

D71595
HOYLES
BAXTER

26th August, 1947.

Mrs. Dorcas DeGruchy,
1357 Laurier Ave. East,
Montreal, Que.

D.71595, Private Baxter HOYLES

Dear Mrs. DeGruchy:

I beg to acknowledge your communication of the 20th instant relative to your late son, the marginally named, and am sorry to have to inform you that the remains of Private Hoyles were not recovered for regular burial and his burial place is, therefore, unknown.

Regrettably, through the fortune of war, many fatal casualties result in bodies not being recovered for regular interment, or having been buried, the graves are later lost in the course of field operations. I am sorry that your son should have been one of the several hundred members of the Canadian Army who have no known graves but I can assure you that adequate arrangements will be made to suitably commemorate him in perpetuity on one of the special memorials which will be erected to contain the names of all the missing, and those who lie in unknown graves.

It is regretted that it is necessary to forward you such an unsatisfactory reply but should any information ever reach the Department in the future you will be communicated with immediately.

Yours faithfully,

J. B. Lading
for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on third page)

Regimental No. D-71595. Rank Private **DECEASED**

Surname HOYLES

Christian name Baxter
NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Hasting & Prince Edward Regiment.

Date of discharge 31 Jan 44

Place of discharge Overseas Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 19 years months
Height 6 feet inches
Complexion Fair
Eyes Blue
Hair Brown
Trade Laborer

Descriptive marks:

Appendix scar. Scars back left leg. Scar right arm. Scar right knee.

Intended place of residence }
Street and Number P.O., City or Town, etc.
Province
(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of " **DECEASED** " **DECEASED**

Authority for discharge

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct while in the service has been, according to the records, etc.:

N.B.—See K.R. Can. 385. This will be assessed when practicable by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company, and will be read out to him.

4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)

To be in the handwriting of the Commanding Officer.

N.B.—The information given in paras. 3 and 4 will NOT be entered on M.F.M. 7, Discharge Certificate.

5. He is in possession of the following number of G.C. Badges:

5A. War Service Badge

General Service

Class and number.....
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Large bracketed area for listing medals and decorations with dotted lines for text entry.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the fourth page, and that I have received my discharge certificate.

(Place)..... (Signature of Soldier)

(Date)..... (Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Statement of Service

(Date of enlistment—Canadian Army).....

(Date of discharge—Canadian Army).....

(Total Service—Canadian Army)..... years..... days

10. Confirmation of Discharge

The discharge of the above-named man is hereby confirmed.

(Place)..... (Signature).....

(Date)..... Commanding.....

List of Discharge Documents

Field Conduct Sheet.	Certified Copy of Record of Declaration of Court of Inquiry.
Certified Copies of Convictions by Civil Power.	Attestation or Enrolment forms (Duplicate and Triplicate).
Casualty Form.	Clothing and Equipment Statement.
Proceedings Medical Board.	Proceedings on Discharge.
Medical Case History Sheet.	Training Record.
Dental History Sheet.	Application for War Service Badge (G.S. Class).
Last Pay Certificate.	
Duplicate Discharge Certificate.	

CANADIAN WOMEN'S ARMY CORPS

Charge Sheet.	Attestation or Enrolment Form (Duplicate and Triplicate).
Casualty Form.	Certificate of Examination (Duplicate and Triplicate).
Proceedings Medical Board.	Clothing and Equipment Statement.
Medical Case History Sheet.	Declaration to serve in Canada and beyond.
Dental History Sheet.	Proceedings on Discharge.
Last Pay Certificate.	Training Record.
Duplicate Discharge Certificate.	Application for War Service Badge (G.S. Class).

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Date.....

.....
Officer Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

(Date).....

.....
(Signature of Soldier)

S.P.

1101

~~WIDOWER~~
~~WIDOWER~~
 *SINGLE

NO. D-71595 RANK Rfn. NAME HOYLES BaxterPLACE OF ENLISTMENT Montreal, Que. DATE 16-8-40

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
13	16-8-40	Rfn.		A.S.	1.30		TOS VRC wef. 16-8-40
40	9-2-43	Rfn.			1.40		wef. 8 Feb. 43
69					1.50		8/4/43

ASSIGNMENTS

DEPENDENTS' ALLOWANCES

No.

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL	DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
Mrs. Dercas Degruchy (mother re-married), 1357 Laurier Ave., East, Montreal, Que.	Aug 142	15.00	15.00				
	1-6-43	23.00	mfm19				

OUTFIT OR } ALLOWANCE \$
 CLOTHING }
 REHABILITATION GRANT \$

PAID ON
 PAID

IN RECEIPT OF PENSION UNDER PENSION ACT
 OR MILITIA PENSION ACT (1910) \$ P.A.

*DELETE WORDS WHICH ARE INAPPLICABLE

OCCUPATIONAL FORM COMPLETED

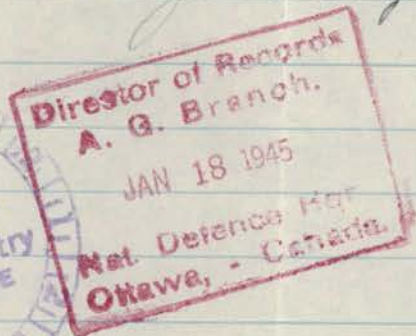
CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
NO.	DATE		
13	16-5-40	TOS VRC wef. 16-5-40.	
48	2-10-40	AWL. 2130hrs. 1-10-40.	
50	5-10-40	to 2130hrs. 2-10-40. Forf. 1 days pay.	
45	11-4-41	24hrs. Detention. Forf. 1 days pay.	
90	9-8-41	AWL. Forfeits 2 days pay.	
6	8-1-42	AWL. Forfeits 1 days pay.	
148	25-6-42	AWL. Forfeits 1 days pay.	
237	6-10-42	AWL 1900 hrs. 4-10-42	
239	8-10-42	to 2030 6-10-42. Forf 15 days & 3 days Total. 18 days pay	
239	8-10-42	SOS VRC Trans. to HQ 17 Inf. Bde. Sussex wef. 8-10-42	
30	14-10-42	TOS HQ 17th Inf. Bde. w.e.f. 9-10-42	
37	9-11-42	Leave 5-11-42 to 10-11-42 with ration allow @.50 (4 days)	
38	12-11-42	SOS to Victoria Rifles eff. 11-11-42	
271	14-11-42	TO VRC from 17th Inf. Bde. wef. 12-11-42	
274	18-11-42	AWL 0630 10-11-42 to 1430 10-11-42. Forf. 1 days pay	
42	11-2-43	Granted sick leave & S. All. 1.25 (10-2-43 to 16-2-43) 7 days	
67	8-3-43	AWL 0700hrs 7 Mar 43 Cancelled DO 70	
73	14-3-43	Granted leave & R. All. 50¢ (14-3-43 to 17-3-43) 4 days	
78	19-3-43	AWL 2359 17-3-43	
80	21-3-43	Cancel D.O. 78 above	

405-H-11, 851

15 January 1945

D. P. and N. H.
Ottawa, Ont



Dear Sir

I am writing in favor of Mrs Dorcas
DeBruchy (widow) 1357 Laurier Avenue East,
Montreal, que who is an illiterate. Her son
D71595 pte Hayles, B. (deceased) was killed some-
where in Italy January 1944 ✓

Will you kindly send a form regarding
gratuities to Mrs DeBruchy's Laurier Ave address.
Also, advising her as to what channels are
necessary to go through to obtain her son's
belongings

yours very truly

W.C. DeBruchy



2.6

1357 Laurier St. E.
Montreal, Que.
February 1st/45



Dear Sir,

I am writing for
Mrs. Chas. De Guechy, Mother
of Pte. Baxter Hoyles, (Dec'd),
D-71595. - C.A.

She has received a
cheque from the Treasury
Branch, for the sum
of fifty-nine dollars
and thirty-six cents.

The being in full
settlement of her son's
service estate.

Now she wishes to
know, if this money
is what her son had
in the Bank in Italy.

W J Estates

Passed, please
McCardinal sign
2/4/45 - to P M G



Or just exactly what it is. You see, she has not received any of Baxter's personal effects. Of which should include his band book, watch, bracelet ect. That is why she is a little puzzled about this money.

She doesn't understand if this is money he had saved, or if it is back money from the Army.

Now, she also got a letter from your ~~see~~ office a few days ago. Information about the War Service Grants Act, 1944.

The letter stated the Act requires a state of dependency is to exist. And that information is being assembled in your branch, and others in National Defense Headquarters. To disclose if she is entitled to a gratuity under the terms of the Act.

Well she receives a pension of twenty-five dollars per month. Her cheque no. being K-15989 as he signed her as a dependent. She is a widow. If any information is wanted, you can get it from the Pension Board. They were to her

home after the death of
her son.

Mrs. De Grueby is not
asking for anything that
is not belonging to her
son. But she feels that
what is belonging to
son, she should have.
As he was her dearest
child, and the only
one who looked after
his mother. If she
could have him back,
believe me I wouldn't
be writing this letter
to the government.

Will you please be
so kind, as to write
her and explain these
matters to her. It will
straighten her out on

a lot of things.

Mrs. De Guuchy doesn't read or write, and she is also a little deaf. So things are hard for to understand. Please try and make things as clear as possible for her. And Oblige

Mrs. K. Laffin.

+ Mrs. De Guuchy
signature

PERIOD

From 19 To 19



MILITIA BOOK M. 1

PART II

10/P&S/279 (11/42)

CANADIAN ARMY

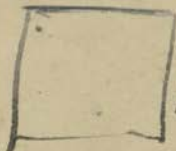
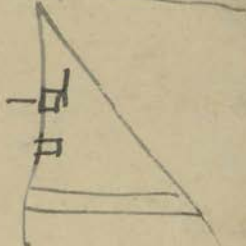
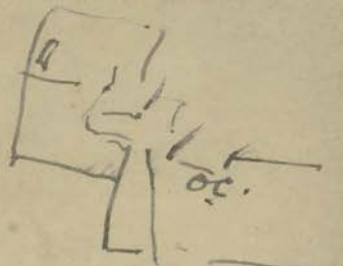
Soldier's Pay Book

(For use on Active Service)

Reg'tl Number D. 71595

Surname (Capitals) HOYLES

Christian Names in full BAXTER



ympe.

B.C

1
SOLDIER'S PAY BOOK—INSTRUCTIONS

If this book is found NOT in possession of the soldier it is to be forwarded at once as indicated below:—

IN CANADA: To the
Paymaster-General,
Department of National Defence,
Ottawa.

ABROAD: To the
Chief Paymaster,
Canadian Army Overseas.

IN THE FIELD: To the
Paymaster,
Canadian Troops.

UNDER NO CIRCUMSTANCES WILL REFERENCE BE
MADE IN THIS PAY BOOK TO THE SOLDIER'S UNIT.

1. This book will be produced whenever an advance of pay is required.
2. The soldier will give a receipt on an Acquittance Roll for all cash advances. The officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.
3. This book is the property of the Canadian Government, and a soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, may be charged with a serious offence under the Army Act.
4. If this Pay Book is lost, the soldier will report the loss immediately to his Paymaster who will issue a new Pay Book in accordance with the provisions of C.M.H.Q. Pay Instruction 114 (2).
5. If a soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book he should make reference in all cases to his Paymaster.
6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be notified on page 3 of this Book.
7. This Pay Book must be in possession of the soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.

PARTICULARS OF SOLDIER

Regimental Number *D. 71595*Name in full (Surname first) *Hayles*
*Baxter*Date of Attestation *16/8/40*State whether married, widower or single. *S*

If married after enlistment, state date of marriage

If married, give full postal address of wife, or if widower,

name and address of guardian of children, if any, or if

single, name and address of next-of-kin, stating rela-

tionship to the soldier (see page 1—para. 6).

*Mrs Dorcas De Gruchy (mother)**1357 Laurier Ave, East**Montreal Que.*

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$.	<i>23⁰⁰</i>	<i>1 June 43</i>
(b) \$.		
(c) \$.		
(d) \$.		

Name, address and relationship of assignee:

(a)	<i>mother</i>
(b)	
(c)	
(d)	

Dependents allowance, payable to: (state relationship)

Soldier's Signature _____

Book opens on Jan 44 Balance Cr. or Dr. \$ _____

Date	Particulars	Credits	Cash Payments and Other Charges		As-igned Pay
			Local Cur- rency	Canad'n Cur- rency	
<i>Dec</i>	Bals. Br't. Forward	6110			
<i>Jan</i>	Pay	4650			2300
	<i>2000</i>			300	
17	AR109		1200	1341	
21	AR112		800	894	
	DEB. PAY. INT	11			
Totals					

Balances only will be carried forward

Paymaster's Signature _____

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
500		5610	<i>W.</i>
		7960	<i>W. W. W.</i>
		7660	<i>W. W. W.</i>
		6319	<i>W. W. W.</i>
		5425	<i>W. W. W.</i>
500		5426	Adjusted after Treasury Audit

If you do not wish to draw all pay due,

PLACE THE AMOUNT DESIRED

opposite date of pay day.

Feb. 15	Aug. 15
Feb. 28	Aug. 31
Mar. 15	Sep. 15
Mar. 31	Sep. 30
Apr. 15	Oct. 15
Apr. 30	Oct. 31
May 15	Nov. 15
May 31	Nov. 30
Jun. 15	Dec. 15
Jun. 30	Dec. 31
Jul. 15	Jan. 15
Jul. 31	Jan. 31

1357 Laurier Ave. E.

Montreal

Mar. 13. 1944.

Dear Sir:

To tell you that my husband has taken a paralytic stroke. I know now that my son Baxter Hoyle has been taken away in this war. My husband is dying. There is no hope for him ever to get well again. He'll die any minute now. My son is gone my husband is going. The only son I have left is 16 years of age. The Baxter Hoyle D 71 595. Was the son of my first marriage. The only son I have now is by my second marriage.

I have filled my application for a mother's pension. Because I need it very much.

40

Yours Truly

Mr. Charles De Gueby

Witness Mrs. G. Person

Department of National
Defence

Estates Branch

Ottawa, Ontario

Intera

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Baxter HOYLES Register No. D5014
(Christian Names) (Surname)

PAYEE'S NAME MRS DORCAS DE GRUCHY File No. 405-H-11851
(Christian Names) (Surname)

ADDRESS 1357 LAURIER AVE Date 14-3-45
MONTREAL - P.Q. Service No. D71595
 Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 31-1-44 Date of Discharge 31-1-44

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE			
No. of day	<u>1237</u> = <u>41</u> ^② Periods @ \$7.50	<u>307</u>	<u>50</u>
	<small>30</small>		
B. QUALIFYING OVERSEAS SERVICE			
No. of days	<u>296</u> less <u>7</u> Ineligible days,		
	equal <u>289</u> Days @ 25c per day	<u>72</u>	<u>25</u>
C. SUPPLEMENT FOR OVERSEAS SERVICE			
Daily Rate of Pay	\$ <u>1.50</u> ✓		
Subsistence Allowance	\$ <u>1.25</u> ✓		
Additional Pay	\$		
Dependents' Allowance 1/30	\$		
TOTAL \$ <u>2.75</u> × 7 = \$ <u>19.25</u>			
No. of Days <u>296</u> × \$ <u>19.25</u>			
	<u>183</u>	<u>31</u>	<u>14</u>
D. WAR SERVICE GRATUITY			
Computed By	<u>Bates</u>	<u>410</u>	<u>89</u>
E. DEDUCTIONS			
	Overpayment of		
	(1) Pay & Allowance	\$	
	(2) D.A. & A.P.	\$	
	Other Deductions	\$	
Entered By	<u>[Signature]</u>		
F. AMOUNT PAYABLE			
(This amount is payable in <u>1</u> monthly instalments of \$ <u>410.89</u> each)		<u>410</u>	<u>89</u>

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

\$..... × 30 = \$.....

