ALLEN LOUIS

REGIMENTAL DOCUMENTS

H.Q. FILE No. 465-A-2648

C.A.A.

WILL REQUIRED

NAME

REGIMENTAL No. E 30199

UNIT OF ENLISTMENT ROYAL RIFLES OF CAN.

RANK RFMN.

CONTENTS	NON-EFFECTIVE BY
COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.3 & 3A)	67215 DEATH
SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B. 103)	DATE
PARTICULARS OF FAMILY (M.F.M.5)	CAUSE
FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)	AUTHORITY
CERTIFICATE OF SERVICE (M.F.M.8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF	
FORM OF WILL (M.F.M.10 OR M.F.M.10A)	
DENTAL RECORD (M.F.B. 465)	DISCHARGE
MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P. & N.H. 100)	DATE
MEDICAL BOARD PROCEEDINGS (M.F.B. 227)	REASON
TRANSFER CLOTHING STATEMENT (M.F.C. 644)	AUTHORITY
LAST PAY CERTIFICATE (M.F.D.930A)	
PROCEEDINGS ON DISCHARGE (M.F.M. 23)	
PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)	DESERTION
DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)	DATE
PAY SHEETS	AUTHORITY
CARDS	
SUNDRY X	

WSG COMPLETED

RETURN THESE DOCUMENTS TO WAR SERVICE RECORDS DEPT. OF VETERANS AFFAIRS

M

PROCESSED

PROCESSED

MICROFILMED
FILM REF. 64R-7165-2

M. F. W. 2589
150M-8-40 (6598
1772-39-1377

M.F.D. 930A
200M—2-45 (6635)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. E-30199 Rank and Name Pte. ALLEN, Louis

of R.R. of Canada Unit, on

(Transfer, Posting or Discharge) to on or about Dec.21 (Unit and Station) on 194 1

Reason for discharge Deceased Authority HQ.54-27-70-14 Vol.2 DR.2 (b)

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ has been paid by the Treasury Officer, Military District No.

REMARKS:

State (1) Date of appointment or enlistment 12-8-40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted?

(3) Has assignment of pay been made? If so, amount $

Effective date

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $

ESTATES BRANCH JUL 25 Rec'd H.Q. OTTAWA NATIONAL DEFENCE

The following is a statement of the account of the above named from 1st to 31st Dec. 194 1 the inclusive date of transfer, posting or discharge.

PARTICULARS (Dr.)	AMOUNT $	c.	PARTICULARS (Cr.)	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account	65	42
First Monthly Payment			Regimental Pay 31 days at $ 1.30	40	30
Casual Payments AR Spec 2	65	42	Tradesmen's Pay days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay			days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			days at $		
To Balance Cr. (To be paid by new unit)	40	30	By Balance Dr. (To be deducted by new unit)		
Total	105	72	Total	105	72

NDHQ. Ottawa
(Place)
July 18, 1945.
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

for Chief Treasury Officer.
Paymaster or Accounting Officer

LL/GB

405-A-2648
(Records-C)

le 4 avril 4.

Madame,

En réponse à votre lettre du 27 mars, au sujet de votre fils, le fusilier Louis Allen, matricule E-30199, je dois dire que comme ce militaire n'est pas encore officiellement présumé mort, mais que, d'après les archives du ministère, il est toujours porté disparu au combat, nous regrettons de ne pouvoir présentement émettre un certificat de décès dans son cas.

Des mesures en vue de le porter mort pour fins officielles ne seront pas prises avant que le War Office soit prêt à faire de même pour les membres de l'Armée britannique qui ont été portés disparus à Hong-Kong. Etant donné les circonstances qui existaient au moment de la capitulation de la garnison de Hong-Kong et par la suite, les autorités compétentes sont peu disposées à procéder à l'établissement d'une liste des morts présumés dans le cas présent ainsi que dans un grand nombre de cas semblables. Nous ne pouvons, par conséquent, dire au juste quand il sera possible d'émettre un certificat de décès. Soyez cependant assurée que lorsque ce cas aura été définitivement réglé, vous serez immédiatement avisée par télégramme et le certificat demandé vous sera envoyé sans retard.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,
Pour le directeur des Archives,
for (C.-L. Laurin), colonel.
B. Ladouceur

Mme Cyriac Allen,
Saint-Zacharie,
Comté de Beauce, P.Q.

