alexans of the Pown Village Township of Montreal in the District of Hochelaga
	Province of Civil Occupation) 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) Relation- ship (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 - Indoe 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 abram 4406 Oxford and Montreal (Address) ford and Montreal (Address) ford this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this fourteentsday of
	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.
First Witness sign here.	(5) All oons (Signature) PC'AF (Address)
Second Witness sign here.	(Occupation) (Signature) (Address)
	(Occupation)

(Witnesses are not to be beneficiaries.)

NOTE

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STATEMENT OF LOCATION OF WILL

I hereby	certify	that I h	ave previ	ously ma	de a wil	l, which	is now	located	at	
 								***********		***********
				(Name and	address in fi	all)				
 								************		*******
								(Signature)		

AIR MINISTRY.

LONDON, W. C. 2.

J5089804

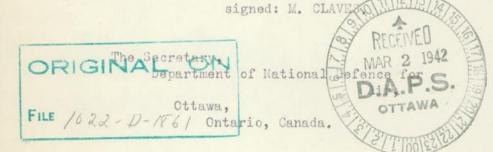
Sir,

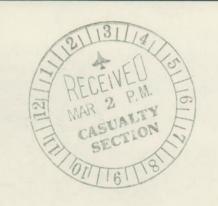
I am directed to forward the enclosed certified notification of death in respect of the undermentioned airmen:

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

> I am, Sir, Your obedient Servant,

for Birector of Personal Services





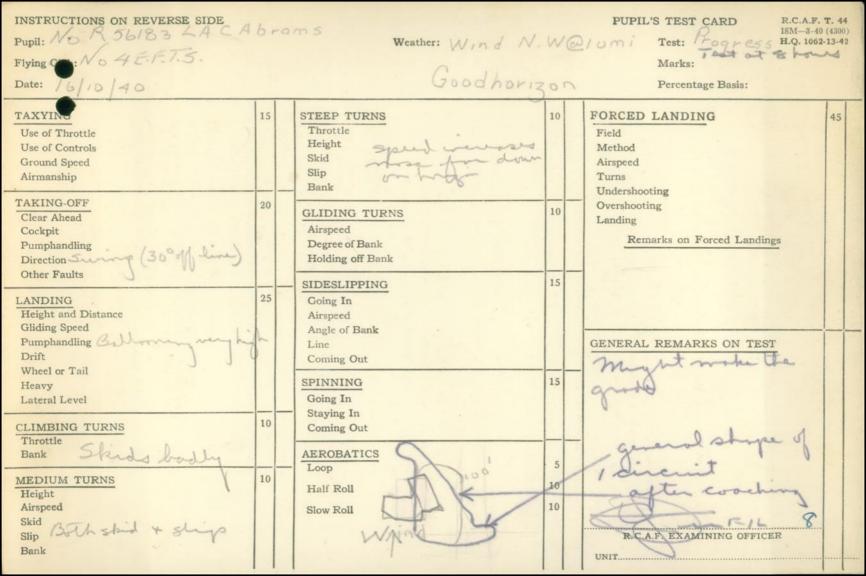
INSTRUCTIONS ON REVERSE SIDE						PUPIL'S TEST CARD R.C.A.F. T. 44
Pupil: LAC ABRAMS No	1	93	56/83 Weather:	-		Test: Progress H.Q. 1062-13-42
Flying C AFFTS			Wind Wes	Ke	7 1	2 mi Marks: Test at 12 hours.
Date: 24/10/40						Percentage Basis: Fqi/ec/
TAXYING Use of Throttle Use of Controls Ground Speed Airmanship TAKING-OFF Clear Ahead	20		STEEP TURNS Throttle Height Skid Slip Bank GLIDING TURNS	10		FORCED LANDING Field Method Airspeed Turns Undershooting Overshooting Landing
Cockpit Pumphandling Direction Other Faults		10	Airspeed Degree of Bank Holding off Bank SIDESLIPPING	15		Remarks on Forced Landings
Height and Distance Gliding Speed Pumphandling Drift Wheel or Tail Heavy	25		Going In Airspeed Angle of Bank Line Coming Out	15	-	GENERAL REMARKS ON TEST Fauls to inspire
CLIMBING TURNS Throttle Bank	10	0	Going In Staying In Coming Out AEROBATICS		_	become a pilot
MEDIUM TURNS Height Airspeed Skid Slip Bank	10		Loop Half Roll Slow Roll	5 10 10		R.C.A.F. EXAMINING OFFICER UNIT. T. T

INSTRUCTIONS COVERING TEST CARD

- 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 taxying 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.

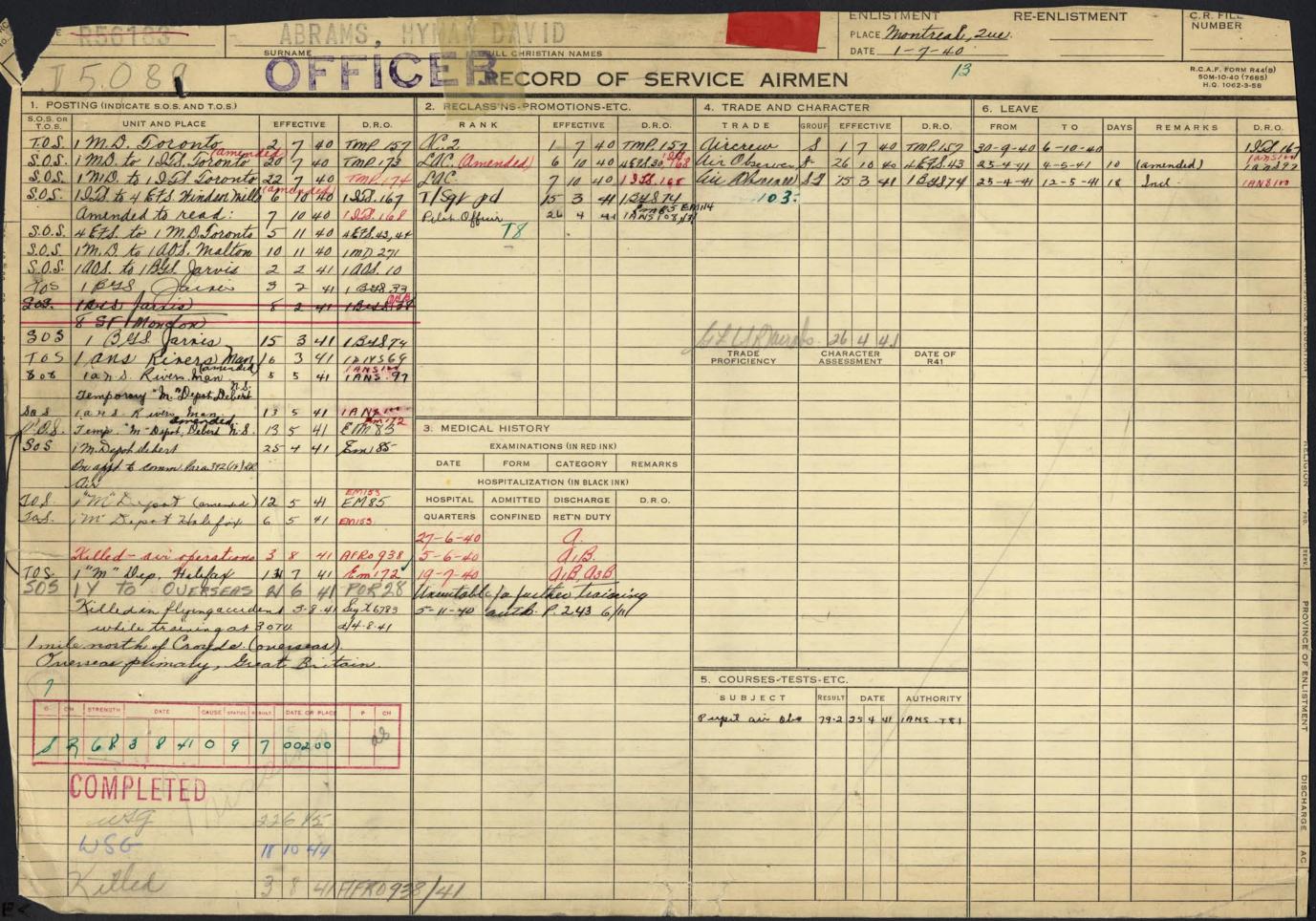


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FORCE \$56183 Abram SURNAME	2 %	ym a	N NAMES	David			PLAC	LISTMENT CE Montread E /- 7-40	1 Que		ISTMENT		C.R. F NUMB	TILE
J-5089 SJ.	mm Rwirs	man.	26-4-	91	R.C.	A.F. FO	ORM R. 44 (B)							
	21. ENGAGEN	AFNITC	SECTION STREET				A CONTRACTOR AND A STATE OF THE							
7. BIRTH: DATE PLACE CITIZENSHIP 2	16. SINGLE-MARRIED WIFE (FULL MAIDEN NAME)	J-WIDOWER.	SEFARAT	ED-DIVORCED:	TERM	EFFECTI	VE D.R.	0 TE	RM EI	FFECTI	IVE D.R.O			
10-10-16 Montreal Que Candw.	PLACE OF MARRIAGE			D	Duration			0.			3.11.0			
	AUTHORITY (IF AFTER ENL	ISTMENT)			ATE			Durauon	17	40	LES			
Isadore abramo	AOTHORITI UF AFTER ENL	ISTMENT?		The state of the s				33 7337			N. Contraction			
MOTHER (FULL MAIDEN NAME)	17. MARRIED ESTAB	LISHMENT									6 1 1 1 1 1 1 1 1			
Rose Mascovitch	REMARKS	LIGHTHEIT		RANK	EFFEC	CTIVE	D. R. O.	22. TEMPOR	ARY DUT	Y AND MI	SCELLANE	OUS ENTRI	ES	
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JUNIOR MATRICULATION X Que	18. CHILDREN				De Terrille			Cases to o	Delles.	* Ral	cons	13-5-0	16	Em x
SENIOR MATRICULATION X Que	CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	В	IRTH DATE	DR.O.	Sinh Spec.	Reside	25=4-41	under Par	393(18) K.	Rlan	1 En 18.
TECHNICAL SCHOOL						W. I.	N. 311	anapp. to	////		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7000
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O. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.											N-LIFE			
montreal Dress Co: 1934-37 mor	19. NEXT OF KIN (AD	DRESS AND D.	R.O. IN PENC	CIL)										
Penny Prine Frocks - mar - 1937-39	FULL NAME: Willi	am abo	ams	RELATIO					1 1 1 1 1 1 1 1					
Montreal Dress Co. 1934-37 mgr. Peggy Paige Frocks-mgt. 1939-39 Designer & mgr. 1939 montreal dress Co	ADDRESS: 4406 0	yord are	mont	real Que, D.R.O.			150							
	FULL NAME:			RELATIO										
6100	ADDRESS:			D.R.O.					Dist.					
O. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE	20. PAY ENTRIES (or	FFENCE FORFE	TURES, STO	PPAGES IN RED INK)		1								
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2. FLYING EXPERIENCE ON ENLISTMENT (HOURS)														
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1	RECORD OFFICERS, AIRI												NADIAN AIR FORCE OF SERVICE RMEN AND AIRWOMEN R.C.A.F. FORM 8230 100M-5-43 (3287) H.Q. 885-R-230 K. P. 75434										
BIRTH DATE	PLACE			cou	NTRY	CITIZENSHIP	RACIA	AL ORIGIN					PAR	TIC	UL	ARS	OF F	AMILY					
	CIVIL EDUCATION												D	1									
	WIFE (FULL MAIDEN NAME) OR HUSBAND																						
PUBLIC SCHOOL	PRESENT ADDRESS (IN PENCIL)																						
HIGH SCHOOL ENTRANC		PLACE OF MARRIAGE DATE																					
TECHNICAL SCHOOL					UNIVERSIT	Υ			AUTHORITY (IF AF	TER AP	POINT	TMENT/ENLIS	STMENT)										
CORR./BUSINESS COURS					LANGUAGE																		
	C	IVIL	occi	UPATION	IS AND EX	PERIENCE									CI	HILE	DREN						
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		-	11 1-	V 1 O O S	SERV	ICE			NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)														
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- 8				OFFI	CERS				AIRMEN AND AIRWOMEN OFFICERS, AIRMEN/AIRW									MOV					
RANK, BRANCH AND	CATEGORY	DA		AUTH.	DUT	IES PERFORMED DURING	.G. ADJ.	RANK	RANK DATE AUTH. TRAD						DATE	AUTH.	COURSE OR TR	ADE G	RP.	% PI	= 1	DATE	
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No.	J. 3	5089			CUP	ABRAI	AMS HYMAN.									DAT	E Cana					
						INAME	TV	DE O	- A	IDCDAFT ON WHI	CH MOST PROFICIENT											
	_		PE OF LEAVE					in the steers	100	tender model in Page 1986		POSTINGS, ATTACHMENTS & TEM						ALL OTHER CASUALTIES				
FROM		то	No. DAYS	DE	ESCRIPTION	AUTH.			ноц	NDER INSTRUCTION S JRS ON EACH TYPE AN	ND TESTS PASSED)	sos Tos	FROM T	0	DAT	FE	AUTHORITY	CASUALTY AND D	ATE	AUTHORITY		
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SERVICE COMMAND NUMBER: C AN J.	R.C.A.F. R. 87 10M-10-40 (7520) H.Q. 1062-3-70					
1. RANK	2. CHRISTIAN NAME	es	3. SURNAME		4. DECORATION	vs.
- 1-	Hyman Day	vid	Abrams			
P/0	5. Type and Date of Co	ommission	6. Branch		7. Date of Birth	8. Religion
	S.R. Date of Expiry	26-4-41	Genl. List		16-10-191	6 Hebrew
9. Service Machines flown		10. Type on which most p number of hours flown	proficient. (If under instruction on each type, and tests passed)	n state total	11. If married: Date	12. Med. Category
					13. Place and Date	e of Last Med. Exam.
14. Qualifications including specialist of SUBJECT	courses and results of pron	notion examinations. UNIT FR	ROM TO	RESUL	T AND PERCENT	AGE MARKS
15. Permanent Address	16. Next of	f Kin, Relationship and Ad	dress 17. Name	e and Addres	s of Person to be	notified in case of
4406 Oxfordave, Montre	Jul 44060				0016	
10, 12, 13, 15, 16 and 17 to be kept	in pencil	0 /				

18. Courts Martial attended, with dates	19. Duties on which employed (including miscellaneous Station Duties, e.g., P.M.C., P.S.I., O. i/c Transport, etc.)
Under Instruction As Member	
20. POSTINGS	21. ATTACHMENTS
From To Authority Date 1 A.N.S. #1 "M" Depot #1 "M" (Spec.Duties) Montreal	From To Authority Date
	22. Periods in hospital, or sick quarters or sick at home
	19 to be kept in pencil

/	At a specialists Report 500	9
bopy	CONFIDENTIAL. AAR. FORM 30	220.
No. of enclos	GONFIDENTIAL. Army Form I. 12 Naval Form M. 2	246*
Serial No. in	Form 38 N.A. beastal bearing	~~~
or in A. C. I	Hospital or Sick List—Record Card.	19
	1	
Surname	A BRAMS Christian Names	
Rank R.A.F. or		
Army No.	J-5089 Branch or Trade Oho.	
Age 2u	Total Service Under instruction as	
Hospital or S	Station SSD KAE Children	
Dates of:	F	
	direct admission 31.7 H from	_
	transfer from	
	as an invalid or to unit for invaliding	
**	to	*****
	#	
Number of da	ays under treatment	
		-
CLINICAL 1	NOTES.	-
CLINICAL I	16. 16.	
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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.

