Received.....Checked.....6.....Card.....✓.....Observations.....

ORIGINAL
DUPLICATA
TRIPLICATA

DUPLICATE

M.F.M. 2 Fr.
A.F.B. 271
20 M — 11-40 (8173)
H.Q. 1772-39-1645

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles

Unité FUS. ST-LAURENT C.A. (ACTIVE) N° Matricule E-57864

01/RFN

FINGERPRINTED

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom TREMBLAY
2. Prénoms DANIEL
3. Adresse actuelle MATANE CO. MATANE ., P.Q.
4. Date de naissance 2 NOVEMBRE 1922
5. Lieu de naissance CANADA (Pays) QUEBEC (Comté ou province) ~~MATANE~~ MATANE (Ville ou canton)
6. Religion (indiquez la confession) CATHOLIQUE ROMAIN
7. Métier ou profession JOURNALIER
8. Marié, veuf ou célibataire CELIBATAIRE
9. Nom du plus proche parent HECTOR TREMBLAY
10. Degré de parenté PERE
11. Adresse du plus proche parent P.O.66 MATANE ,P.QUE.
12. Faites-vous partie de l'armée canadienne ou y avez-vous déjà servi? (formations ou unités de réserve)? non
(Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Nil (Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
(b) Quelque autre armée de mer, de terre ou de l'air? Nil (Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON
(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

C.A.H.

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT

Je, soussigné, DANIEL TREMBLAY, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans les formations et unités actives de l'armée canadienne dans lesquelles je pourrai, au besoin, être versé ou nommé, 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 ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date Le 10 aout 1942. Daniel Tremblay
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, DANIEL TREMBLAY, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Daniel Tremblay
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de 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 le serment devant moi,

à QUEBEC ce 10ième jour de août 1942

J. P. J. CODREAU, Lt-Col.
(Signature du magistrat, du juge de paix ou de l'officier certificateur)

District Recruting Officer
(Titre, grade et unité ou emploi)

N.B. — On désire signaler que quiconque répond inexactement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

CERTIFIED THAT THE OCCUPATIONAL HISTORY FORMS HAS BEEN MADE FOR THIS MAN

5604-046-1

État de service de TREMBLAY (Nom) DANIEL (Prénoms) N° matricule E-57864

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: NOURNALIER

Techniques: NIL

Langues: FRANCAISE

DEGRÉ D'INSTRUCTION

Académies: 4ème année (années complétées)

Graduation ou Immatriculation: NIL (Spécifier)

*Collège: Frères du Sacré-Coeur de Matane Que.

*Université: Nil

(*Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations ou les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		~~No 5 D.D. Cen. Dist C.A.A~~ Affecté lors de son enrôlement & attached to this depot fo r all purposes	Pte	10-8-42	D.D.5	que.	D.O. 195	17-8-42
		S.O.S.D.D.5on proc.to CAMC#55 Rimouski PQ.	"	27-8-42	"	"	" 204	27-8-42
31-8-42	TC. 55	Attached for all purposes to TC. 55	"	28-8-42	"	RIMOUSKI	D.O. No: 176	31-8-42
27-10-42	"	Ceases to be attached to TC. 55, on transfer to Fusiliers du St-Laurent, A/F, at Mulgrave, N.S. Aut: Q: S/029-A, D/21-10-42.	"	27-10-42	"	"	D.O. No: 224	27-10-42
		T.O.S. F.S.L. on transfer	"	28-10-42	F.S.L.	MULGRAVE	D.O. 182	10-10-42
		S.O.S. F.S.L. on transfer to 24th Recce R.	"	14-2-43	"	"	38	14-2-43
17-2-43		T.O.S. on trans from Les Fus du St-Laurent	RFm.	15-2-43	1st V Q	sussex	Partll No.39	d/ 17-2-43
		Embarcation Leave & m.a. 1-3-43 to 7-3-43	"	1-3-43	"	"	" No 48	1-3-43
		Adms and forf. 4 days pay for absent. 3 days and 13 hrs.	"	17-3-43	"	"	" No 62	17-3-43

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)

26919

Place Quebec, P.Q.