24

405-A-2648
(D.R. 2(b))

le 12 juillet 1945.

RECOMMANDEE

Madame,

Nous regrettons profondément de vous informer que votre fils, le fusilier Louis ALLEN, matricule E-30199, antérieurement porté manquant à l'appel à Hong Kong, est maintenant pour fins officielles présumé mort.

La date de sa mort a été consignée dans les dossiers comme étant le ou vers le 21 décembre 1941.

Veuillez agréer, madame, mes sincères condoléances dans votre deuil.

Votre bien dévoué,

(C.L. Laurin) colonel,
directeur des archives,
pour l'adjudant général.

Mme Cyrias Allen,
St-Zacharie,
Cté Dorchester, Qué.

/LL

52

le 23 juillet 1945.

Chère madame,

Je suis désolé de vous informer que nous n'avons point reçu d'autres nouvelles au sujet de votre fils, le fusilier Louis ALLEN, matricule E-30199, qui a été officiellement porté disparu depuis le 21 décembre 1941.

Le Conseil de l'Armée s'est vu avec regret obligé de conclure que votre fils avait donné sa vie en combattant l'ennemi à Hong Kong et, par conséquent, mention est consignée dans nos archives que le fusilier Louis Allen, matricule E-30199, est désormais pour fins officielles, présumé avoir été tué au combat le 21 décembre 1941.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée m'ont prié de vous transmettre, à vous et à votre famille, leurs sincères condoléances dans votre deuil.

Nous lui rendons hommage pour le sacrifice qu'il a si vaillamment accompli.

l'adjudant général,

(A.E. Walford)
major général.

amc
mem x mother
24-7-45.

Mme Cyrias Allen,
St-Zacharie,
Cté de Dorchester, Qué.

56

405-A-2648

QUESTIONNAIRE ON FATAL CASUALTIES "CW" FORCE

by

F.35180 Rfmn MYERS, Gerald G. Royal Rifles of Canada

Have you any information regarding the death of disappearance of personnel:

(ii) Killed in action. YES

and if so, whom? A.6146 Sgt. BEATTIE Leonard

E.30199 Rfmn. ALLEN Louis
E.30262 " ANDREWS Albert, Lorne
F.40870 " ATWOOD, Percy Coleman

STATEMENT

PLACE Ridge behind "Repulse Bay" Hotel Hong Kong

TIME About 6 P.M.

DATE 21st December 1941

WHO WAS WITH HIM? Does not recall

TO WHAT TASK WAS HE ASSIGNED? Patrol party of thirty (30) under British officer (Name unknown)

WHAT WAS HE DOING? APPROACHING REPULSE BAY HOTEL from Ridge

DETAILS OF ~~XXX~~ WHAT HAPPENED. There were a few bursts of enemy M/G fire, which killed ALLEN, ANDREWS, and ATWOOD outright. The party spread out, Sgt. BEATTIE was killed a few minutes later, at the back of the Hotel. The survivors of the pary moved on, and took up positions further up the Ridge. "Any men who were not killed outright were finished off by the JAPS if they could not get out of the way.

PLACE OF BURIAL IF KNOWN Not known

ITEMS OF PERSONNAL EFFECTS OBTAINED AND BY WHOM Not known

INTERVIEWED

PLACE Gordon Head Camp,
Victoria, B.C.
DATE 4 Oct 45 Sgn - G.G. Myers , F.35180

SGN - W.H. DUNBAR Sgt. (K. 54607)
Pac. Comd. Sec. Int. Sec.