Progress of case
Sheritar St. 21 Dar
Specialists report from RAT
reacon Laching.
31:7:41
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K This o. 5 cyl godeg.
L - normal
L - harman
(Spranti Doss. F
03
FRCS.

Condition on discharge
bootsted true copy of
6 .]
specialists Cepart
Signature of Medical Officer. T.F. HUNIT SIL
Signature of Medical Officer.
Date.

R.C.A.F. Special Reserve Trie come of this Certificate

ROYAL CANADIAN AIR FORCE

CERTIFICATE OF THE SERVICE AND DISCHARGE OF

to be cut off if the man is discharged with a

Ba	d "	Character
or	with	disgrace,

NA (in	ME ABRAMS,	HYMAN,	DAV.	D	O	FFICIAL	No. R.	5.6- 18	F.3		af and the	f specially rected by
(1)	DATE OF BIRTH PLACE OF BIRTH OCCUPATION IN TRADE IN ROYA	I (Parish)	Y.T. B.E. YAN. U. IR FOR	FAC	TURE AIR C	RE W	n or Cou	inty)	Que 1	3. E.C.		
	RELIGIOUS DEN											
(2)	CURRENT ENGAG	GEMENT IN R.C	C.A.F.:-				(3) P	RIOR EN	GAGEME	NT IN	H.M. For	CES
	(a) State wheth	er in Perm. or R.C.A.F.			SERUK.	(Na C.	Service vy, Army, R A.F., A.A.A. R.C.A.F.)	C.A.F., F. or	Pe From	riod	То	Rank on Discharge
	(b) Period	Date current engagement commenced	Age at that date		Cerms of nlistment	_	***************************************					
		1-7-40	73	1	BATION WAB			***************************************				
	Jacob process		-									
	(c) Date of actuentry into (d) Period re-en NAME, An NAME, And Comparison of the	years A gaged for DDRESS and RE	A.A. Fo	SHIP O	of person	to be in	nd.	age		Ans	1.5	Initials of Officer
		***************************************		***************************************				······································				
(6)	DESCRIPTION	of Person		Heet Feet	eight	Chest	Hair	Colour of	Com- plexion		Marks, Wounds	or Scars
On Or On On	entry as a boy mustering as a mage on entry at 18 year extension of service re-engagement ther description if	n at age of 18 yers or over	rears)		10 4						PNOECTO,	MY SCAR
R.C	CHARGE PARTICUL Date Total Service A.F. R. 44a 1-4-40 (4783) 0, 1062-3-58		gement.		(уе	ars)	(days)				

(8)	MOVEM	ENTS AND CA	SUALTIES	1		Move	MENTS 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
0,	MONTHEAL	TORONTO	1-7-40	Dro. 157					
0.173	HIMAN DEPOT	Foronto Toronto	22-7-40	DR 3 110/40					
120/40	admitted	Marring	Depot Ho	spital					
139/40	above	entry	cancell	ed.		1000			
167	Townto	Windson Me	ll 7/10/40	AP022	1000	THO .			
0 43 M	Viras Diello	Defet Tor	86-11-40	880267/40	10				
0270	Tounte	malton	16-11-40	DROST.					
1.0. 10	100 S.S.	school form	2-2-41.	OPO. 33/41					
20 74	grown ort	Mol AMS News Man	15/3/41	82069					
2096	Rivero Man	Debert n.s.	5-5-41	DK183				12-14-11	
			\$con						
					(9) Pi	ROMOTIONS	REDUCTION	NS, REMUST	ERINGS
					RE Q. NO		Description	Date	of effect
					AC 509		102	1-7-	00
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PART III

ARMAMENT TRAINING

2. Flying Time:—			Air Trainin	g		
	Bombing Gunnery					
Aircraft	Day	Night	Day	Night	— Passenger	Total
Battle .	15:15	OA.I	6:10	00.8 00.0	2:004	23:25
.01.00 41.1	90.81			15.62 Ful. 1	Brought Forward	47:50
					GRAND TOTAL	71:15
. Bombing:—			Air Exercise	S		
(a) Individu	al High Level l	Bombing-8	Stationary Targ	et (results conver	rted to 10,000 ft.)	epider.
(i) Aver	age error of all	exercises	196yds. (i	i) Average error	of best exercise	.165yds
(b) Low Let	vel Bombing—A	verage erro	or of all exercise	es		84 yds
. AIR GUNNERY:		(1)	romana 07 hita ta	rounds fired)		0
						000
(c) Under T	'ail Test	(A1				9
. Examination 1	RESULTS:-		Assessment			
Subject	Maximum I	Marks Marks	s Obtained	Subject	Maximum Marks	Marks Obtained
mbing (W)			1/2	ery (W)		88
mbing (P)		1102	Gunne	ery (P)	100	78
. Proficiency as E	Somb Aimer 300) Marks.	Marks	obtained212		
. Remarks	Average					
Traffic Additional Control						

. Proficiency as A	air Gunner 200	Marks.	Marl	s obtained1	54	
. Remarks	Average					***************************************
. Qualities as an				A TANK THE PROPERTY OF		
. Total Assessmen					7 Pass or F	
			-		No. in Class.	
. Commissioned	Rank (Appears					
				M. J. Thi	Lul. Squad	ron Leader)
MALL WAY			No. 9	100	. Date:— 16-3	
	Closur nou					
	79 4 9	ever etad	ent. Took s			
. General Remark						
		meke-e-g	ood-ob-server		9.8.6	act
. General Remark		make a g			J. E. L.	

PART IV

ADVA	NCED AIR O	BSERVERS	TRAININ	G (At Air N	Vavigation S	School)	
1. No1	.A.N.S. Cour			From 17-	3-41	То25	4-41
2. Flying Time:—		Air '	Training				
		DAY	Nı	GHT			
Aircraft	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.	Passenger	B.G.S.	Total
	9.25	3,20	6,25	3.10			22-20
Brought Forward	22.15	22.05					
Grand Totals	31.40	25.25	8,15	4.50	2.00	21.2	93.35
3. Proficiency as Air Na	vigator 250.	Marks Obtain	ed 210				
4. Remarks on Air Trai							
Grasped appli							
in all exerci	ses.						
5. Examination Results	-	Ground	l Training	3	1		
44,5	Subject		T TO THE		Maximum		Marks
Pear.	The same	May 12 miles			Marks		Obtained
Astronomical Navigation (Plot	ting)				150		101
Astronomical Navigation (Wri	tten)				100		93
 Assessment as Air Na Recommended as an General Remarks on This man has instructor. 	Instructor (Yes Training, Abilit taken a ke	ty, etc	es est and	shown	ability		
					hief Instru	()	She
			N. 1	A.N.S.	A STATE OF THE PARTY OF THE PAR		1
2. Final Assessment (A.	O.S., B.G.S. an	d A.N.S.)	No	A.N.S.	Date:—		
Subject	Maximum Marks	Marks Obtaine	d	Subject	Maximu	m Marks 1	Marks Obtained
air Observers' School	1800	1506	*Air Navis	gation School	50	00	344
Sombing and Gunnery School	1200	860		otal			2770
Percentage 79.2	Pass or Fai	Pass	Position	in Class	14 N	o. in Class	72
3. Recommended for Co							40/56
4. Remarks Non m	ilitarist	ic type	but is	commiss	ion mat	(Ex., Abo	ve Av.)
4. RemarksNOII III	TTT OUT TOO.					••••••	
***************************************	***************************************	***************************************	******************	Less.	Smile	les 11	Huch
		***		O.ffic	er Comman	ding	1
		N	o1	A.N.S.	Date:—		
15. Awarded Air Observe	r's Badge (date)15-3-41		00			
		(G.E.Wait	J. G.	cer Comma		up Captain
Delete if not applies blo				· · ·			Jarvis, 0
Delete if not applicable.			MOL	morng		orroot.	9011109

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

AIR AND GROUND TRAINING

Surname	ms		Christian Names	H. D.	
NumberR	.56183		Rank	L.A.	C
		INSTRU	UCTIONS		
1. At the conclusion below in sufficient time to next stages of training:—	arrive on or bet	f training thi fore the date	s report must be complet on which the pupil reports	ed and forwarded s for the commend	as indicated cement of the
Original and Du	plicate	galmer	From I.T.S. to Air O From Air Observers S Gunnery School. From Bombing and O Navigation School.	chool to Bombing	
Duplicate			To be available on de Command concerned.	mand by the Trai	ning
2. On completion of forwarded to Air Force H	Training, the offeadquarters thro	riginal is to ough Comman	be placed on the pupil's and Headquarters.	personal file and	the duplicate
3. In the event of the Headquarters through Co and instructor's report as	mmand Headqua	arters with fu	at any stage; one copy is ll particulars as to the cau failure.	s to be forwarded se of discontinuan	to R.C.A.F.
			not less than 60 per cent of in each of the separate sub		
		PA	RT I		
No Results of Examination		School. Cou	urse NoFrom	пТо	
Subject	Maximum • Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	100		Drill	100	
Armament (P. & O.)	100	700 (AVA) (AVA)	Law and Disc., etc		***************************************
			Тотац	400	
3. Maximum Marks 400	. Marks Obtain	ned	Percentage	Pass or Fail	
	Position in Cl	ass	No. in Observers	Class	
4. Remarks					

			Commanding	0.00	Wg. Comdr.
			Commanding	Officer	
			- Date:—		

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

PART II

AIR OBSERVERS SCHOOL

2. Flying Time:	-		Air T	raining			
Aircraft			Nigi	HT			
Anciait	1st Nav.	2nd	Nav.	st Nav.	2nd Nav.	Passenger	Total
	22,15	22.0	5	1.50 1.40		CAY R	47.50
4. Remarks on		d points	which require	e special con	sideration	Consistently of	
5.			Ground	Training	***************************************		***************************************
Subject	N	faximum Marks	Marks Obtained		Subject	Maximum Marks	Marks Obtained
D.R. (Plotting)		150	106	Maps and Charts		100	93
.R. (Written)		150	131	-	y	- 100	91
ompasses and Instr	uments	150	134	Photography		100	88
.F. (W/T)		100	94	Reconnaissance		100	7.8
gnals		50	50)		1000	865
7. Qualities as C	Officer or N.C.O	. 300. M	arks obtaine	d	. 270	.7Pass or Fai	
9. Position in C.	lass			No. i	n Class	1111	
O. Assessment as	s Air Navigator	(Ex., Ab	ove Av., Av.	, Below Av.	or Poor)A	bove Average	
1. Commissioned	d Rank (Appear	s suitable	or unsuitab	le)Suits	ble 10/25	(AA)	*******
3. General Rema	arks on Trainin	g, Ability	, etcThis	wan.is	extremely o	uick at learn	ing things
rarel	y needs a s	econd.e	xplanation	. Very	elean cut a	appearance. W	ell liked
by fe	llow studen	ts and	officers.	Will mal	re exceller	nt observer.	
					Ula	Taroley F	· h

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

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

04	0 .	0	1 1
24.	Service	Courses	taken:-

24.	Service Courses taken:—				
	TYPE OF COURSE		PLACE	FROM	то
E	mprie Training Pl	Pan			
	bune 11 air Ol	sever.			
	Have you previously applied for a of its auxiliaries? If so, state:— N.A. (Unit and Place)	Commission or fo	or enlistment in the Ro	oyal Canadian Ai	
26		al appolantian anni	(Date)	(Result)	
20.	Have you any knowledge of international Marketine Market			rcraft, mechanics	or electricity
27.	Types of Aircraft Flown (Service o	r Civilian):—			H' I
	PLACE	LIST FLYING	G HOURS BY YEARS	REMA	RKS
	N.W.				
28.	Total Flying Time(Ho	urs)	(State Type and No	of Licence held)	
	Sports and games played, and whet				
	Socrer (Mod) Basket				
30.	Hobbies Reading , Sp	oats.			
31.	Languages spoken, or written (Stat	e proficiency). En	glish (Fluenth,) French (slightly
	Any other remarks or information i				0
		**************		•••••	

99	Nomes and assessed addresses for		/ f 11 · · 1 · 1·		
	Names and present addresses of re- personal knowledge of the candidate	's career, as to his s	suitability for commissi	oned rank.	
	Name H.C. Atkinson (in capitals) Address West Hill Profession PRINCIP & 1	***************************************	Name T. Su	mmes	110
	(in capitals)	High Schn	(in	capitals)	sh Scha
	Profession Paracio al	5	Profession P	Ringial	S. W. V. Wo
	Name(in capitals)		(in	capitals)	••••••
	Address				
	Profession		Profession	***************************************	
	Note:— The applicant must be prepared to p The Department is not prepared to enter in the candidate has nominated; and the Sele personally acquainted with the candidate' Applicants are cautioned not to preju- or outside the Service who they consid	to correspondence, whe ction Board will disreg 's work, at school, un dice their candidatu	ether officially or unofficially gard recommendations from liversity, in industry or but are by endeavouring to en	y, with persons other any persons who are	than those whom
35.		CERTIFI	CATE		
	The foregoing information was persona that His Majesty may exercise the right at	lly compiled by me an any time to dispense	d is correct to the best of m with the services of an Office	y knowledge and believer on probation.	ef. I understand
	Witness Audial		Signature 44.	abram.	
	Date 14-9-41	19			
36.		AGREEM			
	If selected, I agree to accept a Commiss Witness	sion in the Royal Cana			
			Signature 4.0.	us amo	
	Date 14-5-41	19			