REMARKS

33

Name HOYLES B

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<u>SOS</u>		<u>SOS to HPER</u>	<u>Pte</u>	<u>10 Aug 43</u>	<u>XL HPER</u>			
<u>TOS</u>		<u>SOS HPER WF from HPER X4 list (4 Br) X4 list (4 Br)</u>	<u>Pte</u>	<u>11 Aug 43</u>	<u>HPER</u>	<u>NA</u>	<u>43</u>	<u>25 Aug 43</u>
		<u>Posted from HPER X4 list (3A) to HPER</u>	<u>Pte</u>	<u>6 Aug 43</u>	<u>X LIST HPER</u>	<u>NA</u>	<u>16A</u>	<u>21 Aug 43</u>
<u>(cgs)</u>		<u>Total pay 2 dup pay AA Sec 15 (1)</u>	<u>PE</u>	<u>17 Nov 43</u>	<u>HPER</u>	<u>CMF</u>	<u>65</u>	<u>24 Dec 43</u>
		<u>AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP</u>						
<u>(clb)</u>		<u>Sos. Killed in action.</u>	<u>Pte</u>	<u>31 Jan 44</u>	<u>HPER</u>	<u>C.M.F.</u>	<u>A395 19</u>	<u>17 Feb 44 29 Feb 44</u>
		<u>Imp completed 11-4-44</u>						

Lancaster Hospital,
West Saint John, N. B.,
January 29, 1943.

Re: D-71595, Rfn. B. Hoyles
"C" Coy. 1st Bn. Vic. Rifles of Canada.

This man states that the ear has been discharging for past four days. Has had some pain and slight temperature in this time. Five years ago, he had a discharge from this ear which lasted for about 3 months and in the succeeding interval, however, the ear has been perfectly dry.

At the present time, examination shows that there is considerable pus in the external canal. The drum is very red and no landmarks can be seen. There is a perforation apparently in the anterior quadrant. It was felt advisable to retain this man in hospital for active treatment.

R. T. Hayes, M. D.,
E.E.N.&T. Specialist.

RTH/HS

No. **D-71595**

RANK Rfn.

NAME **HOYLES**

Baxter

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
80	21-3-45	Admi. St. Anne's Hosp. Ste. Anne de Bellevue on IX 16 Mar. 1943	
82	25-3-45	Dis ch. Ste. Annes Hosp. wef. 19-3-43	
85	26-3-45	SOS VRE all purposes on transfer to #1 Transit Camp eff. 26-3-43	
77	22-3-43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 27-3-43	
90	8-4-43	PROCEEDED OVERSEAS 8-4-43	
62	19-4-43	T.O.S. C.A. (OVERSEAS) ON TRANSFER T.O.S. 3 ODN. INF. REINF. UNIT.	18-4-43
69	28-4-43	granted daily ration pay of \$1.50 wef 8/4/43	
98	1-6-43	SOS to 1 CBRD wef 31-5-43	
57	11-6-43	TOS 1 CBRD. " 1/6/43	
11A	28-7-43	SOS to 1 CBRD CAM. 30-6-43 Disemb 11-7-43 X 11A	
6R	1-8-43	SOS 1 CBRD to 4 CBRD wef 1-8-43.	

CASUALTIES, ETC.

PART II D. O.

No.

DATE

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME

65

24.12.43

Half 2 days days pay on 17/11/43. P.B.
 S.O.S N.P.C (S) inf 31.1.44. (Killed in action)

NAME HOYLES, BAXTER RANK P-6 AGE 19 REG. No. 11-71595

UNIT VICTORIA RIFLES OF CANADA-C.A.S.F. DATE Oct 11 19 40

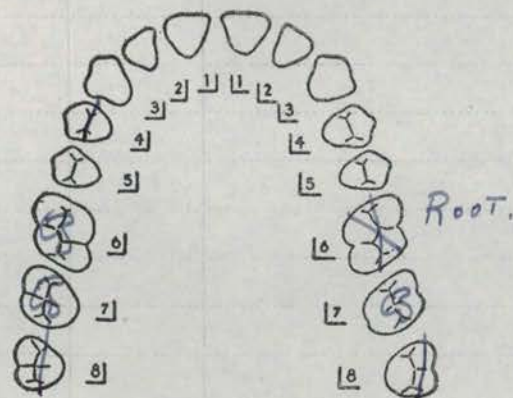
Strike out inapplicable number and words.

ORAL HYGIENE { Good
 Fair
 Neglected

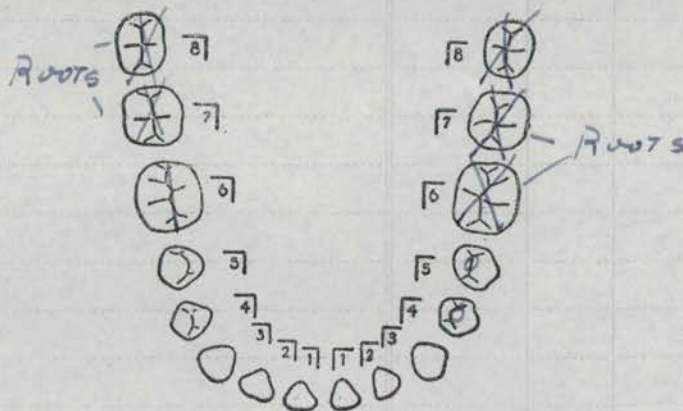
PROPHYLAXIS required { Yes
 No

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

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

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

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

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

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

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

B. W. Sugden D.D.
 Signature and unit of examining officer

NAME HOYLES BAXTER RANK P.O. AGE 19 REG. No. 17-21595

UNIT VICTORIA RIFLES OF CANADA C.A.S.F. H. Q., 17 INFANTRY BRIGADE, C.A. DATE Oct 11 1940

Strike out inapplicable number and words.

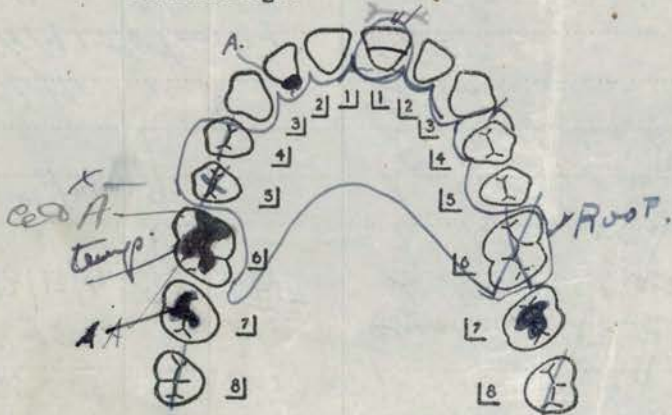
ORAL HYGIENE Good
 Fair
 Neglected

PROPHYLAXIS required Yes
 No

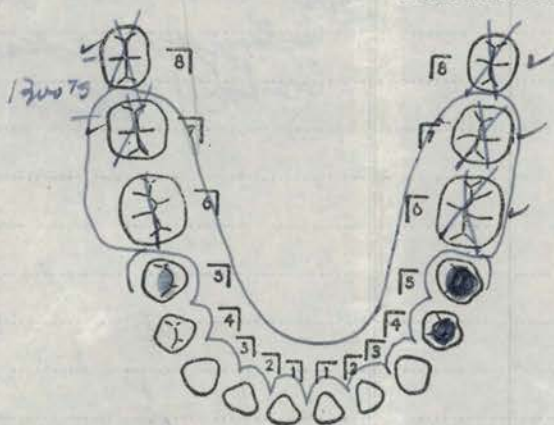
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Reg. P.H.D.

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- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

- Describe with sketch
- Br Bridge

- PD Partial } Denture
- CU Complete upper }
- CL Complete lower }
- DA Adjustment }

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

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

B. W. Sugden D.D.
Signature and unit of examining officer

Indicate surfaces of teeth as follows:

Mesial — M Labial — La
 Distal — D Buccal — B
 Incisal — I Lingual — Li
 Occlusal — O

Indicate tooth by the notation below.

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Patient's right								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
16-11-40	1	17-8	2 extract. - loc. anesth.	E. S. Cleveland Lt.					
16-11-40	2	61	temp. filling	do					
18-11-40	3	61	amalg. filling	do					
22-11-40	4	16-7-8	3 extract. loc. anesth.	do					
25-11-40	5	16	1 " " "	do					
2-12-40	6	21	amalg. O.	do					
12/12/40	7	145	2 Amalgams	do					
"	8	12	1 Amalgam	"					
14/12/40	9	57	1 amalgam O	"					
"	10		Prophy. paste	"					
17/1/41	1		Exam	H. M. Mac Key Jr					
25/1/41	1 51		1 ext.	H. M. Mac Key Jr					
4/12/41	21	Pi.	Amalgam	C. A. Jones Capt.					
14-1-42			Scaling	E. G. Gormybell Capt.					
25/5/42	61	MO	amalgam o.c.	Fred W. Barker Capt.					
25/5/42			P. U. P. h. collid imp.	Fred W. Barker Capt.					
24-6-42			P. U. P. D. Insert 4 c.c.	S. Little Capt.					
2/7/42			Exam 2 P. U. D.	S. Little Capt.					

MEMORANDUMDental Coy. No. 31, #1 ClinicDate 24-7-42Reg. No. D71595 Rank Rfn. Name Hoyles, B. Unit Victoria Rifles of Canada

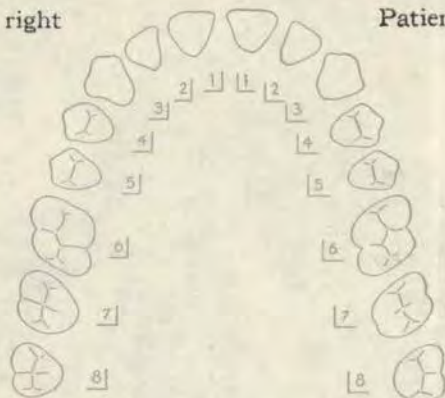
Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.

Patient's right

Patient's left

Shade

Mould



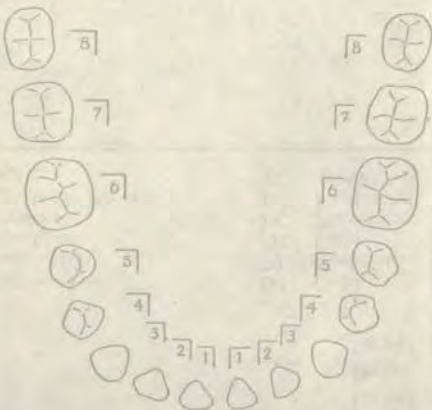
The a/m O.R. reported the loss of a PUD to this clinic.

Following an investigation it was established that the denture was not lost through the man's negligence.

It has been elected to make a new denture at public expense.

Shade

Mould



Charles Jones
Signature of Operator

Capt.,

#31 Coy., C.D.C.

Mesial -- M
Distal -- D
Incisal -- I

Labial -- La
Buccal -- Bu
Lingual -- Li

Occusal -- O

ABBREVIATIONS:—

X Extraction
A Amalgam
Ce Cement
S Synthetic Porcelain
F Foil

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

TREATMENT
RC Root Canal
V's Vincent's Angina
Pe Periodontia
Misc. Miscellaneous

Br Bridge }
PD Partial Denture } Describe
CU Complete upper } with
CL Complete lower } sketch
Ra X-ray } Denture

NEW YORK

NEW YORK

MEDICAL BOARD—SHORT FORM

To be used for all purposes, following enlistment or appointment with the following exceptions, when M.F.B. 227 will be used:—

- (a) Change to Category "E".
- (b) In case of Reserve Recruit assigned category lower than "B.1".
- (c) On discharge from service for other than medical unfitness.

C.A. Active

Station.....Sussex, N.B..... Date 22 Feb. 1943 194.....

1. (a) Unit 1st. Bn. V.R. of C. (b) Regimental No. D-71595 (c) Rank Rfn.

(d) Surname Hoyles (e) Christian Name Baxter

(f) Home Address 1357 Laurier St., Montreal, Que.

(g) Next of kin Mrs. Dorcas Degruchy (h) Relationship Mother

(i) Address of next of kin Same address

2. Age last birthday 22 Date of birth 13 Feb. 1921

3. Enlistment or appointment Cat, A. (a) Place Montreal, Que.

(b) Date 16th. Aug. 1940

4. (a) Height 6' 0" (b) Weight 146 lbs.

5. History and Physical Findings: Complaints - Nil.

Hist. - This man had a discharging left ear and was in Lancaster Mil. Hosp. from Jan. 29th. to Feb. 9th. He was discharged with a diagnosis of healed otitis media and a recommendation of 7 days sick leave. He was boarded "D" and given 7 days sick leave and is now before the board for recategorization.

P.X. - The left ear is completely healed ~~except for a small area at the inferior border of the drum.~~
Other systems - negative.

Diagnosis - Otitis Media - 0642

J. J. MacArthur

Signature of individual examined B. Hoyles

Previous Category D. Category recommended A.

Place Sussex N.B. Paul Melanson, Mayor President.

Date 24 Feb 43 W. J. MacArthur, Capt Member.

Approved by J. J. MacArthur, Capt Member.

APPROVED
Dorothy Buck
Col. Kearne

District Medical Officer, Mil. Dis. No.....

Director General of Medical Services

Date 26 Feb 1943 Date.....

COMMISSION MÉDICALE—FORMULE ABRÉGÉE

Pour servir à toutes fins, à la suite d'un engagement ou d'une nomination, sauf dans les cas suivants, où l'on emploiera le modèle M.F.B. 227:

- (a) Passage dans la Catégorie "E".
- (b) Dans le cas d'une recrue de la réserve, versée dans une catégorie inférieure à "B.1".
- (c) Pour renvoi du service pour inaptitude autre que la raison de santé.

Garnison..... Date.....

1. (a) Unité..... (b) Matricule..... (c) Grade.....
(d) Nom..... (e) Prénom.....
(f) Adresse domiciliaire.....
(g) Plus proche parent..... (h) Degré de parenté.....
(i) Adresse du plus proche parent.....

2. Age au dernier anniversaire..... Date de naissance.....

3. Engagement ou nomination..... (a) Lieu.....
(b) Date.....

4. (a) Taille..... (b) Poids.....

5. Antécédents et constatations physiques:

This man had a discharging left ear and as in Lancaster Ill. Hosp. from Jan. 23rd. to Feb. 9th. He was discharged with a diagnosis of noise otitis media and a recommendation of 7 days sick leave. He was boarded "E" and given 7 days sick leave and is now before the board for reclassification.

P.K. - The left ear is completely healed except for a small area at the inferior border of the drum.
Other systems - negative.