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier TREMBLAY Daniel

Date 11-8-42

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 19

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme non
b. Tuberculose on
c. Bronchite ou asthme non
d. Affection cardiaque non
e. Maladie du rein ou de la vessie non
f. Gastrite intestinale non
g. Hernie non
h. Varices non
i. Pieds plats ou déformés non
j. Affection nasale non
k. Maladies des oreilles non
l. Maladie des yeux non
m. Épilepsie non
n. Maladie nerveuse ou mentale non
o. Syphilis non
p. Gonorrhée non
q. Avez-vous déjà porté des lunettes? non
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité? Si oui, donnez des détails non

Observations de l'examinateur sur ce qui précède NIL Daniel Tremblay

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

1. Signes particuliers ou cicatrices (si celles-ci sont opératoires, obtenir les détails) D. Tremblay
Petites cicatrices pres des ongles de l'index et du median gauches. et a la paume main gauche.

2. Taille 5 pieds 7½ pouces. 3. Poids 134 livres

4. Teint fonce Yeux bruns Cheveux bruns

5. Développement Bon { Bon / Passable / Médiocre }

6. Tour de poitrine—Circonférence, pleine expansion 36 pouces Degré d'expansion 3 pouces

7. Vue, œil droit 20-20 œil gauche 20-20 8. Ouïe, oreille droite CV 20 gauche CV 20

9. Etat de la bouche et des dents Traitement.

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
NIL
Urine, oreilles et reflexes: Normaux,

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est 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 A1

Observations spéciales lorsque la catégorie est inférieure à A

CERTIFIED TRUE COPY

C. Ouimet Major RCAMC. (Président) — Dr. J. Felix Roy (Membre) — Yves Gadbois Capt. RCAMC. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
14-1-43	[illegible]	4-2-43	cat. A1 Reaffirmed [illegible]
AUG 11 1942	[illegible] — CAPT. RCAMC.	JUN - 9 1943 CAT. REAFF	[illegible]
17-8-42	VACC. [illegible] — CAPT. RCAMC.		
17-8-42	T.A.B.T. [illegible] — CAPT. RCAMC.		
[illegible]	[illegible] — CAPT. RCAMC.		
9/12/42	[illegible] — CAPT. RCAMC.		

FEB 19 1943 CAT. REAFF

N° matricule E-57864 Grade Pte. Nom TREMBLAY Prénoms Daniel

Garnison	Date d'arrivée à la garnison	Date de						Maladie	Nombre de jours à l'hôpital	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 primaire 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.	Signature du médecin
		Admission à l'hôpital			Sortie de l'hôpital						
		Jour	Mois	Année	Jour	Mois	Année				

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit ~~EUS. ST-LAURENT~~ P.L.F.Eq A/F. Regimental Number E-57864

1. Surname TREMBLAY
2. Christian Names DANIEL
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Matane Qué.
5. Date of birth as declared on attestation 2 nov. 1922
6. Date of enlistment 10 aout 1942
7. Place of enlistment Que., P.Q.
8. Residence at time of enlistment Matane, P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Catholique Romain
12. If married, state date
13. Trade on enlistment Journalier
14. Corps, trade and grade COOK "C"
15. (D) Qualifications Cook class I Gr. "C" D.O. 164 d/14-7-43
16. (E) Miscellaneous entries

COOK "C"

(17) Regiment or Corps	Unit (Battn., etc)
Int. R.	T. St. Laurent
Infantry	Détachement de l'armée
R.C.A.S.C.	
	11 CIBSG
	11 CIB MG Coy

(18) Medical Board.

Category	Date	Authority
"A-1"	11-8-42	D.M.O., M.D. # 5
A	4-6-43	MFM2

(19) Next of kin (entries to be made in pencil)

Mr Hector Tremblay (Father)
P.O. 66
Matane P.Q.