DECLARATION

	1 Hyman David abam.	having made an application data
	0	
(app	lication is accepted, that I am willing to serve on Active Service, an	Reserve of the R.C.A.F. do hereby declare, provided my say
dura	lication is accepted, that I am willing to serve on Active Service, an ation of the present war, and for the period of demobilization there	eafter, should His Majesty so long require my services.
Wi	tness The cons	
Da	10 14 5/41	Signature H.D. al-ans
Pla	ce Halifor 15.	- Sower Committee and State Committee and Stat
90 /	0 6 6 6	4
	Location of Will. R.C.B.E.	
(b)	Entered in Officer's Records by(Rank)	(Dota) (Place)
	CERTIFICATE OF MEDICAL E	XAMINATION
Name i	n full	
	. Information obtained from the applicant:—	
	Age 2. Have you ever suffered from any of	the following defects in health?
	Rheumatism	
	Tuberculosis	(j) Nasal Trouble (k) Ear Disease
	Bronchitis or Asthma.	(l) Eye Disease
(d)	Heart Disease	(m) Epilepsy
	Kidney or Bladder Disease	(n) Nervous or Mental Disease
	Stomach or Bowel Trouble	(o) Syphilis
	Rupture	(p) Gonorrhoea
	Varicose Veins	(q) Bone Fracture
		(7) Other Disease of Defect
3.	Have you ever worn glasses?	4. Have you had any illness of more than on
		week's duration?
***		Signature of Applicant.
Ex	aminer's remarks re above	

*****	······································	
PART 2.	Information obtained by Medical Examination (Appl	icant must be stripped):—
	Identification marks or scars (if operative, obtain hist	
2.	Height	3. Weightlbs
4.	Complexion	5. Colour of eyes Hair
	(Good 7. Chest measurem	ent—full expirationinche
6.	Development Fair	range of expansioninche
	Poor	
8.	Hearing—RightLeftLeft	Tympana—RightLeft
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. D.
	Reflexes	14. Urine—AlbumenSugar
	Abnormalities (Congenital and Pathological) found on	
10.	Abnormanties (Congenita) and Pathological) found on	r.xammation
	***************************************	······································

PART 3.	The candidate has been examined in accordance with	existing standards and he is
	considered fit for Category.	
Conoral	Impression and any special remarks of Medical Officer	
General	impression and any special remarks of Medical Officer	8

*****		***************************************
	······································	
Date		
	(President) (Member	er) (Member)

ROYAL CANADIAN AIR FORCE

OFFICER'S APPLICATION AND RECORD SHEET

		Date	14/5/41	19
I have the honour to apply for an ap	pointment to the Spe	cial Reserve (1		
Please read these notes before comple (a) All questions must be answered in c "N.A." if "Not Applicable". Incor (b) Where spaces are inadequate, inform (c) Paragraphs 35, 36 and 37 must be s (d) The submission of false information to Prosecution.	andidate's own handwriti rect answers may prejudic nation should be given on igned, dated and witnesse	ce an applicant's foolscap paper att d.	chance of selection. ached to and identifie	d with this application.
1. Surname ABRAMS	(Use ca	pital letters)	***************************************	
2. Christian Names HYMAN	O-PRIMA (Use ca	S PA	vi D	
3. Date of Birth Oct 10/16	PlaceM	City	Guebec Province	Canada
4. Permanent Address. 4406	Oxford Ave	Montre	el l	EL. 4333
5. Present address for correspondence				Telephone
6. Nationality (If Naturalized Canadian	dian, proof of natural	ization must b	e submitted)	
7. Religion (State denomination, e.g.	., C. of E., R.C., U.C	., etc.) H E	BROW	
8. Next of Kin (Name). William	ABRama		Relationship	BROTHER
Address 4406 OxFORD				
9. Father's name in full. Isidom Address. 4406 Orro Birth Place. Roumanus. Profession. Manufacti Mother's maiden name in full. Re	RD AVE M	Nationality	Canadi	an
Birth Place Roumania				
10. Has either parent acquired any ot				
11. Single, Married, Widower, Divorc				
Particulars of Marriage	(Date)		(F	Place)
Full maiden name of Wife				
12. Particulars of Children:—				
NAME	DATE OF	BIRTH	PLACE (OF BIRTH
		21		
13. Person or persons to be notified in	appa of angueltur			
Name William A B			Relationshin B	Rother.
Address 44.6 On Fe				

14. Education:—						
SCHOOLS	DATES I	N ATTE	ENDANCE		COURSES	DIPLOMAS
	FROM	1	ТО			AND DEGREES

West Hill High School	1929	19	35	ARts		Jun. Mate
Universities			***************************************			
McGill University	1933		934	Comm	?~??	
15. Special Civil Courses or Examinati	ons other th	nan in 14	4 above, C	orresponde	ence Courses	, etc.
16. Civil Employment, from leaving so (If space does not permit full details of ci copy of this form.)	hool to pres	ent in cl	hronologic y memorano	al order, as	nd Reasons, be attached to	if any, for leaving:— and dentified with each
NAME AND ADDRESS OF EMPL	OYER	FROM	и то		DUTIES	CAUSE OF LEAVING
Montreal Dress Mea	Co	1934	1938	Man	aGER	Enter busin
Pege y Paige Frocks					Dex	
Montreal Dress (Taillore			1939			Enter Servi
•••••••••••••••••••••••••••••••••••••••						
					•••••••	
18. Previous Service with Navy, Army (If in the Air Force state nature of duties,	e.g., Pilot, Ob	Permai server, Te	nent or No	on-Perman Fround duties	ent:— s and if entitled	d to wings.)
FULL NAME OF UNIT		FROM	ТО	1	RANK	DUTIES
м.3.						
19. Reason for Termination of last Ser	vice Engage	ement				
20. Details of Ground Officer's Duties	Performed.	Wall	B. :			
21. Experience as Teacher or Instructo	or (Service o	or Civilia	an):—			
SUBJECT		FROM	ТО		UNIT	PLACE
N.A.					*******	

22. Have you ever been or are you no	w in receipt	of a Dis	sability Pe	ension?	-n.	
If so, state nature of disability:						
Particulars of other Pension:						
23. Honours and Awards (Quote authorized)	ority—Lond	on or Co	anada Gaze	ette)		

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK Suc

NO. R 56/83 NAME (Abramo 34S)

	Bu		SIN	GLE-EN	GINE A	IRCRAF	т .			MUL	TI-ENGIN	IE AIRCH	RAFT		CRE	W DUT	IES			
UNIT	endi		DAY			NH	ЭНТ			DAY			NIGHT					enge	TOTA	AL.
	Month ending	Captain of Aircraft	2nd Pilot	Dua	Cap of Airc	tain 2 raft P	end ilot	Dual	Captain of Aircraft	2nd Pilot	hav.	Captain of Aircraft	2nd Pilot	nav. Dual	Observer	Air Gunner	Other	Passenger	Teers	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	
		Hrs Mir.	as Hrs Min	s Hrs Mi	ns Hrs M	ins Hrs 1	Mins Hrs	Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Min	s Hrs Mins	Hrs. Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs !	Mins
y 1. a O. S. Malton	11-de														11 45				11 4	rs-
	12-40														1950				3/4	10
	141				1										16 10				4.73	50
#156.1.	2/41																		65.4	
#158.1.	5/41														605				713	0
#1 Q. 7. S.	15-4341										16 00	is.		935					972	25
														1074						
													Total or							

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45 40M--8-40 (6522) H.Q. 1062-2-126

Individual Record of Flying

	RANK	······				********			***	N	10.				******				NA	ME													**********				******	
1		Y FLYING JRN OF	G	-			SIN	GLE-	ENG	INE	AIR		FT						MUL	TI-E	NGIN	VE A	IRCF		Т				CRE	EW I	DUT	IES			ıger		1	
	UNIT	Week ending	Serial No.	Car	ptain of craft	-	2nd Pilot		Dual		aptain of Urcraft		2nd Pilot		Dual	C	aptain of ircraft		2nd Pilot	C	Dual	Cap	ptain of craft	2 P	nd ilot	Di	ual	Obs	server	Gui	Air	Of	ther	c	Passenger	тот	AL	
1				(A)	3	(B)	3	(C)	(D)	(E)	(1	F)	((3).	(1	1)	())	(K	1	(L	.)	(M)	(N	h:	(0)	(P	7	(Q)		(R)		
				Hra	Mins	Hrs	Min	s Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mina	
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R.G.A.F. M 34 200M—11-42 (2865) H.Q. 885-M-34

Hospital	Str.	Date Admitted 2	1-3-5	6
	10			
No. 50	089	Rank As Name Mc Morald		Age 25
Unit	A.H	Rank As Name Marcell Diagnosis 2 acute catarries	regrigite	ce - L
ORDER		Orders		CONTINUED
	By Whom	Treatment Medications, etc.	Date	By Whom
Dam at	110	5 B 1 11. 5 3 3 P.		
compr.	1-40	Ded Care & B.R.P.		
		3) Hut soline throat irrisation 2h	quar 23	18-3.
		1) Not soline throat irrigation & 3h Penicillin pastilla - 7 95		
		(5) Continuous H-W.B. to left ear.		
***************************************		DA.P.C. II g. 4 A.	22 mg.	ILB.
		Denicillin 30, 000 units g. 3 h.	22ma.	143.
		Derrigate ear gently à sterile bou	٠. ٥.	l.d.
		Baint canal & Zn O. vint. after	u urigi	alion
2 2 Mas.				
3 mar.		14 % ressinephrine gtts ii g. 1 h.		
5 mar	11-03.	Dis Charge		

	<u> </u>		1	4
ORD	ERED	Diet	-	ONTINUED
Date	By Whom		Date	By Whom
21 mar.	1403.	Ord.		

	J			J

ORDER	GIVEN	Orders	ORDER D	ISCONTINUED
Date	By Whom	Orders Treatment, Medications, etc.	Date	By Whom
	***************************************		************	

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Market Commence	***************************************	1/2		

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Perminan			************	
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Orde	RED	Description	Discon	NTINUED
Date	By Whom	DIET	Date	By Whom
			1 221	La Lider R
		······································		***************

DOMINION OF CANADA - MEDICAL SERVICES

LABORATORY RECORD

			and the first state of	Diagi	nosis 2) 2			7	D	ate Admir	K. ted 20-3-9
						URINE					
Date	Reacti	ion Sp. G	r. Albun	in Sugar			Tests				pic and/er Remarks
3-44	au	102	· neg	. sig	Mazy				Jen	Co an	
************					H	EMOTOL	OGY				
Date	нь.	C. Index	R.B.C.	W.B.C.	Sed. Rate	Neutro	Eosin	Baso	Lymph Small	Lymph Large	OTHER FINDINGS
**************										· · · · · · · · · · · · · · · · · · ·	
***************************************	[ВІ	OOD CHEM	ISTRY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BLO	OD SEROLO	GY
Date		Test		R	esults		Date 21-8-46	Ta	Test		Results

						•••••••••••••••••••••••••••••••••••••••					-
Date	S	pecimen	BACTERIOL	OGY Direct Smear a	and Culture		Date	Ap	pearance	Pressur	
- 46	_	Cuelas	gm + c		chesters	gan reg	sip.				

P. & H....105 R.C.A.F...M. 55—160M—7-43 (3391) H.Q.885-M55 Militia.....M.F.B. 1477—350M—7-43 (1221) H.Q. 1772-39-1831. R.C.N......2010 DEPORTER SEER SIDE GASTRIC ANALYSIS SEVER IN MEGALINED

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

			151101111111111111111111111111111111111										
		*************		sone goress	undexteducate		100		hiteamanapaga in		***************************************		
SCEL	LANEOUS	: (Fæce	s, Basal M	etabolism,	Tissue Path	ology, Etc.)						
	- 1-												
	75												
				1									
				30									
			-										
		Total Control			Sex Back				Ayman Barall				
							OBA .						
	-												
							122						

LABORATORY RECORD

DOMINION OF CANADA - MEDICAL SERVICES

· Di

R.C.A.F. M.2 50M—12-39 (3211) H.Q. 1062-10-2

R-56183

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ontar	10.	Date	FILE NUMBER
SurnameAbrams Nature of Commission	Chr. Names	an, David.	S.
Nature of Commission	Date of Birth	None . Married or	Single
Branch. 4406 Oxford Ave., 1	fontreal, Quebec	1	
HAVE VOH ANY HISTORY OF :-			
(i) Nervous Trouble or Nervous Break Severe or "Sick" Headaches, Migrain	kdown		
Fits or Convulsions of any kind			
Sun or Heat Stroke			11
Head Injury or Concussion (including	g "knock-out")		
Insomnia, Nightmares, Sleep-walking	g, or Bed-wetting.		
(ii) Lung Trouble or Consumption			
Bronchitis, Pneumonia or Pleurisy Asthma or Hay Fever			
(iii) HEART DISEASE, "Weak or Strained			
Fainting Attacks or Giddiness			
Rheumatism, Rheumatic Fever or "C	Growing Pains"	***************************************	
Frequent Sore Throats or Tonsillitis			
Diphtheria, Scarlet Fever or Scarlatin	ıa		
(iv) STOMACH OF BOWEL TROUBLE			
Chronic Indigestion or Pain after Formatter (v) Kidney or Bladder Trouble			
Syphilis or Gonorrhea			
(vi) Tropical Disease			
Malaria			
Dysentery			
(vii) EYE TROUBLE or Inflammation of Ey			
Wearing of Glasses			
(viii) Ear Trouble, Earache or Discharge	from Ears		
Deafness, Noises in the Ears, or Dizz			
Frequent Colds in Head, Catarrh or (Obstruction		
Prolonged Hoarseness or Loss of Voic			
Sea, Car or Train Sickness	C : 11 - 1		
Discomfort on Swings, Roundabouts, (ix) Operations	Switchbacks	Appe	ndectomy at 17
(x) Any Illness or Injury not mentioned	above Measles	, mumps, chicken-	pox,
Education Jr. Matric and 1 year McGill Present Occupation Designer (Dress Manu Previous Service. Athletics Tennsi, basketball, baseball Habits—Smoking 10-20 cigs./day FAMILY HISTORY—Consumption Brother has Nervous Ailments Ment			
Education of Matric and I year McGill	University (Com	merce)	
Present Occupation Designer (Dress Eastern	Hobbies		
Athletics Tennsi, basketball, baseball	l, soccer, ridir	lg.	
Habits—Smoking 10-20 cigs./day	Alcohol	0 ccasional -	spirits.
FAMILY HISTORY—Consumption Brother ha	ad T.B cure	od.	
TION TO THE THEORY IN THE CALL	at Trouble, or T	A UNJ	
Father Alive—Health	Dead—Cause		
Mother Alive—Health Good	Dead—Cause		
Father Alive—Health	Dead—Cause		
I hereby declare that I have carefully	considered the sta	itements made above	that to the hest of
my belief they are complete and correct, and to any misleading statement. I am fully awar incur the risk of not being granted a Commission	hat I have not wit re that by wilfully	hheld any relevant in y suppressing any i	nformation or made information I shall
and forfeit any claim to gratuity or other gavar	d	- 1	4