69

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30199 RANK RIFLEMAN SERVICE UNIT ROYAL RIFLES OF CANADA

NAME ALLEN, LOUIS

DATE OF BIRTH 6-2-08 DATE OF ENLISTMENT 12-8-40

MARITAL STATUS SINGLE RELIGION ROMAN CATHOLIC

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP MOTHER NAME MRS. CYRIAS ALLEN

ADDRESS ST. ZACHARIE, DORCHESTER CO., QUE. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. E.E. DENISON, MAJOR, A-BDE. MAJ. "C" FORCE. H.Q.405-A-2648

CASUALTY DETAILS DATE

PREVIOUSLY PRESUMED KILLED IN ACTION ON OR ABOUT 21-12-41 IS NOW CONFIRMED MISSING IN ACTION 23-12-41 AND PRESUMED KILLED IN ACTION ON THE 23-12-41

AMENDED AS TO CASUALTY STATUS AND DATE OF DEATH
HONG KONG

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MEB YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 11-12-45

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

74

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

MEMORANDUM H.Q. 405-A-2648

TO ESTATES

DEPARTMENT OF NATIONAL DEFENCE
- ARMY -
Record Office

Ottawa, 14 Dec 1945

E.30199 - Rifleman Louis ALLEN

Reference Report of Death dated 26 July, 1945, regarding the marginally named soldier in which the Casualty details were shown "Previously reported missing at Hong Kong, has now for official purposes been presumed killed in action on or about 21-12-41."

2. Casualty details of this soldier have now been amended to read as follows: "Previously presumed killed in action on or about 21-12-41 is now confirmed missing in action 23-12-41 and presumed killed in action on 23-12-41."

3. For your information, please.

N. J. Hitsman
for

C. L. Laurin
Colonel
Director of Records

/NJH

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Louis (CHRISTIAN NAMES) ALLEN (SURNAME)

REGISTER NO. D-5319

FILE NO. 405-A-2648

PAYEE Director of Estates

DATE 7-2-46

ADDRESS

SERVICE NO. E-30199

FINAL RANK OR RATING Rfn.

DATE OF TERMINATION OF OVERSEAS SERVICE 23-12-41

DATE OF DISCHARGE 23-12-41

A. TOTAL QUALIFYING SERVICE NO. OF DAYS 499 (480) / 30 EQUAL TO 16 COMPLETE PERIODS AT $7.50	$ 120.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 57 LESS 19 INELIGIBLE DAYS, EQUAL TO 38 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	9.50
	129.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.30; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.00; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; $	
TOTAL $ 2.30 X7 = $ 16.10; NO. OF DAYS 57 (188) X$ 16.10	5.01
D. WAR SERVICE GRATUITY	134.51
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	134.51

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
V Birmingham	27/7/46

Kurt Bernhardt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Louis (Christian Names) Allen (Surname)

Register No. N5319

File No. 405-A-2648

PAYEE'S NAME ESTATES (Christian Names) (Surname)

Date 6-2-46

ADDRESS

Service No. E30199

Final Rank RFMN

DATE OF TERMINATION OF OVERSEAS SERVICE 23-12-41

Date of Discharge 23-12-41

	AMOUNT $	c
19		
A. TOTAL QUALIFYING SERVICE No. of day 499 / 30 = 16 Periods @ $7.50	120	00
B. QUALIFYING OVERSEAS SERVICE No. of days 57 less 19 Ineligible days, equal 38 Days @ 25c. per day	9	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	129	50
Daily Rate of Pay $ 1.30 Subsistence Allowance $ 1.00 Additional Pay $ — Dependents' Allowance 1/30 $ — $ — TOTAL $ 2.30 × 7 = $ 16.10 No. of Days 57 / 183 × $ 16.10	501	
D. WAR SERVICE GRATUITY Computed By Mentry	1345	1
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	1345	1

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

Hong Kong

~~Singapore~~.

50M—8-45 (7827)
H.Q. 1764-81-3

Directo[illegible] of Estates

Regimental No. E-30199 Rank. Rfn.

ALLEN — Louis
Surname — Christian Names

Unit: Royal Rifles of Canada (C.A.)

Date of death: on or about 21 Dec 41 Place of Death: OVERSEAS (Hong Kong)

Casualty Details: Previously reported missing at Hong Kong, now for official purposes presumed killed in action on or about 21 Dec 41.

Next-of-kin: Mrs. Cyrias Allen Relationship: Mother

Address: St. Zacharie, Dorchester Co., P.Q.

ESTATES BRANCH AUG 1 1945 H. Q. OTTAWA NATIONAL DEFENCE

Will: Will d/21 Aug 40 herewith.

Date: 26 Jul 45

EXCERPT OF M.F.M.5 dated 12 Aug 40

(1) Are you married? NO Children?