Diagnosis - Otitis Media - 0042

Signature de l'individu examiné.....

Catégorie antérieure..... Catégorie proposée.....

..... Président.

Lieu..... Membre.

Date..... Membre.

Approuvé par Approuvé par

.....

Médecin chef, Dis. Mil. No..... Directeur général du Service de santé

Date..... Date.....

MEDICAL BOARD—SHORT FORM

To be used for all purposes, following enlistment or appointment with the following exceptions, when M.F.B. 227 will be used:—

- (a) Change to Category "E".
- (b) In case of Reserve Recruit assigned category lower than "B.1".
- (c) On discharge from service for other than medical unfitness.

C. B. Baxter

Station Sussex, N.B. Date 10 Feb. 43 194

1. (a) Unit Victoria Rifles (b) Regimental No. D-71595 (c) Rank Rfn.
(d) Surname Hoyles (e) Christian Name Baxter
(f) Home Address 1357 Laurier Ave; East, Montreal
(g) Next of kin Dorcas Degruchy (h) Relationship Mother
(i) Address of next of kin 1357 Laurier Ave; Montreal, E.
2. Age last birthday 21 Date of birth 13 Feb. 1922.
3. Enlistment or appointment Cat. "A" (a) Place Montreal
(b) Date 16 Aug. 40
4. (a) Height 6'10" (b) Weight 156

5. History and Physical Findings:

Complaints: Discharging left ear.

History: About 5 years ago had severe earaches. Ear discharge for 2 1/2 years months at this time. No trouble again until 28 Jan. 43 when he reported to R.M.O. with discharging ear -no pain or fever. He was admitted to D.P.N.&H., (Lancaster) 29 Jan. 43, with diagnosis of Otitis Media, and discharged 9 Feb. 43 with diagnosis Otitis Media (healed) 0642.

Examination: Now reveals another healing perforation in ant. inf. part of drum. Other systems negative. Recommend 1 week, sick leave.

Signature of individual examined *B. Hoyles*

Previous Category *A*

Category recommended *D x 7 days sick leave*

Place *Sussex N.B.*

Paul Melanson Major President.

Date *10 Feb. 43*

L. B. MacArthur Member.

Approved by

Approved by

APPROVED

David Bush
Col. Reams

District Medical Officer, Mil. Dis. No.

Director General of Medical Services

Date *13 Feb 1943*

Date

COMMISSION MÉDICALE — FORMULE ABRÉGÉE

Pour servir à toutes fins, à la suite d'un engagement ou d'une nomination, sauf dans les cas suivants, où l'on emploiera le modèle M.F.B. 227:

- (a) Passage dans la Catégorie "E".
- (b) Dans le cas d'une recrue de la réserve, versée dans une catégorie inférieure à "E.1".
- (c) Pour renvoi du service pour inaptitude autre que la raison de santé.

Garnison..... Date.....

1. (a) Unité..... (b) Matricule..... (c) Grade.....
(d) Nom..... (e) Prénom.....
(f) Adresse domiciliaire.....
(g) Plus proche parent..... (h) Degré de parenté.....
(i) Adresse du plus proche parent.....
2. Age au dernier anniversaire..... Date de naissance.....
3. Engagement ou nomination..... (a) Lieu.....
(b) Date.....
4. (a) Taille..... (b) Poids.....
5. Antécédents et constatations physiques:

Signature de l'individu examiné.....

Catégorie antérieure..... Catégorie proposée.....

Lieu..... Président.

Date..... Membre.

Approuvé par..... Approuvé par.....

Médecin chef, Dis. Mil. No.....

Directeur général du Service de santé

Date..... Date.....

N.R.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office. All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis. Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital LANCASTER 2. Date of admission Jan. 29, 1943.

3. Surname HOYLES 4. Christian Name Baxter 5. Age 21

6. Birthplace _____ 7. Next of kin Dorcas Degreichy, mother

8. Address 1357 Larier Ave. East, Montreal, Qu

9. Regimental Numbers { C.A.S.F. D. 71595 Rifleman } { Vic. Rifles. }
 { C.E.F. _____ } { }
 { Other _____ } { } 10. Rank _____ 11. Unit _____

12. Personal address Sussex, N.B. 13. Height _____ 14. Weight _____

15. Present pensionable disability _____

_____ 16. Amount per month _____

17. Other disabilities not pensionable _____

18. Dates of last or other hospital periods _____

19. Authority for hospitalization P.C. 91 20. Class 19

21. Statement of present complaints in patients own language on admission to hospital _____

22. Date of discharge Feb. 9, 1943. 23. Reason for discharge P.T.O.

24. Condition of patient on discharge P.T.O.

25. Is further treatment needed at home? _____

26. Final Diagnosis Otitis Media.

27. Disposal of case Discharged from Hospital.

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer _____

[Handwritten Signature]

Signature of C.M.O.

Signature of Patient.

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

D. 71595, HEYLER, RAYMOND

-admitted to Camp, 22.1.43

Michigan, Via, RFA

Admitted with discharging ear. Diagnosis: Otitis Media.

DGF/IN

Phy. Exam. - Patient well built man. Mouth and throat satisfactory. Chest and heart normal. B.P. 120/80. No hernia, varicose veins or deformities.

DGF/IN

D. G. Findlay, M.D.

1.2.43: Urinalysis: straw; acid; SG. 1.030; no albumin; no sugar.

8.2.43: This man's ear is now dry. There is a very small perforation anterior quadrant of the drum which probably will heal in a few more days. Recommend that alcohol and B.A. drops be continued in the ear for one week. Conversational voice can be heard at 15 ft. He can be discharged to his Unit. I do not feel that this ear is one which will particularly give trouble.

RTH:CV

R. T. Hayes, M.D.
E. E. N. & T. Specialist.

9.2.43: Patient has recovered and may now be discharged.

Recommend one week's sick leave.

Diagnosis: Otitis Media - healed.

DGF/IN

D. G. Findlay, M.D.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

A.D.

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office. All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis. Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital ST. ANNE'S 2. Date of admission March 16/43

3. Surname HOYLES 4. Christian Name Baxter 5. Age 22

6. Birthplace Newfoundland, 7. Next of kin Mother, Mrs. Dorcas Hoyles.

8. Address 1357 Laurier, Montreal.

9. Regimental Numbers { C.A.S.F. D. 71595 Pte. V.R.C. 1st Bn.
C.E.F. 10. Rank { 11. Unit {
Other

12. Personal address 13. Height 6' 14. Weight 151

15. Present pensionable disability

16. Amount per month

17. Other disabilities not pensionable

18. Dates of last or other hospital periods

19. Authority for hospitalization C.M.O. "A" District. 20. Class 19

21. Statement of present complaints in patients own language on admission to hospital. Acute infection of throat.

22. Date of discharge March 19/43 23. Reason for discharge Further hospitalization unnecessary.

24. Condition of patient on discharge Cur-d.

25. Is further treatment needed at home? No

26. Final Diagnosis Acute tonsillitis.

27. Disposal of case Return to unit.

District Medical Officer
M. D. No. 4
APR 8 1943
Montreal, Que.

W. Lacombe

Signature of C.M.O.

Signature of Patient.

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

March 18/43: OTO LA YNECOLOGY

History: Pt. had sore throat 3 days ago.
Nose-septum: clear.
Naso-pharynx: clear.
Tonsils: enlarged, acute condition almost clear.
Eust. tube: normal.
Remarks: subsiding tonsillitis. Pt. may be discharged on March 20th.
F.W. Shaver, M.D.,

March 18/43: Patient was admitted here suffering from acute tonsillitis. He is now convalescing and can be discharged on March 20, 1943.

H. Ranger
H. Ranger, M.D.,



1st Bn. V.R.C.A.F.

Squadron
Battery
Company
Detachment

V.R.C. SUSSEX. N.B.

Unit or Battalion

MORNING SICK REPORT

Mtl, P.O. March 19/43

19

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
D. 71595	Pte. HOYLES. B.	22	P		S		Ex. Ste. Annes Mil. Hosp. this date
	Date of adm: March 16/43						
	Diag: Acute tonsillitis						M & C 72 Hrs
	Dr. H. Ranger						To report to unit 22-3-43
	Copies: DMO						
	MRC						
	UNIT						
	PTE						

Medical Officer

Orderly N.C.O.

M. F. B. 292

(A. VERDICCHIO) LT

R. C. A. M. G.

5,000 M-9-41 (1885-6-7-8-9)
H.O. 1772-39-248

M. O. i/o Medical Report Centre M. D. No. 4

(OVER)

{ Squadron
Battery
Company
Detachment }

Victoria Rifles of Canada
Camp Nanaimo, B. C.

Unit or Battalion

MORNING SICK REPORT

February 11

19 42

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
	NANAIMO MILITARY HOSPITAL						
D-71595	Rfn. HOYLES B.	20	P	D	S	Defective Vision	
	A.C.H.O. D.F. & N.H.						
	For Examination by Eye Specialist Report, please.						

[Signature] Medical Officer

Orderly N.C.O.

M. F. B. 292

2000M-10-40 (7393-4)
H.Q. 1772-39-248

Lt.Col. RCAMC

Sgt. RCAMC

(OVER)

HOYLES BAXTER

REGIMENTAL DOCUMENTS

405-H-11851

H.Q. FILE No.....

WILL REQUIRED

03

D 71595

NAME..... REGIMENTAL No.....

RFN.

UNIT OF ENLISTMENT..... RANK.....

VICTORIA RIFLES OF CAN.

42919

CONTENTS

NON-EFFECTIVE BY

COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.2 & 2A)

SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B. 103)

PARTICULARS OF FAMILY (M.F.M.5)

FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)

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)

MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P. & N.H. 100)

MEDICAL BOARD PROCEEDINGS (M.F.B. 227)

TRANSFER CLOTHING STATEMENT (M.F.C. 644)

LAST PAY CERTIFICATE (M.F.D.930A)

PROCEEDINGS ON DISCHARGE (M.F.M. 23)

PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)

DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)

PAY SHEETS

CARDS

SUNDRY

DATE

CAUSE

AUTHORITY

DATE

REASON

AUTHORITY

DATE

AUTHORITY

DEATH

DISCHARGE

DESERTION

MICROFILMED
FILM REF WSR 130 38-5

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

X

pro

WILL REQUIRED
03

WSG
COMPLETED

WILL REQUIRED
03

CASUALTY SECTION

FILE ACTION

ITEM	CHECKED By	DATE	CHECKED By	DATE	CHECKED By	DATE
1. Cable Abstract Attached						
2. Telegram Despatched to N/K						
3. Delivery of N/K Telegram Confirmed						
4. Confidential Notice (Miss, POW, Fatals)						
5. Dependents Allowance Board Notified						
6. D.P. & N.H. Notified (Blindness, Amps, Fatals)						
7. D. Nat. War Services Notified (POW. only)						
8. Red Cross Notified (POW. only)						
9. SAAG Notified (POW. only)						
10. Income Tax & Dept. of Labour Notified						
11. Chaplain Services Notified (P. or R.C.)						
12. Released to Press						
13. A.G's Letter to Next of Kin (Fatals)						
14. File Passed to "Q3" (Fatals)						
15. "Q3" Action Taken						
16. Filed Passed to "G"						
17. Minister's Condolence Card Despatched						
18. File Passed to Honours & Awards						
19. Memorial Cross Action Taken						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity of using it.

2. Central Registry should be notified whenever a file is passed direct to another branch.

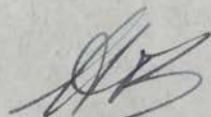
3. All outgoing letters should bear the official file number.

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA, Canada.

30 Sep 44

D-71595 Pte HOYLES, B. (dec'd)

1. Further to Est 7 of 22 Aug 44 enclosed herewith is MBM I Part II just received.
2. The CTO advises that an amended LPC is not necessary in this case.



(H.F. Balsdon) Cap t.
for Officer i/c Estates
Canadian Military Headquarters.

Enc (1)

CANADIAN OVERSEAS TREASURY OFFICE

MEMORANDUM TO: Officer i/c Estates.
C.M.H.Q.
London.S.W.1.

SUBJECT: D 71595 Pte. HOYLES. B. (Deceased).

Attached is paybook 5 for the above-noted soldier which was not available at the time the L.P.C. was compiled.

An amended L.P.C. is not necessary in this case as the paybook is in agreement with Treasury Records.

E. Hill

C.T.O.3.K.

EVC/MW.
27th.Sept.44.



CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,

(Trafalgar Square)

London, S.W.1.

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA, Canada.

22 Aug 44.

D 71595 Pte HOYLES, Baxter (dec'd)

1. Herewith the following:-

Original C. of A. Report

M.B.M. I Part I

M.B.M. I Part II (1)

M.F.M. 14

Officers Record of Service Book

L.P.C.

Amended L.P.C.

(C.F.A. 187)

(C.F.A. 187)

(C.F.A. 187)

Received accounts as follows:-

NIL

Form letters as follows:-


NIL

Bank Books as follows:-

NIL

2. Nil effects
Personal effects released to you in Box
Personal effects released to _____
3. NIL Will here.
Will forwarded to you with EST 10 serial no _____
4. Remarks

NIL


(G.M. Lampard) Major Lt-col.
Officer i/c Estates
Canadian Military Headquarters

Copy to file

Officer i/c Estates,
C.M.H.Q. ,
L O N D O N, S.W.1.

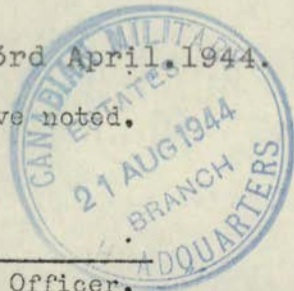
D.71595---Pte. Hoyles. B. (Deceased)
10/ Hoyles. B/1. (Est.1.).

In accordance with your letter dated 3rd April, 1944.
enclosed are Last Pay Certificate and Paybooks for the above noted.

PR/495

17th August.1944.

E. G. Munbrook
for Chief Treasury Officer.



Personal No.	Rank	Name & Initials	Unit	Date of Death or Date Missed Date taken POW
D71595	PTE	HOYLES B.	Hast & P.E. Regt.	31 Jan 44.

PROCEEDINGS OF A STANDING COMMITTEE
OF ADJUSTMENT assembled at Canadian
Section G.H.Q., 2nd Echelon on the
17 March 44

by order of Lt.-Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

V.W. MILLS, MAJOR
CANADIAN SECTION GHQ 2nd Echelon CMF

MEMBERS

G.F. CLYNICK, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF

A.M. STEPHENSON, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF

The Committee having assembled
pursuant to order, proceed to
report their findings as shown
on the back hereof.


1. So far as can be ascertained this of ~~officer~~/other rank has:-
 - (a) No recoverable property in this area of operations.
 - (b) No known preferential charges or local debts.
2. We have received no money or other property on account of this of ~~officer~~/other rank.