Date 19:7:40 Signature H. D. abrame Witness

GENERAL MEDICAL AND SURGICAL EXAMINATION

Size of Thy	roid Gland			No	ormal.			led.
Surgical Ab	normalities				+			
Results of V	Wounds, Injuries,	Operati	ons	Ар	pendec	tomy		
		Date 19/	7/40	Date 2/	8/40	Date		
	algorithms Stople		Assessing Room		Assessing Room		Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Weight (lbs	.)s.) s.)	70 ⁸ / ₄	***********	***********	**********			Date 2/8/40.
Body Build	(lbs.)	35 -5 42 <u>1</u>						Rotation Test
ar in a grand	(Sitting Standing 1st	72 84	*********		*********			Before: Pulse 72 B.P. 120/76
Pulse Rate		96 15	********		**********		**********	After: Pulse 78 B.P. 122/80
Consider of	(Time to Ivormar							J.B.W.
Blood	Systolic Diastolic	Soft 114 84 68						Nystagmus after Rot. to right 30 sees.
Heart	SizeSounds	22 N						Nystagmus after Rot. to left 30 secs.
neart	Rhythm	Reg.						J.B.W.
Breath held	Force	N 65 120		75				
Vital Capac 500, 4300,	eity (Best of 5) 5300, 4100,	5300						Date
	KneeAnkle	N						
Reflexes	TricepsAbdominalPlantar	N N F						
Cranial Ner	rves	N						nie na Castellia I
	Rod	R. L. 1S 1S	R. L.	R. L.	R. L.	R. L.	R. L.	Industrial Designation
	eing Fingers	1FS 1	R. L.			R. L.		ciliano de la composición della composición dell
Tremors	(Liver	N					*********	Date
Abdomen	Spleen	0						
Urine	{Albumen Sugar	Neg.			*********			
Initials of I	M.O	E.R.W		H.A.	4			
Date2/	/8/40 _{*P} 63	7/	779/99	7/778/7	87,			

EYE EXAMINATION

History			Secretarios Avada	Thete
1115001 y				
	(R.20/20 , t 2	= 20/200		
Visual Acuity	L.20/20 , t2	= 20/200		
Colour Vision.	210 20011111111111111111111111111111111			
Red, Green	Eso tenden	oy.		
Diaphragm Te	st (P.D. = \dots 5	9 Blur at 2 Exo		
	(C. =	cms.		
Convergence	S. C. =	12.5 cms.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(R	8.5 cms.		
Accommodatio	n T	8.5 cms.		
Cover Test	Lat. div.	R&L recerpide		
Fundi and Me	dia N.			
Fields	N	•		
Remarks:				
F	it.			
		U 7 0		
			Vial.	Initials of M.O
	Date 1	9/7/40. Date		Date
	EXAM	INATION OF EAR	, NOSE AND THRO	OAT
History		T&A at 5.		
***************************************				***************************************
TT	(R. Ear	W. V. 20°		
Hearing	L. Ear	W. V. 20°		
External Ear,	(R. Ear	N		
Meatus Membranes	L Ear	N	TEXES OF A PROP	And Anniella State of the Control of
Middle Ear,	(R. Ear	Pat.		
Eustachian	}	Pat.		Date
Tubes Cochlear	(L. Ear(R. Ear.	N	**	
Apparatus	}	The part of the Total Control of the Total State of the S		***************************************
X7 (1) 1	(L. Ear			
Vestibular Apparatus	R. Ear	N		
	(L. Ear	N		
		N Good		
	•••••	Н. эээ		
		89		
		-		*****
		N		
Remarks:				
Remarks:		Imitials of MO J.	Initials of M.O	Initials of M O
Fit.		Date 19/7/40.		
		Date	Date	Date

HISTORY OF PRESENT CONDITION

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

30-8

CATEGORY APPROVED

AUG 27 1940 B. A3B.

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

Category -- AlB, A3B.

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

R.C.A.F. Special Reserve

DEPARTMENT OF NATIONAL DEFENCE

Regtl. No. R56-183.
P.F. Unit R. C.A. F.

MEDICAL HISTORY OF

Examined on 5 day of Jense 1940 June 5-40 Merine Pert Might on 5 day of Jense 1940 June 5-40 Merine Pert Might of the Second of	SURNAME LLG	rams	CHRIST	TIAN NAMES	Hegen	au	
Examined on S. day of text 1949 part 5-to berine Pert May Declared age 20 years days years horned on S. day of text 1949 part 5-to berine Pert May Declared age 20 years days years horned Or a Physical Colour of Hair able and Complexion days 16-7-40 Cart 5 FR B in September 19-7-40 Cart 5 FR B in	ТАВІ	LE I.—General Table		Inoculati Service; I	ons, etc.; Exami	nations for Fi	eld or Foreign rolongation of
Examined and found— Examined and found— Examined and found— When vaccinated B glann apply) Examined and found— Fit FOR CATEGORY Examined and found— E	Birthplace	Mouts	eal	DATE	BRIEF DE	TAILS AND SIG	NATURES
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Apparent age 23 years Trinde or occupation. Manual few Search Height 5. feet Lofanches. Weight, stripped. 196. 110 2-46 Clare v. Jahr 1 Jahr Height 5. feet Lofanches. Weight, stripped. 196. 110 2-46 Clare v. Jahr 1 Jahr Height 5. feet Lofanches. Weight, stripped. 196. 110 2-46 TeT to TAB 2 Jahr Heaverment Report of the stripped of t	Declared age 23	vears	davs	/- 	Colou	e vsss	on Ish, ha
Height 5 feet Of Jackes. Weight stripped 146 libs Colour of Hair Alkard. Complexion "Eyes Complexion Are 10-7-40 TETT & TAB 11 Complexion "Eyes Control when faily S.C. inches 7-7-40 TETT & TAB 11 Complex Measurement Range of expansion Are inches 21-10-40 TETT & TAB 11 Complex Measurement Range of expansion Are inches 21-10-40 TETT To TAB 11 Complex Measurement Number Waccination marks Number Neglat Left 24-4-41 Fit for overseas Major 3/14 Vaccination marks When vaccinated By Law 250 When vaccination marks, such as Tattoo, Moles, Scars, etc. Appeal of the Area of the Area of the Station of Troopship Examined and found— Examined and found— Examined and found— (Strike out those which do not apply) Signature (Rank). Enlisted or at Montreal, Que, appointed on 1st, day of July 1040. Foliad on enlistment or appointment Transferred	Apparent age 23				horne	as o	Dian
Colour of Hair. Complexion Service (Court of Hair. Court of H	Trade or occupation	manufer	Aurer	Milun	x Pa	nee	MALL
"Byes	14				7/	7	- 00
Chest despendent Range of expansion 3/6 inches 21-10-40 T. A 13 iii Comp. 18. Physical development (Good, to a pro.) Arm Right Left 24-4-41 Fit for overseas 10 pag. 3/10 Vaccination marks Number When vaccinated. 10 plans a po Vision R.E.—V. 20, 20 Util R. Clinases L. L. L. V. 20, 20 Util R. Clinases L.		0	dark		Tri +	- TAB:	- Opt
Mange of expansion Physical development (Good, For poor) Arm Right Left Arm Arm Right Arm	23/00/11/11/11/11	2/	inches	and the state of t		·- ~	1 me
Physical development (Good, far or poor) (Right Left 24-4-41 Fit for overseas day frag Jilly Vaccination marks (Number When vaccinated Square ago (Vision R.E V 37/20 With Glasses L. (Hearing, R. ear N V 20 L. ear N V 30 Left Arrival Defects or ailments: (Strike out those which do not apply) Examined and found— (Strike out those which do not apply) Signature (Rank) Signature (Rank) Cornel July 1040. Figure 1 Station or Troopship Defective by Henning Depot, Toronto, Ontario. R56-183 on day of 19 Transferred to (Signature).	Chest expand	ed 3	,		Zineak a Kamana a Kamana	0	2000
Vaccination marks Number When vaccinated Number Vision R.E V 20/20	Range	/ - 4	2inches	2//	1	11 02	(P) () (
Vaccination marks Number When vaccinated Number Wision R.E. V 2000 With LE. V 3000 Classes L Heering, R. ear W 200 L. ear W 300 Defects or ailments:— Examined and found— FIT FOR CATEGORY Examined and found— (Strike out those which do not apply) Signature. (Rank) Enlisted or a Montreal, Que, appointed on 1st, day of July 1040s. Joined on enlistment or appointment CORPS RANNING Depot, Toronto, Ontario. R56-183 Transferred to (Signature) (Signature) (Signature) (Signature) (Signature) (Signature) (Signature)	Physical development	(Good, fair or poor)				(4)	11 Bx 7/10
When vaccinated S. Jeller age Vision R.E. V. 20/20 With Classes L. Hearing, R. ear A. V. 20 L. ear W. 32 Identification marks, such as Tattoo, Moles, Scars, etc. Defects or allments:— Examined and found— (Strike out those which do not apply) Station or Troopship Signature (Rank) Enlisted or at Montreal, Que, appointed on 1st, day of July 1940. Joined on enlistment or appointment CORPS RECOIL No. Became non-effective by Manning Depot, Toronto, Ontario. R56-183 On. day of 19. Transferred to (Signature)		rm Right	Left	.fe.thXo	- Standard Committee Soladar Soladar Committee Soladar Soladar Committee Soladar Com		July July
When vaccinated 18 general 20 With Glasses L. With Glasses L. Lear W. 20 L. E. V. 20 L. E. V. 20 L. E. W. 20 L. E.	Vaccination marks		,)		
Vision R.E V. 20 Min Glasses L. Hearing, R. ear V. R. L. ear W. 20 L. ear W. 20 L. Identification marks, such as Tattoo, Moles, Scars, etc. — Defects or ailments:— Examined and found— Examined and found— (Strike out those which do not apply) Station or Troopship Signature (Rank) Enlisted or at Montreal, Que, on 1st, day of July 1940. Joined on enlistment or appointment Anning Depot, Toronto, Ontario. R56-183 Transferred Transferred (Signature) (Signature) (Signature) (Signature) (Signature) (Signature) (Signature) (Signature)	N	umber					1-7-
Hearing, R. ear. N. P. L. ear. N. A. I. B Identification marks, such as Tattoo, Moles, Scars, etc. Appeluable Lowery Lear Defects or ailments:— Examined and found— (Strike out those which do not apply) Station or Troopship Ciasses TABLE IV.—Service Table Station or Troopship Date of Arrival or Embarkation or Embarkation On Ist, day of July 1040. Joined on enlistment or appointment Transferred Transferred Transferred Ciasses L. A. I. B TABLE IV.—Service Table Station or Troopship Date of Arrival or Embarkation On Ist, day of July 1040. Ecame non-effective by Con. day of 19. Transferred (Signature).	When vaccinated	8 years a	yo				######################################
Hearing, R. ear N. V. D. L. ear N. J. D. Identification marks, such as Tattoo, Moles, Scars, etc.— Defects or ailments:— Examined and found— FIT FOR CATEGORY Examined and found— (Strike out those which do not apply) Station or Troopship Date of Arrival or Embarkation or Disembarkation or Dis	Vision 2		··········				
Defects or ailments:— Examined and found— Examined and found— (Strike out those which do not apply) Signature (Rank) Enlisted or appointed on 1st, day of July 1940. Joined on enlistment or appointment Transferred to 15 manning Depot, Toronto, Ontario. R56-183 Transferred to (Signature)	114	av L	1120				
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Examined and found— B TABLE IV.—Service Table Station or Troopship Signature. (Rank) Date of Arrival or Embarkation or Disembarkation or Disembarkatio	1				j		
FIT FOR CATEGORY B A. I. B TABLE IV.—Service Table Station or Troopship Station or Troopship Date of Arrival or Embarkation or Disembarkation or Disembarkation Or Disembarkation Signature (Rank) Enlisted or appointed on lst, day of July 1940. Joined on enlistment or appointment Transferred to (Signature) (Signature) (Signature) (Signature)	Defects or ailments:-					-	***************************************
FIT FOR CATEGORY B A. I. B TABLE IV.—Service Table Station or Troopship Station or Troopship Date of Arrival or Embarkation or Disembarkation or Disembarkation Or Disembarkation Signature (Rank) Enlisted or appointed on lst, day of July 1940. Joined on enlistment or appointment Transferred to (Signature) (Signature) (Signature) (Signature)							
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FIT FOR CATEGORY B A. I. B TABLE IV.—Service Table Station or Troopship Station or Troopship Date of Arrival or Embarkation or Disembarkation or Disembarkation Or Disembarkation Signature (Rank) Enlisted or appointed on lst, day of July 1940. Joined on enlistment or appointment Transferred to (Signature) (Signature) (Signature) (Signature)	Examined and found-						***************************************
(Strike out those which do not apply) Signature. (Rank). Enlisted or appointed on 1st, day of July 1040. Joined on enlistment or appointment Transferred to (Signature). Transferred to (Signature).		1A	, B				
(Strike out those which do not apply) Signature. (Rank). Enlisted or appointed on 1st, day of July 1040. Joined on enlistment or appointment Transferred to (Signature). Transferred to (Signature).	PUT FOR GATEGORY	A	,1.0				
(Strike out those which do not apply) Signature (Rank) Enlisted or appointed on lst, day of July 1940. Joined on enlistment or appointment Transferred to (Signature) (Signature) Station or Troopship or Embarkation or Disembarkation or Dise	FII FOR CAILGORY	The Late			TABLE IV.	Service Table	
Signature (Rank) Enlisted or at Montreal, Que. appointed on lst, day of July 1040. Joined on enlistment or appointment Transferred to (Signature) (Signature)		le le		Station	or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
Enlisted or appointed at Montreal, Que. on 1st, day of July 1940. Joined on enlistment or appointment Transferred to (Signature) Montreal, Que. Became non-effective by on day of 19	(Strike ou	t those which do not app	oly)				
Enlisted or appointed at Montreal, Que. on 1st, day of July 1040. Joined on enlistment or appointment Manning Depot, Toronto, Ontario. R56-183 on day of 19 Transferred to (Signature)	Signature	CP.	2000	/			
Joined on enlistment or appointment Transferred to Aday of July 1040.	(Rank)		eru.	†	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Joined on enlistment or appointment Transferred to Aday of July 1040.	Polisted on / at 1	Montreal, Que.					
Joined on enlistment or appointment Manning Depot, Toronto, Ontario. R56-183 on day of 19 Transferred to (Signature)	appointed		y 1940.				
ment or appointment Manning Depot, Toronto, Ontario. R56-183 on. day of 19 Transferred to							
Toronto, Ontario. R56-183 on day of 19 Transferred to	second or		REGTL, No.	Became non	-effective by		
Transferred to (Signature)	appointment MEL	ronto, Ontario.	R56-183	on	day of		19
to	1						
				(Signat	ure)		
				(Rank)			

TABLE II—Only for admissions to Hospital or to the Sick List in cases treated in quarters

NAME OF HOSPITAL		MITTED			IARGED HOSPITA		DISEASE	NUMBER OF	EACH ENTRY WILL BE ACCURATE, BRIEF AND RELEVANT Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will	SIGNATURE
	Day	Month	Year	Day	Month	Year		HOSPITAL	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital. transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used.	MEDICAL OFFICER
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Specialist's Report.