Wife's name and address) Names and Ages

(2) Is your father alive? NO If so, state name and address

(3) Is your mother alive? YES If so, state name and address
Mrs. Cyrias Allen, St. Zacharie, Dorchester Co., P.Q.

(4) Are you insured? YES If so, in what company?
Great West & L'Union Ste. Joseph

ESTATES LIAISON

JEC/EML

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: ALLEN (Surname) Louis (Christian Names) No.: E.30199

Rfn. (Rank) C.A.O./3 (Unit) 21-12-41 (Date of Death)

Date: 1-2-46

AMOUNT		
W.S.G.		134.34
L.P.C.	$	40.30
Other Credits		478.67
Total		653.31
Prev. Dist.		40.30
This Dist.		613.01

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Cyrias Allen, St. Zacharie, DORCHESTER CO., Que. (Sole beneficiary under will)	$613.01

P4. TO TREAS. 27-2-46, q m

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$613.01

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

N.R-245

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défut était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE ..... (jour) ..... (mois) ..... (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc. .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc. .....

15. Dernière date à laquelle le défunt vaquait à ce travail | **16.** Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

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

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... (jour) ..... (mois) ..... 19..... (année)

N'écrivez pas dans cet espace

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... (jour) ..... (mois) ..... 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate

Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a) .....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b) .....

dû à

(c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion ..... 19.....

(b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable 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 infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature ..... **M.D.**

Adresse ..... **Date** ..... **19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (HONG KONG)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: ALLEN (Block letters)

Given names: Louis

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: St. Zacharie,

Municipal county: Dorchester, Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M			Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 6th, (Day) 1908, (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	33			hrs. or min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Clerk

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Hong Kong

20. Date of burial: 19

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) 19 (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 21st, (Day) 19 41. (Year)

23. I HEREBY CERTIFY that I attended deceased from 19 to 19

and last saw h alive on 19

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of 19

State findings Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide (State which) Date 19

Manner of injury (How sustained)

Nature of injury

Specify whether injury occurred in **industry, in home, or in public place**

Signed M.D.

Address Date 19

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY
CANADIAN ARMY
DEC 15 1945
405-A-2648

Director of Records, Dept. of National Defence

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment? No

If so, state her full name and Postal Address Nil

(11) Is your father alive? No

If so, state name and address, occupation Nil

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) Nil

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

(14) Is your mother alive? ~~Mrs. Ye Cyrias ALLEN~~, Yes

If so, state name and address Mrs. Ye Cyrias ALLEN, St. Zacharie, Dorchester Co. P.Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) Nil

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? Nil

(17) Are you contributing to the support of any dependents, other than those shown above? No

If so, state the following particulars:—

Relationship Nil

Full Name Nil

Postal Address Nil

Amount contributed monthly during the past six months No

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? No

(19) Are you insured? Yes

If so, in what Company? Great West & L'Union Ste. Joseph

(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.

Francis Allen

(Signature of officer or man)

Date 12th Aug. 1940

Lt. Colonel

Officer Commanding Royal Rifles of Canada C.A.S.F.

Date 12th Aug. 1940

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

ORIGINAL

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

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. (Special Reserve.)

(*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 ALLEN LOUIS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30199 Rifleman

(3) Unit Royal Rifles of Canada (C.A.S.F.)

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife Nil

(*b*) Present postal address of wife Nil

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

(7) Are you a widower? Nil

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages Nil

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

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

Name Nil

Postal Address Nil

DISTRICT PAY OFFICE
RECEIVED
AUG 28 1940
M. D. No. 5 Quebec.

[SEE OTHER SIDE]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $ .....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

D

D. R. 10

RECEIVED
D OF RECORDS
OCT 17 1946
WILL SEC.
N. D. H. Q.

G

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

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Louis ALLEN (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of St. Zacharie, in the County District of Dorchester,

Province of Quebec, Clerk (Civil Occupation)

Regimental No. E-30199, Unit R.R.C.(C.A.S.F.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my Mother Mrs. Vve Cyrias ALLEN, St. Zacharie, Dorchester Co., P.Q. all my estate.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Nil (Name) (Address)

..... (Civil Occupation), to be the Executor/Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 31 day of Août 1940

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.

Louis Allen (Signature of soldier)

First witness sign here.