LIST OF APPENDICES

1. Schedule "A" with Appendices
(including statement as to why no effects)


(V.W. MILLS) MAJOR
PRESIDENT


(G.F. CLYNICK) CAPT
MEMBER


(A.I. STEPHENSON) CAPT
MEMBER

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

- To be completed in triplicate of which one copy will be retained by the unit.
- Parts marked * which are not applicable will be ruled out and initialled.
- All blanks marked † will be filled in with "NIL" where appropriate.
- In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
- In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
- Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - preferential charges owing within the unit and the unit area, and
 - ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
- The following will be forwarded in the manner shown.
In U.K.—to Officer i/c Estates, C.M.H.Q.
Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
 - Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
 - Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
 - Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

REPORT

No. D71595 Rank Pte Name in full Baxter ROYLES
*Deceased, *Missing, *Prisoner of War, *Interned, Date of Casualty 31 Jan 44
Unit Hastings & P.E. Regt.
Medical installation in which death took place (if applicable) _____
Reinforcement Unit to which posted at time of death (if applicable) _____
Name of Officer furnishing report C apt. G.F. HEPBURN

(BLOCK CAPITALS)

A. PERSONAL EFFECTS

- * Separate inventories are attached, as applicable, showing:—
 - *Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1."
 - *Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2."
 - *Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale—Exhibit "A3."
 - *Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article—Exhibit "A4."
 - *Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon)—Exhibit "A5."
- *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6."

B. WILL

- *Original Will or testamentary document was forwarded on _____ (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1."
- *No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

- *Was turned in to Q.M. Stores.
- *There were no deficiencies.
- *There were deficiencies amounting to £ _____ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1."

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
		NIL	

*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) Name & Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
		NIL	

*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) Public Claims owing to the Casualty.

†	Nature of Claim	Amount
		NIL

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

†	Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid
			NIL	

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

		Paid	Received
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para. A.		†
	Cash collected re private claims as per para. F.		†
Dr.	Paid re preferential charges as per para D.	†	NIL
	Paid re ordinary debts as per para. E.	†	
	Paid (*balance) to unit Paymaster	†	
		†	†

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report)

(*not forwarded by reason that

[Handwritten Signature]
 Signature of Committee or President

24 Feb 44
Date

Hast. & P.E. Regt.
Unit

EXHIBIT "A6"

Re:- D 71595 Pte HOYLES, B.

1. The a/m soldier was K/A 31 Jan 44. At that time no personal effects were found in his kit.
2. Since then investigation has failed to bring to light any personal effects.

W.P.W. encls Capt



RECORDS OFFICE

CASUALTY REPORT

NAME (in full) HOYLES Baxter
 (Surname) (Christian Names)
 RANK Pte No. D-71595 UNIT Hastings & Prince Edward Regiment
 HOSPITAL (U.K. only) In which death took place, if applicable _____
 R.U. (U.K. only) to which posted on admission to Hospital _____
 "A" 395
 CASUALTY Killed DATE 31 Jan 44 PLACE C.M. Force.
 (If ex U.K. specify theatre)
 If P.O.W. or INTERNED, number and address _____
 PREVIOUSLY REPORTED _____ DATE _____
 L. S. APPLEFORD (Major)
 Officer i/c R.5. Wing Casualty Sect.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, complete No.2.)
2. NAME, in full _____
 RELATIONSHIP _____ ADDRESS _____
3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE, so state _____
4. Date of MARRIAGE, if known _____

WILL, EFFECTS ETC.

1. NO WILL HERE (or) WILL HEREWITH DATED _____ BENEFICIARY _____
 (NAME) (ADDRESS) EXECUTOR _____
 (RELATIONSHIP)
2. BANK ACCOUNT - Name of Bank etc. _____ A/c No. _____
 address _____
3. KIT PRIVATELY STORED - Name of custodian _____
 address _____
4. Particulars of DEBTS; REMARKS, etc. _____

Date FEB 23 1944

B.E. Willan
 B.E. WILLAN (A/Capt)
 Officer i/c R.3. Wing Non-Effectives.
 for Officer i/c Records.
 Canadian Military Headquarters.

Original - with Will, if any, to
 O.i/c Estates, C.M.H.Q.
 Duplicate--to file.

EST 1.

NAME D-71595 Pte HOYLES, B

CASUALTY and DATE KILLED 31 Jan 44

A395

CASUALTY REPORT

- 1. Recorded and carded on MAR 1 1944 by *FIO* C Checked by *MS* O.
- 2. EST 3 _____ to _____ O.
- Sent on _____ by _____ C. Returned and checked by _____ O.

WILL

- 3. Checked by _____ O. Cable to A of E. *no* O. cable no. _____ checked by _____ O.
- 4. Forwarded for photostat on _____ by _____ C. Returned and filed by _____ C.

EFFECTS

- 5. With 1 C.K.S.D. YES/NO Auth. no. 24 Inventory rec'd on _____ and checked by _____ O.
- 6. Form letter EST 4 to _____ O.
- Sent on _____ by _____ C. Inventory rec'd on _____ and checked by _____ O.
- 7. Inventory of effects from Unit rec'd on _____ and checked by (or) No effects *MS* O.
- 8. Release effects to *None MS* O. 1 CKSD notifd (& EST 5 sent) _____ by _____ C.
- 9. Effects shipped in Box _____ on _____ (or) Receipt rec'd. Entered by _____ C.

C. of A. REPORT

- 10. Rec'd and duplicate checked on 29 Nov 44 by *T.W.* C. checked by *MS* O.

DEBITS

P. or O.	Particulars	Name	Amount	Paid	Receipt

DOCUMENTS, BANK BOOKS, ETC.

	Checked	To Pay	Retn'd		Date Rec'd	Checked
M.B.M. I Pt I	<i>MS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.P.C.	<u>21 Aug 44</u>	<i>MS</i> O
" " II	<i>MS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1st Amended L.P.C.		O
Off Record of Service Bk	<i>MS</i>	<input type="checkbox"/>	<input type="checkbox"/>	2nd Amended L.P.C.		O
	<i>MS</i>	<input type="checkbox"/>	<input type="checkbox"/>			O

- 11. EST 6 to Pay with ~~Requisition/Docs.ticked/Request L.P.C./Split~~ following bank acct _____ Cash to P.M. *nil* CDV *MS* Sent on 3 Apr 44 by *T.W.* C

- 12. EST 7 to A. of E. with all documents 27 Aug 44 *MS* O.

13. REMARKS.

Complete (deceased) AUG 23 1944

OCT 2 1944

mm

~~D10397~~

1357 Laurier Avenue, East,
Montreal, Que.,
7 April, 1945.

Paymaster General,
New Army Building,
Ottawa, Ont.

D71595 C.A. HOYLES, Baxter, Pte (Deceased)

Dear Sir:

I am writing on behalf of Mrs. Dorcas DeGruchy, 1357
Laurier Avenue, East, Montreal, Que., Mother of the margin-noted
soldier.

Will you kindly advise Mrs. Dorcas DeGruchy at the
above address whether she is entitled to War Service Gratuities.
If so, please forward the necessary forms.

Yours very truly,
W.C. DeGruchy
(W.C. DeGruchy)



[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page.]



CANADA

IN REPLY PLEASE QUOTE

No. H.Q. 405-H-11,851
(D.R.-9)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

DIRECTORATE OF RECORDS

OTTAWA, Ontario

2 May

1945

P.M.G.,
(W.S.G.),
Room 1500,
New Army Building.

Att: Lieut. RICE

D.71595 Pte HOYLES, Baxter (deceased)

Reference application for War Service Gratuity attached to jacket of this file written on behalf of Mrs. Dorcas De Gruchy, mother of the late soldier the marginally named, which is a duplicate application.

2. In this connection attention is directed to folio 34 this file, which indicates War Service Gratuity is at present in process of being paid to Mrs. Dorcas De Gruchy, please.

W.B. Leng, Capt.
(C.L. Laurin) Colonel,
Director of Records.



CANADA

6/4/45 P.A. Jones

405-H-11,851
D-5014

DEPARTMENT OF
PENSIONS AND NATIONAL HEALTH
VETERANS' AFFAIRS.

P

Director of Records
A. G. Branch.
2nd, APR 9 1945
Nat. Defence Hqr
Ottawa, - Canada.

IN YOUR REPLY REFER TO FILE NO.

OTTAWA, February

Secretary,
Department National Defence (Army),
Ottawa, Ontario.

Attention: Paymaster General.

Dear Sir:

Re: D71595 - Pte. Hoyless B.

RECEIVED
FEB 3 1945
PAYMASTER
GENERAL
W.S.O. B.

I am attaching hereto letter received from
Mrs. D. De Gruchy, inquiring re: War Service Gratuity
due to her Son, the above mentioned being killed in
action.

This matter is referred to you for your
attention and necessary action, please.

*Action taken
to determine dependant.*

Yours truly,

R.B. Marples,
for Asst. Chief Welfare Officer.

RBM/g

1357 Laurier Ave. E.
Montreal
Quebec.

Jan. 22. 1945.

Re. D 71595 Mr. Baxter Hoyle. Deceased.

Dear Sir:

In regards that my son who has been
killed in action in Italy Jan. 31. 1944.

As I am his mother I know
that I am entitled to the gratuity.

Will you please look into
this for me.

I thank you

Mrs. Dorcas De Gueby.



FALSE DOCKET

H.Q.

405-H-11,851

No. 91

FALSE DOCKET

M.F.B. 387a
450M-11-44 (5891-5948)
H.Q. 1772-39-485

DEPARTMENT OF NATIONAL DEFENCE, OTTAWA

CROSS REFERENCE

HOYLES, B.

MAIN FILE

D.71595

DAAP.5-2-45.

F.D.

CENTRAL REGISTRY	P. A. OR B. F.	DATE	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")							
					WITH PAPERS MAR 20 1945		
	ja	3 4/45	A.P.	D.R.21	With papers	Rel.	31.3.45

Q.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME... HOYLES, Baxter PLACE & DATE OF BIRTH... Gambo, Newfoundland
13 FEB 1921
RANK... Private REGIMENTAL NO... D-71595
UNIT... Hasting & Prince Edward Reg't NEXT OF KIN... MOTHER:
"M" FORCE ADDRESS... Mrs Dorcas DEGRUCHY,
1357 Laurier Ave. E. Montreal, P.Q.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....
DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH... 31 JAN 44 PLACE OF DEATH... ITALY,
HRS.....
CAUSE OF DEATH... KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL... ??? CEMETERY... NO INFORMATION
DEATH CERTIFICATE NO..... DATE OF REGN OF DEATH CERTIFICATE.....
LOCATION OF CEMETERY.....
..... PLOT NO.....ROW.....GRAVE.....
RELIGION... Pentecost

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS.
ACTON, LONDON W.3.

DATE... 12 Feb. 45
B. E. Willan
(B.E. WILLAN) Capt.,
For (R.T.E. HICKS-LYNE) Lt. Colonel,
Officer i/c Records,
Canadian Military Headquarters.

*Noted
A.R. 2 (A)*

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME.. **HOYLES, Baxter** PLACE & DATE OF BIRTH..... **Gambo, Newfoundland**
13 FEB 1921
RANK.. **Private** REGIMENTAL NO..... **D-71595**
UNIT.. **Hasting & Prince Edward Reg't.** NEXT OF KIN..... **MOTHER:**
"M" FORCE
ADDRESS.. **Mrs Dorcas DEGRUCHY,**
1357 Laurier Ave. E. Montreal, P.Q.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....
DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH.. **31 JAN 44** PLACE OF DEATH.. **ITALY,**
HRS.....
CAUSE OF DEATH..... **KILLED**

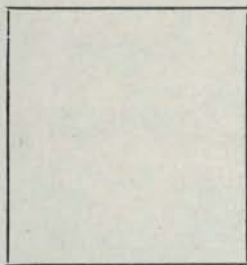
PARTICULARS OF BURIAL.

DATE OF BURIAL.. **???** CEMETERY.. **NO INFORMATION**
DEATH CERTIFICATE NO..... DATE OF REGN OF DEATH CERTIFICATE.....
LOCATION OF CEMETERY.....
..... PLOT NO..... ROW..... GRAVE.....
RELIGION..... **Pentecost**

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS.
ACTON, LONDON W.3.

DATE..... **12 Feb. 45.**
R. E. Willan
(R. E. WILLAN) Capt.,
For (R. T. E. HICKS-LYNE) Lt. Colonel,
Officer i/c Records,
Canadian Military Headquarters.

CASUALTY SECTION EXTRACT FORM



Message Received from..... E/CAS/2947

Time Message Received.....

Date Message Received..... 10 FEB 44

REGIMENTAL No.	RANK	NAME	FULL CHRISTIAN NAMES
<u>D-71595</u>	<u>PTE</u>	<u>HOYLES</u>	<u>BAXTER</u>
UNIT <u>H.&.P.E.R.</u>			

33/1

KILLED 31 JAN 44

CASUALTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. OR D.I.

(This information must be clearly stated)

Hospital Admitted to.....	Date.....
Hospital Transferred to.....	Date.....
Hospital Transferred to.....	Date.....
Hospital Discharged from.....	Date.....

ENTERED ON

FOR VERIFICATION CLERK

IMPORTANT

NEXT-OF-KIN

IMPORTANT

CAS. CARD.

CAS. LIST.

A395

If next-of-kin is in CANADA—Give full Address and Relationship.

If next-of-kin is in U.S.A.—Give full Address and Relationship.

If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

NEXT-OF-KIN

MRS DORCAS DEGRUCHY RELATIONSHIP MOTHER

Address..... 1357 LAURIER AVE - E. MONTREAL
P.Q. CANADA

Home Town..... MONTREAL P.Q.

Cable No..... 4729

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

MCS
 Verification Clerk's Signature. M-1-R

DA → A.P. 5-2-45

BEW/EP.

REC/D-71595.

CANADIAN MILITARY HEADQUARTERS.

RECORDS OFFICE,
Government Building,
Bromyard Avenue,
ACTON. W.3.

12 Feb. 45.

The Director of Records,
Department of National Defence,
OTTAWA, ONTARIO.
CANADA.

405-H-11,851

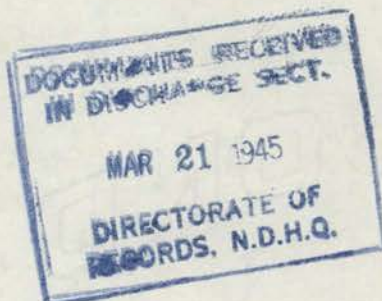
D-71595, Pte. HOYLES, B., deceased.

Enclosed please find the undermentioned
documents in respect of the m/n deceased soldier:-

- ✓ M.F.M.2.(Trip)
- ✓ M.F.B.465.
- ✓ Casualty Section Form.
- ✓ Records Office Graves Regn. Card in dup.

R. E. Willan
(R. E. WILLAN) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Encls.



405-4-11-851

DISCHARGE DOCUMENTS HAVE BEEN DETACHED
AND PLACED IN DOCUMENT ENVELOPE IN
RECORD OFFICE N.D.H.Q.

Date _____

C.A.S.F. A.28

Director of Records
A. G. Branch.

MAR 31 1945

Nat. Defence Hqrs.
Ottawa, - Canada.

**FALSE DOCKET
ARMY**

No. 67

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

HOYLES, B.

D. 71595

ZE
E

FILE NO. 405-H-11,851

CLOSED

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
	25-10-44 1-10	10-4 3-2 31-10			(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
	FEB 23 1944			P. 3	PER REQUISITION FEB 21 1944 Estates passed please With Paper OCT 1 1944	KB	23-2-44
				S.	for approval	E.	18-10-44
	2-1	B.F.	N	P. 4	P. 4 for sig	D.	9-11
				E	with papers	n.	13-12
				N.	Will O.K.?	E	29/12/44
	16/2/45	B.F.	E.	F	P. 4 for sig	n.	30-12-44
		PA	De	E	detailed + A.C.	F	31-12
	15/3/45	B.F.	E.	QC.	closed	E	11/1/45
				F	PER REQUISITION FEB 6 1945 PER B. F. MAR 10 1945		
	G.R. 20/3	PA	SMT				
	MAR -3 1945	PA	SMT	2	PER REQUISITION MAR 29 '45		

DO NOT WRITE BELOW THIS LINE

DIED Jan. 31 1944 CANADA..... OVERSEAS ✓ Med

		Date Received	Date Despatched	
Casualty Report—				
Will {	Service { Canada <u>12-11-40</u>			Beneficiary <u>Mother Mrs. Dorcas DeGruchy</u>
	{ O/Seas.....			
	Civil.....			Residing { Canada <u>✓</u>
	None.....			{ Elsewhere.....
	Probate (or L of A).....			
Particulars of Family				Single <u>✓</u> Married.....
	Form dated <u>16-8-40</u>			Parents <u>Mother</u> Children (Minors.....)
	None.....			Life Insurance <u>Single Life Ins.</u>
A.P. to other than Dependents				
Form P.64				By <u>Mother</u> Single <u>✓</u>
Dated.....	<u>14-3</u>	<u>28-2</u>		Other N/K N.A.
				Will <u>no</u> Other Estate <u>Paul</u>
				Debts <u>no</u>
Form to Unit				
C. of A. Report	<u>29.8.</u>	Approved		Service debts <u>NIL</u>
		<u>21.9.</u>		<u>NIL WILL</u>
L.P.C.	<u>\$ 59.36</u>	<u>15-9-44</u>	<u>27-9-44</u>	VERIFIED
Amended.....				
Bank Credits.....				
Other Credits.....				
Domicile				<u>P.Q.</u>
DISTRIBUTION—				To <u>Mother advised</u>
Effects {	Canada.....			Bulk via <u>NIL effects</u>
	Overseas.....			Valuables via.....
				Letter as to, dated <u>11/1/45.</u>

Total Cash \$ 59.36 To MOTHER: Mrs. DORCAS DeGRUCHY (per will)

Date of Despatch 11/1/45.

A.O.S. 9/1/44 NR101

ADVICE RECEIVED

DEC 30 1944

NO WILL IN REC. OFF.

ESTATES BRANCH

13 February 45.

Mrs. Dorcas DeGruchy,
1357 Laurier Avenue East,
MONTREAL, P.Q.

HOYLES, Baxter, Pte. (Deceased)
D-71595 - C.A.

In reply to your letter dated 1 Feb 45, we would explain that the sum of \$59.36 in connection with your son's estate was made up of his pay for the month of January and his deferred pay which is held by the Army.

Soldiers overseas receive only one half of their pay and remainder is held for them.

As we explained in our letter of 11 Jan 45, none of your son's Personal Effects were recovered at the time of his death.

The information about the War Services Grants Act should be referred to the Paymaster General, New Army Building, OTTAWA, Ontario.

If we can give you any further information in explanation of this estate, please do not hesitate to write us.

Yours faithfully,

GHF/JB

DIRECTOR OF ESTATES.

11th January, 1945.

Mrs. Dorcas DeGruchy,
1357 Laurier Avenue East,
Montreal, P. Q.

HOYLES, Baxter, Pte. (Deceased)
No. D-71595 - C.A.

Dear Mrs. DeGruchy,-

We are pleased to advise you that final report concerning your son's Service estate has now been received here.

The total amount available to this Branch for distribution is \$59.36, made up entirely of Pay and Allowances, and under the terms of your son's Will is payable to you.

Treasury Branch has been requested to you a cheque in the above amount, and when this has been received by you we would ask that you kindly sign and return to this office the enclosed receipt.

We regret to inform you that none of your son's personal effects were recovered at the time of his death, as evidenced by a certificate signed by Captain W.R. Wensley of your son's Regiment.

Yours faithfully,

Director of Estates.

GHF/S.

1357 Laurier Ave. E.

405-H-11,851 Montreal

Dec. 2. 1944.

To whom it may concern:

Dear Sir:

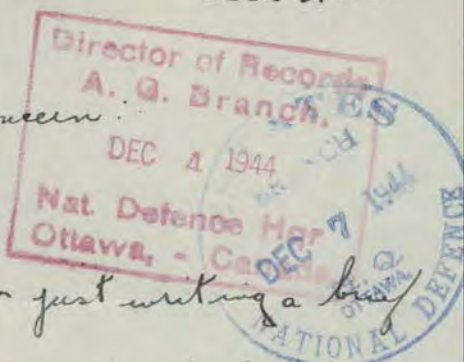
I am just writing a brief note asking about my son's belongings which I haven't received it yet.

My son's rank was Pte. Baxter
Pte. Baxter Hoyles. His number was D 71595.

He got killed in Italy Jan. 31. 1944.

When he wrote to me in October 1943. He told me in that letter that he had saved over \$100.00, and he had no where to spend it.

I am wondering what is the matter that I haven't received any of my son's belongings.



My son's girl friend got all the letters and things that were belonging to her, but I haven't received anything of my son's belonging that I supposed to get.

The mothers who live around here had and their sons got killed ^{at} the same time when mine got killed.

They have received their back time, I haven't received anything.

Excuse me for writing now.

The loss of my son was to severe for me.

I am just writing to find out. I have been told by the Government that I'll get everything by the fall. I would like to get his bank book please.

Sincerely Yours,
Mrs. De Grady

Estates

CANADIAN MILITARY HEADQUARTERS



CANADA

TELEPHONE: ABBEY **9090**
TELEGRAPHIC ADDRESS: "CANMILITRY," LESQUARE
CABLE ADDRESS: "CANMILITRY" LONDON

2. COCKSPUR STREET
(TRAFALGAR SQUARE)
LONDON, S.W. 1

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA, Canada.



D-71595 Pte HOYLES, B. (dec'd)

1. Further to Est 7 of 22 Aug 44 enclosed herewith is MBM I Part II just received.
2. The CTO advises that an amended LPC is not necessary in this case.

Enc (1)

H.F. Balsdon
(H.F. Balsdon) Capt.
for Officer i/c Estates
Canadian Military Headquarters.

PERIOD

From

9 APR 1943

19

To

19

MILITIA BOOK M. 1

PART II

250M 30-4-50 (& 5232)
H.Q. 377 00-1612

CANADIAN ARMY

Soldier's Pay Book

(or use on Active Service)

D 71595

Reg. No.

Surname (Capitals)

Christian Names in full

If this Book is found NOT in possession of the Soldier and it cannot be returned immediately to the Paymaster of his Unit, it is to be forwarded at once as indicated below:—

IN CANADA: To the
Paymaster-General,
Department of National Defence,
Ottawa.

ABROAD: To the
Chief Paymaster,
Canadian Army Overseas.

IN THE FIELD: To the
Paymaster,
Canadian Troops.

SOLDIER'S PAY BOOK—INSTRUCTIONS

This Book will be produced whenever an advance of pay is required.

2. The Soldier will give a receipt on an Acquittance Roll for all cash advances. The Officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.

3. This Book is the property of the Canadian Government, and a Soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, may be charged with a serious offence under the Army Act.

4. If this Pay Book is lost, the Soldier will report the loss immediately to his Paymaster. A new book will be issued by the Paymaster, after inquiry has been made and a statement of the account has been received from the Chief Paymaster.

5. If a Soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book, he should make reference in all cases to his Paymaster.

6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the Soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be noted on page 3 of this Book.

7. This Pay Book must be in possession of the Soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.

PARTICULARS OF SOLDIER

Regimental Number D-71595Name in full (surname first) HOYLES
BAXTERDate of Attestation 16-8-40State whether married, widower or single Single

If married after enlistment, state date of marriage:

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the Soldier (see page 1, para. 6):

MRS. DORCAS DE GROCHNY (MOTHER)1357 LAURE AVENUE EASTMONTREAL QUE CAN

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay: 23.00 MFM Effective date: 19. July 43(a) \$ 15.00

(b) \$

(c) \$

(d) \$

Name, address and relationship of assignee:

(a) Mrs. Dorcas De Grochny (mother)1357 Laurier Ave East Montreal

(b)

(c)

(d)

Dependents allowance, payable to: (state relationship)

Soldier's Signature..... *[Signature]*

Book opens on *April 7* Balance Cr. or D. *15.40*

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
	Bals. Br't Forward	<u>13 49</u>			
	Pay	30 80			
21/4/43	APR		1-0-0	4 47	
	may pay	43 40			15 00
29.4.43	APR 12		2/10/6	11 29	
13 may 43	APR 16		3/0/0	13 41	
	D.O. 69/43				
6 May 43	APRIL-MAY	5 40			
	June Pay	45 00			23 00
	Totals	111 11		29 17 38	-

Balances only will be carried forward.

Paymaster's Signature: *[Signature]*

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
	13 49		<i>[Signature]</i>
		17 31	<i>[Signature]</i>
		12 84	<i>[Signature]</i>
5 00		36 24	<i>[Signature]</i>
		24 95	<i>[Signature]</i>
		1 154	<i>[Signature]</i>
		16 94	<i>[Signature]</i>
		38 94	<i>[Signature]</i>
5 00			

Date	Particulars	Credits	Cash Payments and Other Charges.		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't Forward	4394			
28 May	AR 19		3/10/6	15 76	
12 Jun	AR 8		2/10/-	11 18	
30 June	A.R. 11		2/10/0	11 18	
July	Pay	4650			23 00
	AR 15		100 Ln	2 24	
Aug	Pay	4650			23 00
Aug 16	AR 52		-10 -	2 24	
31	AR 56		2.0.0	8 94	
	Totals	13694		5154	46 -

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
5 00		38 94	H. J. [Signature]
		23 18	H. J. [Signature]
		12 00	[Signature]
		8 2	[Signature]
		24 32	[Signature]
		22 08	[Signature]
		45 58	[Signature]
		43 34	[Signature]
		34 40	[Signature]
5 00			

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
Sept	Bals. Br't Forward	3940			
15	AR 61		-10-	224	
			61.0.0.	447	
30	AR 65		1.0.0	447	
Oct 22	AR 72		2.10	1118	
Nov 9	AR 74		1400	1565	
' 27	AR 90		1600	1788	
Dec 29	AR 99		1200	1341	
Sept	Pa	4500			2300
	Totals	8440		6930	2300

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
5 50		34 40	
		32 16	W. R. Wauson
		27 69	W. R. Wauson
		23 22	W. R. Wauson
		12 04	W. R. Wauson
			W. R. Wauson
		203 9	W. R. Wauson
		33 80	W. R. Wauson
		11 80	W. R. Wauson
500	12 90		

draw all pay due, place the
opposite date of pay day.

Date	Particular	
		AUG. 15. £10.0
		AUG. 31. £20.0
	Bank Br't	SEP. 15. £10.0
	Forward	SEP. 30. £10.0
		OCT. 15.....
		OCT. 31.....
		Nov. 15.....
		Nov. 30.....
		DEC. 15.....
		DEC. 31.....
	Totals	JAN. 15.....
	Balances on	JAN. 31.....

18 MAY 1944

10
opos



Date

Particular

Est. Br't
Forward

Totals

Balances on

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,
(Trafalgar Square)
London, S.W.1.

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA, Canada.

22 Aug 44.



D 71595 Pte HOYLES, Baxter (dec'd)

1. Herewith the following:-

- Original C. of A. Report
- M.B.M. I Part I
- M.B.M. I Part II (1)
- ~~M.B.M. I Part II (1)~~
- ~~Officers Record of Service Book~~
- L.P.C.
- ~~Amended M.B.M. I Part I~~
- (~~_____~~)
- (~~_____~~)
- (~~_____~~)

N

Received accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

- 2. Nil effects
~~Personal effects released to you in box~~
~~Personal effects released to~~ _____
- 3. NIL Will here.
~~Will forwarded to you with EST 10 serial~~ _____
- 4. Remarks
NIL

G.M. Lampard
(G.M. Lampard) Major Lt-col.
Officer i/c Estates
Canadian Military Headquarters

Personal No.	Rank	Name & Initials	Unit	Date of Death or Date Muzzing or Date taken xxx xxx
--------------	------	-----------------	------	--

D71595	PTE	HOYLES B.	Hast & P.E. Regt.	31 Jan 44.
--------	-----	-----------	-------------------	------------

PROCEEDINGS OF A STANDING COMMITTEE
OF ADJUSTMENT assembled at Canadian
Section G.H.Q., 2nd Echelon on the

17 March 44

by order of Lt.-Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

V.W. MILIS, MAJOR
CANADIAN SECTION GHQ 2nd Echelon CMF

MEMBERS

G.F. CLYNICK, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF

A.M. STEPHENSON, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF

The Committee having assembled
pursuant to order, proceed to
report their findings as shown
on the back hereof.

1. So far as can be ascertained this ~~office~~ other rank has:-
 - (a) No recoverable property in this area of operations.
 - (b) No known preferential charges or local debts.
2. We have received no money or other property on account of this ~~office~~ other rank.

LIST OF APPENDICES

1. Schedule "A" with Appendices
(including statement as to why no effects)

V. W. Mills

(V.W. MILLS) MAJCR
PRESIDENT

G. F. Clynick

(G.F. CLYNICK) CAPT
MEMBER

A. I. Stephenson

(A.I. STEPHENSON) CAPT
MEMBER

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

- To be completed in triplicate of which one copy will be retained by the unit.
- Parts marked * which are not applicable will be ruled out and initialled.
- All blanks marked † will be filled in with "NIL" where appropriate.
- In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
- In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
- Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - preferential charges owing within the unit and the unit area, and
 - ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
- The following will be forwarded in the manner shown,
In U.K.—to Officer i/c Estates, C.M.H.Q.
Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
 - Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
 - Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
 - Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

REPORT

No. D71595 Rank Pte Name in full Baxter HOYLES

*Deceased, *Missing, *Prisoner of War, *Interned, Date of Casualty 31 Jan 44

Unit Hastings & P.E. Regt.

Medical installation in which death took place (if applicable) _____

Reinforcement Unit to which posted at time of death (if applicable) _____

Name of Officer furnishing report Capt. G.F. HEPBURN (BLOCK CAPITALS)

A. PERSONAL EFFECTS

- * Separate inventories are attached, as applicable, showing:—
 - *Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1."
 - *Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2."
 - *Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale—Exhibit "A3."
 - *Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article—Exhibit "A4."
 - *Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon)—Exhibit "A5."
- *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6."

B. WILL

- *Original Will or testamentary document was forwarded on _____ (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1."
- *No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

- *Was turned in to Q.M. Stores.
- *There were no deficiencies.
- *There were deficiencies amounting to £ _____ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1."

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

†

Nature of Claim

Amount

Paid or Unpaid

NIL

*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) Name & Address of Creditor

†

Nature of Claim

Amount

Paid or Unpaid

NIL

*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) Public Claims owing to the Casualty.

†

Nature of Claim

Amount

NIL

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

Name & Address of Debtor

†

Particulars of Claim

Amount

Paid or Unpaid

NIL

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

Cr. { Cash found on person or in effects
 { Cash realized from sale of effects as per para. A.
 { Cash collected re private claims as per para. F.
 Dr. { Paid re preferential charges as per para D.
 { Paid re ordinary debts as per para. E.
 { Paid (*balance) to unit Paymaster

Paid	Received
	†
	†
	†
†	NIL
†	
†	
†	†

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report)

(*not forwarded by reason that

[Handwritten Signature]
 Signature of Committee or President

24 Feb 44
 Date

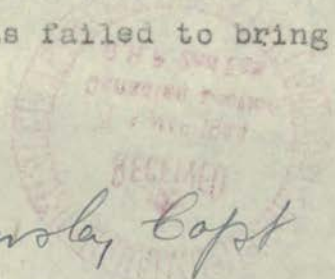
East. & P.E. Regt.
 Unit

EXHIBIT "A6"

Re:- D 71595 Pte HOYLES, B.

1. The a/m soldier was K/A 31 Jan 44. At that time no personal effects were found in his kit.
2. Since then investigation has failed to bring to light any personal effects.

W. W. Wensley Capt





ESTATES BRANCH

B.F.
30-3
D
February 26, 1944.

Mrs. Darcas DeGruchy,
1357 Laurier Avenue East,
Montreal, P.Q.

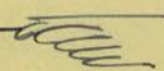
HOYLES, Baxter, Pte. (Deceased)
No. D.71595, C.A.

Dear Mrs. DeGruchy:

Your letter of the 22nd instant has been passed to this branch for reply as it is this branch which is responsible for the administration of your son's Service estate.

Will you please address all future communications regarding the estate direct to this branch.

We have not yet received here notification of your son's death so there is as yet no information we can give you. However, that notice should be along shortly and we shall then be able to reply more fully to your letter.

In the meantime, we enclose a form of questionnaire which we ask you to complete and return here at your earliest convenience. 

Yours faithfully,

(P.S. Deis) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

PSD:MS
Encl.

1357 Laurier Avenue East



Montreal

Quebec

Feb. 22. 1944.

Re: D 71696

Pte. Baxter Hoyle
The Hastings and Prince Edward Regiment.
Killed in action 31-1-1944

Dear Sir:

The above named soldier was my son by my first marriage. I will be glad to have his Personal Effects, and any pay due to him forward to me at your convenience. I would like to know where he is buried when you can tell me.

Thank you for your nice letter.

Yours Truly,

Mrs. Darcas De Gruchy
1357 Laurier Ave. E.
Montreal P. Q.

1357 Laurier Ave. East
Montreal.



Quebec.

21.3.1944.

Dear Sir:

Re: Hoyles Baxter Plc. (Deceased)
No. D 71596. C.A.

I have received your letter asking me about my son's insurance.

My son was never insured in the Sun Life Insurance Company.

I had my son insured in the London Life and the Prudential Insurance Company.

Those were the only two Companies I had my son insured.

The mistake has been made by my son when he filled his papers, when he first joined the Armed Services. I have lost my son in Italy.

• I regret to tell you that I have
lost my husband also. My husband
died on the 14th of March and was
buried on the 16th.

Sincerely Yours.
Mrs. Dorcas De Gushy.

ESTATES BRANCH,

March 17, 1944.

Mrs. Dorcas DeGruchy,
1357 Laurier Avenue,
Montreal, Que.

HOYLES, Baxter, Pte. (Deceased)
No. D.71595, C.A.

Dear Mrs. DeGruchy:

Thank you for completing and returning to us our
Form P.64.

You have given us just the information we need
to enable us to administer your son's Service estate when we get
it.

In an Army Form completed by your son on August
16, 1940, he stated that he was insured in the Sun Life Insurance
Company. You have not shown this policy. If you had not known
about it, it might be worth your while inquiring from the nearest
Office of that Company.

It will probably be well on into the fall before
we receive the necessary documents from overseas and particulars
of your son's pay account. You may rest assured that as soon as
we have any further information we shall immediately communicate
with you.

And if there is any way we can assist you in the
meantime, please do not hesitate to communicate with us.

Yours faithfully,

(P.S. Deis) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

PSD:MS

The Administrator of Estates.

Regimental No. D.71595 Rank Private.

HOYLES Surname Baxter. Christian Names

Unit The Hastings and Prince Edward Regiment (C.A.)

Date of Death 31-1-44 Place of Death Overseas (Mediterranean)

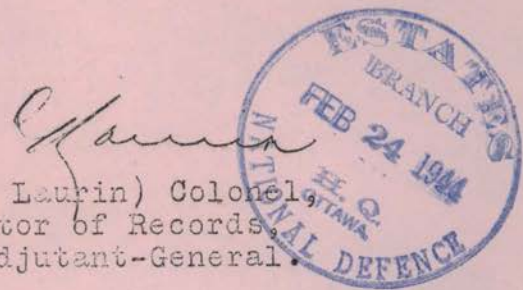
Next-of-Kin Mrs. Dorcas Degruchy Relationship Mother.

Address 1357 Laurier Avenue, Montreal, Quebec.

M.F.I.5 Copy herewith.

Will Original Will d/2-11-40, herewith.

Date Feb. 23rd. 1944.



(C.L. Laurin) Colonel, Director of Records, for Adjutant-General.

KVB/JEC

37

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Ontario,
5th Mar. 1945

Chief Treasury Officer,
Department of Veterans' Affairs,
OTTAWA, Ontario.

Dear Sir:

An Application for the War Service Gra-
tuity
in respect of the late **D-71595 HOYLES, Baxter**
has been received from **Mrs. Dorcas DeGruchy,**
residing at **1357 Laurier Ave., Montreal, Que.**

Will you kindly notify the undersigned
as to whether or not the applicant is receiving a pension, or
did receive a pension in respect of the deceased member effect-
ive from the date of his death 31 January 1944.
For this purpose please do not include a pension payable under
Section 33(3) of the Pension Act, dating from a time subse-
quent to the member's death.

For convenience, please use the space
provided below and return this request to the Secretary, De-
partment Of National Defence (Army) Attention: Paymaster-
General.

If no pension is now being paid, but at
a later date the Canadian Pension Commission authorizes pay-
ment of a pension to the applicant, other than under Section
33(3) of the Pension Act, will you kindly notify this office
accordingly by separate communication, giving the date from
which the pension was awarded.

Yours truly,

K. Rice

for (A. R. Mortimore) Brigadier,
Paymaster-General

Is the applicant receiving a pension or
did the applicant receive a pension effective from the date of
the member's death? Yes
Yes or No.

Certified Correct

for M. Rochon
Chief Treasury Officer,
Department of Veterans' Affairs
9-3-45

CASUALTIES ONLY

For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D5014

File No. H.Q.405-H-11851

WAR SERVICE GRANTS ACT 1944

Ottawa January 31st 194 5

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D71595

Name B. HOYLES
Christian Name Surname

Please supply the following information in respect of the marginally
named at the time of his discharge or death and return this form in
duplicate along with the file to the undersigned.

K. W. Rice
(K.W. Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General.

Names of persons in receipt of D.A. Name Amount
and amount of monthly award

If no D.A. in issue, list names
of persons in receipt of A.P.,
who may be classed as depend-
ents under W.S.G. Act, 1944 and
amount of monthly assignment

Miss Dorcas Dequachy 23.00
Mother
Dec 1-2-44

Names of persons to whom assign-
ed pay was continued by supple-
mentary award after death.

Amount of overpayment of
dependents allowance and/or
assigned pay deductible from
the War Service Gratuity and
name of person to whom paid.

FEB 8 - 1945

_____ 194 _____

L. H. Blue
For chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. \$ _____

_____ 194 _____

_____ for C.T.O.

29

1357 Laurier Ave. East
Montreal
Aug. 20. 1947.
NATIONAL TELEPHONE
EXCHANGE - CANADA

Dear Sir:

Will you be ever so kind and send me the number of the grave where my son lies.

He got killed in battle in Italy in January 31st. of 1944. His name was Pte. Baker Hoyle his number was D 71595.

He was in the Prince Edward Regiment. He got transferred from the Royal Victoria Rifles.

405-# 11851
Yours Truly
Mrs. D. G. G. G.
Mrs. Dorcas De G. G.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D71595 Name Rayles Baxter
Rank on Discharge Pte Date of Discharge 31-1-44
Authority for Discharge or Retirement Deceased

<u>Served in:</u>		<u>Non-qualifying service</u>
Canada	from <u>16-8-48</u> to <u>8-4-43</u>	
	from _____ to _____	
United Kingdom	from <u>9-4-43</u> to <u>29-6-43</u>	
	from _____ to _____	
Italy	from <u>30-6-43</u> to <u>31-1-44</u>	<u>K/A</u>
Northwest Europe	from _____ to _____	
-----	from _____ to _____	
-----	from _____ to _____	

Eligible for award of:

1939 - 45 Star OK ✓

 Italy Star OK ✓
France-Germany Star _____
Defence Medal _____
 War Medal OK
 Canadian Volunteer Service Medal OK ✓
 with clasp OK



Verified by M R Leggett
Date JUL 19 1946
JUL 19 1946
Carded _____

24th January 1945.

15014

Mrs. Dorcas DeGruchy,
1357 Laurier Ave.,
Montreal, Que.

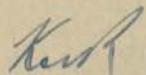
Dear Mrs. DeGruchy:

A letter dated January 15th, 1945, has been received in this department from Mr. W. C. DeGruchy requesting that you be given information on the War Service Grants Act, 1944.

This Act provides that when a soldier dies on active service or after discharge but before he has been paid the war service gratuity in full, payment of the gratuity or the unpaid balance thereof shall be made to a person who was eligible to receive dependents' allowance or to a person who was wholly or partially a dependent to whom pay was assigned immediately prior to the death or discharge of a soldier.

As the Act requires a state of dependency is to exist, information is being assembled in this department from other branches at National Defence Headquarters which will disclose whether or not you are entitled to a gratuity under the terms of the Act. You will be further advised as soon as the necessary information is available.

Yours truly,



for (A. R. Mortimore) Brigadier,
Paymaster-General

KWR/AW

28

FIELD SERVICE

405-H-11851
Army Form B, 2090A.

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

REGIMENT } HAST & PE REGT. Squadron, Troop, }
OR CORPS } Battery or Company }

Officer's Personal No. (if known) } D 71595 Rank Pte
Soldier's Army No. }

Surname HOYLES Christian Names B.

Died { Date 31 Jan 44 Place ITALY
Cause of Death* KILLED IN ACTION

Nature and Date of Report R. Cas. Rep. d/3 Feb 44.

By whom made Hast & PE Regt.

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

Burial { Place Date
By whom reported

State whether he leaves { (a) in Army Book 64 No
a Will or not { (b) as a separate document No

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

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

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

Station and } ITALY Signature of Officer in charge of Section }
Date } 27 April 44 Adjutant-General's Office at the Base } *Henry May*
(H. J. McDougall) Captain

List No. "A" 395 Page 2 H.Q. 405-H-11,851
Date 11-2-44

Regimental No. D-71595 Rank. Pte

Name HOYLES Baxter
(Surname) (Christian Name)

Nature of Report. KILLED 31-1-44

24

March 22nd, 1944.

Industrial Claim Department,
Prudential Insurance Company,
Newark, New Jersey.

Your Policy 110719752


No. D.71595, Private Baxter HOYLES

Gentlemen,

Your request of March 10th for a death certificate in respect of one, Baxter Degruchy, no doubt refers to Baxter Hoyles, who enlisted and served in the Canadian Army under the regimental particulars as shown in the margin of this letter, and who was killed in action on January 31st, 1944. His next of kin is recorded as Mrs. Dorcas Degruchy (mother) 1357 Laurier Avenue, Montreal.

An official death certificate in respect of this late soldier is enclosed herewith.

Yours truly,


(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

FBR/CS

MR

23

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

HOME OFFICE, NEWARK, NEW JERSEY

MAR 15 1944
NAT. CL. DEPT.
NEWARK, N. J.

Officer in Charge of Records
Department of National Defense
Daly Building
Ottawa, Ont. Can.

March 10, 1944
1b

Re:

Name Baxter Degruchy Date of birth 2-13-22
Rank or rating Private Organization _____
Serial or Service No. D71595 Date of death 1-31-44
Our Policy No. 110719752, etc.

HOYLE

Dear Sir:

We have been advised of the death of our insured. To assist us in making payment of our claim, please furnish us with a copy of the official certificate of death.

If the individual died from other than natural causes or enemy action, it will assist us materially in determining our liability to know the circumstances surrounding death and whether the individual was at the time (1) absent from his post with or without permission (2) performing military duties (3) available for duty but not performing military duties.

It is understood that the information furnished by you is confidential and is not to be furnished to the public.

Please forward the certificate of death to

Industrial Claim Department
Prudential Insurance Company
Newark, New Jersey

Yours truly,

Ed. Ruffner

Manager.

✓✓

Rec'd in H.
18/3/44

any kind of
A3

RECEIVED

[Handwritten signature]

RECEIVED
NATIONAL A.G. BRANCH
QUARTERS

MAR 16 1900

9:28

[Faint, mostly illegible typed text]

DATE 211:

[Faint, mostly illegible typed text]

[Faint, mostly illegible typed text]

405-11857

KILLED IN ACTION (Continued)

PA

Eastern Ontario Regiment

- 20. STIRE, Gordon Ernest, A/Cpl., C6305, Mrs. Christina Stire (Mother), 263 Garvis St., Oshawa, Ont.
- 21. TOWNS, Raymond, Pte., C5173, Mrs. Margaret Towns (Wife), Ormsby, Ont.

Quebec Regiment

- 22. BARTER, Robert Henry, Pte., D71763, Mrs. Effie Doreen Barter (Wife), St. Helens Park, Montreal South, Que.
- 23. BILLINGHAM, Thomas, Pte., D139606, Miss Mary Billingham (Sister), 2926 Mercier Ave., Montreal, Que.
- 24. ELDER, Albert Beach, Pte., D139795, Alfred Elder (Father), Armstrong's Corner, N.B.
- 25. HOYLES, Baxter, Pte., D71595, Mrs. Dorcas Degruchy (Mother), 1357 Laurier Ave., Montreal, Que.

Nova Scotia and Prince Edward Island Regiment

- 26. GALLANT, Joseph Eemanuel, L/Cpl., F60174, Mrs. Millicent Gallant (Wife), c/o P.J. MacDonald, Cor. Kent and Prince St., Charlottetown, P.E.I.
- 27. MARTELL, Thomas Kleen, Pte., F40151, Mrs. Martha Martell (Mother), Box 416, Stellarton, N.S.

Manitoba Regiment

- 28. KWIATKOWSKI, Edward Phillip, Pte., H8144, Mrs. Annie Kwiatkowski (Mother) Garson, Man.

British Columbia Regiment

- 29. BERCY, Louis, Pte., K41406, Mrs. Susette Alexander (Grandmother) 2 Indian Reserve, Enderby, B.C.

Reconnaissance Units

- 30. LEE, Terrence Frank, Tpr., D3356, Mrs. Evelyn L. Lee (Mother), 2665 Masson St., Rosemount, Montreal, Que.
- 31. MATTHEWS, Henry Charles, Tpr., D136986, Mrs. Alexina Matthews (Wife), 5810 Chabot St., Montreal, Que.

DIED OF WOUNDS

Canadian Armoured Corps

- 32. MCCONNELL, Arthur Clifford, Tpr., K52195, Mrs. Myrtle Shaw McConnell (Mother), 3808 Lanark St., Vancouver, B.C.

Royal Canadian Artillery

- 33. SWEET, Clayton Robert, Gnr., A103384, Mrs. Joyce M. Sweet (Wife), 39 Stanley St., London, Ont.

Central Ontario Regiment

- 34. JAMES, Albert Edward, Pte., B132297, Mrs. Alice James (Mother), 712 Ryerson Crescent, Niagara Falls, Ont.

21

Ottawa, February 25th, 1944.

London Life Insurance Co.,
5675 Park Avenue,
Montreal, P.Q.

Your Policy 2221856

No. D.71595, Private Baxter HOYLES

Gentlemen:

As requested in your letter of February 18th,
herewith official certificate of death in respect of
the marginally named Canadian soldier.

Yours truly,

U
(C. L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

MBR.
FER/PR

20

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.71595, Private Baxter HOYLES, of the Hastings and Prince Edward Regiment, Canadian Army, was killed in action on the 31st of January, 1944.

g
(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

738
Department of National Defence,
Ottawa, Canada.
February 25th, 1944.

19

The London Life Insurance Company

London

Canada



C. 10/2/44

405 H-11851

5675 Park Avenue,
Montreal, Quebec,
February 18, 1944

Director of the
A. G. Branch
FEB 19 1944
Nat. Defence Hqr
Ottawa, - Canada

The Officer in Charge of Records,
Department of National Defence,
Daly Building,
OTTAWA, Ontario.

Dear Sir: - Policy No. 2221856,
 Baxter Hoyles, D71595 -

We have been advised that the
above named was killed in action on January 31,
1944.

This person is insured with us
under the above mentioned policy. As we wish to
settle this claim as soon as possible, we would
very much appreciate your furnishing us with an
official certificate of death.

Thanking you in advance for your
kind cooperation in this matter, we remain,

Yours truly,

District Cashier *for*

TA/

18

MAIN FILE
CHARGED TO <input checked="" type="checkbox"/>
DATE 10-2-44
P. P. [initials]
SEP 21 1944
<i>S. [signature]</i>

The London Life Insurance Co. Ltd.

London

London

London

The Administrator of Estates.

Regimental No. **D.71595** Rank **Private.**

. **HOYLES** **Baxter.**
Surname Christian Names

Unit **The Hastings and Prince Edward Regiment (C.A.)**

Date of Death . . **31-1-44** Place of Death . **Overseas (Mediterranean)**

Next-of-kin . **Mrs. Dercas Degruchy** Relationship . **Mother**

Address **1357 Laurier Avenue, Montreal, Quebec**

M.F.I. 5 **Copy herewith.**

Will **Original Will d/2-11-40, herewith.**

Date **Feb. 23rd. 1944.**

KVB/JEC
Memo. X mother
29 2/44
H.A. 2

G. Laurin
(G.L. Laurin) Colonel,
Director of Records,
For Adjutant-General.

17

CASUALTY SECTION

FILE ACTIONS

	CHECKED BY	
1 CABLE ABSTRACT ATTACHED	<i>Jas</i>	10-5-44
2 TELEGRAM DESPACHED TO N.K.	<i>Jas</i>	"
3 DELIVERY CONFIRMED	<i>C. E. B.</i>	11-2-44
4 DEPENDENTS ALLOWANCE BOARD NOTIFIED	<i>PK</i>	16/21
5 P.&N.H. NOTIFIED	<i>PK</i>	"
6 ^{<i>chap</i>} NAT. WAR SERVICES NOTIFIED	<i>PK</i>	"
7 RED CROSS NOTIFIED		
8 S.A.A.G. NOTIFIED		
9 COMM. OF INCOME TAX NOTIFIED <i>x D of K</i>	<i>PK</i>	16/21
10 RELEASED TO PRESS		
11 A.G.'S LETTER TO N. OF K.	<i>PK</i>	16/21
12 FILE PASSED TO Q3	<i>Jas</i>	18/21
13 MINISTER'S CONDOLENCE CARD DESPACHED	<i>PK</i>	21-2-44.
14		
15		
16		
17		
18		
19		
20		
21		16
22		
File examined and action complete	<i>Jas</i>	18/21

Mrs. Dorcas Degruchy,
1357 Laurier Avenue,
Montreal, Quebec.

18th February, 4.

RE:D.71595 Private Baxter HOYLES,
The Hastings and Prince Edward Regiment (C.A.).

Dear Mrs. Degruchy,

In connection with the regretted death of your son the soldier marginally named, I am directed to forward herewith for your retention a "Confidential Notice" and a copy of "Notes for the general information and guidance of the next of kin or other relatives of soldiers reported missing, deceased, prisoners of war or interned" which no doubt will be of interest and assistance to you.

Yours truly,

(C.L.Laurin) Colonel,

Director of Records,
for Adjutant-General.

ACB/BTC

gpc

15

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.71595** RANK **Private**

SERVICE UNIT **The Hastings
and Prince Edward
Regiment (C.A.).**

NAME **HOYLES, Baxter**

DATE OF BIRTH
DAY **13th** MONTH **February,** YEAR **1921**

MARITAL STATUS **Single** RELIGION--**Pentecostal**

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

Mother
1357 Laurier Avenue,
Montreal, Quebec.

NAME
ADDRESS
D.A.B.

Mrs. Dorcas Degruchy,

ADDRESS

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords 4729

H.Q. 405-H-11,851

CASUALTY DETAILS

Killed in action

DATE

31-1-44

LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.S. ATTACHED TO
NOTIFICATION TO A. OF E.7

YES/NO

DATE

15-2-44

BTC

P.h **13**
OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario,

15th February, 1944.

National Registration Division,
Department of Labour,
Ottawa, Ontario,

The undermentioned Canadian Army
Casualty is forwarded for your information, please:

D. 71595 Private

Regimental No.....Rank.....

Surname.....HOYLES,

Christian Names.....Baxter

Nature of Casualty.....Killed in action

Date of Casualty.....31-1-44

Address at time of enlistment.....1357 Laurier Ave., East,
Montreal, Quebec.

.....13-2-21

Date of Birth.....

Marital Status (On enlistment).....Single

Marital Status (Present).....Single

Occupation.....Labourer

Name and address of Next-of-Kin.....Mrs. Dorcas Degruchy,
1357 Laurier Avenue, Montreal, Que.

J. H. Auguste Barri
 (C.L. Laurin) Colonel,
 Director of Records,
 for Adjutant-General.



CANADIAN PACIFIC TELEGRAPHS

World Wide Communications

W.D. NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

RAA748 8/7 COLL GB

MONTREAL QUE 11 1105P

ARMY CASUALTY SECTION

1395

NO 8 TEMPORARY BLDG OTTAWA ONT

MESSAGE 4758 SOLDAT BAXTER HOYLES DELIVERED

AGENT CANADIAN PACIFIC TELEGRAPHS

1944 FEB 11 PM 11 30

1395

10:01 12 FEB 1944

REC'D A.G. BRANCH
NA. DE BR. HORS
OTTAWA, CAN.

11

Q

**CANADIAN PACIFIC
TELEGRAPHS**

DAY LETTER

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA

11
18 FEVRIER 1944

TO: MME DORGAS DEGRUCHY
1357 AVENUE LAURIER
MONTREAL QUE

4758 REGRETTONS PROFONDEMENT VOUS INFORMER SOLDAT BAXTER HOYLES
D71595 OFFICIELLEMENT PORTE TUE AU COMBAT TRENTE ET UN JANVIER 1944
STOP PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

le directeur des archives militaires

DUSH
PREPAID

10
~~OFFICER I/C RECORDS~~

CANADIAN PACIFIC TELEGRAPHS

CLASS OF SERVICE	
Full Rate	
Day Letter	
Night Message	
Night Letter	
Evening and Sunday Messages	
Please mark an X opposite the class of service desired.	



World Wide Communications

CHECK

TIME FILED

W.D. NEIL, General Manager of Communications

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

AM

FEBRUARY 10 1944

F.T.

MRS DORCAS DEGAUCHY
 1357 LAURIER AVENUE
 MONTREAL P Q

4758 REGRET DEEPLY D71595 PRIVATE BAXTER HOYLES OFFICIALLY REPORTED
 KILLED IN ACTION THIRTYFIRST JANUARY 1944 STOP FURTHER INFORMATION
 FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

W.D.

9

D. C. HOWLAND, Assistant to General Manager, Montreal.
H. H. GOODWELL, Assistant Manager, Montreal, Que.
E. E. SACOM, Supt., Calgary, Ont.
E. E. INGRAM, Supt., Toronto, Ont.
W. A. EMERY, Supt., Montreal, Que.
C. W. MACDONALD, Supt., Saint John, N.B.

W. M. THOMPSON, Assistant Manager, Winnipeg, Minn.
F. C. McLEAN, Supt., Vancouver, B.C.
L. A. RAYMOND, Supt., Calgary, Alta.
T. H. HOLMES, Supt., Moose Jaw, Sask.
A. J. CLARK, Supt., Winnipeg, Man.

TERMS AND CONDITIONS UPON WHICH TELEGRAPH AND CABLE MESSAGES SHALL BE TRANSMITTED ARE PRESCRIBED BY ORDER No. 49274 DATED DECEMBER 5th, 1932, OF THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA, AND PUBLISHED IN THE CANADA GAZETTE.

It is agreed between the sender of the message, on the face of this form and this Company, that said Company shall not be liable for damages arising from failure to transmit or deliver, or for any error in the transmission or delivery of any unrepeatable telegram, whether happening from negligence of its servants or otherwise, or for delays from interruptions in the working of its lines, for errors in cypher or obscure messages, or for errors from illegible writing, beyond the amount received for sending the same.

To guard against errors, the Company will repeat back any telegram for an extra payment of one-half the regular rate, and in that case the Company shall be liable for damages, suffered by the sender to an extent not exceeding \$200, due to the negligence of the Company in the transmission or delivery of the telegram.

Correctness in the transmission and delivery of messages can be insured by contract in writing, stating agreed amount of risk, and payment of premium thereon at the following rates, in addition to the usual charge for repeated messages, viz.: one per cent. for any distance not exceeding 1,000 miles, and two per cent. for any greater distance.

This Company shall not be liable for the act or omission of any other Company, but will endeavor to forward the telegram by any other Telegraph Company necessary to reaching its destination, but only as the agent of the sender and without liability therefor. The Company shall not be responsible for messages until the same are presented and accepted at one of its transmitting offices; if a message is sent to such office by one of the Company's messengers he acts for that purpose as the sender's agent; if by telephone the person receiving the message acts therein as agent of the sender, being authorized to assent to these conditions for the sender. This Company shall not be liable in any case for damages, unless the same be claimed, in writing, within sixty days after receipt of the telegram for transmission.

No employee of the Company shall vary the foregoing.

CLASSES OF SERVICE

FULL RATE TELEGRAM

A full-rate expedited service.

NIGHT TELEGRAM

Accepted up to 2 a.m. at reduced rates, to be sent during the night and delivered in the morning of the next day after their date at places where the Company's offices are open on Sundays, and on the morning of the next ensuing business day at places where the Company's offices are not open on Sundays.

DAY LETTERS

A deferred day service at rates lower than the standard telegram rates as follows: One and one-half times the ten-word day telegram rate for the transmission of 50 words or less, and one-fifth of the initial rate for each 50 words for each additional 10 words or less.

Day letters may be forwarded by the Company as a deferred service, and the transmission and delivery of such Day Letters are, in all respects, subordinate to the priority of transmission and delivery of full-rate telegrams.

Day Letters may be delivered by the Company by telephoning the same to the addressee and such deliveries shall be a complete discharge of the obligation of the Company to deliver.

Day Letters are received subject to the express understanding and agreement that the Company does not undertake that a Day Letter shall be delivered on the day of its date absolutely and at all events; but that the Company's obligation in this respect is subject to the condition that there shall remain sufficient time for the transmission and delivery of such Day Letter on the day of its date during regular office hours, subject to the priority of the transmission of full-rate telegrams under the conditions named above.

NIGHT LETTERS

Accepted up to 2 a.m. for delivery on the morning of the next day after their date at places where the Company's offices are open on Sundays, and on the morning of the next ensuing business day at places where the Company's offices are not open on Sundays, at rates still lower than its standard night telegram rates as follows: The standard day rate for 10 words for the transmission of 50 words or less and one-fifth of the initial rate for each 50 words for each additional 10 words or less.

Night Letters may, at the option of the Company, be mailed at destination to the addressee, and the Company shall be deemed to have discharged its obligation in such cases with respect to delivery by mailing such Night Letters at destination, postage prepaid.

EVENING AND SUNDAY MESSAGE

An expedited service admitting up to 50 words at the same rate as a 10 word full rate telegram, each additional 10 or a lesser number of words is charged at the rate of 1/5 of the cost for the initial 40 word telegram. Evening and Sunday messages may be filed at any hour where circumstances permit and will be delivered on week days after 7 p.m. point of origin or destination time whichever provides for earlier delivery. The service is also available all day Sunday if the message should require a reply and the sender prepays same at the time of filing the reply will be charged at 50% of the normal rate for an Evening and Sunday telegram. If the reply exceeds 40 words, each additional ten or a lesser number of words will be charged at 1/5 of the evenly paid telegram rate.

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 4729 PAGE 1 DATE 10-2-44
 REG'T NUMBER B.L. D-71595 RANK Pte.
 NAME HOYLES B. after
(SURNAME) (CHRISTIAN NAMES)
 SERVICE UNIT (33) Hast + P. E. Regt.
 NATURE OF CASUALTY Killed DATE 31 January

DATE OF BIRTH
 DAY 13 MONTH 2 YEAR 1921
Gambo, Newfoundland,

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP MRS. DORCAS DEGRUCHY MOTHER.
 ADDRESS 1357 LAURIER AVE.
MONTREAL P.Q. DOB. 7-10-42

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES ADDRESS IF SOLDIER (MARRIED OVERSEAS)

RELIGION Pentecost TRADE OR CALLING Labourer LANGUAGES Eng.