CONFIDENTIAL.

Army Form I. 12. Naval Form M. 246

n Form 9 Octastal Command. & D. Book Hospital or Sick List-Record Card. Christian Names Rank R.A.F. or Army No. Under instruc-Service Hospital or Station rendering this form Dates of: 31.7.41 Arrival as direct admission transfer Discharge to duty... Transfer Death..... Number of days under treatment CLINICAL NOTES. Disease or injury..... New disease supervening, and date Operation, nature and date..... Anaesthetic, and method of administration..... Previous history of case and family, if relevant...... o headache with reading.

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 Locking.	's Report from R.A.F. Stn.	11.19.11
1.7.4	l Rt.eye - Lt.eye -	Plus 0.5 cyl. 90deg.	
		Sgd. Mr. Doggart FRCS.	

	Condition on disc	charge	
		true copy of Specialist's	-
	Signature of Med	lical Officer 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, go this 3/ day of January, 1942.



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20	u	rc	IVI	10

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

500	
Section	
7	
F/.	Do not
-	write in
	this space

			1 8 1
PLACE Municipal Official nancivil munici	pali-		Place an Nover the word which applies to this municipality or this territory City Town Village Parish Township
DEATH ABOUT L MILE NORTH OF	ismp	Hospital or	Cuy Town Vidage Parish Township
1 Street CROVIDE PROTANTS NO.	s Months	Institution Years Months	Days Years Months Days
LENGTH (a) In hospital Pears Months Day (b) In municipality where death occurred	s Months	(c) In Province	Days (d) In Canada (if immigrant) Years Months Days
. NAME Surrame	Do not	CONFIDENTIAL MEDIC	CAL CERTIFICATE OF DEATH
OF Surname ABRAMS (Block letters)	write in	The state of the s	Company of the last of the las
DECEASED Given names	this space		(Day) (Y41)
[II]		23. I HEREBY CERTIFY that I attende	
Street No Official name 406 Oxford Avenue,		23. I HEREDI CERTIFI UNIVI Stiende	a deceased from
Civil municipali-		***************************************	19 to
ty or township			
Street Official name 406 Oxford Avenue, civil municipality or township. Municipal county. Province.		and last saw h alive or	
5. SEX 6. NATIONALITY 7. RACIAL ORIGIN 8. Single, Married,		I 24. CAU	ISE OF DEATH
(Citizenship) Widowed or Divorced (Write the word)		Immediate cause	The state of the s
ALE CANADIAN Roumanian Jew		Give disease, injury or complica- tion which caused death, not the mode of dying, such as heart failure,	(a) Killed during air
9. If married give		mode of dying, such as heart failure, asphyxia, asthenia, etc.	operations
name of wife or hus-		Morbid conditions, if any, giving	(b) Overseas
and of deceased NA		rise to immediate cause (stated in order proceeding backwards from	due to
0. BIRTHPLACE		immediate cause).	due to
Province or Country)		II	(0)
1. DATE OF Montreal, P.Q.		Other morbid conditions (if important) contributing to death but not	ALL AND THE PARTY OF THE PARTY
(Day) (Year)		causally related to immediate	
2. AGE OF Years Months Days If less than one day old DECEASED		cause.	
has or min	1 100	If a communicable disease is ((a) Da	te of appearance
24 9 24		III mentioned on this certificate,	ration of diseasedays
2. 13. Trade, profession or kind of work, as spinner,		To execut their interesting to the control of the c	nation of diseasedays
13. Frace, 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 spent in this		25. If a woman, was there a puerperal cond	ition?
14. Kind of industry or			NA
business, as cotton-mill, lumbering, bank, etc		26. Was there a surgical operation?	Date of
		And the second s	
worked at this occupation 3-8-41 occupation 18. But HPD 000		State findings	Was there an autopsy?
17. NAME (Province or Country)		The second was the second courses (VIO	DRE DO DINCES
	1	Accident, suicide or homicide	Date19
FATHER			GHIGH)
MOTHER Isidore Abrams Roumania	1	Manner of injury	ccidentustained)
(Maiden Name) Rose Moscovitch Rougania		Nature of injury	
19. Place of burial, cre-		Specify whether injury occurred in	
mation or removal JEWISH CEMETERY, MAGDELEN ROAD,	TO STORE	industry, in home, or in public place	Public Place.
THE PARTY OF THE P	The response	Z CERTIFICAL PROPERTY	THE OWNER OF THE PARTY OF THE P
1		Signed	M.D.
(a) Name of perish or church		Address	Date 19
F.O.	28. Sin	nature of person who fills in the form	29. Name of clergyman in charge of Register of
cipality of for Director of Postings & Recor		rate, coroner, hospital authority, etc.)	Civil Status in which registration of this
E Y A (c) Municipal R.C.A.F. Headquarters.			burial was made.
(a) Name of prish or church. (b) Civil municipal county. (c) Municipal county. (d) Date		The second second	AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS
□ (d) Date	This sign	nature authorizes the collector to accept	
N C (Month) (Day) (Year)		this form as authentic.	(Voir l'autre côté pour le français)

FORMULE 6 BUREAU FÉDÉRAL DE LA STATISTIQUE COPIE DU BULLETIN DE DÉCÈS QUÉBEC Apposer un X sur le mot qui s'applique Comté Nom officiel de LIEU cette municipalité ou ce territoire la municipalité cimuni-DU Citt | Ville | Village | Paroisse | Canton cipal vile ou du canton DÉCÈS institution (b) dans la mu-(a) dans l'hôpi- | Années | Mois Jours Années Jours Années Mois (d) au Canada (s'il | Années | 2. SÉJOUR nicipalité du (c) dans la tal ou l'inss'agit d'un improvince CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS NOM N'écrivez Nom de famille. DU (Lettres moulées) pas dans Noms de bantême DÉFUNT cet espace 22. Date du décès. ou prénoms. RANON IA MONTH IN THE PROPERTY OF THE PROPERTY (jour) (mois) 23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le19......jusqu'au..... la municipalité civile ou du canton. que je l'ai vu vivant pour la dernière fois le.. 24. CAUSE DU DÉCÈS Province 5. SEXE | 6. NATIONALITÉ 7. ORIGINE RACIALE | 8. Célibataire, marié, (Citovenneté) veuf ou divorcé (Ecrire l'un de ces mots) 9. Si le défunt était marié, nom de son conjoint 10. LIEU DE NAISSANCE (Province ou pays) 11. DATE DE NAISSANCE. (jour) (année) 12. ÂGE DU Années Mois Jours. Si agé de moins d'un jour .hrs. ou.....min. 13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc. 14. Genre d'industrie ou d'entreprise, tel que fila-ture de coton, industrie du bois, banque, etc. 15. Dernière date à la-quelle le défunt vaquait à 16. Nombre d'années occupées dans cette ce travail profession 18. LIEU DE NAISSANCE

(Province ou pays)

19

(année)

(mois)

17. NOM

(jour)

PÈRE MERE (Nom de fille)

21. LIEU DE L'EN-REGISTREMENT DE CETTE SÉPULTURE

19. Lieu de l'inhumation, de l'incinération ou destination du transport

> (a) Nom de la pa-roisse ou église (b) Municipalité (e) Comté municipal...

(d) Date ...

20. Date de l'inhumation.

N'écrivez pas dans cet espace

(année)

Mentionner la maladie, ble ou complication, causant la non pas son syndrome final, syncope, asphyxie, asthénie, etc.	essure (a)
États morbides, s'il y en a, a produit la cause immédiate indiquer dans l'ordre chronolo inverse de leur apparition).	(Les gique dû à (c)
Autres conditions morbides (in tantes seulement) ayant contribu décès mais n'ayant aucune porté la cause immédiate.	ié au
Si une maladie contagieuse HI est mentionnée à ce certi- ficat, donner	(a) Date d'éclosion
25. S'il s'agit d'une femme, y ava	it-il état puerpéral?
The state of the s	gicale?
	tribuable à des causes extérieures (violence):—
Accident, suicide ou homicide.	(Spécifier) Date 19
Manière de la blessure	(Dans quelle circonstance)
Nature de la blessure	
Indiquer si la blessure a été in dans l'habitation ou dans s	ifligée au lieu du travail, un endroit public
Signature	M.D.
Adresse	Date19
Signature de la personne qui remplit mule (vicaire, coroner, autorité d'un h etc.)	
ette signature autorise le collecteur à acce la formule comme authentique.	

Comm 26-4-41

ROYAL CANADIAN AIR FORCE 95089 R.C.A.F. T-58



/40

Report on Pupil Pilot-Flying and Ground Training

Surname.	Abrems		Christian	Names $\mathbb{H}_4^3 \mathbb{D}_{\epsilon}$		_
Number	R.56183		Rank	AC2		***************************************
			INSTRU	ICTIONS		
1. T	he report is to be for	warded so as	to arrive on	or before the reporting dat	e of the pupil as	follows:—
		ORI	GINAL AN	D DUPLICATE		
1	From Initial Training	School to El	ementary F	lying Training School (or FI	ying Club)	
I	From Elementary Fly (Service Flying T			Flying Club) to Intermedia	te Training Squ	adron
1	From Intermediate Tr	aining Squad	iron to Adv	anced Training Squadron.		
			DUPL	ICATE		
	To be available on der	mand by the	Training Co	ommand concerned.		
2. Or through (n completion of Adva Command Headquarte	anced Trainiers and the or	ng, the dur	olicate is to be forwarded ed on the pupil's personal file	to Air Force H	Ieadquarters
quarters 1	the event of disconti through Command H actor's report as to th	leadquarters	with full pa	y stage: one copy is to be for articulars as to the cause of failure.	orwarded to R.C f discontinuance	C.A.F. Head- e of training
4. A	pupil pilot will be en	titled to "Pa	ss" if he ob	tains not less than 60 per co to per cent in each subject,	ent of the total reach stage.	marks in the
			PAI	RTI		
			INITIAL 7	TRAINING		
1. No	o1 Init	ial Training S	School. Co	arse No From	.Aug.19th7	ro.Sept1
2. Re	esults of Examination	s:—				
	Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematic	28	100	82	Drill	100	73
Armament ((P & O.)	100	86	Law and Disc., etc	100	92
Visual L. T	r	100	Good	TOTAL	1500	333
4. Re	Position Short	in Class8	9 No. i	in Pilot's Class 193		
				Commanding	/S 1	Wg: Condr.
		Tubb	L UN	No 1 I.	r.sToron	to
To be pass	sed to No	E.F.T	.S.	Date3-10-40		

PART II

ELEMENTARY TRAINING

Flying Time:—						
Aircraft	Dual	Solo	Passenger	Total	Link T	Crainer
inch II	1230			1230		=:
3. Results of Flying	Tests:—20 hour	%	50 hour	% Instr.	Fly	%
4. Ability as a Pilot.	Very poor			Pass or	Fail Fail	ed
5. Recommended for	training on T.E. or	S.E. Aircraft				
6. Remarks on Flyin						
	progress has be					
	***************************************			***************************************	***************************************	
distance very	erratic. Lack	cs air sense	. Unsuita	ble as service	e Pilot	

		(Sgd) W.S.			
				Chief Flying In	nstructor	
			Da	te October 25	1940	
			200	P. C		
		CROTTE	mp			
7.		GROUND	TRAINING			
7.		GROUND	TRAINING			
7. Subject	Maximu Marks	ım Marks	TRAINING	Subject	Maximum Marks	Marks Obtained
Subject	Marks	ım Marks S Obtained			Maximum Marks	Marks
	Marks	ım Marks Obtained	Th. of Flight.	Subject	Maximum Marks	Marks Obtained
Subject Airmanship	200 200	m Marks Obtained	Th. of Flight Air Nav		Maximum Marks 100 200 200	Marks Obtained
Subject Airmanship	200 200 200	m Marks Obtained	Th. of Flight Air Nav		Maximum Marks 100 200 200	Marks Obtained
Subject Airmanship Airframes Aero Engines Signals (Prac.)	200 200 200 50	m Marks Obtained	Th. of Flight Air Nav Arm. (Oral) Quals. as an	Officer N.C.O.	Maximum Marks 100 200 200	Marks Obtained
Subject Airmanship Airframes Aero Engines Signals (Prac.)	200 200 200	m Marks Obtained	Th. of Flight Air Nav Arm. (Oral) Quals. as an	Officer N.C.O.	Maximum Marks 100 200 200	Marks Obtained
Subject Airmanship Airframes Aero Engines Signals (Prac.)	200 200 200 50	Marks Obtained	Th. of Flight Air Nav Arm. (Oral) Quals. as an {	Officer N.C.O.	Maximum Marks 100 200 200	Marks Obtained
Airmanship	200 200 200 50 1350. Marks Obta	Marks Obtained	Th. of Flight Air Nav Arm. (Oral) Quals. as an { Percenta No. in Cla	Officer N.C.O.	Maximum Marks 100 200 200 200 ass or Fail	Marks Obtained
Subject Airmanship Airframes Aero Engines Signals (Prac.) Maximum Marks 8. Commissioned Ra	200 200 200 50 1350. Marks Obta Position in Cla	Marks Obtained iined ass e or unsuitable	Th. of Flight Air Nav Arm. (Oral) Quals. as an { Percenta No. in Cla Unsui	Officer N.C.O. ge	Maximum Marks 100 200 200 200 ass or Fail	Marks Obtained
Airmanship	200 200 200 50 1350. Marks Obta Position in Cla	Marks Obtained iined ass e or unsuitable	Th. of Flight Air Nav Arm. (Oral) Quals. as an { Percenta No. in Cla Unsui	Officer N.C.O. ge	Maximum Marks 100 200 200 200 ass or Fail	Marks Obtained
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Subject Airmanship	200 200 200 50 1350. Marks Obta Position in Cla nk (appears suitable (Ability, Conduct, e	im Marks Obtained iined ass e or unsuitable etc.) Intel d. conduct. v	Th. of Flight Air Nav Arm. (Oral) Quals. as an { Percenta No. in Cla Unsui ligenfe an erygood	Officer N.C.O. ge Pass table d ability wellHe is especia	Maximum Marks 100 200 200 200 ass or Fail	Marks Obtained
Subject Airmanship	200 200 200 50 1350. Marks Obta Position in Cla	im Marks Obtained iined ass e or unsuitable etc.) Intel d. conduct. v	Th. of Flight Air Nav Arm. (Oral) Quals. as an { Percenta No. in Cla Unsui ligenfe an erygood	Officer N.C.O. ge Pass table d ability wellHe is especia	Maximum Marks 100 200 200 200 ass or Fail	Marks Obtained
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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	4/5/41	19
I h	I have the honour to apply for an appointment to the		on-Flying List) eneral List)	
Ple	Please read these notes before completing the form: (a) All questions must be answered in candidate's own hat "N.A." if "Not Applicable". Incorrect answers may (b) Where spaces are inadequate, information should be given (c) Paragraphs 35, 36 and 37 must be signed, dated and we (d) The submission of false information or falsified document to Prosecution.	ndwriting It is not suff prejudice an applicant's over on foolscap paper att ritnessed.	hance of selection. ached to and identifi	ed with this application.
1.	1. Surname ABRAMS	(Use capital letters)		
2.	2. Christian Names H1MA M DAVI	(Use capital letters)		
3.	3. Date of Birth Oct 10/45/6 Pla	ce Montres	1 Que Province	Canada
4.	4. Permanent Address 4406 OKFORd	Ave, Mont	real	
5.	5. Present address for correspondence stating date	until which it holds g	ood.	Telephone
7	4406 OXFORD AVE, MONT			EL. 4333
6.	6. Nationality (If Naturalized Canadian, proof of n			
7.	7. Religion (State denomination, e.g., C. of E., R.C	., U.C., etc.) He	prem	
8.	8. Next of Kin (Name) W. Miam About Address A406 Oxford A.			Brothed
9.	9. Father's name in full. Isidore AB Address. A406 Oxford Ave Birth Place. Roumania Profession. Manufacturer Mother's maiden name in full. Rose. Mosc. Birth Place.	- Montre	Cenadia	η
10.	10. Has either parent acquired any other nationality		lars and date mu	ast be given)
11.	11. Single, Married, Widower, Divorced, Separated?	Single		
	Particulars of Marriage	0		Place)
	Full maiden name of Wife N.A.			
12.	12. Particulars of Children:—			
	NAME DA	TE OF BIRTH		OF BIRTH
		DUCUME	IN RECORDS NT. SECTION 23 1941	1
13.	13. Person or persons to be notified in case of casualt	y:—		for the state of t
	Name William ARRAMS		Relationship B	POTHER
	Address 4406 Oxford Ave	- Montre	21 Que	· · · · · · · · · · · · · · · · · · ·