(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: Date	(a) Report: From whom received	(b) Unit	(c) 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 I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		1st Vol de Que	S.O.S. Cdn. Army Canada	Can	21-7-43	Pfm	D.O. No 168 d/20-7-43
		"	T.O.S. Gdn Army Overseas	U/S	22-7-43	"	D.O. No 1 d/4-8-43
		"	Disembarked	U/K	28-7-43	"	D.O. No 1 d/4-8-43
		"	Indemnity of Pay Group "C" Cook W.E.F. 14-8-43	"	14-8-43	"	D.O. No 10 d. 20-8-43
		"	Rates of Pay of $1.50 under R.O. 2772 eff 1-8-43	"	1-8-43	"	D.O. No 16 d 20-8-43
		"	Att to Dn 6 C.I.R.U. for quarter	"	13 Sept 43	"	D.O. No 25 d 13 Sept 43
		"	" " " " " " rations	"	13 Sept 43	"	D.O. No 25 d 13 Sept 43
		"	Att'd for all Purposes to H.Q. No. 6 C.I.R.U	"	13-9-43	"	D.O. No.32, d/23-9-43
		"	Cease to be att. & transf. to 6 CIRU	"	30-9-43	"	D.O. No.37, d/1-10-43
		6CIRU	T.O.S. on posting from 1st Bn Les Voltigeurs de Que.	U.K.	2 Oct 43		D.O.209/43
		V. de Q.	AA15(1) for 4 days of Pay	Can	7-6-43	Pfm	D.O. 132 d/7-6-43
		V. de Q.	Tested & Qualified Cook Class I Group "C"	Can	13-7-43	"	D.O. 164 d/14-7-43
		V. de Q.	Rep't Rates of Pay $1.50 under R.O. 2772	U.K.	1-8-43	"	D.O. 10 d/20-8-43
		6 C/IRU	Posted to PE "A" Wing as Cook Grp "C"	U.K.	2 Oct 43	"	216 - 11 Oct 43
		6 C/IRU	Transf from C/C to R.C.A.S.C	"	14 Oct 43	"	219 - 14 Oct 43
		"	Reposted to Rem "A" wing (cook)	"	21 oct 43	"	227 - 23 oct 43
		"	SOS to 1 CASC RU (with Overseas R.O. 3470)	"	21 oct 43	Pte	227 - 23 oct 43
	T.O.S.	C.A.S.C. RU	T.O.S. from 6 C.I.R.U. pend. transf. to RCASC (cook C.)	"	22 Oct 43	"	257 - 23 Oct 43
	✓		Qual Cook Grp "C" 7.9.10	✓	10 Jan 44	✓	17 - 21 Jan 44
	SOS	✓	SOS to Hendley Sound (Cook C.)	✓	11 Feb 44	✓	40A - 17 Feb 44
			BOR on A.F. W.K. ON EMBARKATION AT ON 17 Feb 44				
			ON TRANSFER ON 18 Feb 44 AND DISEMBARKED AT ON				12/44
	Cases x 4176		Loss on disembarkation Case	TW	5 Mar 44	Pte	
	✓	✓	S.O.S. to 11 CIB Sig Coy Cook	✓	21 Apr 44	✓	475/44
26 Apr 44	11 CIBSig Coy	PLF	T.O.S. from x-4 L.of T. R.C.A.S.C. (7 D.A.)	✓			
28 Jun 44	CR	✓	Awarded C.U.S. M.C. Cook "C"	✓	22 Apr 44	✓	19 Apr 44
23 Jun 44	CR	✓	Awarded C.U.S. M.C.	✓	10 Feb 44	✓	29 Jun 44
30 Jun 44	CR	✓	Awarded 4 Day Leave of Pay AA40	✓	30 Jun 44	✓	28 Jul 44
		"	SOS to 11 CIB Sig Coy	"	17 Aug		35/44 Cancelled 20 271/44
4 Sep 44	CR	11 CIB Sig Coy	TOS from 11 CIB Sig Coy Cook "C"	"	13 Sep 44		1/44 Cancelled 20 4/44
(A.F.W. 3014 Sec 362 Page 19 d/12/9/44)			SOS Killed in Action Cook "C"	"	6 Sep 44	Pte	40 Sep 44

Statement of the Service of No. E/57864 Rank Pte Sheet No. 2

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name TREMBLAY Daniel.

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
		4 days LEA from 28-5-43 to 31-5-43 inc.	Rfn	28-5-43	Voltgeurs	Aldershot	Part II No 119	31-5-43
		AWL from 0600 h. 1 June 43	"	1-6-43	"	"	" No 127	1-6-43
		Reported from AWL on 2200 h. 4 June 43	"	7-6-43	"	"	" no 132	7-6-43
		4 days Forfeiture of pay	"	"	"	"	" "	"
		Trade tested and qualified as Cook Group "C" Grade I w.e.f.	"	13-7-43	"	"	" " 164	14-7-43
		S.O.S. C.A. (Can.)	"	21-7-43	"	"	168	20-7-43
		T.O.S. C.A. (O/S)	"	22-7-43	"	O/S	1	4-8-43
		Disembarked U.K.	"	28-7-43	"	"	1	4-8-43
		GRANTED DAILY REGT'L RATES $1.50	RFM.	1-8-43	VOL. DE Q	U.K.	10	20-8-43
SOS		S.O.S. to #6 C.I.R.U.	Rfn	1 Oct 43	Vol de Que	U.K.	37	1 Oct 43
	T.O.S.	T.O.S. from Vol. de Que.	Rfn	2 Oct 43	6 C.I.R.U.	UK	209	2 Oct 43
		Trans from C.I.R. to R.C.A.S.C.	Pte	14 Oct 43	6 C.I.R.U.	UK	219	14 Oct 43
SOS		S.O.S. to R.C.A.S.C., #1 Reinf. Unit	Pte	21 Oct 43	6 C.I.R.U.	U.K.	227	23 Oct 43
(C50)	T.O.S.	T.O.S. FROM 6 C.I.R.U. Pending Transfer Cook (C)	Rfn.	22 Oct 43	1 CASCRU.	U.K	257	23 Oct 43
		Qual Cook C	Rfn.	19 Jan 44	1 CASCRU	UK	17	21 Jan 44
		S.O.S. C.A. ("K) on embarkation 17 Feb 44 T.O.S. C.A. ("K) 18 Feb 44 Disembarked						
		Cook C"	Pte	3 Mar 44	7 BN. X4 List	CMF	42	10 Mar 44
638 SOS		SOS to "Exercise Henley" Cook C.	Pte	17 Feb 44	1 CASCRU	UK	40	17 Feb 44
	TOS	TOS from X4 List RCASC Cook C	Pte	22 Apr 44	11 C I B Sp	AA1	19	5 May 44
		Awarded the C.V.S. M + clasp	Pte	10 July 44	11 C I B Sp	AA1	27	29 June 44

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

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
8125		Awd a fof 14 days Pay AA40	PTE	30 Jun 44	Cap PRF 11 BLBSP Sp.	AA1	28	13 Jul 44
8125	Cane 37. Dio. 5/9/44. SOS	~~SOS to 11 CIB MG Bty~~	~~PTE~~	~~12 Aug 44~~	~~11 BLB Sup Bty~~	~~AA1~~	~~35~~	~~17 Aug 44~~
8170		TOS TOS from 11 BLB Sp. Sp. (PL F) Cook C.	PTE	13 Aug 44	11 BLB MG	AA1	1	21 Aug 44
9164		Killed		6 Sep 44		AA1	4489	18 Sep 44
		SOS killed in action Cook C.	Pte	6 Sep 44	11 CIB MG	AA1	40	19 Sep 44

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M—7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur ..... TREMBLAY DANIEL
(Noms et prénoms en entier et en lettres moulées)

(2) Matricule et grade ..... E 57864 ~~E-57964~~ Pte.

(3) Unité ..... FUS. ST-LAURENT A-F.

(4) Êtes-vous marié? ..... NON

(5) Si oui, donnez

(*a*) le nom entier de votre épouse ..... NIL

(*b*) l'adresse postale actuelle de votre épouse ..... NIL

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... NIL

Sinon, donnez-en les raisons ..... NIL

(7) Êtes-vous veuf? ..... NON

(8) Avez-vous des enfants? ..... NIL Garçons ..... NIL Filles ..... NIL

Noms et âges ..... NIL

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins ..... NIL

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom ..... NIL

Adresse postale ..... NIL

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement? Non

Dans l'affirmative, donnez son nom en entier et son adresse postale Nil

(11) Est-ce que votre père vit encore? oui

Si oui, donnez son nom, son adresse et son emploi HECTOR TREMBLAY Cultivateur MATANE QUE.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? Non

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement Non

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? Nous sommes sept enfants dont je suis l'ainé et par conséquent j'aide mon père à faire vivre la famille.

(14) Est-ce que votre mère vit encore? Oui

Dans l'affirmative, donnez son nom et son adresse Matane Qué. Mme Hector Tremblay

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? Non

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement Nil

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? Nil

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? Non

Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté NIL

Nom en entier

Adresse postale

Montant de la contribution mensuelle au cours des six derniers mois NIL

(18) Êtes-vous assuré? Oui

Si oui, dites dans quelle compagnie? Société des Artisans Canadiens Français

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? Oui Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Daniel Tremblay

(Signature de l'officier, soldat, ou aviateur)

Date Le 10 a out 1942.

A. K. Hare Capt

Officier Commandant (F.C. MAGEE) Lt-Col.

Commanding District Depot M.D.# 5

Date 10-8-42

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en sonséquence les questions qui se rapportent au père ou à la mère.

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Hector Tremblay,
P.O. 66,
Matane, Québec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-T-11,596 FD.63

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

21 novembre 1944

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

TREMBLAY, Daniel, Soldat,

E.57864, Armée Canadienne.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

OG/GC

pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT		
			NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt		0		
2	Enfants du défunt et dates de naissance		0		
3	Père du défunt		Hector Tremblay	45	Matane P.2
4	Mère du défunt		Rosilda (Potvin) Tremblay	43	Matane P.2
5	Frères du défunt	Frères germains	Armel	17	Matane P.2
			Gabriel	13	" "
			Guy	11	" "
			Bernard	7	" "
			Gaston	3	" "
			Jacques	8 mois	" "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Marie-Reine	4	Matane P.2.
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Daniel Tremblay
9	Date de sa naissance.	2 novembre 1922
10	Lieu et date de son mariage.	Célibataire
11	Lieu et date du mariage de ses parents.	Matane, 5 juillet 1921

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Matane
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) (c) (d) Matane
14	Nature de son emploi avant son enrôlement.	Moulin à scie ou sur la ferme
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Matane —

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Non —
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Non —
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	Non —
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Non —
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	Non —
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Les Artisants Canadiens-Français 1147.78 Bénéficiaire Hector Tremblay
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	—

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Non —
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	Oui. $60.00 par la mère Rosalba Tremblay Les Funérailles Ellacoya

(Remarque:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Mère du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Rosilda Tremblay — Signature du déclarant

Matane, P.Q. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Rose-Aldée Tremblay — Nom du déclarant

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Matane ce 24 ème jour de nov. 1944.

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Victor Côté — Titre

Adresse Matane, P.Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

CFA 187
4C/P & [illegible]180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME E-57864 Pte Tremblay D. Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon AAI
F-79028 Cnr Baltzer FR.