(5) Signature J. B. Bradley

Civil Address 26 St. Denis Ave Quebec P.Q.

Civil Occupation Fire Underwriter

Second witness sign here.

Signature A. R. Woodside

Civil Address 411 Latour Ave, Quebec, Que

Civil Occupation Insurance investigator

(Witnesses are not to be beneficiaries.)

[OVER]

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Cyrias ALLEN (MOTHER)

ADDRESS: ST. ZACHARIE, Dorchester Co., Que.

MEMORIAL BAR

(1) DATE DESP

REGN. NO 1,294

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mme. Cyrias ALLEN, (FRENCH)

1978

ADDRESS: ST. ZACHARIE, Dorchester Co., Que.

(3)

DESP. AUG 3 1945

REGN No. 20992

21-12-41

AWARDS—CANADIAN ARMY (ACTIVE)

1978

M

E. G.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-A-2648

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ALLEN,	Louis	E-30199	Vol.	Royal Rifles of Can.

WAR SERVICE BADGE (CLASS) NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~Pacific Star~~	
War Medal	
CVSM & Clasp	3255, 18·3·50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NO. E.30199 Rank Rifleman Name ALLEN, Louis

Unit Royal Rifles of C. Date of death ~~21st~~ 23 December, 1941.

Died at Hong Kong.

Cause For official purposes presumed killed in action.

Death occurred on strength of Forces H.Q. 405-A-2648

N/K Mrs. Cyrias Allen, Relationship Mother

Address St. Zacharie, Dorchester Co., Quebec. OK

~~Remains buried in~~ Sai Wan Bay Cemetery

(HONG KONG) MEMORIAL

11

CHK

Grave location

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. DEC 15 1945

ROYAL MESSAGE DESP'D. AUG 6 1945

CAN. MESSAGE DESP'D. JUL 24 1945

10M-1-45 (M-4608)

DECLARATION

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

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

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

Lyde Cyprias Allen — Signature of Informant

Saint-Zacharie. Co.Dorchester. Qué. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ..... {Name of informant} is the* ..... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at P.O. Juillet this ..... day of 19 45

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

Joseph Drapeau — Qualification Juge de Paix

Address St Zacharie Beauce

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

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

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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Louis Allen.
9	Date of his birth.	Le 6 Février 1904
10	Place and date of his marriage.	Célibataire.
11	Place and date of his parents' marriage.	Saint-Zacharie. Qué.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Saint-Zacharie. Qué.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Saint-Zacharie. Qué.
14	Nature of employment before enlistment.	
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Saint-Zacharie. Qué.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	oui. La Banque Canadienne. Saint-Georges de Beauce. Qué.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Canada Life Assurance Co. amount $205.00 -- Mde. Cyrias Allen.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	L'union St-Joseph du Canada. Amount ~~XXX~~ $513.00 Mde. Cyrias Allen.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	non. non.

(Please Turn Over)

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Célibataire		
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....				
4	Mother of the Deceased.....		Mde, Cyrias Allen	75	St-Zacharie.Qué.
5	Brothers of the Deceased	Full Blood	Eugène Allen	54	St-Zacharie.Qué
			Rosaire Allen	51	St-Zacharie.Qué.
			Wilfred Allen	47	Chicago.Ill. U.SA.
			Alphonse-M,Allen	42	Québec.P.Q.
			Jules Allen	36	Lakefield. Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mde.Joseph Drapeau(Anne)	48	St-Zacharie.Qué.
			Estelle Allen	44	St-Zacharie.Qué.
			Ernestine Allen	39	St-Zacharie Qué.
			Jeanne d'arc Allen	34	St-Zacharie.Qué.
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.	Names and ages of their children (if any)	Address of their children

FOR COMPLETION AND RETURN BY 1 Form P. 64

B71

[redacted]
Mrs. Cyrias Allen,
St. Zacharie,
Dorchester Co., P.Q.

0/10-8-0

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

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

and the following number quoted:—

H.Q. 405-A-2648 FD 465

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

2 August 1945

ESTATES BRANCH AUG 15 1945 H. Q. OTTAWA NATIONAL DEFENCE

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

ALLEN, Louis, Rfmn. E.30199

C.A. O/S

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

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

R. W. Smith Col.

Director of Estates.

EDM/HO

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972