SCHOOLS	DATES II	N ATTENI	DANCE	COURSES	DIPLOMAS
SCHOOLS	FROM	1	07	COURSES	AND DEGREES
West Hill High School	1928		3	ARTS	Jun. Maty
Universities					
McGill University	1933	193	4 (em merce	
1.43m.3m.6.4.4					
15. Special Civil Courses or Examination	ns other tha	an in 14 a	bove, Cor	respondence Courses	, etc.
16. Civil Employment, from leaving sch. (If space does not permit full details of civil copy of this form.)	ool to prese	nt in chro lementary m	nological emorandum	order, and Reasons, a should be attached to	if any, for leaving:— and dentified with each
NAME AND ADDRESS OF EMPLO	YER	FROM	то	DUTIES	CAUSE OF LEAVING
Montreal Dren Co		1934	1936	manage	Ente besome
Peggy Pauge Frack		1936	1938	Courses	Sold Busini
Montreal Dien Go		1938	1939	Designer	Ente Service
17. Clubs or Organizations of which app	olicant is a	member(2i Lo	unhola P.P.i	Fratemily
legation Lambda 18. Previous Service with Navy, Army,	Air Force,	Jack Permanen	t or Non-	-Permanent:—	
Megsilon Lambda	Air Force,	Jack Permanen	t or Non-	-Permanent:—	
18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e	Air Force, g, Pilot, Obs	Permanen erver, Techr ROM	t or Non- nical or Gro	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
Leasilon Familia. 18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT	Air Force, .g., Pilot, Obs	Permanen erver, Techn ROM	t or Non- ical or Gro	Permanent:— und duties and if entitled RANK	to wings.) DUTIES
Leasilon Familia. 18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT	Air Force, .g., Pilot, Obs	Permanen erver, Techn ROM	t or Non- nical or Gro	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
Leasilon Familia. 18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT	Air Force, .g., Pilot, Obs	Permanen erver, Techn ROM	t or Non- nical or Gro	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
Leasilon Familia. 18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT	Air Force, g., Pilot, Obs	Permanen erver, Techn ROM	t or Non- nical or Gro TO	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT	Air Force, g., Pilot, Obs	Permanen erver, Techn ROM	t or Non- nical or Gro TO	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
Legation Familia. 18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT	Air Force, g., Pilot, Obs	Permanen erver, Techn ROM	t or Non- ical or Gro TO	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT 19. Reason for Termination of last Serv	Air Force, g., Pilot, Observed ice Engager Performed	Permanen erver, Techn ROM	t or Non- ical or Gro TO	-Permanent:— und duties and if entitled RANK	DUTIES
18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT 19. Reason for Termination of last Serv 20. Details of Ground Officer's Duties F	Air Force, g., Pilot, Obs File ice Engager Performed. (Service or	Permanen erver, Techn ROM	t or Non- ical or Gro TO	-Permanent:— und duties and if entitled RANK	to wings.) DUTIES
18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT 19. Reason for Termination of last Serv 20. Details of Ground Officer's Duties F 21. Experience as Teacher or Instructor	Air Force, g., Pilot, Observice Engager Cerformed. (Service or	Permanen erver, Techn ROM ment	t or Non- ical or Gro TO TO TO	-Permanent:— und duties and if entitled RANK UNIT	DUTIES PLACE
18. Previous Service with Navy, Army, (If in the Air Force state nature of duties, e FULL NAME OF UNIT 19. Reason for Termination of last Serv 20. Details of Ground Officer's Duties F 21. Experience as Teacher or Instructor SUBJECT	Air Force, g., Pilot, Observice Engager Cerformed. (Service or	Permanen erver, Techri ROM	t or Non- nical or Gro TO TO TO	Permanent:— und duties and if entitled RANK UNIT	DUTIES PLACE
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24. Service Courses ta	ken	-
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24. Dervice Courses taken.		1	- 1	
	COURSE	PLACE	FROM	ТО
Emprie Tramin	ni Plan			
Course 11 Gi	Obreme.			
	4			
••••••			***************************************	
25. Have you previously ap of its auxiliaries? If so,	oplied for a Commission or state:—		yal Canadian Air	Force or an
(Unit and Place	ce)	(Date)	(Result)	
26. Have you any knowledge	e of internal combustion en		craft, mechanics	or electricity?
27. Types of Aircraft Flown	(Service or Civilian):—		Helf-Think	
		NO HOUDS DV VEADS	REMA	DIZO
PLACE	LIST FLIT	NG HOURS BY YEARS	REMA	KKS
28. Total Flying Time				
29. Sports and games played Soccer (mod) B	, and whether extensively, asket left (mod)			.)
30. Hobbies Reading,	Sports.			
				A STATE OF THE STA
31. Languages spoken, or wr			Jordones	ngarty,
32. Any other remarks or inf	ormation not included in t	he foregoing—		
			•••••	
***************************************			******************************	
33. Names and present addr	resses of responsible person	ns (preferably including	employer), able t	
	candidate's career, as to hi			
Name H. C. Oct &	candidate's career, as to hi	Name T. Summ	enlle	
Name H.C. at &	candidate's career, as to hi	Name T. Summ	capitals)	
Name H. C. Ot & (in capi Address West H.	candidate's career, as to hi tals)	Name T. Summa (in Address Mov	capitals) theat His	l School
Name H.C. Ot & (in capi Address West H.	candidate's career, as to hi	Name T. Summa (in Address Mov	capitals) theat His	l School
Name H. C. Cot & (in capi Address West H. Profession Profession	candidate's career, as to hi tals)	Name T. Summi(in Address Mov	andle capitals) theal His	l School
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Name H. C. Cot & (in capi Address West H. Profession Drunce Name (in capi Address.	candidate's career, as to his career, as the career, as t	Name T. Summi(in Address Move Profession P. Name (in Address.	capitals) theat His	R School
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Name H. C. C. & & (in capi Address. West H. Profession. Profession. Name. (in capi Address. Profession. Of the Address. Profession. Of the Applicant must be possible to andidate has nominated; personally acquainted with the Applicants are cautioned nor outside the Service who as the Applicant of the Applicant o	repared to provide, if required, ed to enter into correspondence, and the Selection Board will dishe candidate's work, at school, not to prejudice their candidathey consider might have some CERTI.	Name Cin Address Mon Profession Cin Name (in Address Mon Profession Cin Manual Cin Address Mon Manual Cin Manu	capitals)	or other person than those than those than ces or otherwise persons inside
Name H. C. C. & & (in capi Address. West H. Profession. Profession. Name. (in capi Address. Profession. On the Department is not prepare the candidate has nominated; personally acquainted with the Applicants are cautioned nor outside the Service who as the Company of the Comp	repared to provide, if required, ed to enter into correspondence, and the Selection Board will dishe candidate's work, at school, not to prejudice their candidate they consider might have so CERTI was personally compiled by me the right at any time to dispense.	Name Cin Address Mon Profession Cin Name (in Address Mon Profession Cin Manual Cin Address Mon Manual Cin Manu	capitals)	or other person than those than those than ces or otherwise persons inside
Name H. C. Oct & (in capi Address	repared to provide, if required, ed to enter into correspondence, and the Selection Board will dishe candidate's work, at school, not to prejudice their candidate they consider might have so CERTI was personally compiled by me the right at any time to dispense.	Name To Commendation from university, in industry or but atture by endeavouring to end influence. FICATE and is correct to the best of mose with the services of an Official se services of	capitals) or other person than those whom the not directly an eces or otherwise persons inside	
Name H. C. Or R (in capi Address	repared to provide, if required, ed to enter into correspondence, and the Selection Board will dishe candidate's work, at school, not to prejudice their candidathey consider might have sor CERTI. In was personally compiled by me e the right at any time to dispense the candidate of the candidat	Name To Commendations from the influence. FICATE and is correct to the best of mose with the services of an Official Signature. Signature Management of the services of an Official Signature. EMENT anadian Air Force, Special Research Management of the services of an Air Force, Special Research Management of the services of an Air Force, Special Research Management of the services of an Office of the services of the	capitals) or other person than those whon the ces or otherwise persons inside	

	1 Hyman David allam		nade an application, date
app) for a Commission on the Spe dication is accepted, that I am willing to serve on Active Servic ation of the present war and for the period of demobilization	e, anywhere in Canada, also beyond Car	nada and Overseas for the
	tness The boom		
Da	te 14/5/G1 19	Signature H. D. alra	ne,
Pla	te 145/91 19 ace Halfax N.S.		
	Location of Will.		
(6)	Entered in Officer's Records by(Rank)	(Date)	(Place)
	CERTIFICATE OF MEDICA		
Name	in full		
	. Information obtained from the applicant:—	****	***************************************
1	Age 2. Have you ever suffered from any	of the following defects in healt	h?
(a)	Rheumatism	. (j) Nasal Trouble	
(b)	Tuberculosis	(k) Ear Disease	
	Bronchitis or Asthma.		
(d)	Heart Disease		
(8)	Kidney or Bladder Disease		
(1)	Stomach or Bowel Trouble		
	Varicose Veins		
	Flat or Deformed Feet.		
	Have you ever worn glasses?		ess of more than one
		Ct. 4	
E.	aminer's remarks re above		of Applicant.
EiX			
*****	······································	***************************************	
PART 2	. Information obtained by Medical Examination (A	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
	(Good 7. Chest meast	urement—full expiration	inches
6	. Development Fair	range of expansion	inches
	Poor		
	. Hearing—RightLeft		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
	Reflexes		
19	. Abnormalities (Congenital and Pathological) foun		
			•••••
70	m 1:1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		:-
PART 3	The candidate has been examined in accordance considered fit for Category		
Genera	d Impression and any special remarks of Medical O	fficers	

		4.7	
	4,2		
	2		
Date	1	9	
A. de			
		fember)	Member)

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

AIR AND GROUND TRAINING

	wax be	AIR AND GRO	OUND TRAINING	walters and				
Surname			Christian Names	H, D,				
Number	6183		Rank	Lin A.	. C.			
		INSTR	UCTIONS					
1. At the conclusion of below in sufficient time to an next stages of training:—	each stage of	f training thi fore the date	s report must be complete on which the pupil reports	ed and forwarded s for the commen	l as indicated cement of the			
Original and Duplic	cate	Anlates	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		1041	To be available on de Command concerned.		ining			
2. On completion of Tr forwarded to Air Force Head	raining, the or	riginal is to ough Comma	be placed on the pupil's pad Headquarters.	personal file and	the duplicate			
3. In the event of the d Headquarters through Comm and instructor's report as to	and Headqua	arters with fu	at any stage; one copy is ll particulars as to the caus failure.	to be forwarded se of discontinuar	to R.C.A.F.			
4. A pupil will be entitle Practical and Oral Tests, and	ed to "Pass" i I not less than	f he obtains r 50 per cent	not less than 60 per cent of in each of the separate sub	the total marks in jects, included in	this Test.			
		PA	RT I					
		INITIAL	TRAINING					
1. NoIni	tial Training	School, Cor	urse No. Fron	то То				
2. Results of Examinations					************************			
2. Results of Examinations					Maria a			
Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained			
Mathematics	100		Drill	100				
Armament (P. & O.)	100		Law and Disc., etc	100				
	Lates	1.90 69/6.71	TOTAL	400				
3. Maximum Marks 400.	Marks Obtain	ned	Percentage	Pass or Fail	L. Cynthiau			
	Position in Cl	ass	No. in Observers (Class				
4. Remarks	The man of the							
4. Itemarks	40A3			•••••	***************************************			
Rec'd. MAY 22	, Lo-1	123						
O.K. 4.4 N	- LON	17		••••••				
R. C	V With	7						
R. G. Walten N S. L	and the second		Commanding	Officer	Wg. Comdr.			
,			Commanaing	Officer				
4			Data					

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

PART II

AIR OBSERVERS SCHOOL

Aircraft	I	DAY		N	IGHT		
	1st Nav.	2nd	Nav.	1st Nav.	2nd Nav.	Passenger	Total
	22.15	22.05	3	1.50	1.40		47.50
3. Proficiency as	s Air Observer 50	00 Ma	rks obtained		771		
4. Remarks on	Air Training and	points v	which requir	e special co	onsideration!	Consistently g	ood, Ve
	attentive to	instra	otions	Came. 19	th in clase	of hh	***************************************
***************************************							*****************
5.			Ground	Training	3		
Subject		ximum Iarks	Marks Obtained		Subject	Maximum	Marks
on much				- Later		Marks	Obtained
D.R. (Plotting) D.R. (Written)		150	106		l Charts		93
Compasses and Instru		150 150	134		phy		91 85
0.F. (W/T)		100	9h	The same of the sa	ssance		78
ignals		50	50				
Jan Tall Earl		1000		T	OTAL	1000	865
					••••••		
 Total Assessm Position in Cla Assessment as 	ass	ks Obtai	ned 1506.	Per	in Class	7Pass or Fail	Passed
8. Total Assessm 9. Position in Cla 0. Assessment as Assessment as	ass	6Ex., Abov	ove Av., Av.,	Per No. , Below Av.	in Class	7Pass or Fail hh bove Average	Passed
8. Total Assessm 9. Position in Cla 10. Assessment as Assessment as 11. Commissioned	ass	6Ex., Above suitable	ove Av., Av., or unsuitab	Per No. , Below Av. Below Av.	in Class	7Pass or Fail hh bove Average bove Average (AA)	Passed
8. Total Assessm 9. Position in Cla 0. Assessment as Assessment as 1. Commissioned 2. As Instructor	ass	6Ex., Above suitable de or unse	ove Av., Av., or unsuitabuitable)	Per No. , Below Av. Below Av.	in Class	7Pass or Fail hh bove Average bove Average (AA)	Passed
8. Total Assessm 9. Position in Cla 10. Assessment as 11. Commissioned 12. As Instructor	ass	6Ex., Above suitable de or unse	ove Av., Av., or unsuitabuitable)	Per No. , Below Av. Below Av.	in Class	7Pass or Fail hh bove Average bove Average (AA)	Passed
8. Total Assessm 9. Position in Cla 0. Assessment as Assessment as 1. Commissioned 2. As Instructor 3. General Rema	Air Navigator (Air Observer (E Rank (Appears (Appears suitable) arks on Training,	Ex., Above suitable de or unsuitable Ability,	ove Av., Av., or unsuitable)	Per No., Below Av. Below Av. Suit	in Class	7Pass or Fail hh bove Average bove Average (AA)	Passed ng thing
8. Total Assessm 9. Position in Cla 0. Assessment as Assessment as 1. Commissioned 2. As Instructor 3. General Rema	Air Navigator (Air Observer (E Rank (Appears (Appears suitable) arks on Training,	Ex., Above suitable de or unsuitable Ability,	ove Av., Av., or unsuitable)	Per No. , Below Av. Below Av. le)Suit	in Class	7Pass or Fail hh bove Average bove Average (AA) uick at learni ppearance. Ve	Passed ng thing
8. Total Assessm 9. Position in Cla 10. Assessment as 11. Commissioned 12. As Instructor 13. General Rema	Air Navigator (Air Observer (E Rank (Appears (Appears suitable) arks on Training,	Ex., Above suitable de or unsuitable Ability,	ove Av., Av., or unsuitable)	Per No. , Below Av. Below Av. le)Suit	in Class	7Pass or Fail hh bove Average bove Average (AA) uick at learni ppearance. Ve	Passed ng thing

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

PART IV

31.40 25.25 8.15 4.50 3. Proficiency as Air Navigator 250. Marks Obtained 210 4. Remarks on Air Training and points which require special consideration	Passenger	-,000	
Aircraft Ist Nav. 2nd Nav. 1st Nav. 2nd Nav. 9.25 3.30 6.25 3.10 22.15 22.05 1.50 1.40 31.40 25.25 8.15 4.50 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 an in all exercises. Ground Training Subject Stronomical Navigation (Plotting) Intelligent student, has a should knowledge of Total Assessment 500. Marks Obtained 344 Pass or Fail. Position in Class No. in Class. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor). Recommended as an Instructor (Yes or No) Yes General Remarks on Training, Ability, etc. This man has taken a keen interest and shown a instructor. Chapter of the profit of the prof	Passenger		T DIMINITAL AS
9.25 3.20 6.25 3.10 22.15 22.05 1.50 1.40 31.40 25.25 8.15 4.50 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 an in all exercises. 5. Examination Results:— Subject Ground Training Fronomical Navigation (Plotting). Stronomical Navigation (Written). 6. Remarks on Ground Training. Intelligent student, has a should knowledge of 1. 7. Total Assessment 500. Marks Obtained. 8. Position in Class. 9. No. in Class. 9. No. in Class. 9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor). 9. Recommended as an Instructor (Yes or No). 1. General Remarks on Training, Ability, etc. 1. This man has taken a keen interest and shown a instructor. 1. This man has taken a keen interest and shown a instructor. 1. Observers' School. 1. Subject 1. Maximum, Marks 1. Max	- (B.G.S.	Total
GRAND TOTALS 31.40 31	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22-20
3. Proficiency as Air Navigator 250. Marks Obtained	2.00	21,25	
4. Remarks on Air Training and points which require special consideration. Grasped application of Astro - Nav. theory an in all exercises. 5. Examination Results:— Subject Stronomical Navigation (Plotting). Stronomical Navigation (Written). 6. Remarks on Ground Training. Intelligent student, has a should knowledge of Intelligent student, has a should knowledge of No. in Class. 9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) 10. Recommended as an Instructor (Yes or No). 11. General Remarks on Training, Ability, etc. This man has taken a keen interest and shown a instructor. Ch. 22. Final Assessment (A.O.S., B.G.S. and A.N.S.) Subject Maximum, Marks Marks Obtained Subject ir Observers' School	2.00	21.25	93.35
Subject Stronomical Navigation (Plotting) Stronomical Navigation (Written) 6. Remarks on Ground Training Intelligent student, has a shund knowledge of 7. Total Assessment 500. Marks Obtained 8. Position in Class 9. No. in Class 9. No. in Class 9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) 10. Recommended as an Instructor (Yes or No) 11. General Remarks on Training, Ability, etc 12. This man has taken a keen interest and shown a instructor 13. Position in Class 14. General Remarks on Training, Ability, etc 15. This man has taken a keen interest and shown a instructor 16. Final Assessment (A.O.S., B.G.S. and A.N.S.) 17. Subject Maximum, Marks Marks Obtained Subject are Observers' School 18. Position in Class 18. Recommended for Commissioned Bank Assessi			
stronomical Navigation (Plotting) stronomical Navigation (Written) 6. Remarks on Ground Training Intelligent student, has a shund knowledge of 7. Total Assessment 500. Marks Obtained 8. Position in Class 9. No. in Class 9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) 10. Recommended as an Instructor (Yes or No) 11. General Remarks on Training, Ability, etc. 12. This man has taken a keen interest and shown a instructor. 12. Final Assessment (A.O.S., B.G.S. and A.N.S.) Subject 15.06 15.06 15.06 16.00 16.00 17. A.N.S. 18.00			and and a
6. Remarks on Ground Training Intelligent student, has a should knowledge of 7. Total Assessment 500. Marks Obtained 8. Position in Class 9. No. in Class 9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) 0. Recommended as an Instructor (Yes or No) 1. General Remarks on Training, Ability, etc. This man has taken a keen interest and shown a instructor. Ch No. 1. A.N.S. 2. Final Assessment (A.O.S., B.G.S. and A.N.S.) Subject Maximum, Marks Marks Obtained Subject air Observers' School 1800 860 *Air Navigation School 1200 Total Percentage 79.2 Pass or Fail Pass Position in Class 3. Recommended for Commissioned Bank Yes Assessi	Maximum Marks		Marks Obtained
6. Remarks on Ground Training Intelligent student, has a should knowledge of 7. Total Assessment 500. Marks Obtained 8. Position in Class 9. No. in Class 9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) 0. Recommended as an Instructor (Yes or No) 1. General Remarks on Training, Ability, etc. This man has taken a keen interest and shown a instructor. Ch No. 1. A.N.S. 2. Final Assessment (A.O.S., B.G.S. and A.N.S.) Subject Maximum, Marks Marks Obtained Subject Air Observers' School 1800 Bombing and Gunnery School 1200 Percentage 79.2 Pass or Fail Pass Position in Class 3. Recommended for Commissioned Bank Yes Assessi	150	in the	101
1. General Remarks on Training, Ability, etc. This man has taken a keen interest and shown instructor. Ch. No	100		93
No. A.N.S. 2. Final Assessment (A.O.S., B.G.S. and A.N.S.) Subject Maximum Marks Marks Obtained Subject ir Observers' School 1800 860 *Air Navigation School mbing and Gunnery School 1200 Total Percentage 79.2 Pass or Fail Pass Position in Class 3. Becommended for Commissioned Rank Yes Assessing Assessing Pass Pass Pass Pass Pass Pass Pass Pas	ability		Ammunii X
ir Observers' School 1800 1506 *Air Navigation School Total Percentage 79.2 Pass or Fail Pass Position in Class Recommended for Commissioned Rank Yes Assessi	ief Instruc	ttor 39-4-4	1
Percentage Pass or Fail Pass Position in Class Recommended for Commissioned Rank Yes Assessi	Maximur	m Marks M	arks Obtained
Percentage 79.2 Pass or Fail Pass Position in Class Recommended for Commissioned Rank Yes Assessi		0	344 2770
3 Recommended for Commissioned Rank Yes Assessi	2.4	in Class	72
S Recommended for Commissioned Bank Assessi	40 %	ove. A	v. 119/1
	ion mat	terial	e Av.)
Officer No	Command	eles ling	ce Janel
5. Awarded Air Observer's Badge (date)	<i>'</i>		ıp Captaiı
Delete if not applicable. No. 1 Bombing &	er Comman		

PART III

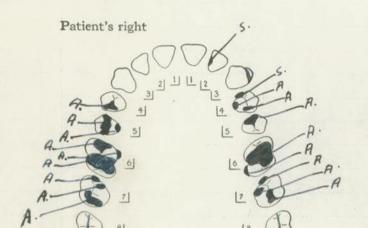
ARMAMENT TRAINING

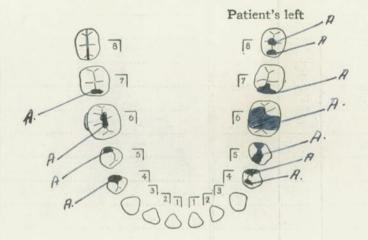
2. Flying Time:—		Air T	raining			
	Bombing		Gu	NNERY		
Aircraft	Day	Night	Day	Night	Passenger	Total
Battle	15:15	6	:10		2:00-	23:25
W. 415	7	1 16	of the	yet .	Brought Forward	47:50
3. Bombing:— (a) Individual		ing-Stationar				
(i) Average	e error of all exerci	ses196y	rds. (ii)	Average error o	f best exercise	165yd
(b) Low Level	Bombing—Avera	ge error of all	exercises		***************************************	94yd
4. AIR GUNNERY:— (a) Beam Test.	***************************************	(Average %	hits to r	ounds fired)		3.8
	tive Speed Test					
	Test					
(c) Older Tall	1000		sment	ounds med/	***************************************	
5. Examination Res	SULTS:—					
Subject	Maximum Marks	Marks Obtained	.03	Subject	Maximum Marks	Marks Obtaine
ombing (W)	150	98	Gunnery	(W)	100	88
ombing (P)		102		(P)		78
3. Proficiency as Air o		8.	Marks	obtained13:	4	
0. Qualities as an Offi	cer or N.C.O. 200	Marks.	Marks ob	tained 148		
I. Total Assessment 1	200. Marks ob	tained 860	Per	rcentage71.7	Pass or I	ail pass
				No		
2. Commissioned Ran	nk (Appears suita	ble or unsuitabl	e)Si	WyGul	6 4 (Squad	ron Leader
yeter ever yet	Maria de la companya	1	Vo1	B. & G.S.	Date:— 16-3	-41
. General Remarks						
Practical man	n, should make	e a good obs	erver		9. E. Wa	et
		10 A		Officer		Group Capts
*To be passed to N		ANG	No1	B. & G.S.	Date:- 16-3	-41
*To be passed to N *In the case of Air Obe the Bombing and Gunner	servers who do not p		lavigation	School paragraphs	12 to 14 of Part IV	will be complete

CANADIAN DENTAL CORPS

NAMEA BRAMS H.D. RANK ACQ AGE 23 REG. No. 8-56/83
UNIT RCAF

DATE JUL 3 1940
19





TREATMENT
R Root Canal Describe with sketch
V's Vincent's Br Bridge
Pu Pulpitis
PO Post Operative PD Partial
Pe Periodontia CU Complete upper
CL Complete lower
Ra X-ray DA Adjustment

Irreparable tooth—Mark with an X drawn through diagram of tooth.

Caries-Outline defective tissue. Do not fill in space.

ABBREVIATIONS:-

A Amalgam

Ce Cement

X Irreparable teeth-extraction

Synthetic Porcelain

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.

Crown

All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

Gold

Gold

Porcelain

Porcelain

Richmond

Jacket

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

M.F.B. 465 2,500 pads of 100—1-40 (3667-8) H.Q. 1772-39-950

Strike out inapplicable number and words.

ORAL HYGIENE

Good Fair Neglected

PROPHYLAXIS required

Yes

MUCOSA

(Describe any pathological condition briefly)



Denture

W. S. Law Lin Lust
Signature and unit of examining officer

16 coy. c.D.C.

Indicate surfaces of teeth as follows:

Mesial	-	M			Labial	-	L
Distal	-	D			Buccal	-	B
Incisal	_	I			Lingual	-	Li
			Occlusal	- 0			

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

Indicate tooth by the notation below.

8 7 6 5 4 3 2 1 Patient's right 1 2 3 4 5 6 7 8 Patient's left

Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator	Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator

								" -	
		,,,,,,,,,,,,,,,,,							
	3 134111111								
		************		,		********			

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									1
					***************************************			*	

R-56183

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ontario. Date 19/7/40.

FILE NUMBER

T	Surname Abrams Chr. Names Hyman, David.
17	
1	Nature of Commission Date of Birth10/10/16 Married or Single
- 1	Branch Hours Flown None. Address 4406 Oxford Ave., Montreal, Quebec.
1 4	Address 4406 Oxford Ave., Montreal, Quebec.
	HAVE YOU ANY HISTORY OF:—
(i)]	NERVOUS TROUBLE OF Nervous Breakdown
	Severe or "Sick" Headaches, Migraine
1	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
	HEART DISEASE, "Weak or Strained Heart"
	Fainting Attacks or Giddiness.
	Rheumatism, Rheumatic Fever or "Growing Pains"
. 1	Frequent Sore Throats or Tonsillitis
	Diphtheria, Scarlet Fever or Scarlatina
(iv) 9	STOMACH OF BOWEL TROUBLE.
	Chronic Indigestion or Pain after Food.
100	KIDNEY OF BLADDER TROUBLE
	Syphilis or Gonorrhœa.
(vi)	Tropical Disease
1	Malaria
	Dysentery
(vii) I	EYE TROUBLE or Inflammation of Eyelids.
	Wearing of Glasses.
	Colour or Night Blindness.
	Ear Trouble, Earache or Discharge from Ears
I	Deafness, Noises in the Ears, or Dizziness
. I	Frequent Colds in Head, Catarrh or Obstruction
F	Prolonged Hoarseness or Loss of Voice
	Sea, Car or Train Sickness.
T	Disconfort on Crimer Doundshorts Critishhooks
") (Discomfort on Swings, Roundabouts, Switchbacks Deerations T&A at 5. Appended tomy at 17.
(ix) (JPERATIONS
(x) A	Any Illness or Injury not mentioned aboveMeasles, mumps, chicken-pox,
	on Jr. Matric and 1 year McGill University (Commerce)
	Occupation Designer (Dress Manuf.) Hobbies Sports.
	s Service
	es Tennsi, basketball, baseball, soccer, riding.
Habits-	-Smoking 10-20 cigs./day Alcohol 0 ccasional - spirits.
FAMILY	History—ConsumptionBrother had T.Bcured.
	Nervous Ailments, Mental Trouble, or "Fits"
Father	Alive—Health Good Dead—Cause
	Alive—Health Good Dead—Cause
Brother	s (1) Alive—HealthGood() Dead—Cause
	(2) Alive—HealthGood() Dead—Cause
1	hereby declare that I have carefully considered the statements made above, that to the best of
my belie	of they are complete and correct, and that I have not withheld any relevant information or made
	sleading statement. I am fully aware that by wilfully suppressing any information I shall
incur th	e risk of not being granted a Commission, or if it is granted, of being required to relinquish it
and forf	eit any claim to gratuity or other award.
	11 01 (2 1)
Date /. 9	7.40 Signature H. D. abrame Witness & Lelen

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression Body Mark	given by (a) Phys. Scars. Deformit	sique	Athl	etic	- McBu	(b) M	entality	Alert, left handed.
Size of Thy	roid Gland			No	ormal.			
Surgical Ab	normalities			Ná	1			***************************************
Regults of V	Wounds Injuries	Operat	ions	Ar	mendec	tomv.		
Tresents of	vv ounds, injuries,			1		1		
		Date. 19/	7./40	Date 2/	8/40	Date		The state of the s
			Assessing Room		Assessing Room		Assessing Room	REMARKS ON ANY
			1100,000		2400111		***************************************	ABNORMALITIES FOUND
TT : 1 / /:	.)	708						
Height (ins.	.) 3.)	148	**********	*********	**********		********	Date 2/8/40.
Weight (Ibs	imference (ins.)	25	000000000000000			*********	**********	Date
Doda Duild	(lba)	-5	**********					
Leg Leven	(lbs.) rh (ins.)	421						Rotation Test
LEG LENGT	н (шь.)				1			
	(Sitting	72						Before: Pulse 72 B.P. 120/76
	Standing 1st							Der. 120/10
Pulse Rate		84						After: Pulse 78
I did I to to	After Exercise							B.P. 122/80
	Time to Normal							
								J.B.W.
Arterial Wa	alls	Soft						Nystagmus after Rot.
Blood	Systolic	114						to right 30 secs.
Pressure	(Diastolic	84	*******					
7-1-1								Nystagmus after Rot.
	(Size							to left 30 secs.
Heart	Sounds							
	(Rhythm	Reg.						U.D.W.
_		2.7						
Lungs								
Breath held	L	1.00						
Expiratory	Forceeity (Best of 5)	5300						
VITal Capac	5300, 4100,	.9999		**********		FATTAL	**********	
, 1000,	0000, 1100,							Date
	(Knee	N						
	Ankle							
Reflexes	Triceps							
	Abdominal							
	Plantar	F	*********					
Cranial Ner	rves	N					*********	
		R. L.	R. L.			R. L.		
Balancing I	Rod							
		R. L.		R. L.				
Self Balance	eing	.1ES1	F.S					
Tremors	Fingers	N						Date
	\Eyelids	N						Date
-	(Liver	0	1		TOUR			
Abdomen	Spleen							
Abdomen	Muscular Tone.							
	*				-			
TT .	[Albumen	Neg.						
Urine	Sugar	Neg.						
Initials of 1	M.O.	E.R.W		H.A.	P.	1		Charles Simplester Similar
40 mm. Hg	. Test 57	7/8	1011/1	21110/1	11110/	108,	*********	
Date 2	/8/40.p 63	7/	779/997	7/778/7	87.			
				**********			***********	
Date							**********	

Remarks by Consultant.

EYE EXAMINATION

History					Total a
***************************************	Negativ	0.			
***************************************	*************************		211411444114411444444444444444444444444		
	(R.20/20 , t	2.25 = .20/20	b		
Vasual Acuity	Too too to	2.25 20'/201			
C-1 V: :					
				The second secon	

Diaphragm Te					*
Convergence					
·	S. C. =	12.5 cms.			
	(R	8.5cm	•		
Accommodation	on {	8-5 cr			***************************************
Cover Test					***************************************
Fields	Material N			**********	
		******************************		**********	***********************************
Remarks:					
F	it.				
	7 11 7 4 7	FO HTC			
	Initials of A	1.0	Initials of M.O		Initials of M.O
	Date1	9/7/40	Date		Date
	EXAM	IINATION OI	F EAR, NOSE AN	D THRO	OAT
History	***************************************				

	(R. Ear	W. V. 201			
Hearing	1				
E / 1E					
External Ear, Meatus	1				
Membranes	(L. Ear				
Middle Ear,	(R. Ear	Pat.			****
Eustachian Tubes	L Ear	Pat.			Date Care
Cochlear					
Apparatus	1				A STATE OF THE STA
Vestibular Apparatus	R. Ear	N			
ripparauds	L. Ear.	N N	***************	***********	*****
					*
Teeth		Good	***************************************		
Gums		Healthy			*****
Nose	******	H.	***************************************		
Larynx		N		=	******
Remarks:					
		Initials of M	O. J.B. WInitials of	M.O.	Initials of M.O
Fit.					Date

HISTORY OF PRESENT CONDITION

Date

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 2/8/40.

APPROVED

AIB A3 B

AUG 27 1940

ABLACTOL...

May: for D.G.M.S.

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

Category -- AlB, A3B.

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



5-183 Manning Depo

Manning Depot, Toronto, Ont. Standard General

TRADE Air Crewa

ROYAL CANADIAN AIR FORCE

(by, Original on C.R. File)

420/R563~32

"Air Force"

K	int Oak	Card Office Co	SUBLIT IVERT	The state of the s		Palanka	FY was
3. Permanent Address 44							
4. Place of Birth	treal	Duchec		Citia	anchin (anno.	dian
5. Date of Birth Oct							/
6. Particulars of Children		- Viairied	, biligie, vi	raower, bep	araucu,	DIVOICE	
1	m.a	- All 1		N.			De Chief
Name		Date of birth		Name			Date of birth
							+-
		1411 009 00		15 15-20-04		12	
7. Occupation Manua	actured		8.	Religion	Helm	rew	
9. Languages Eng	lish -	# Fren	ch not	Scuents	L	ate denomi	nation
9. Languages English 10. Next of Kin (Full Nam	e) Willi	am Oblam	84	Relationsh	ip Ba	other	,
11. Father (Full Name)							
		d avenue			40		
" Occupation	Dress Ma	amu facturer	*******************		*********		
12. Mother (Full Maiden	Name) Rose	Moscovild	.	Birthplace	Bou	manu	ia #
	- '	d avenue			10		CONTRACTOR OF THE PARTY OF THE
13. Details of any Naval, I			~~··				
					Da	ite	
Unit	Place	Rank	day's as	Frade	From	То	Reason for discharge
14. Honours, Awards, Men							
15. Are you now on any N		44					
16. Have you previously m							
When? M-as-							
17. Were you ever discharg					100		
If so, state nature of di							
18. Have you ever been or	are you now ir	receipt of a Disa	bility Pens	sion??	٥		
If so, state nature of D	isability	a -		R.C	A.F.F	tecore	Is Office
19. Have you ever been co	rvicted of an in	ndictable offence?	no	If ses	ate of the	120 19	40
20. Are you in debt??)If s	so, state particula	rs. A.	0.1	C	C.1.8	Salekani
				R.	GNI	1.00. 2.	amanusma:
R.C.A.F. Form R. 100			***************************************	LSL	***************************************	P. A.	mM.G.
100M—2-40 (3924) H.Q. 1062-3-83	1	3-/3					HB

Primary Education—Public or Separate School	NT 6 1 1	D	ate		
School	Name of school	From	То	Courses—Subjects, etc.	
	Herbert Symonds	1931	1933	General	
ligh School-Collegiate Institute, etc	West Hill High School	1929	1933	General	
Cechnical School				0.5441	
	Mc Gill University	1933	1934	Commerce	
Correspondence Courses, etc	,				
2. Particulars of all Civil Occupa	tions (in full):				
Fl	Duties tundes mositions	D	ate	Reason for leaving	
Employer and place	Duties, trades, positions	From	То		
Jontreal dress 6	general	1934	1937	To enter own business	
Peggy-Paige Frocks	Manager - own busine			Name of the Control o	
440			2000 - 2000		
Montreal Dress & Blouse Co	Designer + manager	1939		Still theil	
10 El : E : /: II	C.I. None	D. I.	2000	D 20.00	
3. Flying Experience (in Hours)					
4. Special Qualifications, Hobbies	s, etc., useful to the R.C.A.F.	no			
26. AIR FORCE DUTY you wish to If for Ground Duties, state Ai If for Flying Duties, state pref (Cross out words not applicab	er Force trade in which you wis ference as (a) Pilot; (b) Observ ale.)	ver; (c) Air	Gunne	r (d) Wireless Operator (Air C i	
	who can give references as to	character	and abil		
77. Names of at least two persons				ity.	
	Addres	s		Occupation	
27. Names of at least two persons Name	Addres		ol o	Occupation	
27. Names of at least two persons Name	Addres		chool	Occupation	
27. Names of at least two persons Name	Addres		chool hou	Occupation	
7. Names of at least two persons	Addres		ehow?		
27. Names of at least two persons Name	Addres		chool hou	Occupation	
27. Names of at least two persons Name	Addres		chool Apr	Occupation	
27. Names of at least two persons Name	Address West Hill !	high s high s		Occupation Principal Realty	
Name Name Name Name Name Name Name	Address West Hill !	high s high s		Occupation Principal Realty	
Name Name Name Name Name Name Name	Address West Hill !	high s high s		Occupation Principal Realty	
Name No. Sommerville	Mer Hill Montreal ave any bearing on this applic	high So	4.	Occupation Principal Redti	
Name No. Sommerville No. Sommerville No. Sommerville No. Sommerville	Address West Hill Montiveal ave any bearing on this application, re-vaccination and inoc	hgk So	e compi	Occupation Principal Realize	
Name No. Sommerville	Address West Hill Montiveal ave any bearing on this application, re-vaccination and inoc	hgk So	e compi	Occupation Principal Realize	
Name Address West Hile Montreal ave any bearing on this application, re-vaccination and incomplete the second of the	ation.	re compu	Principal Restation Ilsory?		

FOR OFFICIAL USE ONLY CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from 1. Age. 23 2. Have you ev	AND THE RESERVE OF THE PARTY OF	the following defects in health?	•				
(a) Rheumatism NO	The state of the s	370					
(b) TuberculosisNO							
(c) Bronchitis or AsthmaN	The same of the sa						
(d) Heart Disease							
(e) Kidney or Bladder Diseas							
(f) Gastro-intestinal							
(g) Rupture							
(h) Varicose Veins	NO						
(i) Flat or Deformed Feet	NO	(r) Other Disease or Defect	NO				
3. Have you ever worn glasses?		Hyman Obrand. Signature of					
Examiner's Remarks re above	Candidate gies	a positive family history of	pulmonary tuberculo				
sis. Brother has been i	ll with tuberculo	osis. I do not find any evide	nce of pulmonary				
Part 2. Information obtained by							
1. Identification marks or s		n history)					
	Appendectomy so	ar.					
	************		***************************************				
2. Height 5 feet.	10 ¹ / ₄ inches.	3. Weight 146	pounds.				
4. Complexion Dark							
(Good		nt—Full expiration. $53\frac{1}{2}$					
6. Development Fair	7. Chest Measureme						
		Range of expansion					
8. Hearing—Right W V 2	20Left.W.V20.	Tympana—RightN	LeftN				
9. Vision—Without glasses-	-Right20/20	With glasses—Right					
	Left20/20	Left					
10. Condition of mouth and	teeth Healthy						
		Sugar N.					
12. Abnormalities (Congenita		und on Examination					
	May	nig will					
*		win.					
		ance with the pamphlet, "Physical S Recruits" and he is considered fit for	II.				
Any special remarks of the Medi	ical Officers						

Date 27	1940						
	110.0	0 1					
Presiden	- While	Couldwinber	Member				

FOR OFFICIAL USE ONLY

(A)	Report of Interviewing Officer—
	Type
	Suitability for (state in what capacity)
	DateSignatureRank
(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.
	Trade qualifications other than above fixely to lead to efficient employment in the R.C.A.F.
	Date
(C)	DECLARATION MADE BY MAN ON ATTESTATION
	I, Hyman David ABRAMS do solemnly declare that the foregoing
par	ticulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada
	overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization
	reafter, and in any event for a period of not less than one year, provided His Majesty should so long require my
serv	rices.
Dat	e July 1st, 1940. H.D. Clbrams. Signature of Recruit
(D)	OATH TAKEN BY MAN ON ATTESTATION
	I, Hyman David ABRAMS do sincerely promise and swear (or solemnly
dec	lare) that I will be faithful and bear true allegiance to His Majesty.
	te July 1st, 1940. H.D. Abrams
Dat	te July 1st, 1940. (1-). CONOMA. Signature of Recruit
(E)	CERTIFICATE OF ATTESTING OFFICER
he	The Recruit above named was cautioned by me that if he made any false answers to any of the above questions 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 I	replied to and the said Recruit has made and signed the declaration and taken the Oath before me,
at	Montreal, Que. 1st, day of July. 19 40.
	O O O AS ROYAL CANADIAN AIR FORCE
	C. S. Yell Olac Van Unit