CHECKED BY B-~~81758~~ 81759 Sgt Graves J.C. DATE 14 Dec 44

9	Letters.		
I	Cigarette Lighter.		
	Coins (6-s-II pence) to C P M.		
I	Photo Album.		
I	Diary.		
I	Fountain Pen "Watermans".		
I	Pocket Book with Pictures & Silver Bracelet.		
3	Receipts 5th & 6th V Loan$50 each to O i/c Estates.		
I	Souvenier Medal&Ribbon.		
I	Medallion & Chain.		
2	Cards Nat Reg & Unemployment Ins.		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE — with effects.

J.C. Graves Sgt
for OC 1 Cdn KSD

CANADIAN ARMY OVERSEAS

FINANCIAL RECEIPT

RECEIPT No. ..... 28 Sep 44 19

RECEIVED FROM Effects Section GHQ 2nd EchelonAAI

THE SUM OF One hundred and thirty eight lire (138)

..... being

Cash found amongst the effects of:

E 57864 Pte Tremblay, D

R. C.A.S.C. Att 11 Ind MG Coy

A J Cunningham

Command Paymaster or Field Cashier Capt

28 Sep 44 ..... 19 ..... Field ..... Place

M.F.M. 503
PSSN/518/2-44/100×100

CANADIAN ARMY (ACTIVE), OVERSEAS

FINANCIAL RECEIPT

RECEIPT No. 63 ..... 19.....

RECEIVED FROM OC, Cdn K.R. Stores Depot WPA

THE SUM OF five shilling & eleven pence 1/11d

..... being

Cash removed from personal effects of —

E 57864
Pte TREMBLAY D.

decd

RCASC

Command Paymaster or Field Cashier

29 Dec 19 44 H.Q. C.R.C. Place

M.F.M. 503
520 books of 100—9-41 (1775)
H.Q. 1772-39-1877

DISTRIBUTION OF SERVICE ESTATES

1mr. Estates Form "P. 4"

ARMY

Name: TREMBLAY. (Surname) Daniel (Christian Names) No.: H-57364

Pte. (Rank) C.A. O/S (Unit) 6 Sept 44 (Date of Death)

AMOUNT

L.P.C. $ 287.31

Other Credits 43.28

Total 330.59

Date: 8 June 45.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Rosilda Tremblay Box 66, MATANE, Quebec. (Sole beneficiary under Will)	$330.59

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 13-7-45 QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$330.59

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E57864 RANK Private SERVICE UNIT 11th Infantry Brigade Support Group (CA)

NAME TREMBLAY, Daniel

DATE OF BIRTH 2nd November 1922 DATE OF ENLISTMENT 10-8-42

MARITAL STATUS Single RELIGION R.C.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME ADDRESS D.A.B. Mr. Hector Tremblay,

ADDRESS P.O. 66, Matane, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 701A H.Q. 405-T-11,596

CASUALTY DETAILS Killed in action DATE 6-9-44

MEDITERRANEAN
French T.

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

LF 21-9-44

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: TREMBLAY DANIEL (b) Reg'l. No. E-57864
2. (a) Arm of service: INFANTRY (b) Unit: Fus. du St-Laurent A/T. (c) Rank: Pte.
3. (a) Date of birth: 2-11-22 (b) Have you any dependents? non (c) Place of residence at time of enlistment: Matane Qué.
4. (a) Place of enlistment: Sherbrooke Qué. P.Q. (b) Date of enlistment: 10-8-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 ans (b) Were you attending school or college up to the time of enlistment? non
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 4 ans ecole publique
7. If you attended a university, give name of university and standing or degree secured: Non
8. (a) Did you ever enter upon a trade apprenticeship? Non (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? Français (b) What languages do you read well? Français

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? non

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Gagnon & Frères Address: Matane Qué.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Commerçant de bois
20. (a) Your specific occupation: Piler le bois dans la cour (b) Number of years' experience at this occupation with any employer: 3 ans
21. (a) Did your employer promise definitely to give you employment on discharge? non (b) