

RIVET JOSEPH WILLIAM ALFRED

REGIMENTAL DOCUMENTS

H.Q. FILE No. 405-R-6529



WILL REQUIRED  
Q3

WSG  
COMPLETED

C.A.A.

NAME

REGIMENTAL No.

D 114976

UNIT OF ENLISTMENT

D D MD 4 / REINER. C.A.S.C. /

RANK

PTE.

CONTENTS

18721

NON-EFFECTIVE BY

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

DECEASED DEATH

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

DATE

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

CAUSE

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

AUTHORITY

CERTIFICATE OF SERVICE (M.F.M.8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF

FORM OF WILL (M.F.M.10 OR M.F.M.10A)

DENTAL RECORD (M.F.B. 465)

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

DATE

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

REASON

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

AUTHORITY

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

MICROFILMED  
FILM REF VNR 7965 3

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)

DATE

PAY SHEETS

AUTHORITY

CARDS

SUNDRY

DESERTION

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

LR

X

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

DECEASED.

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

Regimental No.	D-114976	Rank	Pte.
Surname	R I V E T		
Christian name	Joseph William Alfred		
<small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Unit or Corps	Fusiliers Mont Royal		
Date of discharge	19-8-42		
Place of discharge	Overseas	Mil. Dist. No.	
1. DESCRIPTION AT DATE OF DISCHARGE			
Age	30 years 6 months	Descriptive marks	
Height	5 feet 5 inches	1 vacc. left arm.	
Complexion	medium		
Eyes	brown		
Hair	brown		
Trade	driver		
Intended place of residence	Street and Number		P.O., City or Town, etc.
<small>(To be given as fully as practicable: i.e., mailing address)</small>			
Province			
2. The above-named man is discharged in consequence of			
"DECEASED"			
Authority for discharge..... DECEASED.			
<small>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.</small>			
3. Conduct while in the service has been, according to the records, etc.			
<small>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.</small>			
4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)			

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

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

5A. Service Button (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.....

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

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 third page, and that I have received my permanent 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)..... 28-10-40.....

(Date of discharge—Canadian Army)..... 19-8-42.....

(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 (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

.....  
*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)

No D.114976 Rank Private Name RIVET, Joseph William A.

Unit Fusiliers Mont-Royal Date of death 19-8-42

Died at France

Cause Killed in action.

Death occurred on strength of Forces.HQ. 405-R-6529 d

N/K Mr. Alfred Rivet, Relationship Father

Address 7744 St. Hubert Street, Montreal, P.Q.

Remains buried in Des Vertus Cemetery

Hautot-Sur-Mer, France.

Grave location Grave 197.

CHK ✓

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 12-7-43.

RETURN TO BUR. OF STAT. 4-5-43

ROYAL MESSAGE DESP'D. **FEB 2 1943**

CAN. MESSAGE DESP'D. 18-12-42

Redesignated

Hautot-sur-Mer Cdn Mil Cem.  
Hautot-sur-Mer, France.

Grave 17, row G.

HI & CR Form Despd. JAN - 9 1947

15-12-42

. . (O.C.L.-219)

## AWARDS—CANADIAN ARMY (ACTIVE)

1445 **M**100M-10-41 (2195)  
H.Q. 1772-45-8

RIVET, Joseph William Alfred	D.114976	Pte.	FILE NO. 405-R-6529 Regt.de Quebec
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal	
War Medal CVSM & Clasp	
	4461 14-2-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO

MRS. EVA RIVET

MOTHER

ADDRESS:

7744 ST. HUBERT ST., MONTREAL, QUE.

(2) MEMORIAL CROSS

WIDOW

Nil.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Eva Rivet

ADDRESS:

7744 St Hubert St., Montreal P.O.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

2644

(2)

(3)

DESP. MAY 25 1943

REGN No.

2106

Received... JUL 9 - 1941

Checked

Card

Observations

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutilisés.  
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.



Unité... 2nd. DIV. L.R.C.A.S.C. C.A.S.F.  
Unit

Matricule... D-114976  
Regimental Number

Original  
Duplicate  
Triplicate

# ARMÉE ACTIVE DU CANADA CANADIAN ACTIVE SERVICE FORCE

## FORMULE D'ENRÔLEMENT ATTESTATION PAPER

- Nom..... RIVET  
Surname
- Prénoms..... JOSEPH WILLIAM ALFRED  
Christian Names
- Adresse actuelle..... 7744 St. Hubert Street Montreal Quebec Canada  
Present Address
- Date de naissance..... 18th February 1911  
Date of birth
- Lieu de naissance..... Canada Quebec Montreal  
Place of birth (Pays) - (Country) (Comté ou province) - (County or Province) (Ville ou canton) - (Town or Twp.)
- Religion..... Roman Catholic  
(State denomination)
- Métier ou profession..... Driver  
Trade or Calling
- Marié, veuf ou célibataire..... Single  
Married, Widower or Single
- Nom du plus proche parent..... Mr. Alfred Rivet  
Name of next of kin
- Parenté de celui-ci..... Father  
Relationship
- Adresse du plus proche parent..... 7744 St. Hubert Street Montreal Quebec Canada  
Address of next of kin
- Avez-vous servi dans les forces navales, militaires ou aériennes?..... NO  
Have you served in any Naval, Military or Air Force?
- Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires.....  
If previous war service, state arm, force and regimental particulars
- Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force?..... NO  
Do you now belong to or have you served in the Active Militia of Canada?

(Indiquez l'unité et la date de l'enrôlement)  
(Give unit and date of attestation)

### DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, JOSEPH WILLIAM ALFRED RIVET, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date..... 28 October 1940

*Alfred Rivet*  
(Signature de la recrue)

### SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, JOSEPH WILLIAM ALFRED RIVET, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

*Alfred Rivet*  
(Signature de la recrue)

### CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à MONTREAL ce 28 October jour de October 19 40

*Alfred Rivet*  
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

No. 4 DISTRICT

(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

État de service de RIVET  
Record of Service of (Nom—Surname)

JOSEPH WILLIAM ALFRED  
(Prénoms—Christian Names)

Matricule.....D-114976..  
Regimental Number

APTITUDES  
Qualifications

Militaires.....NIL  
Military

Professionnelles ou commerciales.....NIL  
Business or Professional

Civiles ou de métier.....DRIVER  
Trade or Civil

Techniques.....NIL  
Technical

Langues.....FRENCH ENGLISH  
Languages

QUALITÉS ÉDUCATIONNELLES  
Educational qualifications

Académies.....NIL  
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation } (Spécifier—Specify)  
Matriculation

\*Collège.....NIL

\*Université.....NIL  
University

8 Years Public Schooling

(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)  
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin  
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Date	RAPPORT REPORT Reçu de From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué Rank shown	Prenant date le Effective date	Unité Unit	Endroit Place	Autorisation Authority	
							N° Partie II, Ordres du jour. Liste des morts et blessés, etc. Part II D.O. No. Cas. List, etc.	Daté le Dated
28 Oct 40	D.R.O.	Affecté lors de son enrôlement } Joined on enlistment 4 District Depot CASF Montreal	PTE	28 Oct 40	4DD	Montreal	4DD Part 11 271	28 October 1940
21-11-40	4 DD	Transferred at his own request to F.M.R.	"	20-11-40	"	"	" " DO.292	21-11-40
"	"	Att. for all purposes to CI(R)TC Valcartier, Que.	"	"	"	"	" " " "	"
22-11-40	4 P.P.	<i>Attached for all purposes</i>	"	21-11-40	C.I.R.T.C.	Valcartier	NO Pt. II # 283	22-11-40
16-4-41	C.I.R.T.C.	Perd 1 jr. de solde pour A.W.L.	"	14-4-41	"	"	" " #92	16-4-41
21-5-41	"	Perd 13 jrs " " "	Pte.	3-5-41	"	"	" # 123	21-5-41
19-6-41	"	Ceases to be attached Refmt. F.M.R.	"	19-6-41	"	"	" #148	19-6-41
		S.O.S. to O.S.	"	20-6-41	2/CIHU	WITLEY		
		T.O.S. Cdn Army O.S. & posted to 2/CIHU	"	21-6-41	"	"	154	2-7-41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)  
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS  
DÉJÀ REÇU UNE PENSION OU  
UNE COMPENSATION POUR IN-

**CERTIFICAT DE L'EXAMEN MÉDICAL**  
**CERTIFICATE OF MEDICAL EXAMINATION**

Nom en entier RIVET - William - Alfred  
Name in full

Date Oct 25 1940

**PARTIE 1. Renseignements obtenus de la recrue.**

Part 1. Information obtained from the applicant.

1. Age 29 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?  
Have you ever suffered from any of the following diseases?
- |   |                                   |  |           |
|---|-----------------------------------|--|-----------|
| a. Rhumatisme<br>Rheumatism                                     | <u>no</u>                         | j. Affection nasale<br>Nasal trouble                               | <u>no</u> |
| b. Tuberculose<br>Tuberculosis                                  | <u>no</u>                         | k. Maladies des oreilles<br>Ear disease                            | <u>no</u> |
| c. Bronchite ou asthme<br>Bronchitis or asthma                  | <u>no</u>                         | l. Maladie des yeux<br>Eye disease                                 | <u>no</u> |
| d. Affection cardiaque<br>Heart disease                         | <u>no</u>                         | m. Epilepsie<br>Epilepsy   | <u>no</u> |
| e. Maladie du rein ou de la vessie<br>Kidney or bladder disease | <u>no</u>                         | n. Maladie nerveuse ou mentale<br>Nervous or mental disease        | <u>no</u> |
| f. Gastrite intestinale<br>Gastro-intestinal                    | <u>no</u>                         | o. Syphilis  | <u>no</u> |
| g. Hernie<br>Rupture  | <u>no</u>                         | p. Gonorrhée<br>Gonorrhoea   | <u>no</u> |
| h. Varices<br>Varicose veins                                    | <u>no</u>                         | q. Avez-vous déjà porté des verres?<br>Have you ever worn glasses? | <u>no</u> |
| i. Pieds plats ou déformés<br>Flat or deformed feet             | <u>treated 1939</u><br><u>yes</u> |  |           |

*Alfred Rivet*  
(Signature de la recrue) — (Signature of recruit)

Observations des examinateurs Color vision Ishihara G.N  
Examiners remarks re above

Mars & reflexes H G. Scharfe Maj

URINE A/  
XRAY A/

**PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.**

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)  
Identification marks or scars (If operative obtain history)  
1. vascular left arm
2. Taille 5 pieds 3 pouces. 3. Poids 120 livres  
Height feet inches Weight pounds
4. Teint Med Yeux Brown 5. Développement good  
Complexion Eyes Hair Development
6. Tour de poitrine—Circonférence, pleine expansion 35 pouces Degré d'expansion 1 pouces  
Chest measurement—Girth on full expansion inches Range of expansion inches
7. Vue, œil droit 20-20 œil gauche 20-20 8. Oufé, oreille droite G.V. 20 gauche G.V. 20  
Vision, right left Hearing, right left
9. Condition de la bouche et des dents fair many missing  
Condition of mouth and teeth
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:  
The abnormalities (congenital and pathological) found on examination are as follows:  
Old injury right ankle n complaints

**PARTIE 3.** Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits", et il peut être classé dans la catégorie A.

Observations spéciales lorsque la catégorie est inférieure à A  
Special remarks when category lower than A

*J. Dinan* (Président) — *H. Aubry* (Membre) — *J. G. Seguin* (Membre)

**VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE**  
**VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY**

Date	Détails succincts et signature	Date	Détails succincts et signature
OCT 29 '40	TAB <i>J. Dinan</i>	8-7-41	TAB <i>J. G. Seguin</i>
21-1-41	3		
OCT 29 '40	VACCINATION <i>J. Dinan</i>		
OCT 29 '40	TETANUS TOX lcc <i>J. Dinan</i>		
21-1-41	TETANUS TOX lcc <i>J. Dinan</i>		
13-6-41	Cat A. Reaffirmed <i>J. Dinan</i>		

VALIDITÉ: SI OUI, DONNEZ DE-  
TAILS...

Matricule... **D-114976**  
Regtl. No.

Grade... **PTE**  
Rank

Nom... **RIVET**  
Surname

Prénoms... **JOSEPH WILLIAM ALFRED**  
Christian Name

Garrison Station	Date d'arrivée à la garnison Date of Arrival at the Station	Date de Dates of						Maladie Disease	Nombre de jours à l'hôpital Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.  Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin Signature of Medical Officer
		L'admission à l'hôpital Admission into Hospital			La sortie de l'hôpital Discharge from Hospital						
		Jour Day	Mois Month	Année Year	Jour Day	Mois Month	Année Year				

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)  
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

Statement of the Service of No. D114976

Rank.....

Sheet No.....

Name Rivet J. W. A.

M.F.M. 1 & 2A  
40/P & S/119

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
		5 days landing leave (with warrant)	Pte	14/19 July 41	2/144	U.K.	164	14 July 41
		Adm. to 2nd B.M.B.	Pte	26 July 41	2/140	"	176	28 July 41
		Trans to 15th Gen Hosp.	Pte	28 July 41	2/140	"	178	30 July 41
		Misc. 15 Gen. Hosp.	Pte	3 Aug 41	2/144	U.K.	187	6-8-41 cas list 11 Aug 41
		Adm. to 9th #120 Camps Co. (Guard)	Pte	28 Sept 41	2/144	U.K.	230	29 Sept 41
		Trans to 10th #120 Camps Co. (Guard)	Pte	4 Oct 41	2/144	U.K.	236	6 Oct 41
		On Command to Salisbury Plain	Pte	13 Oct 41	2/144	U.K.	244	15 Oct 41
		Off Command to Salisbury Plain	Pte	23 Oct 41	2/144	U.K.	254	25 Oct 41
		Home 7 days 1st W.W.	Pte	28 Nov 41 5 Dec 41	2/CIM	UK	280	25 Nov 41
ROS		S.I.S. on posting F.M.R.	Pte	30 Nov 41	2/144	U.K.	285	30 Nov 41
	105	105 from 102 to 101RU.	Pte	1 Dec 41	FMR	UK	68	10 Dec 41
		aid to 5th Gen and Regt. for R.P. for F.M.R.	Pte	14 Dec 41	5B and Regt.	UK	4	22 Dec 41
		leaves to be add	Pte	23 Dec 41	5B and Regt.	UK	5	24 Dec 41
		AWL 2359 Pts.	Pte	28 Feb 42	FMR	UK	15	13 Mar 42
		forfeits 4 day pay AWL 2359 Pts. 28 Feb 42 - 15000.	Pte	4 Mar 42	FMR	UK	15	13 Mar 42
		FRS 1400 (U.A. 149(2))	Pte	4 Apr 42	FMR	UK	21	10 Apr 42
		FRS 1400 (U.A. 149(2))	Pte	4 Apr 42	FMR	UK	21	10 Apr 42
		AWL 5 days CB. Total of pay 6 days (above 14 hrs)	Pte	4 Apr 42	FMR	UK	21	10 Apr 42
		S.O.S. to 9th R. Field Unit	Pte	9 Apr 42	9th R.	U.K.	22	15 Apr 42
		S.O.S. from 9th R. Spec. Div.	Pte	10 Apr 42	9th R.	U.K.	22	15 Apr 42
		Granted 7 days P. leave @ July 18-23	Pte	16 July 42	7th R.	U.K.	42	16 Aug 42

Name.....

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
		Qwd 5 days C.B. For offence A A Sec 15(1) & Wk For 2 days Part 2 R 4-1-149(C) (a)	Pte	11 Aug 42	F.M.R.	UK	44	24 Aug 42
		Embarked V.K for France (sub.oper)	Pte	18 Aug 42	F.M.R.	V.K	49	10 Sep 42
SOS		S.O.S to 'X' List missing	Pte	19 Aug 42	F.M.R.	V.K	46	30 Aug 42
	TDS	TDS from F.M.R.	Pte	20 Aug 42	F.M.R. X list	UK	1	5 Oct 42
		S.O.S Killed in action	Pte	19 Aug 42	F.M.R. X LIST	UK	10	21 Dec 42







Name *Linnet J.W. A.*

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
		<i>Adm to No 2 CMC.</i>	<i>Pte</i>	<i>26/7/41</i>	<i>2/C1HU</i>	<i>Witley</i>	<i>176</i>	<i>28/7/41</i>
		<i>Trans to 15 Gen Hosp</i>	<i>"</i>	<i>28/7/41</i>	<i>"</i>	<i>"</i>	<i>178</i>	<i>30/7/41</i>
		<i>Disch from #15 Gen Hosp.</i>	<i>"</i>	<i>3-8-41.</i>	<i>"</i>	<i>"</i>	<i>187</i>	<i>11-8-41.</i>
		<i>Att'd #120 Corps A.D. (Guard)</i>	<i>"</i>	<i>28-9-41.</i>	<i>"</i>	<i>"</i>	<i>230</i>	<i>29-9-41.</i>
		<i>Ceases to be att'd #120 Corps A.D. (Guard) F.A.P.</i>	<i>"</i>	<i>4-10-41.</i>	<i>"</i>	<i>"</i>	<i>236</i>	<i>6-10-41.</i>
		<i>Proceed on Com. to Salisbury Plain</i>	<i>"</i>	<i>13-10-41.</i>	<i>"</i>	<i>"</i>	<i>244</i>	<i>15-10-41.</i>
		<i>Returned from Com from Salisbury Plain</i>	<i>"</i>	<i>23-10-41.</i>	<i>"</i>	<i>"</i>	<i>254</i>	<i>25-10-41.</i>
		<i>7 days P. Leave (Pte) with warrant</i>	<i>"</i>	<i>28-11-41.</i>	<i>"</i>	<i>"</i>	<i>280</i>	<i>25-11-41.</i>
<i>S.O.S.</i>		<i>S.O.S. to F.M.R. Regt.</i>	<i>"</i>	<i>30-11-41.</i>	<i>"</i>	<i>"</i>	<i>285</i>	<i>30-11-41.</i>
	<i>T.O.S.</i>	<i>T.O.S. from No.2. C.D.I.R.U.</i>	<i>Pte.</i>	<i>1 Dec.41</i>	<i>FMR</i>	<i>U.K.</i>	<i>68</i>	<i>10 Dec.41.</i>
		<i>Att'd to 5th Cdn. Arm'd Regt. for R &amp; Q</i>	<i>Pte.</i>	<i>14 Oct.41</i>	<i>5 C.Armd. Rgt.</i>	<i>U.K.</i>	<i>4</i>	<i>22 Oct. 41.</i>
		<i>F.M.R.</i>	<i>Pte.</i>	<i>23 Oct.41</i>	<i>5 Armd. Rgt.</i>	<i>U.K.</i>	<i>5</i>	<i>24 Oct.41.</i>
		<i>Ceases to be att'd</i>	<i>Pte.</i>	<i>28 Feb.42</i>	<i>FMR</i>	<i>U.K.</i>	<i>15</i>	<i>13 Mar.42.</i>
		<i>AWL 2359 hrs.</i>	<i>Pte.</i>	<i>28 Feb.42</i>	<i>FMR</i>	<i>U.K.</i>	<i>15</i>	<i>13 Mar.42.</i>
		<i>Forfeits 4 day pay AWL 2359 hrs. 28 Feb.42 -</i>	<i>Pte.</i>	<i>4 Mar. 42</i>	<i>FMR</i>	<i>U.K.</i>	<i>15</i>	<i>13 Mar.42.</i>
		<i>1500hrs. 1. Mar.42. F.R.&amp;I. 149. (1) a 149(2)</i>	<i>Pte.</i>	<i>4 Mar. 42</i>	<i>FMR</i>	<i>U.K.</i>	<i>15</i>	<i>13 Mar.42.</i>
		<i>F.R.I. 149 (2) (1)(a)</i>	<i>Pte.</i>	<i>4 Apr. 42</i>	<i>FMR</i>	<i>U.K.</i>	<i>21</i>	<i>10 Apr. 42.</i>
		<i>AWL 5 dys C.B. Total forft. pay 6 days</i>	<i>Pte.</i>	<i>4 Apr. 42</i>	<i>FMR</i>	<i>U.K.</i>	<i>21</i>	<i>10 Apr. 42.</i>
		<i>(absent 17 hrs.)</i>	<i>Pte.</i>	<i>9 Apr. 42.</i>	<i>FMR.</i>	<i>U.K.</i>	<i>22</i>	<i>15 Apr. 43.</i>
		<i>S.O.S. to F.M.R. Field Unit.</i>	<i>Pte.</i>	<i>10 Apr.42</i>	<i>FMR</i>	<i>U.K.</i>	<i>22</i>	<i>15 Apr. 43.</i>
		<i>T.O.S. from F.M.R. Spec. Incr.</i>	<i>Pte.</i>	<i>10 Apr.42</i>	<i>FMR</i>	<i>U.K.</i>	<i>22</i>	<i>15 Apr. 43.</i>
		<i>Granted 7 days P. Leave (2) July 16 - 23</i>	<i>Pte.</i>	<i>16 Jul.42.</i>	<i>FMR</i>	<i>U.K.</i>	<i>42</i>	<i>6 Aug. 42.</i>
		<i>Awd 5 days C.B. for offence A.A. Sec 15 (1)</i>	<i>Pte.</i>	<i>11 Aug.42</i>	<i>FMR</i>	<i>U.K.</i>	<i>44</i>	<i>24 Aug.42.</i>
		<i>AWL Forf. 2 days pay FR&amp;I 149 (1) (a)</i>						



# SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit..... 2ND. DIV'L R. C. A. S. C. (CASF)

Regimental Number..... D-114976

1. Surname..... RIVET " Detach "		(17) Regiment or Corps	" Unit (Battn., etc)	
2. Christian Names..... Joseph William Alfred				
3. *Substantive Rank and Appointment..... Pte.				
*Acting Temporary or Local Rank.....				
giving date..... 28-10-40				
*To be entered in pencil to facilitate alteration.				
4. Place of birth..... Montreal, Quebec, Canada		(18) Medical.....		
5. Date of birth as declared on attestation..... 18 February 1911				
(A).....		Category	Date	Authority
6. Date of enlistment..... 28 October 1940		-A-	25-10-40	M.F.M.-2
7. Place of enlistment..... Montreal, Quebec, Canada		A Coy	18-6-41	
8. Residence at time of enlistment..... 7744 St. Hubert Street, Montreal, Quebec, Canada				
9. (B) Special conditions (if any) of enlistment or rate of pay.....				
10. (C) Any subsequent variations of conditions of service.....				
11. Religion..... Roman Catholic				
12. If married, state date..... Single		(19) Next of kin (entries to be made in pencil)..... Father		
13. Trade on enlistment..... Driver		M. Alfred Rivet		
14. Corps, trade and grade.....		7744 St. Hubert St. Montreal, Quebec		
15. (D) Qualifications.....		Canada		
16. (E) Miscellaneous entries.....		(20) E.		
		(21) E.		
		(22) E.		