MARITAL STATUS ON ENLISTMENT Single PRESENT MARITAL STATUS Single

SOLDIERS ADDRESS ON ENLISTMENT 1357 Laurier Ave. E. at Montreal Que
Montreal, Que 16-8-40

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

COPY FOR RESEARCH SECTION

ABSTRACT OF CABLES FROM CANRECORDSBATTLE CASUALTIES#4719 LONDON 1555/9/2/44RECEIVED 2309/9/2/44

G.60833 PTE STAINTHORPE A 31/1 WOUNDED 28 JANUARY
C.102180 TPR MOORE LS 580/1 WOUNDED DNK
K.50575 PTE KUZMA P 37/1 WOUNDED DNK
A.3899 PTE ATKINSON F 31/1 WOUNDED DNK SECOND WOUND DANGEROUS
SUFFERING GSW BURNS FACE AND ARM

#4721 LONDON 1655/9/2/44RECEIVED 0321/10/2/44

LIEUT MICHAEL ERNEST GEORGE 32/1 WOUNDED AND REMAINED ON DUTY
30 JANUARY
C.77937 PTE PICHIE L 107/1 WOUNDED DNK SERIOUS GSW COMPOUND
FRACTURE PELVIS RUPTURE OF URETHRA
C.103160 PTE GALLIGAN EA 37/1 WOUNDED DNK DANGEROUS SUFFERING
HEAD WOUNDS

L.1026 SGT MCLEAN KJ 39B/1 WOUNDED DNK

#4726 LONDON 2100/9/2/44RECEIVED 0320/10/2/44

A.103449 PTE JOHNSTON HM 580/1 WOUNDED DNK DANGEROUSLY ILL
5 FEBRUARY COMPOUND FRACTURE SKULL

B.74077 PTE TWEDDLE EA 32/1 KILLED 30 JANUARY

B.63724 PTE TAYLOR JA 32/1 WOUNDED 30 JANUARY

#4727 LONDON 0200/10/2/44RECEIVED 0558/10/2/44

D.131616 PTE MAYOFF I 107/1 WOUNDED DNK DANGEROUS 6 FEBRUARY
GSW LT THIGH AND SHRAPNEL WOUND NECK

CAPT FREDERICK THOMPSON 33/1 KILLED 31 JANUARY

#4729 LONDON 0230/10/2/44RECEIVED 0559/10/2/44

D.139795 PTE ELDER AB 33/1 KILLED 31 JANUARY

D.71595 PTE HOYLES 33/1 KILLED 31 JANUARY

B.48914 PTE MCCONNELL RI 53/1 KILLED 31 JANUARY

C.6305 CPL STIRE GE 33/1 KILLED 31 JANUARY

C.5173 PTE TOWNS R 33/1 KILLED 1 FEBRUARY

B.131708 PTE OTT GE 33/1 KILLED 30 JANUARY

K.67862 PTE SCHROEDER RL 36/1 WOUNDED 3 FEBRUARY

H?12085 GNR WING OW 907/1 KILLED 4 FEBRUARY NEXT KIN MRS
MARGARET MAY WING WIFE 85 HART
AVENUE WINNIPEG

7



405-H-11,851

IN REPLY PLEASE QUOTE

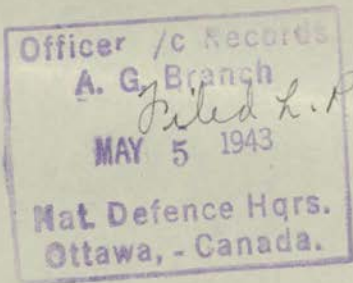
No. J/2-162-14

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Saint John, N. B. 3rd May 1943

Director of Records,
National Defence Hqts.,
Ottawa, Ontario.

D-71595 Pte. HOYLES, Baxter
Victoria Rifles of Canada



Herewith P. & N. H. 100, Case History Sheet, relating to the marginally named soldier, who according to advice has proceeded overseas.

For your retention please.

R. B. Starr

(R. B. Starr) Major,
District Record Officer,
Military District No. 7.

6

H.Q. 405-H-11,857

N.F.B.227

DETACHED AND PLACED ON FILE IN
RECORD OFFICE, N.D.H.Q.

Date 30-4-43
ELL

1
5

MEDICAL BOARD—SHORT FORM

To be used for all purposes, following enlistment or appointment with the following exceptions, when M.F.B. 227 will be used:—

- (a) Change to Category "E".
- (b) In case of Reserve Recruit assigned category lower than "B.1".
- (c) On discharge from service for other than medical unfitness.

C.A. Active

Station Sussex, N.B. Date 22 Feb. 1943 194

1. (a) Unit 1st. Bn. V.R. of C. (b) Regimental No. D-71595 (c) Rank Rfn.
 (d) Surname Hoyles (e) Christian Name Baxter
 (f) Home Address 1357 Laurier St., Montreal, Que.
 (g) Next of kin Mrs. Dorcas Degruchy (h) Relationship Mother
 (i) Address of next of kin Same address

2. Age last birthday 22 Date of birth 13 Feb. 1921

3. Enlistment or appointment Cat. A. (a) Place Montreal, Que.
 (b) Date 16th. Aug. 1940

4. (a) Height 6' 0" (b) Weight 146 lbs.

5. History and Physical Findings: Complaints - Nil.

Hist. - This man had a discharging left ear and was in Lancaster Mil. Hosp. from Jan. 29th. to Feb. 9th. He was discharged with a diagnosis of healed otitis media and a recommendation of 7 days sick leave. He was boarded "D" and given 7 days sick leave and is now before the board for recategorization.

P.X. - The left ear is completely healed ~~except for a small area at the inferior border of the drum.~~
Other systems - negative.

Diagnosis - Otitis Media - 0642

Signature of individual examined B. Hoyles

Previous Category D. Category recommended A.

Place Sussex N.B. Paul Melanson Major President.
W. J. MacArthur Member.
J. J. MacArthur Member.

Approved by _____ Approved by _____

APPROVED
Donald Bush
District Medical Officer, Mil. Dis. No. _____

Director General of Medical Services

Date 26 Feb 1943 Date _____

COMMISSION MÉDICALE — FORMULE ABRÉGÉE

Pour servir à toutes fins, à la suite d'un engagement ou d'une nomination, sauf dans les cas suivants, où l'on emploiera le modèle M.F.B. 227:

- (a) Passage dans la Catégorie "E".
- (b) Dans le cas d'une recrue de la réserve, versée dans une catégorie inférieure à "B.1".
- (c) Pour renvoi du service pour inaptitude autre que la raison de santé.

Garrison..... Date.....

1. (a) Unité..... (b) Matricule..... (c) Grade.....

(d) Nom..... (e) Prénom.....

(f) Adresse domiciliaire.....

(g) Plus proche parent..... (h) Degré de parenté.....

(i) Adresse du plus proche parent.....

2. Age au dernier anniversaire..... Date de naissance.....

3. Engagement ou nomination..... (a) Lieu.....

(b) Date.....

4. (a) Taille..... (b) Poids.....

5. Antécédents et constatations physiques:

Signature de l'individu examiné.....

Catégorie antérieure..... Catégorie proposée.....

Président.

Lieu..... Membre.

Date..... Membre.

Approuvé par..... Approuvé par.....

Médecin chef, Dis. Mil. No.....

Directeur général du Service de santé

Date..... Date.....

MEDICAL BOARD - SHORT FORM

To be used for all purposes, following enlistment or appointment with the following exceptions, when M.F.B. 227 will be used:—

- (a) Change to Category "E".
- (b) In case of Reserve Recruit assigned category lower than "B.1".
- (c) On discharge from service for other than medical unfitness.

P. Q. Patton
not carded

Station Sussex NB Date 10 Feb 43 1943

1. (a) Unit Victoria Rifles (b) Regimental No. D71595 (c) Rank Rfn
 (d) Surname Hayles (e) Christian Name Baxter
 (f) Home Address 1357 Laurier Ave E Montreal
 (g) Next of kin Perceval Seguin (h) Relationship mother
 (i) Address of next of kin 1357 Laurier Ave E Montreal

2. Age last birthday 21 Date of birth 13 Feb 1922

3. Enlistment or appointment Cat A (a) Place Montreal
 (b) Date 16 Aug 40

4. (a) Height 6'0" (b) Weight 156

5. History and Physical Findings:

Complaints: Discharging left ear

History: About 5 years ago had severe earache. Ear discharged for 2 1/2 months at this time. No trouble again until 28 Jan 43 when he reported to R.M.O. with discharging ear - no pain or fever. He was admitted to D.P. 144, (Lancaster) 29 Jan 43 with diagnosis of Otitis Media, and discharged 9 Feb 43 with diagnosis Otitis Media (healed) 0642. Examination now reveals a dellen healing perforation in ant. inf. part of drum. Other systems negative. Recommend one week sick leave following.

Signature of individual examined B. Hayles Rfn

Previous Category A Category recommended D & 7 days sick leave

Place Sussex N.B. Paul Melanson Major President.
F. MacArthur Lieut Member.
Zesko, Capt Member.

Date 10 Feb 43

Approved by David Bueh Approved by _____
Col. Reame District Medical Officer, Mil. Dis. No. _____ Director General of Medical Services

Date 13 Feb 1943 Date _____

COMMISSION MÉDICALE—FORMULE ABRÉGÉE

Pour servir à toutes fins, à la suite d'un engagement ou d'une nomination, sauf dans les cas suivants, où l'on emploiera le modèle M.F.B. 227:

- (a) Passage dans la Catégorie "E".
- (b) Dans le cas d'une recrue de la réserve, versée dans une catégorie inférieure à "B.1".
- (c) Pour renvoi du service pour inaptitude autre que la raison de santé.

Garrison..... Date.....

1. (a) Unité..... (b) Matricule..... (c) Grade.....

(d) Nom..... (e) Prénom.....

(f) Adresse domiciliaire.....

(g) Plus proche parent..... (h) Degré de parenté.....

(i) Adresse du plus proche parent.....

2. Age au dernier anniversaire..... Date de naissance.....

3. Engagement ou nomination..... (a) Lieu.....

(b) Date.....

4. (a) Taille..... (b) Poids.....

5. Antécédents et constatations physiques:

Signature de l'individu examiné.....

Catégorie antérieure..... Catégorie proposée.....

Président.

Lieu..... Membre.

Date..... Membre.

Approuvé par..... Approuvé par.....

Médecin chef, Dis. Mil. No.....

Directeur général du Service de santé

Date..... Date.....

0.8
1/21/41
DEPARTMENT OF PENSIONS AND NATIONAL HEALTH
CANADA

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office. All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis. Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital L. H. HOSPITAL 2. Date of admission Jan. 29, 1941.

3. Surname HOYLE 4. Christian Name Baxter 5. Age 21

6. Birthplace _____ 7. Next of kin Dorcas Bagroshy, mother

8. Address 1357 Laurier Ave. East, Montreal, Qu

9. Regimental Numbers { C.A.S.F. P. 71595
C.E.F. _____
Other _____ } 10. Rank Rifleman 11. Unit { Vic. Rifles.

_____ }

12. Personal address 3003 St. J. B. 13. Height _____ 14. Weight _____

15. Present pensionable disability _____

16. Amount per month _____

17. Other disabilities not pensionable _____ *D*

18. Dates of last or other hospital periods _____

19. Authority for hospitalization P. O. 91 20. Class 19

21. Statement of present complaints in patients own language on admission to hospital _____

22. Date of discharge Feb. 9, 1942. 23. Reason for discharge P. O. O.

24. Condition of patient on discharge P. O. O.

25. Is further treatment needed at home? _____

26. Final Diagnosis Otitis Media.

27. Disposal of case Discharged from Hospital.

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer _____

[Signature]
Signature of C.M.O. Signature of Patient.

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

D. 71595, HOYLES, Baxter

-admitted to Lane, 29.1.43

Rifleman, Vio. RFLs.

Admitted with discharging ear. Diagnosis: Otitis Media.

DGF/IN

Phy. Exam.: Fairly well built man, teeth and throat satisfactory. Chest and heart normal, B.P. 120/60. No hernia, varicose veins or deformities.

DGF/IN

D.G. Findlay, M.D.

1.2.43: Urinalysis: straw; acid; SG.1030; no albumin; no sugar.

8.2.43: This man's ear is now dry. There is a very small perforation anterior quadrant of the drum which probably will heal in a few more days. Recommend that alcohol and B.A. drops be continued in the ear for one week. Conversational voice can be heard at 15 ft. He can be discharged to his Unit. I do not feel that this ear is one which will particularly give trouble.

RTH:CV

R. T. Hayes, M.D.
E. E. W. & T. Specialist.

9.2.43: Patient has recovered and may now be discharged.

Recommend one week's sick leave.

Diagnosis: Otitis Media - healed.

DGF/IN

D. G. Findlay, M.D.



Department of Pensions and National Health

Hospital:-Lancaster

Date of Admission:-29-1-43

Surname:-Hoyles

Christian Name:-Baxter

Age:-21

Date of Discharge:-9-2-43.

Final Diagnosis:-Otitis Media

Admitted ~~with~~ with discharging ear. Diagnosis: Otitis Media.

D.G.F.

Phy. Exam: Fairly well built man, teeth & throat satisfactory. Chest and Heart normal. B.P. 120/60. No hernia varicose veins or deformities

D.G.F.

D.G. Findlay, M.D.

1-2-43: Urinalysis: straw; acid; SG. 1030; no albumen; no sugar.

8-2-43: This man's ear is now dry, there is a very small perforation anterior quadrant of the drum which probably will heal in a few more days. Recommend that alcohol and B.A. drops be continued in the ear for one week. Conversationall voice can be heard at 15 ft. He can be discharged to his Unit. I do not feel that this ear is one which will particularly give trouble.

RTH: CW

R.T. Hayes, M.D.

EEN&T. Specialist

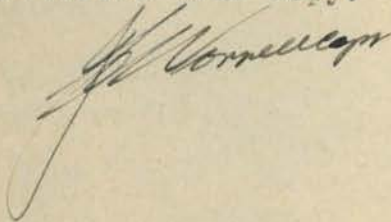
9-2-43: Patient has recovered and may now be discharged. Recommend one week's sick leave.

Diagnosis: Otitis Media-Healed.

D.G.F./IB

D.G. Finlay, M.D.

Certified True Copy.



H.Q.

405-H-11,851

D5014

M.F.B. 387

900M-10-42 (6460-1)

H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—CANADA

CROSS REFERENCE

HOYLES BAXTER

D.71595

VICT. RIF.

A. F.

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
					(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")		
MAY 3 1943	15/43	P.A.	M.E.B.	B ³	WITH PAPERS APR 27 1943		
MAY 7 1943	5:5:43	P.A.	L.R.	B ²	WITH PAPERS MAY 5 1943		
				C	WITH PAPERS FEB 10 1944		
				A.G.	For signature & return to Cas. v.v. please.	P.L.	16/2/44
				D.F.	"	Emm	17 Feb 44
				O ³	Passed pls	Pd	19-2-44
				J	Passed, please	RB	23-2-44
FEB 25 1944	1-3-44	P.A.	J.H.	Ha	" "	MBR.	25/2/44
MAR 21 1944	20-3-44	P.A.	J.H.	Ha 2	PER REQUISITION -		MAR 20 1944
MAR 23 1944	22 3/44	pa.	MBR.	y	PER REQUISITION -		MAR 22 1944
-2 1944	2/44	pa.	Hud	y	PER REQUISITION -		JUL 6 1944
				W.S.G.	WITH PAPERS JAN 18 1945		
				DR	With papers		JAN 31 1945
				RAY AT			3-2-45
				PAY	WITH PAPERS FEB 9 1945		
	22 3/45	Pa	of		TREAS-A WITH PAPERS MAR 19 1945		

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity.
2. Central Registry should be notified whenever a file is passed direct to another branch.
3. All outgoing letters should bear the official file number.



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TITLE/TITRE _____
RG 24 MG _____ R- _____ SERIES/SÉRIE _____
ACCESSION _____ VOL 26149 PAGE(S) 159
BOX/BOÎTE _____ REEL/BOBINE _____
FILE/DOSSIER Hoyles, Baxter D71595
DATE September, 2014