NOTES—

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		2/CIHU	S.O.S. to O.S.	Witley	20-6-41	Pte	
		"	T.O.S. Cdn Army O.S. and posted 2/CIHU	"	21-6-41	"	154/2-7-41
		"	5 days leave with warrant	"	14/7/41	"	164 14/7/41
		"	then to No 2 Coy	"	26/7/41	"	176 28/7/41
		"	trans to 15 Gen Hosp	"	28/7/41	"	178 30/7/41
		"	Disch from 15 Gen Hosp	"	3-8-41	"	187 11-8-41
		"	att to 40 170 Coy's (D. Squad)	"	28-9-41	"	230 29-9-41
		"	and to 40 170 Coy's (D. Squad)	"	14-10-41	"	236 d/6-10-41
		2/c.I.H.U.	proceed on command to Salisbury Plain	2/Witley	13-10-41	Pte	244 d/15-10-41
		2/c.I.H.U.	return from command Salisbury Plain	Witley	23-10-41	Pte	254 d/25-10-41
		"	7 days P. leave (1st) with warrant	"	28-11-41	"	280 - 25-11-41
		"	P.O.P. to F.M. Det.	"	30-11-41	"	285 - 30-11-41
		F.M.R.	T.O.S. F.M.R. (Spec. Order)	U.K.	1-12-41	"	68 - 10-12-41
		"	R.W.R. form 2859 has	"	28-2-42	"	15-13-3-42
		"	Awarded prof. 3 days pay F.R. 149/21				
		"	amb. from 2859 has 28-12-42 to 15-80				
		"	1-3-42 - (about 15 hrs) prof. 1 day				
		"	F.R. 149 (17A) Tot. prof. 4 days				
		"	Awarded prof. of 5 days pay awarded F.R. 149 (21) and 15 days e. 3. for a. W.S. from 22-10-42				
		"	31. Nov. 42 to 15.00. 1.96. 42 (about 17 hours) prof. 1 day pay awarded F.R. 149 (17A)				
		"	S.O.S. to F.M.R. Fictitious unit (P.O. 1/115)	"	4-4-42	"	21 - 10-4-42
		"	T.O.S. from F.M.R. (Spec. Order) P.O. 1/115	"	9-4-42	"	22 - 12-4-42
		"	PLP to 23/7/42	"	10-4-42	"	22 - 15-4-42
		"	5 days L.P. for A.W.L. R. 2259 has 9 Aug 42 to 0900 has				
		"	11 Aug 42 to 7 days pay F.R. 149 (17A)				
		"	Embarked for France (Jubilee Operation)	U.K.	11-8-42	"	44 d/24-8-42
		"	S.O.S. Missing	U.K.	18 Aug 42	"	49/10-9-42
		"	To 5 X-List F.M.R.	U.K.	19 Aug 42	"	46/30-9-42
		"	S.O.S. having been killed	✓	25/8/42	✓	1/5-10-42
		"			19/8/42	"	10/21/12-42
30/7/41	R.O.	"		"	14/7/41	"	164 14/7/41
31/7/41	"	"		"	26/7/41	"	176 28/7/41
1-12-41	"	"		"	3-8-41	"	187 11-8-41
1-12-41	"	"		"	28-9-41	"	230 29-9-41
7-10-41	"	"		"	14-10-41	"	236 d/6-10-41
16-10-41	R.O.	2/c.I.H.U.		2/Witley	13-10-41	Pte	244 d/15-10-41
27-10-41	R.O.	2/c.I.H.U.		Witley	23-10-41	Pte	254 d/25-10-41
26-11-41	"	"		"	28-11-41	"	280 - 25-11-41
1-12-41	"	"		"	30-11-41	"	285 - 30-11-41
1-12-41	C.P.	F.M.R.		U.K.	1-12-41	"	68 - 10-12-41
7-3-42	"	"		"	28-2-42	"	15-13-3-42
10-3-42	"	"					
4-4-42	"	"			4-3-42	"	15-13-3-42
10-4-42	"	"			4-4-42	"	21 - 10-4-42
10-4-42	"	"			9-4-42	"	22 - 12-4-42
18-4-42	"	"			10-4-42	"	22 - 15-4-42
23/7/42	"	"		"	16/7/42	"	42 d/6 Aug 42
14/12/42	Ech	"			11-8-42	"	44 d/24-8-42
		"			18 Aug 42	"	49/10-9-42
		"			19 Aug 42	"	46/30-9-42
		"			25/8/42	✓	1/5-10-42
		"			19/8/42	"	10/21/12-42

To be made out in duplicate

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

INSTRUCTIONS.

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

(1) Name of Officer of Other Rank..... RIVET            JOSEPH WILLIAM  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... D-114976            Pte.

(3) Unit..... 2nd DIV'L RCASC            CASF

(4) Are you married?..... NO

(5) If married, state,

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

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

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

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

(8) Have you any children? NO            Number of boys..... N/A            Girls..... N/A

Names and ages..... N/A

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

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

Name..... N/A

Postal Address..... N/A

[SEE OTHER SIDE]

on-law wife—whom you have been regularly supporting and publicly repre-  
sented as wife for at least 2 years immediately prior to appointment or enlistment?.....NO.....

State her full name and Postal Address.....N/A.....

(11) Is your father alive?.....YES.....

If so, state name and address, occupation. Mr. Alfred Rivet 7744 St. Hubert Street  
Montreal, Que., Canada Single Scorer

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

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

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

(14) Is your mother alive?.....YES.....

If so, state name and address. Mrs. Eva Rivet 7744 St. Hubert Street  
Montreal, Que., Canada

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

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

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

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

If so, state the following particulars:—

Relationship.....N/A.....

Full Name.....N/A.....

Postal Address.....N/A.....

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

(18) Are you insured?.....NO.....

If so, in what Company?.....N/A.....  
(Give number of policy)

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

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

x *Alfred Rivet*  
(Signature of officer or man)

Date 28th October 1940

*W. G. ... Capt.*  
Officer Commanding.....

Date 28th October 1940

NO. 4 DISTRICT DEPOT, C.A.S.F.

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s),  
questions relating to fathers and/or mothers above should be altered and answered as applicable.

# HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding R.C.A. Officer i/c Records (Unit)

It is notified for your information that the undermentioned was discharged from  
#15 General Hospital R.C.A.M.C., Stationed Bramshott  
on 3 Aug 41 194 . He has been instructed to go on the first  
Unit Sick Parade after reporting to your Unit and to hand this form to the Medical  
Officer.

Name Rivet, A. *Yed* No. D.114976 Rank Pte.  
Diagnosis Purpura legs M.O. i/c Case W. A. Oille, Capt.

Precis Case History Perfectly well till 25 Jul 41 when following route  
march noted both legs were red. N.A.D. aside from legs on examn.  
Discoloration of skin symmetrical 6" above knees to 4" above  
ankles sharply demarcated. Purpura . Hb 94%. WBC 6.100, Polys 62%  
Lympho. 30 Mono 8. R.B.C. & flatelets normal. Clotting time  
18 min. Clot retraction good. Bleeding time 10 min. Cleared in  
2 days leaving little or no staining. Can't fit patient into any  
group of haemoragica diathesis.

Recommendation

Five days light duty.

ENTERED ON

CAS. CARD *7*

CAS. LIST *483*



*[Signature]*  
Colonel,  
Officer Commanding

For OFFICER COMMANDING,  
15th GENERAL HOSPITAL,  
R.C.A.M.C. C.A.S.F.

Distribution:

- One Copy to Unit of patient
- .. .. to Officer i/c Records, Acton.
- .. .. to A.M.D.2., C.M.H.Q.
- .. .. for File.

This form is also to be used when a patient is transferred  
from a hospital to No. 1 Convalescent Depot R.C.A.M.C.



A.

## CONFIDENTIAL.

No. of enclosure in Form 48 .....  
 Serial No. in 'A. & D. Book } 5-141.....  
 or in Form 38

Army Form I 1220.  
 R.A.F. Form 39.

## HOSPITAL OR SICK LIST—RECORD CARD.

Surname RIVEST Christian Names A.  
 Rank PTE. Unit A 2 INF HOLD.  
 Army or R.A.F. No. } D 114976 Branch or Trade F.M.R.

Age 30 Total Service } 29/12 Under instruction as .....  
 Hospital or Station rendering this form } A 2 C M C. WITLEY

Dates of:—  
 Arrival as direct admission 26-7-41 from H.Q.  
 " transfer ..... from .....  
 Discharge to duty .....  
 " as an invalid or to unit for invaliding.....  
 Transfer ..... to.....  
 Death .....  
 Number of days under treatment .....

## CLINICAL NOTES:

Disease or injury Purpura.

New disease supervening, and date.....

Operation, nature and date.....

Anæsthetic, and method of administration.....

Date. Previous history of case and family, if relevant.....

26/7/41 After route march yesterday of 6-7 miles man had some swelling & discomfort in legs & a marked discoloration of skin.

Condition on admission. Both legs show marked redness almost like cutaneous subcutaneous ecchymoses of skin extending from about head of foot to about 1/2 way above each patella. Skin feels warm scattered patches of

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

Date.

Progress of case of herpes zoster  
circulation. Both. test good  
aches all

T4

1. Absolute bed rest
  2. No local treatment.
- a. w

27/7/41

Purpura has faded slightly  
but has not been to be so  
completely. Blisters have subsided  
one curious feature was that  
there was no rash over the  
palatal area. No. B. P. machine  
to do Rumpel test. This  
had appearance of a positive  
R-L test.

To medical for consultation  
A. Walters  
Capt.

26/7/41

27/7/41

Urine Test. Neg lab taken:

28/7/41

Severe Purpura -  
Suggest you  
admit to Air for  
further medical help  
to blood work

A. Walters

Transfer to #15 Cdn Gen  
Hospital as per Capt. Harris  
suggestion  
unchanged.

A. Walters  
Capt. Retiree

Condition on discharge

Signature of Medical Officer

Date



10 MARS 1943

Pa

**COPIE**

LE SECRETAIRE GENERAL AUX AFFAIRES  
COMBATTANTS

à Monsieur le Chef du Gouvernement  
Ministre Secrétaire d'Etat aux Affaires Etrangères  
Secrétariat Général pour les Affaires Etrangères  
à VICHY ( Lllier )

Dossier AA N° 7.445 th  
ETR

OBJET:  
notification  
de décès

J'ai l'honneur de porter à votre connaissance, à toutes fins utiles, que le militaire anglais :

RIVET J.W

N° matricule 114976, est décédé le 19 AOUT 1942 aux environs de Dieppe (Seine-Inférieure) et repose au cimetière des Vertus de HAUTOT-SUR-MER (Seine-Inférieure, tombe N° 197.

L'adresse de la famille est inconnue.  
Ces renseignements sont les seuls en ma possession.



Pour le Secrétaire Général  
et par son ordre  
Pour l'Intendant Général  
Chef du Service de l'Etat Civil  
des Successions et des Sépultures Militaires

*Rivet  
Canadian*

907107

D 114976

Pte Joseph Wm. Alfred Rivet

#2 CANADIAN MEDICAL CENTRE  
WHITLEY CAMP

3/41. (A)

HOSPITAL DISCHARGE NOTIFICATION

To  
Officer Commanding,  
.....#15 Gen. Hosp. ....

It is notified for your information that the undermentioned was discharged from #2 CDN. MEDICAL CENTRE, stationed at Whitley Camp, on .....28-7-41.....

He has been instructed to go on the first Unit Sick Parade after reporting to your Unit, and to hand this form to the Medical Officer.

Name: Rivest, A. ..... Age: 30 ✓ No: D-114976 ✓ Rank: Pte. ✓  
Parent Unit: #2 Inf. Hold. ..... Present Unit: #2 Inf. Hold. .....  
Diagnosis: Purpura ..... M.O. i/c Case: A. Walters. ..... (Capt.)

PRECIS CASE HISTORY: Admitted to #2 CMC Witley. From Holding Unit.

RECOMMENDATION: Transferred to #15 Gen. Hosp. for further treatment. advised by Capt. Harr.

E.G. Kennedy  
(E.G. KENNEDY) Capt.  
Officer Commanding,  
#2 CMC, R C A M C

*RIVEST ALFRED.  
2 DIV BCASS  
ATT RMA  
RS  
S  
9/12*

SENDER'S No. ....

LABY REPORT No. ....

### REQUEST FOR LABORATORY EXAMINATION.

Name and Initials *Pwet A* Official No. & (Rank Rating) *D114976* Age *30*  
(in block capitals)

Ship or Unit *2 C I HU* Hospital *15 Jan* Ward *M.J.*

To Officer i/c Laboratory at .....

Accompanying Specimen of .....

Examination required:— *WBC - Differ - Hb - HbC*

Points requiring special investigation:— .....

**Diagnosis**—Short statement of case, including treatment and progress, and references to any previous laboratory reports:

*Purpura heapt sudden onset*

Station .....

Date and hour of collection *at Adille* M.O. i/c Case

### LABORATORY REPORT.

*R69-94%*  
*WBC-6100*

*R.B.C. & Platelets normal*

*Polys 62%*

*Lymph 30%*

*Mon 8%*

*WBC*

*WBC*

*WBC*



Date Specimen received *30/7/41*

Date Report despatched *30/7/41*

Station *Went* O. i/c Laboratory

In R.A.F. cases a synopsis of results must be entered on Forms 41 and 39.

SENDER'S No. 1185

LABY REPORT No. 2553

### REQUEST FOR LABORATORY EXAMINATION.

Name and Initials Briet A Official No. & { Rank } D114976 Age 30  
(block capitals) { Rating }  
Unit 1 C I H A Hospital 25 Gen Ward M J  
Officer i/c Laboratory at .....

Accompanying Specimen of .....  
Examination required:— Bleeding Time  
Points requiring special investigation:— Clotting Time

**Diagnosis**—Short statement of case, including treatment and progress, and references to any previous laboratory reports:

Purpura began sudden onset  
Clot Retraction

Station .....  
Date and hour of collection ..... W Delle M.O. i/c Case .....

### LABORATORY REPORT.

Complete  
Clotting time 8 minutes 1 hole  
15 minutes undisturbed tube  
18 minutes - a disturbed tube  
26 minutes - another tube.  
all as for a control  
by seen, clotting had  
begun before 8 minutes.  
left had not progressed sufficiently to hold on  
Bleeding time 10 minutes - 1 hole  
8 minutes 2nd hole  
14 minutes 3rd hole



Platelets plentiful

Clot Retraction was reasonably good  
within two hours

Date Specimen received 1/5/4 Station P. H. O. i/c Laboratory .....

In R.A.F. cases a synopsis of results must be entered on Forms 41 and 39.

MJ

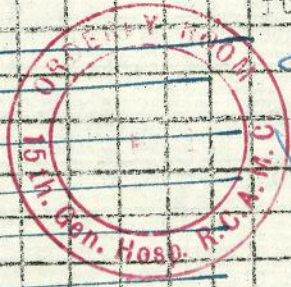
15<sup>th</sup> Canadian General Hospital, at Bramshol Period from \_\_\_\_\_ to \_\_\_\_\_

Reg'tl No.	Rank and Name (Surname first)	Unit	Sqdn., Coy, Bty., etc.	Age	Service	Disease
D114976	Pte Alfred Rineh	2 <sup>nd</sup> Division REASC		30	9/12	

Ward No.)	Number in A. & D. Book	5521	Dates of Admission	28/4/41	19	Discharge	19	Religious Denomin- ation
-----------	------------------------	------	--------------------	---------	----	-----------	----	--------------------------

M.J.

UP or BED Patient	Date	Name of diet first time in full, afterwards abbreviated.	EXTRA OR KITCHEN SUNDRIES (Quantities in words)	Initials of Medical Officer. (First time name in full)
BED	28 <sup>th</sup> July	Brothery	1/2 lb. butter	
	29 <sup>th</sup>	0	1/2 lb. butter	
	30	0	1/2 lb. butter	
	31	0	1/2 lb. butter	
August	1 <sup>st</sup>	0	1/2 lb. butter	
	2	0	1/2 lb. butter	
	3	0	1/2 lb. butter	



Total (in Figures) CARRIED FORWARD

P.T.O.





UNIT OR SHIP 2nd Division RQSC.

CLINICAL CHART

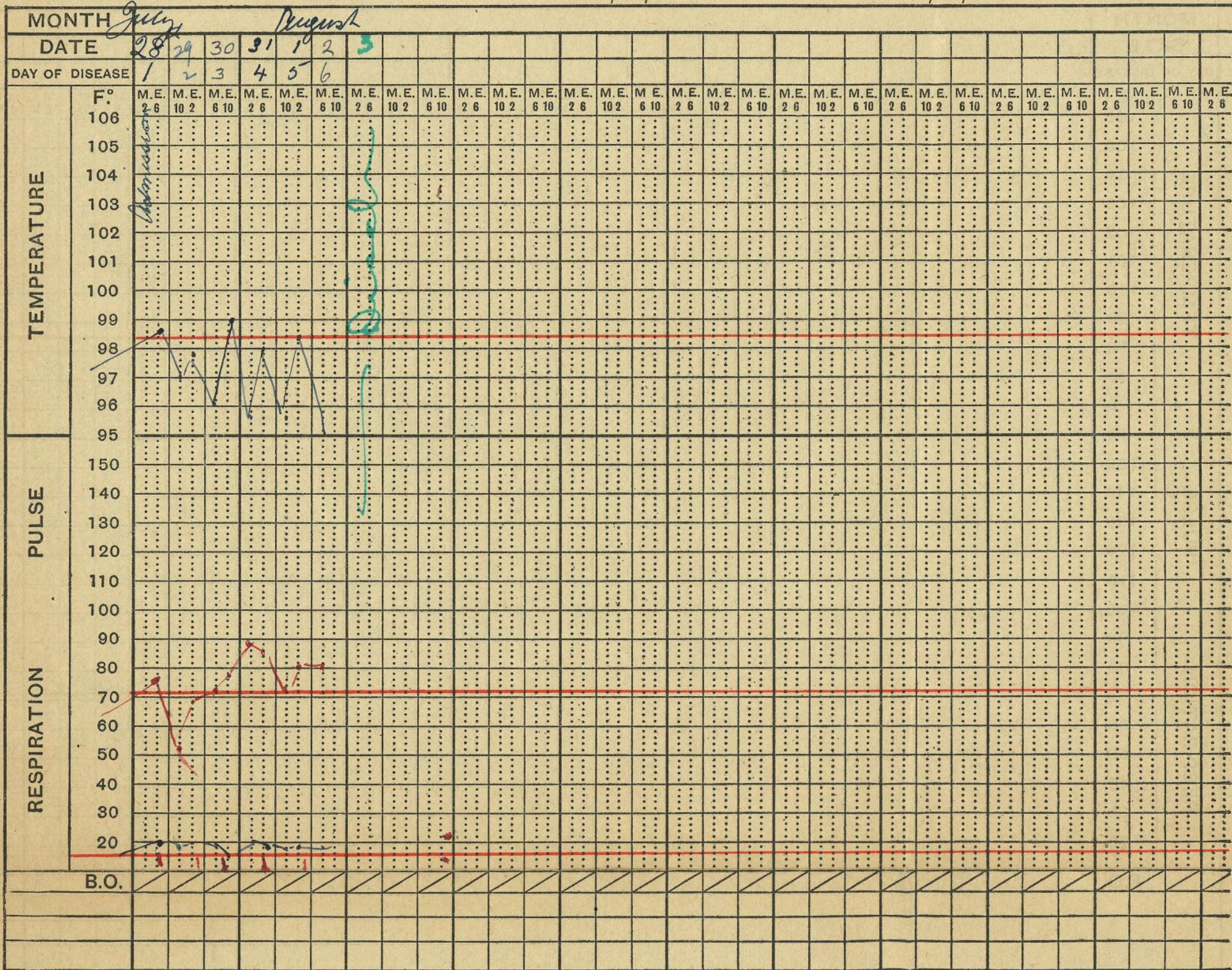
(TO BE ATTACHED TO CASE SHEET)

ARMY FORM. B. 181  
NAVAL FORM. M. 41  
R.A.F. FORM. 549

NO. 0114976 RANK AND NAME Pte Alfred Rued AGE 30

HOSPITAL 15th Cav General

DIAGNOSIS \_\_\_\_\_ DATE OF ADMISSION 28/7/1941 DATE OF DISCHARGE 1/19 STATION Bramshot



UNIT OR SHIP \_\_\_\_\_

# CLINICAL CHART

(TO BE ATTACHED TO CASE SHEET)

ARMY FORM. B. 181  
NAVAL FORM. M. 41  
R.A.F. FORM. 549

NO. \_\_\_\_\_ RANK AND NAME \_\_\_\_\_ AGE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ DATE OF ADMISSION \_\_\_\_/\_\_\_\_/19\_\_\_\_ DATE OF DISCHARGE \_\_\_\_/\_\_\_\_/19\_\_\_\_ STATION \_\_\_\_\_

MONTH																													
DATE																													
DAY OF DISEASE																													
TEMPERATURE	F°	M.E. 2 6	M.E. 10 2	M.E. 8 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6	M.E. 10 2	M.E. 8 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6	M.E. 10 2	M.E. 6 10	M.E. 2 6
	106																												
	105																												
	104																												
	103																												
	102																												
	101																												
	100																												
	99																												
	98																												
97																													
96																													
95																													
PULSE	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
RESPIRATION	50																												
	40																												
	30																												
	20																												
B.O.																													

**CONFIDENTIAL.**

No. of enclosure in Form 48 .....  
 Serial No. in A. & D. Book } 5521  
 or in Form 38

Army Form I 1220.  
 R.A.F. Form 39.

**HOSPITAL OR SICK LIST—RECORD CARD.**

Surname Ruech ..... Christian Names Alfred .....  
 Rank Pte ..... Unit 2 DIV .....  
 Army or R.A.F. No. } D114976 ..... Branch or Trade RCASE .....  
 Age 30 ..... Total Service } 12 ..... Under instruction as .....  
 Hospital or Station rendering this form } 15. Gen General Hospital .....  
 Dates of:—  
 Arrival as direct admission 28/7/41 from 2. C M C .....  
 „ transfer ..... from .....  
 Discharge to duty ..... 3 Aug. 41 .....  
 „ as an invalid or to unit for invaliding .....  
 Transfer ..... to .....  
 Death .....  
 Number of days under treatment ..... 7 .....

**CLINICAL NOTES:**

Disease or injury ..... Purpura haem .....  
 New disease supervening, and date .....  
 Operation, nature and date .....  
 Anæsthetic, and method of administration .....  
 Date. Previous history of case and family, if relevant .....  
ENTERED ON CAS. CARD. CAS. LIST.

18  
478  
483

<

MEDICAL

well till 25-7-41 when following  
a acute rash with  
dissolution of legs  
No previous history  
OE NAD aside from legs  
 Condition on admission Some general  
green of legs 6" above  
knives 2" above ankles  
slight red area behind  
mouth red color decreased  
black on pressure

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

Date.

Progress of case

Hb 94%, WBC 6,100  
Leucocytes 30% July 26 62% Nov 8 50  
ABO platelets normal  
Bleeding time 10 min  
Clotting time 13 min  
good diet - no alcohol  
has been cleared in 2 days  
without staining.  
Don't consider this a  
case of purpura due to  
any factor - bag's  
depression  
Exposed to some likely an  
approximate factor  
responsible to cure

Condition on discharge

improved

Signature of Medical Officer

W A Cole Capt

Date

22 Aug 41

CASUALTIES REPORTED BY TELEPHONE

*Joseph William Alfred*

NAME..... **RIVEST** ..... **J.W.A.** .....  
SURNAME FULL CHRISTIAN NAMES

REGIMENTAL NO..... **D-114976** .....

RANK..... **PTE** .....

UNIT..... **F.M.R.** .....

PHONE CALL RECEIVED FROM..... **NOMINAL ROLL** .....

TIME RECEIVED..... **0025 hrs** ..... DATE RECEIVED... **22 Aug 42** .....

GET DIAGNOSIS AND PARTICULARS - SERIOUS - DANGEROUS - DEATH.

**MISSING**

(IF ACCIDENTAL GET FULL PARTICULARS)

HOSPITAL ADMITTED TO.....

DATE ADMITTED..... (THIS IS VERY IMPORTANT)

CABLE NUMBER..... **1910** ..... TIME SENT.....

(THESE PARTICULARS ARE REQUIRED BY THE CASUALTY SECTION)

NEXT OF KIN

..... *Canada* ..... (RELATIONSHIP) *Father* .....

HOME TOWN

..... *Montreal Que* .....

THIS FORM SHOULD BE HANDED IN TO THE CASUALTY SECTION THE FIRST THING IN THE MORNING.

*J* .....  
DUTY N.C.O.

# Report of Admission to, or Discharge or Transfer from, a Military Hospital.

Notification in respect of all Service patients will be sent as soon as possible in the case of:—

- (i) Officers and Nurses (in triplicate)—Two copies to the War Office (Casualty Branch) and one copy to A. M. D. 2.
- (ii) Other Ranks (in duplicate)—One copy to Officers i/c Records concerned and one copy to A. M. D. 2.

Officers i/c Records receiving intimation of the admission to a military hospital of Other Ranks from overseas whose documents are in their charge will immediately forward the Medical History Sheets to the hospital without waiting for an application from the O.C. Hospital.

Personal No. (Officers) }  
 Service or Official No. (Other Ranks) } D114976 Rank Pte  
 Unit or Corps. 2 Inf. Hold. Unit  
2 Div RCASS att FMR 2 IHU

Name (Surname): RIVET Christian Names: Jos Wm Alfred  
 (In Block Capitals)

Place, Unit or Hospital from which received, or to which discharged:  
2 C.M.C.

The full address (and code number) of the Hospital should be given. It should be stated precisely whether this patient is admitted from (a) An Expeditionary Force; (b) A Station Abroad other than an Expeditionary Force; or (c) A Home Unit or another hospital at home. In the case of (a) the Expeditionary Force should be specified, and a clear indication should be given whether the patient is admitted direct from overseas, or from leave in the United Kingdom.

Date of Admission 28 Jul 41 5521

Discharge.....

Transfer from another hospital.....

• Death Am. Cause

Diagnosis Purpura Age 30 CAS LIST, 478

Cause of Injury.....

Name and address of Hospital rendering report.....

#15 General Bramshott

Signature..... Date 29 Jul 41



FOLD HERE AND SEAL.

---

ON HIS MAJESTY'S SERVICE.



To.....  
.....  
.....  
.....

---

FOLD HERE



M. F. M. 14

480M-10-40 (7413-4)

H. Q. 1772-39-1662

\*MARRIED PLACE OF ENLISTMENT

\*WIDOWER AND DATE

\*SINGLE

No.

RANK

NAME

## RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS

## ASSIGNMENTS

## DEPENDENTS' ALLOWANCES

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL		DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE

OUTFIT ALLOWANCE \$ PAID ON  
\*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT  
OR MILITIA PENSION ACT. (1910) S

P. A.

## CASUALTIES, ETC.

PART II D. O.			
NO.	DATE		
148	19-6-41	S.O.S. A-11 T.C. A13	FFF 19-6-41
154	2-7-41	TOS. 209th U.S.	" 21-6-41
176	28-7-41	adm to 26th B.	" 26-7-41
178	30-7-41	trans to. 15th B.	" 28-7-41
187	11-8-41	Disch from above	" 3-8-41.
244	15-10-41	Command Salisbury Plain	" 13-10-41 -
254	25-10-41	Returned from above	" 23-10-41.
285	30-11-41	SOS. 209th U.S. to AMR	" 20-11-41
68	10-12-41	T.O.S. to F.M.R. from #2. C.D.I.R.U. w.o.f.	1-12-41
15	13-3-42	A.W.L. from 2359 hrs	28-3-42
18	13-3-42	forfeits 4 days' pay	
21	4-4-42	forfeits 6 days' pay on the 4 Apr 42	
22	15-4-42	SOS to 209th U.S. 1st Unit eff 9-4-42	
22	15-4-42	T.O.S. from 217th R. Space Inver	" 10-4-42
44	6-8-42	Prisoner of War from 16 to 23 Jul 42	
44	24-8-42	A.W.L. from 2359 hrs 9-8-42 to 0900 hrs 11 Aug 42	
44	24-8-42	forfeits 2 days' pay on the 11 Aug 42	
46	30-8-42	S.O.S. to X list F.M.R. Missing w.e.f. Aug. 19-42.	
49	10-9-42	Embarked in U.K. for Evacuation (Jubilee operation) w.e.f. Aug. 18-42.	

A-190 or 3 Aug 42 missing

3/41. (A)  
HOSPITAL ADMISSION REPORT

Reg. No: D-114976

Rank & Name Pte. Rivest *Rivet Joseph W. a.* A Age 30

Unit: #2 Inf. Holding.

Stationed at: Laurentide Camp Witley

Date admitted: 26-7-41.

Name of Hospital: #2 CANADIAN MEDICAL CENTRE  
WHITLEY CAMP

Disability: Dermatitis

Stamp

D. 114976

2nd Div'l RCASC CASE.

NAME ~~RIVET~~ **RIVET.** JOSEPH WILLIAM ALFRED.  
REGIMENTAL NO. D-114976 RANK Pte.  
ENLISTED AT Montreal Que. Can. PROMOTIONS, ETC. AND DATE.  
DATE 28 October 1940.  
IF SERVED PREVIOUSLY, STATE UNIT, ETC. NO. F.M.R.  
MARRIED, WIDOWER, OR SINGLE Single.  
NEXT OF KIN Mr. Alfred Rivet RELATIONSHIP Father.  
ADDRESS OF 7744 St Hubert St. Montreal Que. Can.  
ASSIGNMENT OF PAY, \$ 20.00 Eff november 1940. C.  
ADDRESS as above. 7744 St-Hubert Montreal P. Q.  
DEPENDENT'S ALLOWANCE ENTITLED OR NOT NO.  
DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER.  
IN WHOSE FAVOUR Mother (Eva Rivet.) same address as above.

## CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC
	No.	DATE	
TOS DD 4	271	28-10-40	eff 28-10-40
TR CIRTC VALCARTIER QUE T.O.S. C. I (A) T.C.	292	21-11-40	eff 20-11-40
	283	22-11-40	EFF 21-11-40
A.W.O.L.	300	12-12-40	Forf 2 days' pay 2.60
A.W.O.L. 0600 hrs 3-1-41	12	15-1-41	" 10 " " 13.00
A.W.O.L. 0815 " 12-1-41 Punishment	12	15-1-41	" 10. " " 13.00
AWL 2200 hrs 4-2-41	43	18-2-41	" 10 " " 13.00
AWL 2200 " 14-2-41 Punishment	43	18-2-41	" 15 " " 19.50
A.W.L. 0800 hrs 14-4-41	92	16-4-41	" 1 " " 1.30
A.W.L. 0800 " 15-4-41			
<del>A.W.L. 0800 h. 14-4-41</del>			
Stop of pay: Damages to C.N.R. train Jan 2/30 - 41	95	19-4-41	Amount — 0.54
A.W.L. 2359 h. 3-5-41	109	6-5-41	D.O. 114
Ret 1900 " 16-5-41	119	17-5-41	
A.W.L. 1900 h. 16-5-41	123	21-5-41	Forf 13 days pay 16.90
In arrest 1200 " 20-5-41 Detention	123	21-5-41	Awarded 20 days from 1200 hrs 20-5-41
	123	21-5-41	

# MEMORANDUM

M.F.B. 465B  
200M-10-39 (2534)  
H.Q. 1772-39.

CANADIAN DENTAL CORPS

*Witky*

Date

*November 22, 1941*

Reg. No.

*D-114976*

Rank

*Pte.*

Name

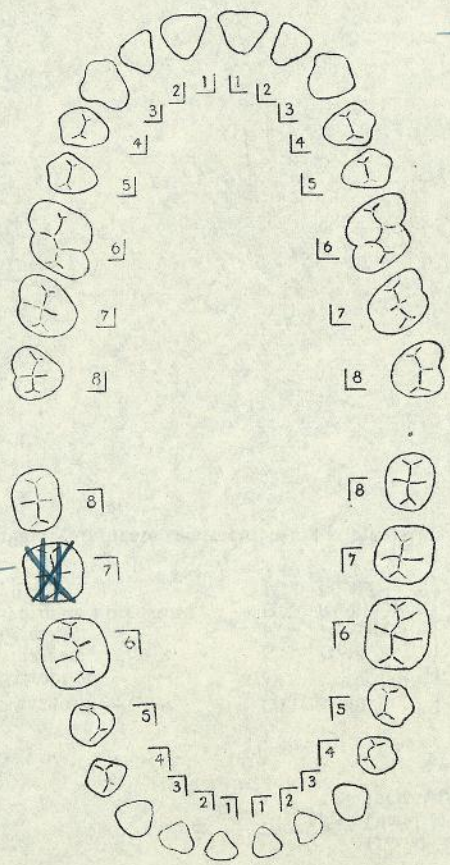
*Rivest, A.*

Unit

*F.M.R.*

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below.

*22-11-41 = 77 = extractions*



*Alfman Capt.*

Signature of Operator

Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — B  
Lingual — Li

Occlusal — O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI Gold  
PI Porcelain  
GC Gold  
PC Porcelain  
RC Richmond  
JC Jacket

} Inlay  
  
} Crown

TREATMENT

R Root Canal  
VA Vincent's Angina  
Pu Pulpitis  
PO Post Operative  
Pe Periodontia

Br Bridge  
PD Partial Denture  
CU Complete upper  
CL Complete lower  
Ra X-ray

} Describe  
with  
sketch  
} Denture

Write plainly, indicate treatment using abbreviations as above, and sketch the outline of all restorations.

D. R. 9

From Section

1

Date

23 Apr 45

Computer

By Nason

Auxiliary Nominal Roll No.

199

TO: SPECIAL SECTION

Reg'tl No.

Rank

Name

Reason

D. 114976

Rivet, sos um aef.

awh.

D. O. 123 - 21 May 45

See over



Forfeit's 13 days pay for AEWL

from 23:59 on 3 MAY 1941

to 19:00 on 16 MAY 1941

TOTAL FORF: - 13 days pay.

} DO 123 d/21 May 41  
A-13  
Valcartier. Que.

ВЕРИТАТНО

БАНКА

ИМЕНА

БАНКА

ЛО: РЕКВИЗИТ СЕКЦИОН

УПРАВЛЕНИЕ КОММУНИКАЦИОННО

Содержание

Время, место, дата

Дата

В. Р. 8

No. **D 114976** Name **RIVET J.W.A.** Sqn., Battery, or Company } **D** Corps **F.M.R.** Date of enlistment } **28-10-40** G.C. } Badges } Service or Proficiency Pay } **M.F.M. 6 (A.F.B. 122) 500M-11-40 (8025) H.Q. 1772-45-18**

Date of last entry in Company Conduct Sheet } **14-4-41** No. and date of last drunk } **14-4-41** Period not reckoning towards freedom from extra fine } **2** Sheet No. **2** Signature O.C. Company, etc. } **R.P. Munn Major** Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of order of order dispensing with trial	By whom awarded	Remarks
Valcartier	4-2-41	Pte		A W L from 2200-4-2-41 Until 2200-14-2-41 Total 10 Days	Sgt Vezina Cpl Howison	15 Days Ordinary Pay	17-2-41	Lt Col Pineault	F.R.&I. 10 Dys Pay
Valcartier	3-5-41	"		A W L from 2359-3-5-41 Until 1900-16-5-41 Total 12 Days 19 Hrs 1 Min	Sgt Huot Cpl Rondeau	20 Days Detention	20-5-41	Maj M Monette	13 Dys Pay
In the Field	28-2-42	"		A.W.L. From 2359 hrs 28 Feb. 42 until 1500 hrs 1 Mch. 42 - A.A. Sec 15. (1) TOTAL - 15 HOURS	A/Cpl Descoyres Cpl Beau regard	1 day's Pay	14 Feb. 42	P. Trudeau	
IN THE FIELD	1-4-42	Pte.		A.A. Sec. 12 (1) "ABSENTEEISM" 11/2 hrs. 2200 hrs 31/3/42 to 1500 hrs 1/4/42. ABSENTEEISM: 14 hrs	A/Cpl Vanier	5 DAYS PAY 5 DAYS C.B.	4-4-42 4-4-42	D. MENARD Lieut. Col.	

R.P. Munn Major

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In The Field	17-6-42	PTE	Nil	A.A. SEC 40. HAVING BEEN ORDERED TO PERFORM AN EXTRA DUTY, REFUSED TO DO SO.	LIEUT. J.R. PREFONTAINE	7-DAYS C.B.	18-6-42	J.G. GAUVREAU MAJOR	
In The Field	21-6-42	"	"	A.A. SEC 40. WHEN ORDERED BY HIS SUPERIOR OFFICER TO TAKE A POST AS SENTRY DUTY, REFUSED TO DO SO.	SAT. WILLIAM SC CAPT. POMINVILLE H.	5-DAYS C.B.	26-6-42	J.G. GAUVREAU MAJOR	
In The Field	9 Aug 42	"	"	A.A. SEC 15-1- AWL 2359 HRS 9 Aug 42, TO 0900 HRS 11 Aug 42, TIME: 1-DAY, 10 HRS.	Sgt. HARRISSON CSM. MARTIN	5-DAYS C.B.	12 Aug 42	A.A. Linnat LIEUT	3-DAYS PAY F.R + I (MAY)



NAME RIVET JOSEPH WILLIAM ALFRED. RANK pPte<sup>5</sup> AGE 29 REG. No. D-114976

UNIT 2nd Div'l. RCASC. CASF.

DATE 29th Octobr. 19 40.

Strike out inapplicable number and words.

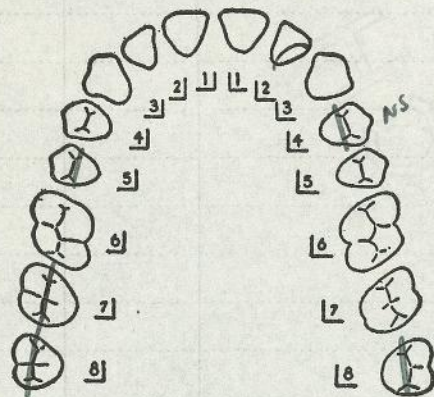
ORAL HYGIENE { ~~Good~~  
Fair  
Neglected

PROPHYLAXIS required { ~~Yes~~  
No

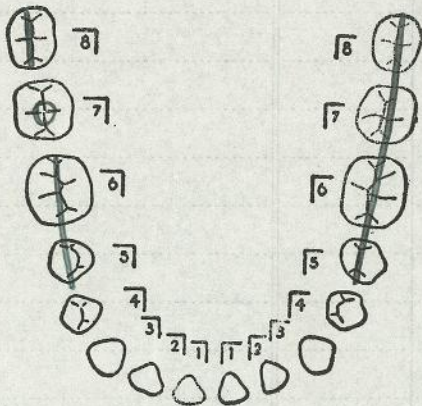
MUCOSA  
(Describe any pathological condition briefly)

*Rx PDL*

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

- RC Treatment 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 } Denture
- CL Complete lower } Denture
- DA Adjustment } Denture

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

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

*Joseph Rivet*  
Signature and unit of examining officer



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.114976** RANK **Private** SERVICE UNIT **Fusiliers  
Mont Royal**

NAME **RIVET, Joseph William Alfred**

DATE OF BIRTH  
DAY **18th** MONTH **February** YEAR **1911**

MARITAL STATUS  
**Single**

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

**Father**

NAME **Alfred Rivet**  
ADDRESS  
D.A.B.

ADDRESS

**7744 St. Hubert Street, Montreal, Quebec.**

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.

**Canrecords 2237 H.Q.405-R-6529**

CASUALTY DETAILS

**Previously reported missing in action  
now reported killed in action.**

DATE **19-8-42**

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

YES/NO

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

YES/NO

DATE

**16-12-42**

*MD*  
OFFICER I/C RECORDS

MORNING SICK REPORT

Army Form B 250

MEDICAL INSPECTION REPORT\*

Unit No. 2 C. G. S. U.  
 Squadron, battery or company 7. M. R.

Station and Date July 26/7/41 194

Army No.	Rank and Name (Christian name in full Surname first; M under name if married)	Completed Years of		Religion	If for duty†	Whether a Defaulter	Lines or Barracks	Room or Mess	Disease	Disposal Medical Officer's Remarks and Signature
		Age	Service							
D114976	pt Rivest, A.	30		P.C.	Duty				Dermatitis	<del>                    </del>  #2 C. M. C. Witley.  Present duty J.P.S.

\*Strike out whichever is not applicable.  
 †State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "for trial by Court Martial," or "joining the station," &c., should be stated against their names.

Orderly  
N.C.O.

To be Discharged from Hospital to-morrow.

Unit	Squadron, battery, or company	Army No.	Rank and Name	



NAME RIVER, JOSEPH WILLIAM ALFRED. RANK pPte<sup>3</sup> AGE 29 REG. No. D-114976

UNIT 2nd Div'l. RCASC. CASE. DATE 29th October. 19 40.

Strike out inapplicable number and words.

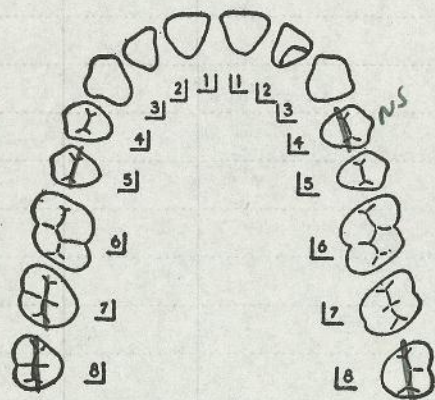
ORAL HYGIENE Good  
Fair  
~~Neglected~~

PROPHYLAXIS required Yes  
~~No~~

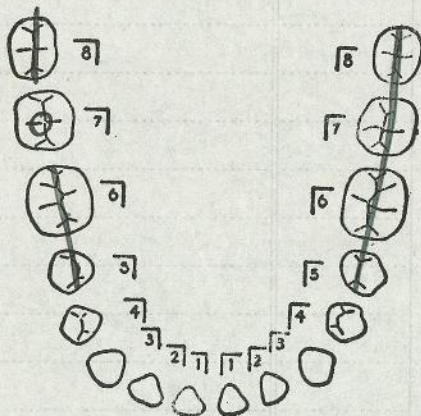
MUCOSA  
(Describe any pathological condition briefly)

*Rx PDL*

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.

*Joseph W. C. G.*  
Signature and unit of examining officer



# 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.



# NOTICE

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VERIFICATION FORM  
WAR SERVICE MEDALS 1939-45

**P.A.**

No. D114976 Name RIVET JOSEPH WILLIAM ALFRED  
Rank on Discharge Pte Date of Discharge 19-8-42  
Authority for Discharge or Retirement Deceased

<u>Served in:</u>		<u>Non-qualifying service</u>
Canada	from <u>28-10-40</u> to <u>20-6-41</u>	
	from _____ to _____	
United Kingdom	from <u>21-6-41</u> to <u>18-8-42</u>	
	from _____ to _____	
Italy	from _____ to _____	
Northwest Europe	from _____ to _____	
<u>Dieppe</u>	from <u>19-8-42</u> to <u>19-8-42</u>	<u>Quit</u>
-----	from _____ to _____	

Eligible for award of:

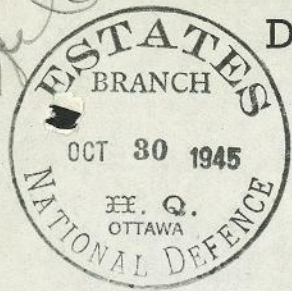
- 
- 1939 - 45 Star OK ✓
- 
- ~~Italy Star~~ \_\_\_\_\_
- ~~France-Germany Star~~ \_\_\_\_\_
- Defence Medal OK ✓
- War Medal OK ✓
- Canadian Volunteer Service Medal OK ✓
- with clasp OK ✓



**NO RIBBON DESPATCH**

Verified by H. G. Palmer  
Date 12-8-46  
Carded AUG 12 1946

*M. J. 20*



DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA

Date 26 octobre 1945 <sup>XX</sup>

RECEIVED this date Treasury cheque for the sum of

-----Two Hundred and Eighty-seven----- <sup>08</sup>/<sub>100</sub> Dollars (\$287.<sup>08</sup>.....)

in connection with the estate of the below-named deceased,

D-114976 Pte. RIVET, Joseph W. A. (deceased)

*405-R-6529*

*Mr Eva Rivet*  
Signature

NAME

RIVET

REGT.

R.C.A.

RANK

PTE

TITLE

BN.

R.R.C.

INIT'S

W. A

NUMBER

114946

DATE OF DEATH

19. 8. 42.

CEM-  
TERY

DIEPPE (HAUTOT-SUR-MER) CDN.

PLOT

ROW

G

GRAVE  
NO.

17

COUNTRY

FRANCE

COMMUNE

MAP REF.

REPORT  
NO.

SEINE INF 1-15

CROSS

AUTHORITY

~~CL/FRANCE/3/351~~

AGE

FILE  
NO.

NEXT OF KIN:-

~~4-9-47~~

P.A.

POWERS-SAMAS  
ACCOUNTING MACHINESTRADE  
MARK

FACTAB

SFP-958

4-9-47

PAT. NO. 998228  
REG. NO. 771461

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65



405-R-6529

October 11, 1945

Mrs. Eva Rivet  
7744 St. Hubert St.,  
Villeray, Montreal, Que.

D-114976 Pte. RIVET, J. W. A.

Dear Mrs. Rivet:

TJKG/MH

DISTRIBUTION OF SERVICE ESTATES

ARMY

MH  
Estates Form "P. 4"

Name: **RIVER,** Surname: **Joseph W. A.** No.: **D-114976**

Christian Names

PRE. C.A. O/S

Rank ..... Unit

**19-8-42**  
Date of Death

Date: **22-9-45**

<u>AMOUNT</u>	
W.S.G.	287.08
L.P.C.	7.07
Other Credits	.....
Total	294.15
Prev. dist. This dist.	7.07
	287.08

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
-------	--------------	------------------	--------

ALL	Mother	<p>Mrs. Eva Rivet, 7744 St. Hubert, Villeray, Montreal, Que.</p> <p align="center">(Sole beneficiary per will)</p>	287.08
-----	--------	--	--------

F 4. TO TREAS.  
5461 1 1 130

MSG

AUTHORITY					
H.O. F.E. No.	VOTE	PRI	H.O. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$287.08
CLASSIFIED BY			EXAMINED BY		
D			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*L.M. Fikri*  
L. M. Fikri Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer

287.08 m.x.

DISTRIBUTION

SERVICE

- NAVY
- ARMY ✓
- AIR FORCE
- C.E.F.

NAME: Rivet, Joseph W. A.

NO. D-114976 RANK Pte.

REGT: C.A. O/S.

DATE OF DEATH 19/8/42

N.S.B. 287.08  
 L.P.G. 7.07

all mthru - Mrs. Eva Rivet 287.08  
 7744 St. Hubert Street,  
 Villeray,

OTHER CREDITS

PAY TO Montreal, Que.

TOTAL 294.15

Prev dist. 7.07

(Sole beneficiary under will)

This dist. 287.08

W28 248  
3905

2  
ARMY

**DEPARTMENT OF NATIONAL DEFENCE**  
**NAVY      ARMY      AIR FORCE**  
**STATEMENT OF WAR SERVICE GRATUITY**

DECEASED  
MEMBER'S  
NAME

**Joseph William Alfred**      **RIVET**  
(CHRISTIAN NAMES)      (SURNAME)

REGISTER NO. **D-9513**  
FILE NO. **405-R-6529**  
DATE **22-8-45**  
SERVICE NO. **D-114976**  
FINAL RANK OR RATING **Pte.**  
DATE OF DISCHARGE **19-8-42**

PAYEE **Director of Estates**  
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE **19-8-42**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **610** EQUAL TO **20** COMPLETE PERIODS AT \$7.50

\$ 150.00

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **413** LESS **10** INELIGIBLE DAYS, EQUAL TO **403** DAYS @ 25c. PER DAY  
**SEE PAR. 2 OVERLEAF FOR EXPLANATION**

100.75

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY \$ **1.30**  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ **1.00**  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **2.30** X7 = \$ **16.10**  
NO. OF DAYS **413** X \$ **16.10**  
183

250.75

36.33

**D. WAR SERVICE GRATUITY**

287.08

E. DEDUCTIONS      OVERPAYMENT OF      PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$  
AND ASSIGNED PAY \$  
OTHER DEDUCTIONS \$

**F. TOTAL AMOUNT PAYABLE**

287.08

**G. YOUR PORTION OF GRATUITY IS—**

**100%**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

PREPARED BY **KRM**      CHECKED BY

TREASURY

CHECKED BY *Guerrin*      DATE **30-8-45**

*Kuskin Capt*  
SERVICE REPRESENTATIVE

DEPARTMENT OF NATIONAL DEFENCE  
NAVY ~~=====~~ ARMY ~~=====~~ AIR FORCE  
**STATEMENT OF WAR SERVICE GRATUITY**

4  
ARMY

DECEASED MEMBER NAME

**Joseph William Alfred**

**RIVET**

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. **D-9513**  
FILE NO. **405-R-6529**  
DATE **22-8-45**  
SERVICE NO. **D-114976**  
FINAL RANK OR RATING **Pte.**  
DATE OF DISCHARGE **19-8-42**

PAYEE **Director of Estates**

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

**19-8-42**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **610** EQUAL TO **20** COMPLETE PERIODS AT \$7.50

\$ **150.00**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **413** LESS **10** INELIGIBLE DAYS, EQUAL TO **403** DAYS @ 25c. PER DAY  
**SEE PAR. 2 OVERLEAF FOR EXPLANATION**

**100.75**

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TOTAL \$ **2.30** X 7 = \$ **16.10**  
NO. OF DAYS **413** X \$ **16.10**  
183

**250.75**

**36.33**

**D. WAR SERVICE GRATUITY**

**287.08**

**E. DEDUCTIONS**

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

**F. TOTAL AMOUNT PAYABLE**

**287.08**

**G. YOUR PORTION OF GRATUITY IS—**

**100%**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

PREPARED BY **KEM** CHECKED BY

TREASURY  
CHECKED BY **Sherrin** DATE **30-8-45**

**Kusha Capt**  
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER NAME Joseph William Alford RIVET Register No. 9513  
 PAYEE'S NAME DIRECTOR OF ESTATES File No. 405-R-6529  
 ADDRESS ..... Date 22-8-45  
 ..... Service No. D114976  
 ..... Final Rank. PLF  
 DATE OF TERMINATION OF OVERSEAS SERVICE 19-8-42 Date of Discharge 19-8-42

		AMOUNT	
		\$	¢
A. TOTAL QUALIFYING SERVICE			
No. of days	<u>610</u> = <u>20</u> <sup>(10)</sup> Periods @ \$7.50	150	00
B. QUALIFYING OVERSEAS SERVICE			
No. of days	<u>413</u> less <u>10</u> Ineligible days, equal <u>403</u> Days @ 25¢ per day	100	75
C. SUPPLEMENT FOR OVERSEAS SERVICE			
Daily Rate of Pay	\$ <u>1.30</u>		
Subsistence Allowance	\$ <u>1.00</u>		
Additional Pay	\$ <u>✓</u>		
Dependents' Allowance 1/30	\$ <u>✓</u> \$ <u>✓</u>		
TOTAL \$ <u>2.30</u> X 7 = \$ <u>16.10</u>			
No. of Days <u>413</u> X \$ <u>16.10</u>			
			<u>183</u>
			<u>36 33</u>
D. WAR SERVICE GRATUITY			
Computed <u>Monty</u>			<u>287 08</u>
E. DEDUCTIONS			
Overpayment of			
(1) Pay & Allowance \$.....			
(2) D.A. & A.P. \$.....			
(3) Other deductions \$.....			
Entered By <u>[Signature]</u>			
F. AMOUNT PAYABLE			
(This amount is payable in <u>1</u> monthly instalments of \$ <u>287.08</u> each)			<u>287 08</u>
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)			
\$..... X 30 = \$.....			

REMARKS



# Dependents' Allowance Board

PLEASE ADDRESS REPLY TO

CHAIRMAN AND QUOTE

No. D-114976

Department of National Defence Serial No. D-9513

Your File No.

H. Q. 405-R-6529

(W.S.G./G)

Ottawa, Canada

W.S.G. 15

July 31st, 1945.

Paymaster-General,  
War Service Gratuity Branch,  
Room 1500,  
New Army Building,  
Ottawa, Canada.

Re: D-114976 RIVET, Joseph, William, Alfred

1. Reference your memorandum of June 20th, 1945.
2. The Dependents' Allowance Board has found that Mrs. Eva Rivet was supported by her husband immediately prior to August 19th, 1942 date of casualty, and for this reason may NOT be considered a dependent of the marginally-noted under Section 4 of the War Service Grants Act.
3. If there are no other claimants it is assumed that War Service Gratuity will be paid to the Service Estate, vide P.C. 2239.

DEPENDENTS' ALLOWANCE BOARD

B44/IH

*D. Colwyn*  
For R.O.G. Bennett - Chairman



11095  
0-11095  
General No. 0-9813  
Your file No.  
A.C. 508-1-2530  
(W.S.O.)

July 21st, 1945

0-11095 RIVET, Joseph, William, Alfred

June 21st, 1945

The Department of the Army  
has received your letter of  
July 14, 1945, regarding  
the application of  
A.C. 508-1-2530 to  
your file No. 0-11095  
and has advised that  
the same should be  
forwarded to the  
proper authorities  
for their consideration.

Very truly yours,  
Joseph P. ...



Ottawa, Ontario. 20th June

5.

Mrs. Eva Rivet,  
7744 St. Hubert,  
Villeray,  
Montreal, P.Q.

Re: D-114976 Pte RIVET. J.W.A.

Dear Mrs. Rivet:

With reference to your application for gratuity on behalf of your late son, under the War Service Grants Act, 1944.

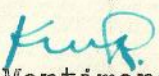
Information received from the Chief-Treasury Officer, Dependents' Allowance and Assigned Pay Branch and the Canadian Pension Committee reveals you were not wholly dependent on the assignment of pay your late son had made in your behalf.

The Act provides that the gratuity is to be paid to a person who was wholly or partially dependent on the member on whose behalf the gratuity is claimed. For this reason your application has been referred to the Dependents' Allowance Board for investigation to ascertain whether or not you may be classed as a dependent within the Act.

If no applicant is found to be a dependent of the soldier then the gratuity shall form part of, and be comprised in the soldier's service estate, to be distributed in accordance with his will or if there is no will, then in accordance with the law applicable.

As certain procedure and formalities have to be observed to meet the regulations in such cases, some time will elapse before settlement can be made. You may rest assured however, that your claim is receiving every attention.

Yours truly,

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

DEPARTMENT OF NATIONAL DEFENCE

A R M Y

Ottawa, Ontario. 20th June, 1945

Serial No: D-9513  
File No. : 405-R-6529

Attention: B-44

The Chairman,  
Dependents' Allowance Board,  
Experimental Farm,  
Ottawa, Ontario.

Reg. Number D-114976  
Name of Deceased Pte RIVET, Joseph William Alfred  
Applicant's Name Mrs. Eva Rivet  
Address 7744 St. Hubert, Villeray, Montreal, P.Q.  
Relationship to Deceased Mother

1. The above named applicant for the War Service gratuity who was in receipt of assigned pay of \$ 20.00 monthly at the date of the serviceman's death/~~discharge~~ August 29 19 42, received neither a supplementary award of dependents' allowance subsequent to death nor a pension dating from the time of death.
2. Will, you therefore, please investigate to determine whether the applicant could be considered to be a dependent of the deceased within the spirit and intent of the War Service Grants Act, 1944, at the time of the member's death.
3. This case is that of a person who claims to be a dependent within Group "B" of the Directive issued by the Minister of Veterans Affairs on the 16th December, 1944.
4. When the investigation has been completed and the question of dependency determined, may advice be forwarded to the War Service Gratuity Section of the Paymaster-General's Branch, please.

*Kw Rice Lt.*

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

DEPARTMENT OF NATIONAL DEFENCE

A R M Y

D9513

Ottawa, Ontario

23rd May 1945

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

Dear Sir;

An Application for the War Service Gratuity  
in respect of the late D.114976, Pte., RIVET, Joseph William Alfred  
has been received from Mrs. Eva Rivet,  
residing at 7744 St. Hubert, Villeray, Montreal, Que.

Will you kindly notify the undersigned as to  
whether or not the applicant is receiving a pension, or did re-  
ceive a pension in respect of the deceased member effective from  
the date of his death 19 Aug. 1942. For this  
purpose please do not include a pension payable under Section 33  
(3) of the Pension Act, dating from a time subsequent to the  
members' death.

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

If no pension is now being paid, but at a later  
date the Canadian Pension Commission authorizes payment 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 pen-  
sion was awarded.

Yours truly,

*K. Rice* *Lieut*

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 or No

Certified Correct

MAY 31 1945

*F. G. Clroy*  
Chief Treasury Officer,  
Department of Veterans' Affairs

*F. Maclean*



Register No. D 9513

Nominal Roll No. D 199

To: P.M.G.

H.Q. File No. 405-R-6529

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D. 114976</u>	<u>Pte</u>	<u>RIVET</u>	<u>Joseph William Alfred</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Killed in Action..... CARO..... ( )  
 2nd Enlistment..... CARO..... ( )  
 3rd Enlistment..... CARO..... ( )

**Total Service**

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>28 Oct 40</u>	T.O.S. ....	T.O.S. ....
S.O.S. <u>19 Aug 42</u> MD <u>0/5</u>	S.O.S. .... MD	S.O.S. .... MD
Total Days..... <u>661</u>	Total Days.....	Total Days.....

**Total Service** ..... 661 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>236</u>	<u>39</u>	<u>197</u>
Overseas Service.....	<u>425</u>	<u>12</u>	<u>413</u>
Totals.....	<u>661</u>	<u>51</u>	<u>610</u>
Add Non-qualifying Service.....			<u>51</u>
<b>Total Service</b> .....			<u>661</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas..... 19 Aug 42 2. Date S.O.S. Overseas.....

REMARKS:

**KILLED IN ACTION**

19 Aug 42

Computer's Signature..... [Signature]  
 Checker's Signature..... [Signature]  
 Date Computed..... 23 APR 45

*Docs show Christian names to read "JOSEPH WILLIAM RIVET" AWE*

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein

*for* C. L. LAURIN,  
 Colonel,  
 DIRECTOR OF RECORDS.

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL.			14 APR 41		1 ✓
<del>AWL.</del>			<del>3 MAY 41</del>		<del>13</del> ✓
AWL.	4 Feb 41	14 Feb 41		10	
Ground			17 Feb 41	15	25 ✓
AWL.	3 MAY 41	16 MAY 41		13	13 ✓
Total					39 ✓

Overseas: T.O.S. 21 Jun 41 T.O.S. \_\_\_\_\_ T.O.S. \_\_\_\_\_  
 S.O.S. 19 Aug 42 S.O.S. \_\_\_\_\_ S.O.S. \_\_\_\_\_

AWL.	28 Feb 42	1 MAR 42		1	
Ground.			4 Mar 42	3	4 ✓
AWL.			4 APR 42	1	
Ground.			4 APR 42	5	6 ✓
AWL.			11 Aug 42		2 ✓
Total					12 ✓

199

CASUALTIES ONLY

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

Register No. D.9513

File No. \_\_\_\_\_

WAR SERVICE GRANTS ACT 1944

Ottawa April 12 1945

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

Service No. D.114976

Name W.A. Rivet.  
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 and relationship of persons  
in receipt of D.A. and amount of  
monthly award.

Name	Amount
_____	\$ _____
_____	_____
_____	_____

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

<i>Mrs Eva Rivet</i>	<i>2.00</i>
<i>mother.</i>	_____
<i>A.P. dec 1-9-42.</i>	_____

Names and relationship of persons to  
whom assigned pay was continued by  
supplementary 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.

_____	_____
_____	_____

MAY 3 - 1945

194

*J.H. Colwell*  
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.

CASUALTIES ONLY

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

Register No. D.9513

File No. \_\_\_\_\_

WAR SERVICE GRANTS ACT 1944

Ottawa April 12 1945

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

Service No. D.114976

Name W.A. Rivet.  
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 and relationship of persons  
in receipt of D.A. and amount of  
monthly award.

Name	Amount
_____	\$ _____
_____	_____
_____	_____

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

<i>Miss Eva Rice</i>	<i>20.00</i>
<i>mother</i>	_____
<i>D.A. disc 1-9-42.</i>	_____

Names and relationship of persons to  
whom assigned pay was continued by  
supplementary 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.

_____	_____
_____	_____

**MAY 3 - 1945**

194

*[Signature]*  
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.



09513  
Montreal, 12th February, 1945.

Dear Sir:

I would like to know if I am entitled to any gratuity. My son was killed at Dieppe and had assigned \$20. per month for he was the eldest and was helping the family. I have had 15 children and am always ill, and ~~family~~ my husband too he is always sick. We still have two daughters with us, one goes to school and the other one works three or four days a week, for she is not very strong. So this money was helping us a lot. I have another son in the Active Army but he is married. So if I am entitled to anything could you send it to me.

My son's name: William Alfred Rivet,  
D-114976  
Killed on 19th August, 1942.

Thanking you in advance,

(Mrs) Eva Rivet,  
7744 St Hubert,  
Villeray,  
Montreal, Que.

PRECIS

A/L

W.S.G.

14 Feb 45

*Rivet, W.A.  
114976*

Mrs Eva Rivet,  
7744 St. Hubert Street,  
Villeray, Montreal, P.Q.

Request for Application Form

The a/m requests W.S.G. for her son killed in Dieppe.

Montreal 12 Janvier 1945.



Monsieur

Je vous adresse cette lettre pour savoir si j'ai droit de recevoir une gratification. Mon fils qui est mort à Dieppe me donnait \$20.00 dollars par mois, car étant le plus vieux de la famille et n'étant pas marié il nous aidait. J'ai eu 13 enfants et je suis toujours malade et mon mari aussi, il est souvent malade. Il reste encore deux filles à la maison. Une va à l'école et l'autre travaille 3 ou 4 jours par semaine car elle n'est pas assez forte. Donc cette pension nous aidait beaucoup. J'ai un autre fils dans l'active mais il est marié. Donc si j'ai droit à quelque chose pourriez-vous s'il vous plaît me l'envoyer. Le numéro de mon garçon est: Joseph William Alfred Rivet. Numéro matricule D.114976. Il est mort le 19 août 1942.

merci

Mme Eva Rivet  
7744 St-Subert  
Montreal



Estate

closed

April

1943.

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH

Ottawa

Canada

Date.....6/12.....1943

Received this date from the Administrator of Estates.....

.....

~~XXXXXX~~ the personal effects of my deceased.... **FILS**.....

H.Q. 405-R-6529 FD.230

RIVET, Joseph W.A., Soldat (Décédé)

No. C.114976, FUSILIERS MONT ROYAL.

*E. Rivet*  
.....  
Signature



DIVISION DES SUCCESSIONS

le 16 juin, 1943.

Madame E. Rivet,  
77<sup>th</sup> St. Hubert,  
Montréal, Qué.

RIVET, Joseph W.A., Soldat (Décédé)  
No. C.114976, Fusiliers Mont-Royal.

Chère Madame Rivet,

En examinant notre dossier, nous constatons que le 11 juin courant, notre Division vous a fait expédier, franc de port par Express, les effets personnels de votre fils, que nous avons reçus d'outre-mer il y a déjà quelque temps.

Afin qu'il apparaisse à notre Division que ces effets vous sont dûment parvenus, voudriez-vous avoir l'obligeance de signer et retourner à notre Division la formule d'accusé de réception ci-incluse.

Une prompt attention à notre demande sera grandement appréciée.

Votre dévoué,

*OG*

(O. Godbout) Capitaine,  
pour (L.M. Firth) Lt.-Colonel,  
Administrateur des successions.

OG/GL

INVENTORY OF ALL EFFECTS BELONGING TO

D.114976 Pte Rivest, W.A. F.M.R.

- ~~1~~ 1 Leather Wrist Band ✓
- ~~1~~ 1 Flashlight ✓
- ~~1~~ 1 Woollen Scarf ✓
- ~~1~~ 1 Woollen Pullover ✓
- ~~1~~ 1 Pr socks ✓ GLOVES
- ~~6~~ 6 Handkerchiefs ✓
- ~~1~~ 1 Safety Razor ✓
- ~~1~~ 1 Comb ✓

~~1~~ 1 Cross ✓

~~1~~ 1 Badge ✓

~~1~~ 1 Envelope of Cards ✓ *Postcards*

*Complete  
pte M.O. Cathcart  
5 Feb 43*

*Blair  
38209  
28 9/42*

*E. U. Delorme*  
(E.U. Delorme), Capt,  
President Committee of Adjustment.

*3-6-43*

*29-4-43  
1 per  
m.u.*



## DIVISION DES SUCCESSIONS

le 7 mai, 1943.

Madame M. Rivet,  
77<sup>1/2</sup> St. Hubert,  
Montréal, Qué.

RIVET, Joseph W.A., Soldat (Décédé)  
No. C.114976, Fusiliers Mont-Royal.

Chère Madame Rivet,

Nous accusons réception de votre lettre du 4 mai et notons que vous avez dûment reçu le chèque du Dominion du Canada, à votre ordre pour la somme de \$7.07.

Le montant transmis ne comprenait certainement pas de solde différée, car comme votre fils avait délégué une partie de sa solde, le Gouvernement ne lui retenait rien sur sa paie mensuelle. De fait, cette retenue n'a lieu que lorsque le soldat, une fois outre-mer, n'a pas pris les dispositions nécessaires pour déléguer une partie de sa solde, à une personne quelconque. Dans le cas de votre fils, il y avait délégation au montant de \$20.00, dont le paiement a été discontinué au début de septembre, 1942. Le chèque de \$7.07 ne contenait donc que le reliquat de solde et d'allocations dus à votre fils au moment de son décès.

Nous espérons que ces renseignements vous donneront satisfaction.

Votre dévoué,

*O.G.*

(O. Godbout) Capitaine,  
pour (L.M. Firth) Lt.-Colonel,  
Administrateur des successions.

OG/GL

Q Montréal 4 mai 1943 -

Commission des Successions -

Monsieur -

J'accuse réception de votre  
lettre du 28 avril de même  
qu'un cheque au montant  
de 7.07 - veuillez me dire  
si ceci comprend aussi  
le montant que le gouver-  
nement retient à chaque  
mois sur son salaire dans  
son pay book -

J'attendrai de vos nouvelles  
bientôt -

Mme E Rivet  
7744 St Hubert  
Montréal



DIVISION DES SUCCESSIONS

le 28 avril, 1943.

Madame Eva Rivet,  
77<sup>1/2</sup> rue St.Hubert,  
Montréal, Qué.

RIVET, Joseph W.A., Soldat (Décédé)  
No. C.114976, Fusiliers Mont-Royal.

Chère Madame Rivet,

Veillez trouver ci-inclus un chèque du Dominion du Canada, daté le 22 avril, 1943, portant le numéro 004875 et payable à votre ordre pour la somme de \$7.07. ↙

Le montant total de la succession militaire de votre fils est celui indiqué au chèque et représente le reliquat de solde et d'allocations lui revenant au moment de son décès. Le tout vous est remis en votre qualité d'unique bénéficiaire au testament.

Nous n'avons pas encore reçu d'outre-mer les effets personnels de votre fils mais aussitôt qu'ils nous parviendront, nous verrons immédiatement à vous les faire expédier. ↗

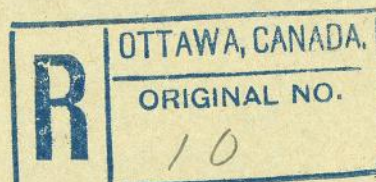
Sur réception du chèque, vous voudrez bien signer la formule d'accusé de réception ci-incluse et nous la retourner immédiatement. ↘

Votre dévoué,

5/4

(O. Godbout) Capitaine,  
pour (L.M. Firth) Lt.-Colonel,  
Administrateur des successions.

OG/GL



**DISTRIBUTION OF SERVICE ESTATES**

Naval - Military - Air Force

Name \_\_\_\_\_ No: \_\_\_\_\_

Surname

Christian Names

XXXXXXXXXX

XXXXXXXXXXXXXXXXXX

Rank RIVET

Unit, V. A.

Date of Death

Pte.

Fusiliers Mont-Royal L. P. C.

\$

19-8-42

Date \_\_\_\_\_

Other Credits \_\_\_\_\_

Total .....

7.07

11-4-43

SHARE	RELATIONSHIP	NAME AND ADDRESS	7.07	AMOUNT																																																																															
All	Mother	<p>Mrs. Eva Rivet 7744 St. Hubert Street Montreal, Que.</p> <p>(sole beneficiary under will)</p> <table border="1"> <thead> <tr> <th colspan="8">AUTHORITY</th> </tr> <tr> <th>F.E. No.</th> <th>DIV.</th> <th>EST</th> <th>VOTE</th> <th>PRI</th> <th>DA OR HQ SUB</th> <th>OBJ.</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>9999</td> <td></td> <td></td> <td>831</td> <td>00</td> <td>00</td> <td>001</td> <td>7 07</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">APPROVED BY</td> <td colspan="2">EXAMINED BY</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">LB</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">FOR TREASURY OFF</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7 07</td> </tr> </tbody> </table>	AUTHORITY								F.E. No.	DIV.	EST	VOTE	PRI	DA OR HQ SUB	OBJ.	AMOUNT	9999			831	00	00	001	7 07																									APPROVED BY						EXAMINED BY								LB								FOR TREASURY OFF									7 07	\$7.07 R
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Distribution approved and authorized

AUDITED FOR PAYMENT

(L.M. Firth) Lt.-Col.,  
Administrator of Estates.

For Chief Treasury Officer

Name

Initials

Rank

Regimental No.

Unit

REPORT—

CANADIAN DENTAL CORPS

Dental Officer

M.F.M. 51-25M-12-42(7441)—H.Q. 1772-39-1711

REC/H.19683.  
 REC/H.19119.  
 REC/D.114976.  
 REC/D.62007.  
 REC/D.61252.  
 REC/H.20741.  
 REC/L.12636.

## CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE,  
 Government Bldg.,  
 Bromyard Ave.,  
 Acton, W.3.  
 1 Feb. 43.

Administrator of Estates,  
 Department of National Defence,  
 Ottawa, Ontario, Canada.

H.19683 - Pte MOORE, M.	(Deceased).
H.19119 - Pte. HORTON, J.V.A.	"
D.114976 - Pte RIVEST, J.W.A.	"
D.62007 - A/Sgt. LAPOINTE, M.	"
E.61252 - Cpl NESBITT, A.	"
H.20741 - Pte AFFLECK, A.S.	"
L.12636 - Pte MORRISON, W.J.	"

Enclosed please find Report of Committee of Adjustment,  
 Last Pay Certificate and Paybook Pt.II in respect of each of the  
 M/N deceased soldiers.

2. There are no Wills on file in this Office.

(H.F. BALSDON) Lieut.,  
 for Officer I/C Records,  
 Canadian Military Headquarters.



TRANSLATION

Montreal, February 2, 1943.

Dear Sir:

With reference to your letter of recent date, I am enclosing herewith a receipt for the funeral service of my son, which will be held on February 6th, 1943. This is a receipt for the balance; you must have received the first receipt about two weeks ago.

Name of the deceased: Wm. Alfred Rivet,  
D.114976,  
"D" Coy.,  
Les Fusiliers Mont-Royal

Yours truly,

(SGD) Mrs. Eva Rivet,  
7744 St-Hubert,  
Montreal, P.Q.



/HB  
8-2-43.

~~Estates~~

Do you know anything about this?

9<sup>2</sup>/<sub>43</sub>.

J. B. Rading  
DR.

DIVISION DES SUCCESSIONS

le 12 février, 1943.

Madame Eva Rivet,  
77<sup>th</sup> rue St. Hubert,  
Montréal,  
Qué.

RIVET, Joseph W.A., Soldat (Décédé)  
No. C.114976, Fusiliers Mont-Royal.

Chère Madame Rivet,

Votre lettre du 2 février contenant un reçu de la paroisse de Notre-Dame du Rosaire vient d'être communiquée à notre Division pour réponse.

Nous regrettons de vous informer que les règlements n'autorisent pas le Gouvernement à rembourser les frais funéraires de la nature de ceux mentionnés dans les deux reçus que vous nous avez fait parvenir, lorsque le décès d'un militaire survient outre-mer. Dans les circonstances, nous nous voyons donc dans l'obligation de vous retourner les deux reçus que vous nous avez transmis.

Nous regrettons que les circonstances ne nous permettent pas de vous être utiles.

Votre tout dévoué,



(O. Godbout) Capitaine,  
pour (L.M. Firth) Lt.-Colonel,  
Administrateur des successions.

OG/GL



Mr. Pading <sup>(2)</sup>  
pass this to the proper  
office.

4.2-43

Agent - General L. W. Co. Co. (Canada.)

Montreal 2 fevrier 1943

405-R-6529

Monsieur -

(1)

Faisant suite à votre lettre  
de récente date. nous trouvons  
ci inclus le reçu pour le  
service funéraire de mon fils  
qui sera chanté le 6 fevrier  
1943. ceci est la balance de  
reçu. nous avez au recevoir  
le premier environ deux  
semaines passées -  
le nom du défunt.

M. Alfred Rivet D114976

Fusiliers Mont Royal

bovy D -

Mme Eva Rivet -

1744 St Hubert

Montreal Que.

DIVISION DES SUCCESSIONS

le 5 février, 1943.

Madame Eva Rivet,  
7744 rue St. Hubert,  
Montréal,  
P. Québec.

RIVET, Joseph W.A., Soldat (Décédé)  
No. C.114976, Fusiliers Mont-Royal.

Chère Madame Rivet,

En réponse à votre lettre du 2 février, nous tenons à vous dire qu'en effet, nous détenons dans nos dossiers un testament signé par votre fils le 28 octobre, 1940, dans lequel vous êtes désignée seule bénéficiaire de tous ses biens. Nous ne pouvons vous assurer pour le moment que ce document constitue le dernier testament de votre fils, car il est possible qu'il en ait fait un autre durant son séjour outre-mer, ayant pour effet de modifier celui en notre possession. Nous serons fixés à ce sujet lorsque nous aurons reçu d'outre-mer, les détails concernant la succession militaire. Vu que les conditions de transport sont difficiles et des plus limitées nous ne croyons pas que ces détails ainsi que les effets personnels nous parviennent avant le mois d'avril. A tout événement soyez assurée que sur réception, nous ne manquerons pas de communiquer avec vous.

Votre tout dévoué,



(O. Godbout) Capitaine,  
pour (L.M. Firth) Lt.-Colonel,  
Administrateur des successions.

OG/GL.

**CANADIAN ACTIVE SERVICE FORCE**

District.....

**OVERSEAS**

Dispersal Area.....

**LAST PAY CERTIFICATE**

(All Ranks)

Regtl. No. D.114976 Rank and Name RIVET J.W.A. PTE.

of (Unit)..... Les Fusiliers Mont Royal on.....

(~~Transfer~~ Discharge)..... to..... on 19 Aug 19 42.

Reason..... Death Authority: Extract from C.C.L. "A" No.227.

The following is a statement of the account of the above-named from 1 Aug to 31 Aug 19 42.  
the inclusive date of transfer or discharge.

Dr.

Cr.

Particulars	Amount	Particulars	Amount
Balance Dr. from last account.....		Balance Cr. from last account.....	5 02
First Monthly Payment <u>AR.74 1.8.42.</u> .....	4 47	Regimental Pay <u>31</u> days at..... \$ <u>1.30</u> .....	40 30
Casual Payments..... <u>AR.78 10.8.42.</u> .....	2 24	Technical Pay..... days at..... \$.....	
Payments on Transfer or Discharge <u>AR.81 15.8.42.</u> .....	8 94	Additional Pay (Give particulars).....	
Assigned Pay.....	20 00	..... days at..... \$.....	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at..... \$.....	
<u>D.O.44 Forf. 2 days.</u> .....	2 60		
To Balance Cr. { Free..... <u>ab7</u> .....	7 07	By Balance Dr. ....	
{ Deferred.....			
Total.....	45 32	Total.....	45 32

BALANCE GIVEN IS SUBJECT TO ANY CHARGES  
AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks :

Assigned Pay \$20.00 per month stopped eff. Sep 42.



Compiled by..... E. Hill.

Checked by..... [Signature]

Date..... 21 Jan 19 43.

Certified correct..... [Signature]  
for Chief Treasury Officer, Overseas.



15 Oct 42 PA  
24.

Proceedings of Committee of Adjustment

assembled at \_\_\_\_\_ In the field  
on the 8th of September 42  
by order of Lt-Col J.G. Gauvreau Officer Commanding  
1 Bn \_\_\_\_\_ F.M.R. \_\_\_\_\_ Cdn Army (O/S)

for the purpose of collecting the effects and making payment of preferential charges in the

case of D-114970 Pte Rivest, W.A. F.M.R.  
No. Rank Name Unit

~~(KILLED IN ACTION)~~ / MISSING IN ACTION) **DECEASED \*227**

PRESIDENT

( J.D. Belzile ) Major

MEMBERS

( E.O. Delorme ) Capt.

( P. Magnan ) Lieut

The Committee having assembled pursuant to Order, proceed with the collection and disposition of effects and pertinent documents.

- 1. The inventory of effects showing disposal is attached as Appx. 'A'. These having been forwarded to Offr i/c Estates C1HQ with a copy of the inventory enclosed.
- (Offr i/c Records)

Note:

- 1. If KILLED in Action the effects, etc., are sent to Offr i/c Estates.  
If MISSING, P. of W., or untraceable as a casualty, the effects are sent to Offr i/c Records.
- 2. Regt. equipment issued to the soldier should be returned to Cdn Ordnance and shown as such on inventory.
- 2. MFM 6 is attached to the original copy of this report. ✓
- 3. Preferential charges, with numbers and accounts, supporting payments made, any cash on hand have been turned over to Unit Paymaster for transmission to Chief Paymaster (Overseas). Statement of transactions are reported in Appx. 'B'.
- 4. MFM 14 has been forwarded to 2 Echelon.
- 5. IBM Part I and II are (Missing) ~~(Forwarded to Chief Paymaster (Overseas) through Unit Paymaster).~~ ✓

Signed this 10th day of Sept. 1942 In the Field.

J.D. Belzile Major President  
E.O. Delorme Capt Member  
P. Magnan Lieut Member

INVENTORY OF ALL EFFECTS BELONGING TO

Appendix. "A"

D 114978 Pte Rivest; W.A.

Fus.M.R.

1 leather wrist band  
1 flashlight  
1 woollen scarf  
1 woollen pullover  
6 hankies  
1 comb

1 cross  
1 badge  
1 envelop of cards  
1 pr socks  
1 safety razor

*J. D. Belzile*  
.....  
(J.D. Belzile) Major

President Committee of Adjustment

OVERSEAS SERVICE





Montréal 2 février 1942



Monsieur -

Concernant le décès  
de mon fils Alfred Rivet D114976  
F.M.A. Lloyd - Je désire vous  
informer que j'ai reçu votre  
liste pour informations relative-  
ment à ses objets personnels.  
Je puis vous dire que mon  
fils avait fait un testament  
en ma faveur que vous devez  
certainement avoir dans vos  
filières ou que ses effets -

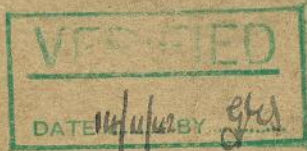
S.V.P adresser toute  
communication à l'adresse  
ci dessous mentionnée

M<sup>me</sup> Eva Rivet -

7744 rue St Hubert

Montréal, Que.





JAN 1 1942

(M. B. M. 1 FR.)

Partie II  
40/P & S/279

MILICE CANADIENNE

# LIVRE DE SOLDE DU SOLDAT

(Pour le service actif)

Matricule ..... D-114976 .....

Nom (majuscules) ..... RIVET .....

Prénoms en entier ..... JOSEPH WILLIAM ALFRED .....

Unité ..... Les Fusiliers Mont-Royal .....

"Si quelqu'un trouve ce livre alors qu'il n'est pas en la possession du soldat, et s'il ne peut le retourner immédiatement au payeur de l'unité dudit soldat, il doit l'envoyer incessamment à l'une des adresses données ci-après:—

**AU CANADA:** Director of Pay Services,  
Department of National Defence  
Ottawa.

**À L'ÉTRANGER:** Chief Paymaster,  
Canadian Army Overseas.

**EN CAMPAGNE:** Paymaster, Canadian Troops."

## LIVRE DE SOLDE DU SOLDAT

1. Le soldat doit produire ce livre lorsqu'il requiert une avance de solde.

2. Le soldat donnera un reçu sur la feuille d'acquiescement pour les avances en espèces qui lui seront faites. L'officier qui fait le paiement signera l'entrée correspondante à la page prévue pour les paiements en espèces.

3. Ce livre est la propriété du Gouvernement canadien, et le soldat qui le perd par négligence ou qui modifie l'une quelconque des entrées officielles qui y apparaissent, ou qui y fait des entrées non autorisées, s'expose à être accusé d'offense grave en vertu de la Loi de l'Armée.

4. Si le soldat égare ce livre de paye, il en avertira immédiatement son payeur qui délivrera un nouveau livre après qu'une enquête aura été faite et qu'un état du compte aura été reçu du Chief Paymaster.

5. Tous les incidents du service tels que promotions et rétrogradations, ainsi que les détails s'y rapportant, qui affectent le taux quotidien de la solde et des indemnités, seront inscrits à la page 6. Il ne faut faire sur cette page aucune entrée ayant trait aux amendes et confiscations (voir aussi la note (1) à la page 20).

6. Tout débit au compte du soldat qui reçoit des articles du magasin du quartier-maître sera inscrit dans la colonne du livre de solde qui a pour rubrique "Paiements en espèces et autres débits" dont les détails doivent être donnés dans la colonne des "Détails", et sera certifié par la signature du payeur.

7. Tout débit au compte du soldat, telles que les amendes et les confiscations, doit être inscrit dans la colonne du livre de solde qui a pour rubrique "Paiements en espèces et autres débits". Le numéro et la

date de la Partie II des Ordres apparaîtront dans la colonne des "Détails", et l'entrée sera certifiée par la signature de l'officier qui impose lesdites amendes ou confiscations.

8. Tout débit au compte du soldat pour retenue d'hôpital doit être entré par un officier responsable au moment de la sortie du soldat de l'hôpital, dans la colonne ayant pour rubrique "Paiements en espèces et autres débits", et doit être certifié par la signature de l'officier susmentionné.

9. Si le soldat est admis à l'hôpital, ce livre ne doit pas lui être enlevé.

## DÉTAILS SUR LE SOLDAT

Matricule: *D-114976*Nom en entier (prénom d'abord): *JOSEPH WILIAM**ALFRED RIVET*Date de l'enrôlement: *28 octobre 1940*

Première unité dans laquelle il s'est enrôlé:

*2nd Div. T. C. G. S. C.*Dépôt régimentaire: *Les Fusiliers Mont-Royal*Unité en campagne: *Les Fusiliers Mont-Royal*

Indiquer si le soldat est marié, veuf ou célibataire:

*Célibataire*

S'il est marié après l'enrôlement, donner la date du

mariage: .....

Si le soldat est marié, donner l'adresse postale au complet de l'épouse; s'il est veuf, le nom et l'adresse du tuteur des enfants, s'il y en a; s'il est célibataire, le nom et l'adresse du plus proche parent, mentionnant sa parenté avec le soldat (voir aussi à la page 20):

*Alfred Rivet (père)  
7744 St-Hubert, Montréal P-2*

## DÉTAILS SUR LA DÉLÉGATION, ETC.

Délégation de solde:

A pris date le:

(a) \$ *20.00* ..... *1-11-40*

(b) \$ .....

(c) \$ .....

(d) \$ .....

Nom et adresse du bénéficiaire de la délégation:

(a) *Mme. E. Rivet (Mère)  
7744 St-Hubert, Montréal P-2*

(b) .....

(c) .....

(d) .....

Allocation familiale payable à: (parenté)

.....

.....



Signature du soldat..... A. RivetPremière entrée  
faite le..... 1-1-42 } Balance Ct ou Dt \$ à l'apourDon Carreau

Payeur

Date	Détails	Crédits	Payements en espèces et autres débits		Délégation de solde
			Monnaie locale	Monnaie canadienne	
1-1-42	Bleed Fwd	469			
1-1-42	Jan Pay (JAN)	4030			2000
27-1-42	M.F.M. 514			67	✓
30-1-42	09 94		110	671	✓
1-2-42	FEB. PAY	3640			2000
13-2-42	A.B. 102 FEB.		4-	1789	✓
26-2-42	41/514			67	✓
28-2-42	09 110		2-	894	✓
March	Pay	4030			2000
Total à reporter		12169		3487	6000

Retenue de solde	BALANCE		Signature du payeur ou de l'officier qui impose cette retenue
	Débit	Crédit	
		469	<u>Don Carreau</u> cp
		2499	<u>Don Carreau</u> cp
		2432	<u>Don Carreau</u> cp
		1761	<u>Don Carreau</u> cp
		3401	<u>Don Carreau</u> cp
		1613	<u>Don Carreau</u> cp
		1546	<u>Don Carreau</u> cp
		652	<u>Don Carreau</u> cp
		2682	<u>Don Carreau</u> cp

Date	Détails	Crédits	Payements en espèces et autres débits		Délégation de solde
			Monnaie locale	Monnaie canadienne	
	Total reporté	26 87			
March					
11	Janv No. 15			520	
"	14 A.R. 122		2-	894	
1-1-	" 21 63-514			"	
1-1-	31 A.R. 130		2 10	11 18	
27-1-	April Pay	39 00			20 60
30-1-	6 Janv No 21			7 80	
1-2-	15 A.R. 4		1-	4 47	
13-2-	30 A.R. 17		1-10 6	6 82	
26-2-	MAY 42 PAY	40 30			20 00
28-2-	15 A.R. 30		2 10	11 18	
Ma	31 A.R. 15		1-	4 47	
	Total à reporter	106 12		60 17	40 00

Retenue de solde	BALANCE		Signature du payeur ou de l'officier qui impose cette retenue
	Débit	Crédit	
		26 82	cel
		21 62	J. P. Gauthier
		12 68	J. P. Gauthier
		12 57	J. P. Gauthier
		139	J. P. Gauthier
		20 39	J. P. Gauthier
		12 59	J. P. Gauthier
		8 12	J. P. Gauthier
		130	J. P. Gauthier
		21 60	J. P. Gauthier
		10 42	J. P. Gauthier
		5 95	J. P. Gauthier

Date	Détails	Crédits	Payements en espèces et autres débits		Délégation de solde	Retenue de solde	BALANCE		Signature du payeur ou de l'officier qui impose cette retenue
			Monnaie locale	Monnaie canadienne			Débit	Crédit	
	Total reporté	595					595		
15-6	HRP 17		1-	447 ✓			148	<i>McGowan</i>	
June	Pay	39 00			20 00		20 48	<i>McGowan</i>	
1-1-	July	Pay			20 00		40 78	<i>McGowan</i>	
1-1-	27/6	ARSJ	1/-	447 ✓			36 31	<i>McGowan</i>	
27-1-	15/7	A.R. 63	2-	894			27 37	<i>McGowan</i>	
30-1-	16/7	A.R. 66	5-	2235			502	<i>McGowan</i>	
1-2-	1/8	AR. 74	1-	447			-55	<i>McGowan</i>	
13-2-	AUG	PAY	40 30 ✓		20 00		20 88	Adjusted after Treasury Audit. E.H.	
26-2-	15	A.R. 81		894 ✓			11 91	Adjusted after Treasury Audit. E.H.	
28-2-		D.O. 44		260 ✓			9 31	Adjusted after Treasury Audit. E.H.	
		FORF. 2 DAYS		224 ✓			7 07	Adjusted after Treasury Audit. E.H.	
Mar	10	A.R. 78		224 ✓					
	Total à reporter	8525		4470	40 00		55	<i>McGowan</i>	25/1/43



1. Si le soldat désire quelque renseignement au sujet de sa solde ou d'une entrée quelconque faite dans son livre de solde, il doit, dans chaque cas, consulter son payeur à ce sujet.

2. Si le plus proche parent, c.-à-d. l'épouse, le père, la mère, etc., a changé d'adresse depuis l'enrôlement du soldat, celui-ci doit en informer immédiatement son payeur et voir à ce qu'il inscrive ce changement à la page 4 de ce livre. De même, tout changement dans la désignation du bénéficiaire de la délégation doit être noté dans ce livre.

VERIFIED  
DATE 24/3/42 SF

MILITIA BOOK M. 1

Part II

70M-1-40 (3583-4-5-6)

(H.Q. 1772-39-1672)

JUN 19 1941

CANADIAN MILITIA

# Soldier's Pay Book

(For use on Active Service)

Number..... 114976

Surname (Capitals)..... RIVET

Christian Names in full.....

Joseph William Alfred

Unit..... ~~2 Div R.C.A.S.F.~~

F.M.R. - C.A.S.F.

No 2 C.D.W.M.

"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  
 Director Pay Services,  
 Department of National Defence,  
 Ottawa.

**UNITED KINGDOM:** To the  
 Senior Officer Pay Services,  
 Canadian Military Headquarters,  
 London, Eng.

.....  
 (Location)

**IN THE FIELD:** To the  
 Paymaster, Canadian Troops,  
 Canadian Overseas Base."

Militia Book M. 1. (Part II)

**SOLDIER'S PAY BOOK**

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. 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 Base.
5. On page 6 all Casualties, such as promotions and reversions, affecting daily rates of Pay and Allowances will be entered. Full particulars are to be given. On that page no entries such as Fines or Forfeitures are to be entered. (See also note (1) on page 40).
6. All charges in the account of a soldier receiving issues from the Quartermaster's Stores will be entered in the column of the Pay Book showing "Cash Payments and Other Charges," details of which will be shown in the "Particulars" column and to be attested by the signature of the Quartermaster making such issue.
7. All charges in the account of a soldier such as Fines or Forfeitures must be entered in the column of the Pay Book showing "Cash Payments and Other Charges."

The Part II Order Number and Date will be shown in the "Particulars Column" and the entry attested by the signature of the Officer making the award.

8. All charges in the account of a soldier for Hospital Stoppages are to be made by a responsible Officer at the time of the discharge of the soldier from Hospital, and are to be shown in the column "Cash Payments and Other Charges," and attested by the signature of the Officer making such entry.

9. This book is not to be taken from the soldier if he is admitted to hospital.

## PARTICULARS OF FAMILY, ETC.

1. State whether married, widower or single:

*Single*

2. 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 also page 40.)

*Alfred Rivet (Father)  
7744 St. Hubert St Montreal  
Que Canada*

3. If married after enlistment, state date of marriage:

4. Assignment of pay:

Date effective:

\$ *20.00**NOV 1940*

\$ .....

\$ .....

5. Name and address of assignee:

*Mde Eva Rivet (Mother)  
7744 St. Hubert St Montreal Que  
Canada*

6. Any change of assignee:

7. Dependents allowance, payable to:

(Relationship)

Original unit in which enlisted:

*2 Div. R.C.A.S.C. C.A.S.F.*

Regimental Depot:

Unit in field:

Regimental Number:

*I 114976*

Name in full (surname first):

*Rivet  
Joseph Hillier and Alfred*

Date of Attestation:

*28 Oct 1940*



Soldier's Signature.....

*Alfred - Rineh*Book opens on *19-6-41*Balance ~~or~~ or Dr. *\$32.70**C. O. Fuchow*

Paymaster.

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	<i>Bar</i>			<i>32 70</i>	
	<i>June</i>	<i>14 30</i>			<i>7 34</i>
	<i>July Pay</i>	<i>40 30</i>			<i>50 -</i>
<i>12/9/41</i>	<i>284/513</i>		<i>1/5/3</i>	<i>5 65</i>	
<i>12/1/41</i>	<i>285/513</i>		<i>0/1/2</i>	<i>26</i>	
<i>13-7-41</i>	<i>AR 4 2</i>		<i>1/10</i>	<i>6 71</i>	
<i>25-7-41</i>	<i>276/513</i>		<i>-2/6</i>	<i>56</i>	
<i>25-7-41</i>	<i>2d/513</i>		<i>-1/11</i>	<i>42</i>	
<i>25-7-41</i>	<i>303/513</i>		<i>--2</i>	<i>04</i>	
	Totals Carr'd Forward				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
	<i>32 70</i>		<i>Inspector <sup>Capt</sup></i>
	<i>25 74</i>		<i>Inspector</i>
	<i>5 44</i>		<i>1st Lt</i>
	<i>11 89</i>		<i>Sgt Ray Lt</i>
	<i>11 35</i>		<i>Sgt Ray Lt</i>
	<i>18 06</i>		<i>Sgt Ray Lt</i>
	<i>18 62</i>		<i>Sgt Ray Lt</i>
	<i>19 04</i>		<i>Sgt Ray Lt</i>
	<i>19 08</i>		<i>Sgt Ray Lt</i>

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Totals Br't Forward			1908	
July 30/41	159 m. O. AR 202		51	112	
	Aug Pay	40 30			20 00
14-8-41	AR 58		109	2 24	
1-9-41	AR 66		9	2 24	
	Sept Pay	39 00			00 -
16/9/41	AR 71		100	6 71	
26/9/41	AR 84		110	6 71	
	Oct Pay	40 30			20 -
16.10.41			5		
28/10/41	AR 113		22	10 11 18	
	Nov Pay	34 00			20 00
	Totals Carr'd Forward	158 60		58 22	80 00

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
	19 08		
	20 20		Self pay H
		10	Self pay H
	2 14		Self pay H
	4 38		Self pay H
		14 62	Self pay H
		7 91	Self pay H
		1 20	Insurer
		21 50	Insurer
		10 28	W. F. Rogers Capt.
		1 38	H. Woodman Capt.
		20 38	H. Woodman Capt.



Date	Particulars	Credits		Cash Payments and Other Charges		As- signed Pay
				Local Cur- rency	Canad'n Cur- rency	
	Totals Br't Forward	70	38			
13-11-41	A.R. 120			110	670	
26/11/41	A.R. 126			4/1	18.10	
Dec	Pay.	40	30			70 <sup>00</sup>
13-12-41	A.R. 77			110	671	
23-12-41	A.R. 80			1-	4.47	
	Totals Carr'd Forward	60	68		35.99	20.00

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
		20 <sup>38</sup>	
		13.67	H. Woodcock
	4.43		H. Woodcock
		15.87	H. Woodcock
		9.16	John C. ...
		4.69	John C. ...
		4.69	

1. 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.

2. 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 4 of this Book. In the same way any change of assignment should be noted thereon.

Mr. Alfred Rivet,

77th St. Hubert St.,  
Montreal, Que.

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

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

and the following number quoted:—

H.Q. 405-R-6529 FD230

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

January 8, 1943.

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

RIVET, Joseph W.A., Pte.,

C.114976 Fusiliers Mont Royal

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

for  
(R.G. Phelan) Lieut.,  
(L.M. Firth) Lt. Col.,  
Administrator of Estates.

*R. G. Phelan Lieut.*



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Mr. Alfred Rivet.	58	7744 St. Hubert.
4	Mother of the Deceased.....	Eva Belanger	57	7744 St. Hubert.
5	Brothers of the Deceased	Full Blood	Napoleon Rivet 29 Beni Rivet 27 Gerard Rivet 24	704 Ruege 64 Est. Ontario 1015 Rachel
		Half Blood		
6	Sisters of the Deceased	Full Blood	Lucienne Rivet 26 Marguerite Rivet 22 Thérèse Rivet 17 Madeleine Rivet 12	6792 St. Denis 7744 St. Hubert. 7744 St. Hubert. 7744 St. Hubert.
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each. <u>      </u>	Names and ages of their children (if any)	Address of their children	
	Jeanne & Arc 18 months. 7 né-morts.			

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Joseph. W. A. Rivet
11	Give the month and year of his birth.	18 fevrie 1911
12	Where and when were his parents married?	N. Dame Church. Montreal. year 1910
13	If deceased was married, state place and date of marriage. <b>Was there a marriage contract?</b>	no
14	Did he leave a Will? If so, a copy should be attached hereto.	no other than the so-called - soldier's will.
15	Did he leave a bank account? If so, give full particulars.	no.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	no.
17	State your own postal address in full.	7744 St. Hubert street - Montreal.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Montreal. 172.
20	What was the nature of his employment?	scorer - (foreman) (cardboard - factory)
21	Did he own the premises in which he lived? If so, where?	no.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.  (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

DECLARATION

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

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

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

Madame Eva Rivet

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Madame Eva Rivet

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

Dated at Montreal this 14th day of January 19 43.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

André Barbeau

Qualification priest.

Address 77 01 rue St. Hubert Street.

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

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

ESTATES BRANCH

January 8, 1943.

Mr. Alfred Rivet,  
77<sup>1/4</sup> St. Hubert St.,  
Montreal, Que.

RIVET, Joseph W.A., Pte. (deceased)  
D. 114976 Fusiliers Mont Royal

Dear Mr. Rivet:

The regretted death of your son has been reported to this Branch which is responsible for the administration and distribution of his Service estate. Please accept my deepest sympathy in your great loss.

In order that Headquarters records concerning him may be complete and so that proper distribution may be made of his estate, including any balance of pay outstanding, it is necessary to ask you to complete and return to this Branch the enclosed Form P. 64. Kindly oblige, therefore, as soon as possible. ✓

When all documents and reports concerning the Service estate are received here (a reasonable time must be allowed for this purpose) a further communication will be sent to you.

Yours faithfully,

P

RGP/MW  
Encl. 1.

(R.G. Phelan) Lieut.,  
for (L.M. Firth) Lt. Col.,  
Administrator of Estates.

The Administrator of Estates

Regimental No. D. 114976 ..... Rank ..... Pte. ....

..... RIVET ..... Joseph William Alfred .....  
Surname ..... Christian Names

Unit ..... Fusiliers Mont Royal .....  
Date of Death 19-8-42 ..... Place of Death Overseas .....

Next-of-kin Mr. Alfred Rivet ..... Relationship Father .....

Address ..... 7744 St. Hubert St., Montreal, Quebec .....



M.F.M. 5 ..... Copy herewith .....

Will ..... Original Will d/28-10-40 herewith .....

Date ..... December 29, 1942 .....

HMG/MD :

*W.E.L. Coleman*

(W.E.L. Coleman) Lt.-Col.,  
Officer i/c Records,  
for Adjutant-General.



To be made out in duplicate

M.F.M. 5  
150M-7-41 (1122)  
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

(1) Name of Officer or Other Rank..... RIVET JOSEPH WILLIAM  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... D-114976 Pte.

(3) Unit..... 2nd Div'l. RCASC.

(4) Are you married?..... No

(5) If married, state,

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

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

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

(7) Are you a widower?..... No

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

Names and ages.....

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

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

Name.....

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?..... No

If so, state her full name and Postal Address.....  
..... N.A. ....

(11) Is your father alive?..... Yes

If so, state name and address, occupation ..... Mr. Alfred Rivet  
..... Single Scorer. .... 7744 St. Hubert St., Montreal.

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

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

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

(14) Is your mother alive?..... YES

If so, state name and address ..... Mrs. Eva Rivet  
..... 7744 St. Hubert St., Montreal.

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

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

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

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

If so, state the following particulars:—

Relationship ..... N.A.  
Full Name ..... N.A.  
Postal Address ..... N.A.

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

(18) Are you insured?..... NO

If so, in what Company?..... N.A.  
(Give number of policy)

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

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

..... (Sgd.) Alfred Rivet  
(Signature of officer or man)

Date..... 28th October 1940.....

..... (Sgd.) Wm. S. Hunt Capt.

Officer Commanding... #4 Dist. Depot CASF

Date..... 28th October 1940.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

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

# WILL

M.F.M. 10  
100M-8-40 (6538)  
H.Q. 1772-39-1656

(1) I, JOSEPH WILLIAM ALFRED RIVET, of the City .....  
(Name in Full) (City, Town, Village, Township)  
Address in civil life. of MONTREAL, in the County District of HOCHELAGA,  
Province of QUEBEC, TRUCK DRIVER  
(Civil Occupation)

Regimental No./ D-114976, Unit 2nd Div. 1. RCASC CASE, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My mother Mrs. Eva Rivet residing at 7744 St. Hubert Street Montreal, Que., Canada all my real and personal property and my personal effects."

*AR.*

Relationship, names and address of residuary beneficiaries.

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

*AR.*

(4) I appoint ..... (Name) ..... (Address)  
..... (Civil Occupation), to be the Executor of this my Last Will.  
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 29 day of oct 1940

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

*Joseph Rivet*  
(Signature of soldier)

First witness sign here.

(5) Signature *Gas Parent pt*  
Civil Address *3972 Mass on Montreal Ave*  
Civil Occupation *Musicien*

Second witness sign here.

Signature *E Brachin Pt*  
Civil Address *2554 Zuesval St*  
Civil Occupation *Divoy Montreal*

(Witnesses are not to be beneficiaries.) *P. Que*

NOTE

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

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.  
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as  
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"  
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"  
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.  
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

JAMES R. HALL,

8.00

% CANADIAN LEGION,  
EDMONTON,  
ALTA.

229842

MRS. MARGARET LAWSON,

4.00

GAGE ST.,  
NIAGARA-ON-THE-LAKE,  
ONT.

229877

HARRY COWARD,

4.00

1290 DANFORTH AVE.

WAITING  
PAPERS



DIED August 19 1942 CANADA..... OVERSEAS.....

	Date Received	Date Despatched	
Casualty Report—	31.12.42		<i>Receipt</i>
Will { Service { Canada <u>28.10.40</u> O/Seas.....	— — —		Beneficiary <u>Mother - all estate</u>
Will { Civil..... None..... Probate (or L of A).....			Residing { Canada..... Elsewhere.....
Particulars of Family Form dated <u>28.10.40</u> None.....			Single <input checked="" type="checkbox"/> Married..... Parents <input checked="" type="checkbox"/> Children..... (Minors.....) Life Insurance <u>no</u>
A.P. to other than Dependents			
Form P.64 Dated.....	<u>16-1</u>	<u>8-1</u>	By <u>Mother</u> Single <input checked="" type="checkbox"/> Other N/K <u>father etc.</u> Will <u>no</u> Other Estate <u>no</u> Debts <u>no</u>
Form to Unit			
C. of A. Report.....	<u>5-3</u>	Approved <u>8-3</u>	Service debts <u>none</u> <u>no will</u>
L.P.C. \$.....	<u>7.07 5.3.43</u>		<u>Verified</u>
Amended.....	<u>287.08 30-8-45</u>		<u>J.V.M. S. G. 248-3905</u>
Bank Credits.....			
Other Credits.....			
Domicile			
DISTRIBUTION—			To.....
Effects { Canada.....		<u>11/43</u>	Bulk via <u>Col 0</u> <u>3963.36</u>
Effects { <u>C. 3/43</u> Overseas <u>K.A. Bag</u>		<u>20/43</u>	Valuables via..... Letter as to, dated.....

Total Cash \$ 7.07 To

Date of Despatch 28/4/43 \$ all to mother per will.

\$ W. S. G. - 287.08 ditto

\$ T.M.G.

\$ 6-10-45

ADVICE RECEIVED  
SEP 11 1945  
NO WILL IN REC. OFF.



/HB

le 15 juillet

3.

Monsieur,

Pour faire suite à la lettre que notre ministère vous a envoyée le 18 décembre dernier relativement à la mort regrettable de votre fils, le soldat Joseph W.A. Rivet, numéro matricule D.114976, je dois vous faire savoir que nous avons maintenant reçu des autorités militaires outre-mer des renseignements à l'effet que les restes du soldat Rivet ont été inhumés dans la fosse 197 du cimetière Des Vertus, à Hautot-Sur-Mer, en France.

Veillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant-général,  
le directeur des archives,

*J. B. Rading*  
for colonel.

M. Alfred Rivet,  
7744, rue St-Hubert,  
Montréal, Qué.

36



CANADA

QUOTE NO. 405-R-6529  
(Records G)

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

OTTAWA, CANADA,

July 12th, 1943.

F.T. - For translation, please.

Mr. Alfred Rivet,  
7744 St. Hubert Street,  
Montreal, P.Q.

No. D.114976, Private Joseph W.A. RIVET

Dear Sir:-

Further to this Department's letter of December 18th last concerning the regretted death of your son, the marginally named, I am to advise that information has now come to hand through the overseas military authorities that the remains of Private Rivet have been interred in grave 197, Des Vertus Cemetery, Hautot-Sur-Mer, France.

Yours truly,

for W.E.L. Coleman, Colonel,  
Director of Records,  
for Adjutant-General.

*W.E.L.*

35

PARIS, le

LE SECRETAIRE GENERAL AUX ANCIENS COMBATTANTS

Service etat Civil,  
139 Rue de Bercy  
-----a Monsieur le Chef du Gouvernement  
Ministre-Secretaire d'Etat aux Affaires Etrangeres  
Secretariat General pour les Affaires Etrangeres

Dossier AA No 7775 Etr

a V I C H Y (Allier)OBJET:  
Notification  
de deces.J'ai l'honneur de porter a votre connaissance,  
a toutes fins utiles que le militaire anglais:RIVETNo matricule 114976est decede le 19 Aout 1942 aux environs de Dieppe  
(Seine-Inferieure) et repose au cimetiere des  
Vertus de Hautot-Sur-Mer (Seine-Inferieure)  
tombe No. 197

L'adresse de la famille est inconnue.

ces renseignements sont les seuls en ma  
possession.Pour le Secretaire General  
et par son ordre  
Pour l'Intendant General  
Chef du Service de l'Etat Civil  
des Successions et des Sepultures Militaires.Identified by us as: D.114976 Pte. RIVEST Joseph Wm. Alfred. F.M.R.23/6/43  
Noted  
"6"

RECORDS OFFICE OVERSEAS  
CANADIAN MILITARY HEADQUARTERS  
GRAVES REGISTRATION CARD

DATE \_\_\_\_\_

NAME RIVET, Joseph William Alfred PLACE: Montreal Quebec.  
DATE OF BIRTH 18 Feb 1911

RANK PTE. REGIMENTAL NO D.114976

UNIT LES FUS. MONT ROYAL NEXT OF KIN ADDRESS FATHER,  
MR. ALFRED RIVET, 7744 ST. HUBERT ST.  
MONTREAL, Quebec.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION \_\_\_\_\_ NAME & LOCATION \_\_\_\_\_  
OF HOSPITAL \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

PARTICULARS OF DEATH

DATE OF DEATH 19 Aug 42 PLACE OF DEATH \_\_\_\_\_

HRS \_\_\_\_\_

CAUSE OF DEATH KILLED IN ACTION (Previously reported missing now confirmed killed.)

PARTICULARS OF BURIAL

DATE OF BURIAL \_\_\_\_\_ CEMETERY \_\_\_\_\_

DEATH CERTIFICATE NO \_\_\_\_\_ LOCATION OF CEMETERY \_\_\_\_\_

PLOT NO \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_

MARKERS TEMPORARY \_\_\_\_\_ MARKERS PERMANENT \_\_\_\_\_

INSCRIPTION (IF ANY) \_\_\_\_\_

REMARKS To Estates, Ottawa. 8 Mar. 43. (Disposal of Effects.)

DISPOSAL OF EFFECTS \_\_\_\_\_

RELIGION R.C.

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

APR 28 1943

N.B. This burial report contains  
all information at present available,  
but is subject to revision by this  
Office.

*Noted  
Jg*

*H. F. BALS DON*  
(H. F. BALS DON) Lieut.  
For (R. T. E. Hicks-Lyne) Lt.-Colonel  
Officer i/c Records.  
Canadian Military Headquarters.

33

RECORDS OFFICE OVERSEAS  
CANADIAN MILITARY HEADQUARTERS  
GRAVES REGISTRATION CARD

DATE  
NAME RIVET, Joseph William Alfred PLACE: Montreal Quebec.  
DATE OF BIRTH 18 Feb 1911  
RANK PTE. REGIMENTAL NO D.114976  
UNIT LES FUS, MONT ROYAL NEXT OF KIN ADDRESS FATHER,  
MR. ALFRED RIVET, 7744 ST. HUBERT ST.  
MONTREAL, Quebec.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION \_\_\_\_\_ NAME & LOCATION \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_ OF HOSPITAL \_\_\_\_\_

PARTICULARS OF DEATH

DATE OF DEATH 19 Aug 42 PLACE OF DEATH \_\_\_\_\_  
HRS \_\_\_\_\_  
CAUSE OF DEATH KILLED IN ACTION (Previously reported missing now confirmed killed.)

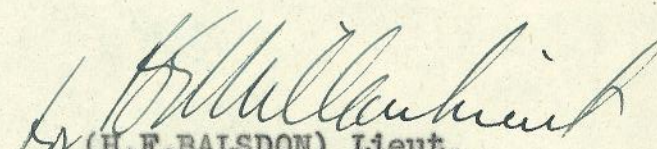
PARTICULARS OF BURIAL

DATE OF BURIAL \_\_\_\_\_ CEMETERY \_\_\_\_\_  
DEATH CERTIFICATE NO \_\_\_\_\_ LOCATION OF CEMETERY \_\_\_\_\_  
PLOT NO \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_  
MARKERS TEMPORARY \_\_\_\_\_ MARKERS PERMANENT \_\_\_\_\_  
INSCRIPTION (IF ANY) \_\_\_\_\_  
REMARKS To Estates, Ottawa. 8 Mar. 43. (Disposal of Effects.)  
DISPOSAL OF EFFECTS \_\_\_\_\_  
RELIGION R.C.

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

APR 28 1943

N.B. This burial report contains  
all information at present available,  
but is subject to revision by this  
Office.

  
(H.F. BALSDON) Lieut.  
For (R.T.E. Hicks-Lyne) Lt.-Colonel  
Officer i/c Records.  
Canadian Military Headquarters.

CASUALTY SECTION EXTRACT FORM.

MESSAGE RECEIVED FROM

9 T L 107

TIME MESSAGE RECEIVED

DATE MESSAGE RECEIVED

10 Dec 42

REGIMENTAL NO. RANK NAME FULL CHRISTIAN NAMES

D114976 Plt RIVEST Joseph Wm Alfred

UNIT F M R

Pres Rep missing - now conf killed 19-8-42

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

CAS. CARD

4  
A  
227

IMPORTANT

NEXT-OF-KIN

IMPORTANT

CAS. LIST

IF NEXT OF KIN IS IN CANADA - MARK "CANADA"

*Canada*

IF NEXT OF KIN IS IN U.S.A. - GIVE FULL ADDRESS & RELATIONSHIP

IF NEXT OF KIN IS IN BRITISH ISLES - GIVE FULL ADDRESS & RELATIONSHIP.

NEXT OF KIN

RELATIONSHIP.

NOTE IF THE NEXT OF KIN RESIDES IN THE BRITISH ISLES OR U.S.A. MARK RED X IN UPPER LEFT HAND SQUARE.

ADDRESS

HOME TOWN:

CABLE NO. 2237

31

VERIFICATION CLERKS SIGNATURE

DEPARTMENT OF NATIONAL DEFENCE  
-A R M Y-

OTTAWA, CANADA.

June 24th, 1943.

The Canadian Pension Commission,  
Department of Pensions and National Health,  
Daly Building,  
Ottawa.

DOCUMENTATION, C.A. (A).

D-114976, Pte. RIVET, J.W.A.,  
Fusiliers Mont Royal, C.A.(A).

Records indicate that the marginally  
named died on the nineteenth day of August, 1942.  
Overseas.

Documents covering his service in  
the Canadian Army (Active) have now been received and  
are on file in this Office.

For your information, please.

*J.*  
for (W.E.L. Coleman) Colonel,  
Director of Records,  
for Adjutant-General.

30

HFB/MKM.

REC/D 114976

CANADIAN MILITARY HEADQUARTERS.

The Director of Records,  
Dept. of National Defence,  
Daly Building,  
OTTAWA, Ontario, Canada.

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

APR 28 1943

D.114976 Pte. RIVET, Joseph William Alfred (Deceased).

Enclosed please find the undermentioned documents for the m/n deceased soldier..

- ✓ M.F.M.2 (Triplicate)
- ✓ M.F.M.4.
- ✓ M.F.M.5.
- ✓ M.F.M.6.
- ✓ M.F.B.465 & 465 B.
- ✓ Records Office Graves Regn. Card in duplicate.
- ✓ Casualty Section Form.

*H.F. Balsdon*  
(H.F.BALSDON) Lieut.  
for Officer i/c Records.  
Canadian Military Headquarters.

Enclos.

29

ek.



H.Q. 405 - R-65-29

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

Date \_\_\_\_\_



C.A.S.F. A.28

28

Quote No. 54-27-36-15  
(Records B4)

DEPARTMENT OF NATIONAL DEFENCE  
- ARMY -

OTTAWA, Canada

Part II Orders  
-----

1. Reference Adjutant-General's Circular letter H.Q. 54-27-36-15 (Records B4) Vol. 2 dated 1st February 1943.
2. The Part II Orders listed below have not been received at this Office. Please forward \_\_\_\_\_ copies of each without delay.

Officer i/c Records  
A. G. Branch

JUN 18 1943

Nat. Defence Hqrs.  
Ottawa, - Canada.

405 R. 6 529



IN REPLY PLEASE QUOTE

No. 405-R-6529

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

Ottawa, May 4th, 1943.

Dominion Statistician,  
Dominion Bureau of Statistics,  
Ottawa, Ontario.

No. D. 114976, Private Joseph W.A. RIVET

Dear Sir:

In accordance with arrangements made, herewith in duplicate is a Certificate of Registration of Death showing all information available in respect of the marginally named late Canadian soldier whose death occurred outside of Canada. This information is submitted on the form for the province in which the deceased resided prior to enlistment.

The next of kin is recorded as Mr. Alfred Rivet (father), 7744 St. Hubert Street, Montreal, P.Q.

Yours truly,

*J. B. Rading*  
for W.E.L. Coleman, Colonel,  
Director of Records,  
for Adjutant-General.

27

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (FRANCE)						Official name of civil municipality or township						Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township					
	Street	No.						Hospital or Institution											
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days			
	3. NAME OF DECEASED																		
4. RESIDENCE	Surname	RIVET, (Block letters)																	
	Given names	Joseph William Alfred																	
5. SEX	Street																		
	7744 St. Hubert Street, No.																		
Official name of civil municipality or township																			
Montreal,																			
Municipal county																			
Province																			
Quebec.																			
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)																
M.			Single.																
9. If married give name of wife or husband of deceased																			
10. BIRTHPLACE (Province or Country)																			
Quebec.																			
11. DATE OF BIRTH																			
February 18th, 1911. (Month) (Day) (Year)																			
12. AGE OF DECEASED																			
Years		Months		Days		If less than one day old													
29		6		2		..... hrs. or ..... min.													
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.																		
	Driver.																		
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.																		
15. Date deceased last worked at this occupation																			
16. Total years spent in this occupation																			
17. NAME																			
18. BIRTHPLACE (Province or Country)																			
FATHER																			
RIVET, Alfred.																			
MOTHER (Maiden Name)																			
19. Place of burial, cremation or removal																			
20. Date of burial																			
19.....																			
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church																		
	(b) Civil municipality of																		
	(c) Municipal county																		
	(d) Date																		
19..... (Month) (Day) (Year)																			
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																			
22. Date of death																			
August 19th, 1942. (Month) (Day) (Year)																			
23. I HEREBY CERTIFY that I attended deceased from																			
.....19..... to.....19.....																			
and last saw h..... alive on.....19.....																			
24. CAUSE OF DEATH																			
I																			
Immediate cause																			
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																			
(a) Killed in action.																			
due to																			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).																			
(b)..... due to																			
(c).....																			
II																			
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																			
III																			
If a communicable disease is mentioned on this certificate, give																			
(a) Date of appearance.....19.....																			
(b) Duration of disease..... days																			
25. If a woman, was there a puerperal condition?.....																			
26. Was there a surgical operation?..... Date of.....19.....																			
State findings..... Was there an autopsy?.....																			
27. If death was due to external causes (violence) fill in also the following:—																			
Accident, suicide or homicide..... Date.....19..... (State which)																			
Manner of injury..... (How sustained)																			
Nature of injury.....																			
Specify whether injury occurred in industry, in home, or in public place.....																			
Signed..... M.D.																			
Address..... Date.....19.....																			
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)																			
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																			
This signature authorizes the collector to accept this form as authentic.																			
(Voir l'autre côté pour le français)																			

for Director of Records, Dept. of National Defence.

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

Quote No. H. Q. 405-R-6529

(Records-C)

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

Ottawa, Canada,

February 9, 1943

PLEASE PLACE  
ON FILE  
AND P.A.

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

Dear Sir:

The undermentioned Canadian Army  
Casualty is forwarded to you for transmission to the  
Inspector of Income Tax concerned:

Regimental No. .... D-114976

Rank. .... Private

Surname. .... RIVET

Christian Names. .... Joseph William Alfred

Nature of Casualty. .... Killed in Action

Date of Casualty. .... 19-8-42

Address at time of enlistment. ....  
 ..... 7744 St. Hubert St. Mont. Que.

Occupation- *Driver*

Marital Status on enlistment- *S.*

Name and address next of kin- Alfred Rivet, 7744 St. Hubert St.,  
 Montreal, Que.

Officer i/c Records  
 A. G. Branch  
 JUN 21 1943  
 Rec'd & Filed  
 Nat. Defence Hqrs.  
 Ottawa, Canada  
*AB*

(W.E.L. Coleman) Lt.-Col.,  
Officer i/c Records,  
for Adjutant-General.

GR/ME

35

letter dated 2/2/43 from Mrs. Eva  
Rivet (M) 7744 St. Hubert, Montreal,  
re expenses of funeral service  
for her son passed to Estates  
Branch 9/2/43.

25

9/2/43.

W. B. Rading  
G



Cable No.

407107

Page

375

H.Q.

405.R.6529

Date

2-11-42

Regimental No.

D114976

Rank

Pte

Name

Rivet

(Surname)

J.W.A.

(Christian Names)

Nature of Report

Officially reported KIA

24

List No. A227 ..... Page 2 .....

H.Q. 405-R-6529 .....

Date 11-12-42 .....

G. 7/12/42

Regimental No. D114976 .....

Rank Pte .....

Name RIVEST  
(Surname) .....

Joseph Wm. Alfred  
(Christian Names) .....

Nature of Report KILLED IN ACTION 19-8042 .....

23

Ottawa, January 8th, 1943.

The Manager,  
Claim Division,  
Metropolitan Life Insurance Co.,  
Canadian Head Office,  
Ottawa, Ontario.

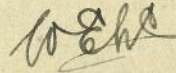
Your Policy 83206341

No. D.114976, Private Joseph W.A. RIVET

Dear Sir:

As requested in your letter of January 6th, 1943, herewith official certificate of death in respect of the marginally named Canadian soldier. Private Rivet's date of birth is recorded as February 18th, 1911.

Yours truly,



(W.E.L. Coleman) Lieut.-Col.,  
Officer in Charge of Records,  
for Adjutant-General.

22

JRK.

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.114976, Private Joseph William Alfred RIVET, of Les Fusiliers Mont-Royal, Canadian Army, was killed in action on the 19th of August, 1942.

*W.E.L.*  
(W.E.L. Coleman) Lieut.-Col.,  
Officer in Charge of Records,  
for Adjutant-General.

Department of National Defence,  
Ottawa, Canada.  
January 8th, 1943.

*JBR.*

21

# METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, *Chairman of the Board*

LEROY A. LINCOLN, *President*

CLAIM DIVISION  
ARTHUR S. BOURINOT  
*Manager*

CANADIAN HEAD OFFICE  
OTTAWA, CANADA

405-R-6529

Officer in Charge of Records  
Army  
Department of National Defence  
OTTAWA, Ont.

Jan. 6, 1943

Officer /c Records  
A. G. Branch

JAN 7 1943

Nat. Defence Hqrs.  
Ottawa, - Canada.

In re: 83206341

Dear Sir(s)

This Company has been requested to entertain claim under the  
above policy insuring the life of (Rank) Private

Joseph William

(Name) / Alfred Rivest (No.) D. 114976

killed

He has been reported missing on active service on 8-19-42

We require the information in items No. 1 & 4 below to enable us to  
make payment.

1. Official Death Certificate. ✓
2. Date of Departure for Overseas Service.
3. Date of Enlistment.
4. Date of Birth ✓

Your co-operation on these cases is greatly appreciated.

Yours truly

ARTHUR S. BOURINOT

Manager

20

The Administrator of Estates

Regimental No. D.114976.....Rank.....Pte.....

.....RIVET.....Joseph William Alfred......  
Surname Christian Names

Unit.....Fusiliers Mont Royal......

Date of Death.....19-8-42.....Place of Death.....Overseas......

Next-of-kin.....Mr. Alfred Rivet.....Relationship.....Father......

Address.....7744 St. Hubert St., Montreal, Quebec......

M.F.M.5.....Copy herewith......

Will.....Original Will d/28-10-40 herewith......

Date.....December 29, 1942......

HMG/MD

*W.E.L. Coleman*

(W.E.L. Coleman) Lt.-Col.,  
Officer i/c Records,  
for Adjutant-General.

*hmm x*  
*(circle)*  
*stan*  
*19/12/43*

*19*

le 21 decembre

2.

M. Alfred Rivet,  
7744, rue St-Hubert,  
Montreal, Que.

D.114976 soldat Joseph William Alfred RIVET  
Les Fusiliers Mont-Royal (A.C.)

Cher monsieur,

Relativement au décès de votre fils, le militaire susnommé, je suis chargé de vous envoyer, sous ce pli, pour que vous les conserviez, un "Avis confidentiel" et des "Renseignements pour l'information et la gouverne des familles des militaires portés disparus, morts, internés ou prisonniers de guerre". Ces renseignements vous intéresseront sans doute et vous seront utiles.

Veillez agréer, monsieur, mes sinceres salutations.

Pour l'adjudant-général,  
le chef des archives,

*P.L.*  
(W.E.L. Coleman) lieutenant-colonel.

18

- A R M E E -

le 18 décembre 1942.

/PL

Cher monsieur,

Je regrette profondément de vous faire savoir que votre fils, le soldat Joseph William Alfred Rivet, numéro matricule D.114976, a donné sa vie pour sa patrie à Dioppe, en France, le 19 août 1942. D'après les renseignements que nous avons reçus, votre fils a été tué au cours de l'engagement.

Vous pouvez compter que dès que nous recevrons des renseignements supplémentaires, nous vous en ferons part.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Rivet pour son vaillant sacrifice.

Votre bien dévoué,

L'adjudant-général,

H. F. G. LETSON  
Major - General  
Adjutant - General

(H.F. G. Letson),  
DEC 18 1942,  
major-général.

M. Alfred Rivet,  
7744, rue St-Rubert,  
Montréal, Qué.

17





H.Q. 405-R-6529  
QUOTE NO. .... (L.R.)

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

OTTAWA, CANADA,

FOR TRANSLATION

December 17, 1942

Mr. Alfred Rivet,  
7744 St. Hubert Street,  
Montreal, Quebec.

Dear Sir:

I deeply regret to inform you that your son, D.114976 Private Joseph William Alfred Rivet, gave his life in the Service of his Country at Dieppe, France, on the 19th day of August, 1942. From information we have received your son was killed in action against the enemy.

You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

GR/SJR

(H.F.G. Letson),  
Major-General,  
Adjutant-General.

16

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.114976** RANK **Private** SERVICE UNIT **Fusiliers**  
**Mont Royal**

NAME **RIVET, Joseph William Alfred**

DATE OF BIRTH  
 DAY **18th** MONTH **February** YEAR **1911**

MARITAL STATUS  
**Single**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Father** NAME **Alfred Rivet**

ADDRESS **7744 St. Hubert Street, Montreal, Quebec.**

NAME  
ADDRESS  
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.  
CASUALTY DETAILS

**Canrecords 2237 H.Q.405-R-6529**  
**Previously reported missing in action**  
**now reported killed in action.**

DATE **19-8-42**

15

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

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

DATE

**16-12-42**

715

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

PREVIOUSLY REPORTED MISSING NOW REPORTED KILLED IN ACTION

Regiment de Quebec

Next-of-Kin

LANGEVIN, Maurice, A./Cpl., D61036,	Mrs. Alberta Major Langevin (Mother), 4436 Chambord St., Montreal, Que.
LEBEL, Philippe, Cpl., D61576,	Mrs. Alfred Lebel (Mother), 6099 Esplanade St., Montreal, Que.
MILOT, Jean Paul, Pte., D61133,	Pierre Donat Milot (Father), Yamachiche, Que.
MINEAU, Rene, Pte., D62005,	Mrs. Helena Mineau (Mother), 131 Beaubien St. W., Montreal, Que.
RIVET, Joseph William Alfred, Pte., D114976,	Alfred Rivet (Father), 7744 St. Hubert St., Montreal, Que.

Manitoba Regiment

AFFLECK, Allen Scott, Pte., H20741,	Edward Affleck (Father), 482 Kennedy St., Winnipeg, Man.
LAING, Andrew Joseph, Pte., H19124,	Mrs. Janet Laing (Mother), R.R. #2, Darlingford, Man.

M-219 Ends.

14

CLASS OF SERVICE	SYMBOL
Full-Rate Message	
Day Letter	DL
Night Message	NM
Night Letter	NL

If none of these three symbols appears after the check (number of words) this is a full-rate message. Otherwise its character is indicated by the symbol appearing after the check.

# CANADIAN NATIONAL TELEGRAM



D. E. GALLOWAY, ASSISTANT VICE-PRESIDENT, TORONTO, ONT.

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with  
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TELEGRAPH CO.  
Cable Service  
to all the World  
Money Transferred  
by Telegraph

. (50)

STANDARD TIME

1942 DEC 12 PM 2 53

RXMOA341 13/10 GB COLLECT=MONTREAL QUE 12 247P

ARMY CASUALTY SECTION=

DALY BLDG OTTAWA ONT=

630

MESSAGE 12210 SOLDAT JOSEPH WILLIAM ALFRED RIVET

D114976 DELIVERED=

=CANADIAN NATIONAL TELEGRAPHS

13

Exclusive Connection  
with  
WESTERN UNION  
TELEGRAPH CO.

Cable Service  
to all the World

Money Transferred  
by Telegraph

# CANADIAN NATIONAL TELEGRAPHS



D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to  
Veuillez expedier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

**CASUALTY**

OTTAWA 12 DECEMBRE 1942

M ALFRED RIVET  
7744 RUE ST MAURICE  
MONTREAL QUE

12210 REGRETTONS PROFONDEMENT VOUS INFORMER SOLDAT JOSEPH  
WILLIAM ALFRED RIVET D114976 ANTERIEUREMENT PORTE DISPARU  
MAINTENANT OFFICIELLEMENT PORTE PAR BERLIN TUE A L'ENDEMI  
DIXHEUF AOÛT 1942 STOP PLUS AMILES DETAILS SUIVront SUR  
RECEPTION

le chef des archives militaires

*J*  
PAYE  
(W.M.L. Colman) Lt-col.  
(Cas.)

*12*

# CANADIAN NATIONAL TELEGRAPH COMPANY

(OPERATING ITS OWN LINES AND THOSE OF THE GREAT NORTH WESTERN TELEGRAPH COMPANY, THE GRAND TRUNK PACIFIC TELEGRAPH COMPANY AND CANADIAN GOVERNMENT RAILWAYS). HEREINAFTER CALLED THE COMPANY.

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 THIS 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 UNREPEATED TELEGRAM, WHETHER HAPPENING FROM THE NEGLIGENCE OF ITS SERVANTS OR OTHERWISE, OR FOR DELAYS FROM INTERRUPTIONS IN THE WORKING OF ITS LINES, FOR ERRORS IN CIPHER 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 \$200.00, 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 1000 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.

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## LA "CANADIAN NATIONAL TELEGRAPH COMPANY"

(EXPLOITANT SES PROPRES LIGNES DE MÊME QUE CELLES DE LA "GREAT NORTH WESTERN TELEGRAPH COMPANY", DE LA "GRAND TRUNK PACIFIC TELEGRAPH COMPANY" ET CELLES DES CHEMINS DE FER DU GOUVERNEMENT CANADIEN)—CI-APRÈS NOMMÉE LA COMPAGNIE.

LES CLAUSES ET CONDITIONS SUIVANT LESQUELLES LES DÉPÊCHES PAR TÉLÉGRAPHE ET PAR CÂBLE SERONT TRANSMISES SONT PRÉSCRITES PAR L'ORDONNANCE NO 49274 DE LA COMMISSION DES TRANSPORTS DU CANADA EN DATE DU 5 DÉCEMBRE 1932 ET PUBLIÉE DANS LA GAZETTE OFFICIELLE DU CANADA, AINSI QUE PAR L'ORDONNANCE NO 57471 EN DATE DU 22 MAI 1939.

IL EST CONVENU ENTRE L'EXPÉDITEUR DE LA DÉPÊCHE AU RECTO ET LA COMPAGNIE, QUE LA DITE COMPAGNIE NE SERA PAS RESPONSABLE DES DOMMAGES POUVANT RÉSULTER DU DÉFAUT D'EXPÉDITION OU DE LIVRAISON, OU D'UNE ERREUR DANS L'EXPÉDITION OU LA LIVRAISON D'UNE DÉPÊCHE NON-RÉPÉTÉE, POUR UN MONTANT EXCÉDANT LE PRIX PAYÉ POUR L'ENVOI DE LA DITE DÉPÊCHE, QUE CES DOMMAGES SOIENT DUS OU NON À LA NÉGLIGENCE DES EMPLOYÉS DE LA DITE COMPAGNIE, OU AUTREMENT, OU À DES RETARDS CAUSÉS PAR L'ARRÊT DU FONCTIONNEMENT DES APPAREILS TÉLÉGRAPHIQUES, OU À TOUTE ERREUR DANS UNE DÉPÊCHE DUE À SES CHIFFRES ET À SES TERMES OBSCURS OU À UNE ÉCRITURE ILLISIBLE.

POUR ÉVITER TOUTE ERREUR LA COMPAGNIE RÉPÈTERA UNE DÉPÊCHE MOYENNANT UN PAIEMENT ADDITIONNEL DE LA MOITIÉ DU TAUX RÉGULIER, ET DANS CE CAS LA RESPONSABILITÉ DE LA COMPAGNIE SERA LIMITÉE À \$200.00 S'IL Y A DANS L'EXPÉDITION OU LA LIVRAISON DE LA DITE DÉPÊCHE ERREUR OU RETARD RÉSULTANT DE LA NÉGLIGENCE DE LA COMPAGNIE.

LA RESPONSABILITÉ DE L'EXPÉDITION ET DE LA LIVRAISON PARFAITE D'UNE DÉPÊCHE S'ASSURE PAR CONTRAT ÉCRIT DANS LEQUEL EST STIPULÉ LE MONTANT DU RISQUE ET SUR PAIEMENT, EN PLUS DU TAUX POUR LES DÉPÊCHES RÉPÉTÉES, D'UN SUPPLÉMENT CALCULÉ SUR LA BASE SUIVANTE: UN POUR CENT POUR UNE DISTANCE N'EXCÉDANT PAS 1,000 MILLES ET DEUX POUR CENT POUR UNE PLUS LONGUE DISTANCE.

LA DITE COMPAGNIE NE SERA PAS RESPONSABLE DU FAIT OU DE L'OMISSION D'UNE AUTRE COMPAGNIE, MAIS S'EFFORCERA TOUJOURS DE FAIRE PARVENIR LES DÉPÊCHES À DESTINATION EN SE SERVANT DE CETTE AUTRE COMPAGNIE LORSQUE NÉCESSAIRE. DANS CE CAS ELLE NE SERA CONSIDÉRÉE QUE COMME MANDATAIRE DE L'EXPÉDITEUR ET N'ENCOURRA AUCUNE RESPONSABILITÉ PERSONNELLE. LA RESPONSABILITÉ DE LA DITE COMPAGNIE COMMENCERA SEULEMENT QUAND LES DÉPÊCHES AURONT ÉTÉ PRÉSENTÉES ET ACCEPTÉES À UN DE SES BUREAUX D'EXPÉDITION. LORSQU'UNE DÉPÊCHE EST APPORTÉE À UN DES BUREAUX DE LA COMPAGNIE PAR UN DE SES MESSENGERS CE MESSENGER EST CONSIDÉRÉ COMME MANDATAIRE DE L'EXPÉDITEUR. LORSQU'UNE DÉPÊCHE EST COMMUNIQUÉE AU BUREAU DE LA COMPAGNIE PAR TÉLÉPHONE, LA PERSONNE QUI REÇOIT CETTE DÉPÊCHE EST CONSIDÉRÉE COMME MANDATAIRE DE L'EXPÉDITEUR ET EST CENSÉE AVOIR TOUTE AUTORITÉ POUR CONSENTIR, AU NOM DE L'EXPÉDITEUR À CES CONDITIONS. DANS AUCUN CAS LA COMPAGNIE NE SERA RESPONSABLE POUR DOMMAGES À MOINS QUE DEMANDE N'EN SOIT FAITE PAR ÉCRIT DANS LES SOIXANTE JOURS QUI SUIVENT LA REMISE DE LA DÉPÊCHE À LA DITE COMPAGNIE.

AUCUN EMPLOYÉ DE LA COMPAGNIE N'A LE DROIT DE CHANGER CES RÉGLEMENTS. LA VERSION ANGLAISE DES PRÉSENTES CONDITIONS PRÉVAUDRA.

Exclusive Connection  
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# CANADIAN NATIONAL TELEGRAPHS



CASUALTY  
CASUAL

D. E. GALLOWAY, ASSISTANT VICE-PRESIDENT. TORONTO, ONT.

## CLASS OF SERVICE DESIRED

FALL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

X

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED; OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to

Veillez expédier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes.

OTTAWA? DECEMBER

19

FOR TRANSLATION

To  
A  
ALFRED RIVET  
7744 ST HUBERT ST  
MONTREAL QUEBEC

12210 REGRET DEEPLY D114976 PRIVATE JOSEPH WILLIAM ALFRED RIVET

PREVIOUSLY REPORTED MISSING NOW OFFICIALLY REPORTED BY BERLIN KILLED

IN ACTION NINETEENTH AUGUST 1942 STOP FURTHER INFORMATION FOLLOWS

WHEN RECEIVED

Officer i/c Records.

PREPAID

W.L.E. Coleman Lt. Col.

Cas.

119m

11

## CANADIAN NATIONAL TELEGRAPH COMPANY

(OPERATING ITS OWN LINES AND THOSE OF THE GREAT NORTH WESTERN TELEGRAPH COMPANY, THE GRAND TRUNK PACIFIC TELEGRAPH COMPANY AND CANADIAN GOVERNMENT RAILWAYS). HEREINAFTER CALLED THE COMPANY.

ALL MESSAGES ARE SUBJECT TO THE FOLLOWING CONDITIONS, WHICH HAVE BEEN APPROVED BY THE BOARD OF RAILWAY COMMISSIONERS FOR CANADA, UNDER GENERAL ORDER 162, DATED MARCH 30TH, 1916, AND ORDER 49274, DATED 5TH DECEMBER, 1932, WHICH ORDERS WERE PUBLISHED IN THE CANADA GAZETTE ON DECEMBER 24TH AND DECEMBER 31ST, 1932, AND JANUARY 7TH, 1933.

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 cipher 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 \$200.00, 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 endeavour 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.

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## LA "CANADIAN NATIONAL TELEGRAPH COMPANY"

(EXPLOITANT SES PROPRES LIGNES DE MÊME QUE CELLES DE LA "GREAT NORTH WESTERN TELEGRAPH COMPANY", DE LA "GRAND TRUNK PACIFIC TELEGRAPH COMPANY" ET CELLES DES CHEMINS DE FER DU GOUVERNEMENT CANADIEN)—CI-APRÈS NOMMÉE LA COMPAGNIE.

TOUTE DÉPÊCHE EST SUJETTE AUX CONDITIONS SUIVANTES QUI ONT ÉTÉ APPROUVÉES PAR LA COMMISSION DES CHEMINS DE FER DU CANADA, PAR L'ORDONNANCE GÉNÉRALE No. 162 EN DATE DU 30 MARS 1916 ET CELLE No. 49274 EN DATE DU 5 DÉCEMBRE 1932, LESQUELLES ONT ÉTÉ PUBLIÉES DANS LA GAZETTE OFFICIELLE DU CANADA LES 24 ET 31 DÉCEMBRE 1932 ET LE 7 JANVIER 1933.

Il est convenu entre l'expéditeur de la dépêche au recto et la compagnie, que la dite compagnie ne sera pas responsable des dommages pouvant résulter du défaut d'expédition ou de livraison, ou d'une erreur dans l'expédition ou la livraison d'une dépêche non-répétée, pour un montant excédant le prix payé pour l'envoi de la dite dépêche, que ces dommages soient dus ou non à la négligence des employés de la dite compagnie, ou autrement, ou à des retards causés par l'arrêt du fonctionnement des appareils télégraphiques, ou à toute erreur dans une dépêche due à ses chiffres et à ses termes obscurs ou à une écriture illisible.

Pour éviter toute erreur la compagnie répétera une dépêche moyennant un paiement additionnel de la moitié du taux régulier, et dans ce cas la responsabilité de la compagnie sera limitée à \$200.00 s'il y a dans l'expédition ou la livraison de la dite dépêche erreur ou retard résultant de la négligence de la compagnie.

La responsabilité de l'expédition et de la livraison parfaite d'une dépêche s'assure par contrat écrit dans lequel est stipulé le montant du risque et sur paiement, en plus du taux pour les dépêches répétées, d'un supplément calculé sur la base suivante: un pour cent pour une distance n'excédant pas 1,000 milles et deux pour cent pour un plus longue distance.

La dite compagnie ne sera pas responsable du fait ou de l'omission d'une autre compagnie, mais s'efforcera toujours de faire parvenir les dépêches à destination en se servant de cette autre compagnie lorsque nécessaire. Dans ce cas elle ne sera considérée que comme mandataire de l'expéditeur et n'encourra aucune responsabilité personnelle. La responsabilité de la dite compagnie commencera seulement quand les dépêches auront été présentées et acceptées à un de ses bureaux d'expédition. Lorsqu'une dépêche est apportée à un des bureaux de la compagnie par un de ses messagers ce message est considéré comme mandataire de l'expéditeur. Lorsqu'une dépêche est communiquée au bureau de la compagnie par téléphone, la personne qui reçoit cette dépêche est considérée comme mandataire de l'expéditeur et est censée avoir toute autorité pour consentir, au nom de l'expéditeur à ces conditions. Dans aucun cas la compagnie ne sera responsable pour dommages à moins que demande n'en soit faite par écrit dans les soixante jours qui suivent la remise de la dépêche à la dite compagnie.

Aucun employé de la compagnie n'a le droit de changer ces règlements. La version anglaise des présentes conditions prévaudra.



## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 2237 PAGE \_\_\_\_\_ DATE 11-12-42REG'TL NUMBER D-114976 RANK PrivateNAME R I V E T Joseph William Alfred  
(SURNAME) (CHRISTIAN NAMES)SERVICE UNIT Fusiliers Mont Royal

NATURE OF CASUALTY \_\_\_\_\_ DATE \_\_\_\_\_

German Official Totenliste # 107 Killed in Action 19-8-42

DATE OF BIRTH \_\_\_\_\_

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

NEXT OF KIN AS  
SHOWN ON M.F.M. 1, 2 & 5  
& RELATIONSHIPMR. ALFRED RIVETFATHER.

ADDRESS

7744 ST-HUBERT ST., MONTREAL, QUE.ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENT'S NAMES

ADDRESS  
(IF SOLDIER  
MARRIED OVERSEAS)

CABLE CHECK \_\_\_\_\_

N. OF K. CHECK \_\_\_\_\_

TELEGRAM CHECK \_\_\_\_\_

**1****COPY FOR RESEARCH SECTION****10**

Lieut. No. *9190* Page *12* H.Q. *405-P-6529*

Date *23-8-42*

Regimental No. *D114976* Rank *Pte*

Name *Rivist* *Joseph W. Alfred*  
(Surname) (Christian Names)

Nature of Report *Missing*

*7*

DEPARTMENT OF NATIONAL DEFENCE

- A R M Y -

Ottawa, Canada,

September 16, 1942.

Chief Treasury Officer,  
D.A. & A.P.,  
Records Building,  
Ottawa, Ontario.

The following extract from a Cable received from  
the Canadian Record Office, C.M.H.Q., (C.A.), London,  
England, is forwarded for your information.

Reg. No. .... D-114976 ..... Rank. .... Private. ....

Name. .... RIVET ..... Joseph William Alfred.  
(Surname) ..... (Christian Names)

Unit. .... Les Fusiliers Mont-Royal, (C.A.) .....

Nature of Report. .... MISSING in Action 19-8-42. ....

.....

Date of Death. ....

Next-of-Kin. .... Mr. Alfred Rivet,  
(Name)

Relationship. .... Father. ....

Address. .... 7744 St. Hubert St.,  
Montreal, P.que. ....

.....

GR/ME.

(Cas. 1)

(W.E.L.Coleman), Lt.-Col.,  
Officer i/c Records,  
for Adjutant-General.

6

MISSINGRegiment de QuebecNext-of-Kin

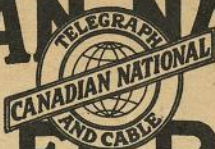
READSHAW, William Pte., D62657	Hebert Readshaw (Father) R.R.No. 2 Montreal Rd., Nr. Sher- brooke Que.
REGIMBAL, Paul Emile Pte., D62867	Mrs. Bernadette Regimbal (Wife) 2290 Frontenac, Montreal, Que.
RENAUD, Jacques Pte., B63312	Raoul Renaud (Father) Route 1, Iberville, Que.
RIENDEAU, Henri Pte., D61028	Mrs. Marcelle Riendeau (Wife) 1596 Champlain, St., Montreal.
<b>RIVET</b> , Joseph William Alfred Pte., D114976	Alfred Rivet (Father) 7744 St. Hubert St., Montreal, P. Q.
ROBERT, Louis Philippe Pte., D62476	Antoine Robert (Father) 2068 St. Thimothe St., Montreal, PQ
ROBERTSON, Louis Pte., D61973	John Roberston (Father) 1040 St. Denis St., Montreal, Que.
ROBILLARD, Jean Paul Pte., D63297	Mrs. Lucie Robillard (Mother) 4329 Hochelaga St., Montreal, Que.
ROCHON, Hector Pte., D63063	Adelard Rochon (Father) Alexandria, Ont.
ROCHON, Raymond Pte., D63064	Adelard Rochon (Father) Alexandria, Ont.
ROCHON, Rolland Pte., D61266	Osias Rochon (Father) 10925 L'Archeveque St., Montreal. Que.
ROCRAY, William D61407	William Rocray (Father) 1291 Lafontaine St., Montreal, Que.
RODRIGUE, Lucien Pte., D61498	Mrs. Graziella Rodrigue (Mother) 3687 St. Hubert, Montreal.
RONDEAU, Jean Paul Pte., D56542	Fortunat Rondeau (Father) Lanoraie, Que.
ROUSSEAU, Henri Pte., D63014	Mrs. Lavina Gervais Rousseau (Wife) 1989 Centre St., Montreal Que.
ROUSSEAU, Henri A/L/Sgt. D61384	Mrs. Alexina Rousseau (Mother) 1688 Sanguinet, Mont. P.Q.
ROWAT, Allan Pte., D62203	Archie Rowat (Father) Athelstan, P.Q.
ROY, Francois Pte., D62532	Mrs. Yvonne Roy (Wife) 1241 A Panet, Montreal, Que.
ROY, Gerard Pte., D63061	Alcide Roy (Father) 950 Morrisson St., St. Hyacinthe, Que.
ROY, Gerald Pte., D61545	Mrs. Pearl Roy (Wife) Ormstown, P. Que.

CLASS OF SERVICE	SYMBOL
Full-Rate Message	
Day Letter	DL
Night Message	NM
Night Letter	NL

If none of these three symbols appears after the check (number of words) this is a full-rate message. Otherwise its character is indicated by the symbol appearing after the check.

# CANADIAN NATIONAL TELEGRAM

(15)



D. E. GALLOWAY, ASSISTANT VICE-PRESIDENT, TORONTO, ONT.

WESTERN UNION  
TELEGRAPH CO.  
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STANDARD TIME

D42 AUG 26 PM 7 20

MOA537 12/10 COLLECT GB=MONTREAL QUE 26 643P

ARMY CASUALTY SECTION=

DALY BLDG OTTAWA ONT=

**1206**

MESSAGE 5485 SOLDAT JOSEPH WILLIAM ALFRED RIVET D114976

DELIVERED=

CDN NTL TELEGRAPHS.

4

Exclusive Connection  
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# CANADIAN NATIONAL TELEGRAPHS



D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to  
Veuillez expédier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

**CASUALTY**

OTTAWA 26 AOUT 1942

M ALFRED RIVET  
7744 RUE ST HUBERT  
MONTREAL QUEBEC

5485 REGRETTONS SINCEREMENT VOUS INFORMER SOLDAT JOSEPH WILLIAM

ALFRED RIVET D114976 OFFICIELLEMENT PORTE DISPARU AU COURS DE

LATTAQUE STOP PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

le chef des archives militaires

PAYE D'AVANCE

(W.E.L. Coleman) lt-col.

(Cas.)

3

# CANADIAN NATIONAL TELEGRAPH COMPANY

(OPERATING ITS OWN LINES AND THOSE OF THE GREAT NORTH WESTERN TELEGRAPH COMPANY, THE GRAND TRUNK PACIFIC TELEGRAPH COMPANY AND CANADIAN GOVERNMENT RAILWAYS). HEREINAFTER CALLED THE COMPANY.

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 THIS 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 UNREPEATED TELEGRAM, WHETHER HAPPENING FROM THE NEGLIGENCE OF ITS SERVANTS OR OTHERWISE, OR FOR DELAYS FROM INTERRUPTIONS IN THE WORKING OF ITS LINES, FOR ERRORS IN CIPHER 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 \$200.00, 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 1000 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.

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## LA "CANADIAN NATIONAL TELEGRAPH COMPANY"

(EXPLOITANT SES PROPRES LIGNES DE MÊME QUE CELLES DE LA "GREAT NORTH WESTERN TELEGRAPH COMPANY", DE LA "GRAND TRUNK PACIFIC TELEGRAPH COMPANY" ET CELLES DES CHEMINS DE FER DU GOUVERNEMENT CANADIEN)—CI-APRÈS NOMMÉE LA COMPAGNIE.

LES CLAUSES ET CONDITIONS SUIVANT LESQUELLES LES DÉPÊCHES PAR TÉLÉGRAPHE ET PAR CÂBLE SERONT TRANSMISES SONT PRÉSCRITES PAR L'ORDONNANCE NO 49274 DE LA COMMISSION DES TRANSPORTS DU CANADA EN DATE DU 5 DÉCEMBRE 1932 ET PUBLIÉE DANS LA GAZETTE OFFICIELLE DU CANADA, AINSI QUE PAR L'ORDONNANCE NO 57471 EN DATE DU 22 MAI 1939.

IL EST CONVENU ENTRE L'EXPÉDITEUR DE LA DÉPÊCHE AU RECTO ET LA COMPAGNIE, QUE LA DITE COMPAGNIE NE SERA PAS RESPONSABLE DES DOMMAGES POUVANT RÉSULTER DU DÉFAUT D'EXPÉDITION OU DE LIVRAISON, OU D'UNE ERREUR DANS L'EXPÉDITION OU LA LIVRAISON D'UNE DÉPÊCHE NON-RÉPÉTÉE, POUR UN MONTANT EXCÉDANT LE PRIX PAYÉ POUR L'ENVOI DE LA DITE DÉPÊCHE, QUE CES DOMMAGES SOIENT DUS OU NON À LA NÉGLIGENCE DES EMPLOYÉS DE LA DITE COMPAGNIE, OU AUTREMENT, OU À DES RETARDS CAUSÉS PAR L'ARRÊT DU FONCTIONNEMENT DES APPAREILS TÉLÉGRAPHIQUES, OU À TOUTE ERREUR DANS UNE DÉPÊCHE DUE À SES CHIFFRES ET À SES TERMES OBSCURS OU À UNE ÉCRITURE ILLISIBLE.

POUR ÉVITER TOUTE ERREUR LA COMPAGNIE RÉPÉTERA UNE DÉPÊCHE MOYENNANT UN PAIEMENT ADDITIONNEL DE LA MOITIÉ DU TAUX RÉGULIER, ET DANS CE CAS LA RESPONSABILITÉ DE LA COMPAGNIE SERA LIMITÉE À \$200.00 S'IL Y A DANS L'EXPÉDITION OU LA LIVRAISON DE LA DITE DÉPÊCHE ERREUR OU RETARD RÉSULTANT DE LA NÉGLIGENCE DE LA COMPAGNIE.

LA RESPONSABILITÉ DE L'EXPÉDITION ET DE LA LIVRAISON PARFAITE D'UNE DÉPÊCHE S'ASSURE PAR CONTRAT ÉCRIT DANS LEQUEL EST STIPULÉ LE MONTANT DU RISQUE ET SUR PAIEMENT, EN PLUS DU TAUX POUR LES DÉPÊCHES RÉPÉTÉES, D'UN SUPPLÉMENT CALCULÉ SUR LA BASE SUIVANTE; UN POUR CENT POUR UNE DISTANCE N'EXCÉDANT PAS 1,000 MILLES ET DEUX POUR CENT POUR UNE PLUS LONGUE DISTANCE.

LA DITE COMPAGNIE NE SERA PAS RESPONSABLE DU FAIT OU DE L'OMISSION D'UNE AUTRE COMPAGNIE, MAIS S'EFFORCERA TOUJOURS DE FAIRE PARVENIR LES DÉPÊCHES À DESTINATION EN SE SERVANT DE CETTE AUTRE COMPAGNIE LORSQUE NÉCESSAIRE. DANS CE CAS ELLE NE SERA CONSIDÉRÉE QUE COMME MANDATAIRE DE L'EXPÉDITEUR ET N'ENCOURRA AUCUNE RESPONSABILITÉ PERSONNELLE. LA RESPONSABILITÉ DE LA DITE COMPAGNIE COMMENCERA SEULEMENT QUAND LES DÉPÊCHES AURONT ÉTÉ PRÉSENTÉES ET ACCEPTÉES À UN DE SES BUREAUX D'EXPÉDITION. LORSQU'UNE DÉPÊCHE EST APPORTÉE À UN DES BUREAUX DE LA COMPAGNIE PAR UN DE SES MESSENGERS CE MESSENGER EST CONSIDÉRÉ COMME MANDATAIRE DE L'EXPÉDITEUR, LORSQU'UNE DÉPÊCHE EST COMMUNIQUÉE AU BUREAU DE LA COMPAGNIE PAR TÉLÉPHONE, LA PERSONNE QUI REÇOIT CETTE DÉPÊCHE EST CONSIDÉRÉE COMME MANDATAIRE DE L'EXPÉDITEUR ET EST CENSÉE AVOIR TOUTE AUTORITÉ POUR CONSENTIR, AU NOM DE L'EXPÉDITEUR À CES CONDITIONS. DANS AUCUN CAS LA COMPAGNIE NE SERA RESPONSABLE POUR DOMMAGES À MOINS QUE DEMANDE N'EN SOIT FAITE PAR ÉCRIT DANS LES SOIXANTE JOURS QUI SUIVENT LA REMISE DE LA DÉPÊCHE À LA DITE COMPAGNIE.

AUCUN EMPLOYÉ DE LA COMPAGNIE N'A LE DROIT DE CHANGER CES RÈGLEMENTS. LA VERSION ANGLAISE DES PRÉSENTES CONDITIONS PRÉVAUDRA.

Exclusive Connection  
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TELEGRAPH CO.

Cable Service  
to all the World

Money Transferred  
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# CANADIAN NATIONAL TELEGRAPHS



D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to  
Veuillez expédier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

**CASUALTY**

To: F.T.

OTTAWA AUGUST 25 1942

For translation please.

MR ALFRED RIVET  
7744 ST HUBERT ST  
MONTREAL P Q

5485 SINCERELY REGRET INFORM YOU D114976 PRIVATE JOSEPH  
WILLIAM ALFRED RIVET OFFICIALLY REPORTED MISSING IN ACTION  
STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

OFFICER I/C RECORDS

**D**  
PREPAID  
(W.E.L. Coleman) Lt.-Col.  
(Cas.)

**2**



# CANADIAN NATIONAL TELEGRAPH COMPANY

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AUCUN EMPLOYÉ DE LA COMPAGNIE N'A LE DROIT DE CHANGER CES RÉGLEMENTS. LA VERSION ANGLAISE DES PRÉSENTES CONDITIONS PRÉVAUDRA.

CABLE NO. 1910

Page

DATE 22-8-42



405-R-6529

Regimental No. D114976 Rank PTE

Name RIVET (Surname) Joseph William Alfred (Christian Names)

Unit FUS MT ROYAL

Original Unit

Taken on strength at

Next of Kin Mr. Alfred Rivet (Name)

Relationship Father

Address of N. of K. 7744 St. Hubert St. Montreal P. Que. Can. w.c.

Nature & Place of Casualty MISSING

Date of Casualty

Cable check N. of K. check, Telegram check (Index card, M.F.M. 1, 2 or 5)

(Cas. 2)

C.L. ✓

## OVERSEAS CASUALTY RESEARCH

2874

CABLE NUMBER	SBC 285	PAGE	DATE	8-12-42
REG'T'L NUMBER	D-114976	RANK	Pte.	
NAME	R I V E T	Joseph William Alfred		
	(SURNAME)	(CHRISTIAN NAMES)		
SERVICE UNIT	Fusiliers Mont Royal			
NATURE OF CASUALTY	Document received Berlin states DIED Dieppe		DATE	19-8-42
DATE OF BIRTH	DAY	MONTH	YEAR	
	18 <sup>th</sup>	February	1911	
MARITAL STATUS				
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP				
ADDRESS				
ADDITIONAL PERSON TO BE NOTIFIED				
ADDRESS				
PARENT'S NAMES				
ADDRESS (IF SOLDIER MARRIED OVERSEAS)				
CABLE CHECK	N. OF K. CHECK	TELEGRAM CHECK		

1

COPY FOR RESEARCH SECTION

9

## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER	SBC 285	PAGE	DATE	8-12-42	
REG'T'L NUMBER	D-114976	RANK	Pte.		
NAME	R I V E T (SURNAME)	Joseph William Alfred (CHRISTIAN NAMES)			
SERVICE UNIT	Fusiliers Mont Royal				
NATURE OF CASUALTY	Document received Berlin states DIED Dieppe			DATE	19-8-42
DATE OF BIRTH	DAY	MONTH	YEAR		
	18th.	February	1911		
MARITAL STATUS					
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP					
ADDRESS					
ADDITIONAL PERSON TO BE NOTIFIED					
ADDRESS					
PARENT'S NAMES					
ADDRESS (IF SOLDIER MARRIED OVERSEAS)					
CABLE CHECK	N. OF K. CHECK	TELEGRAM CHECK			

2

COPY FOR REGISTRY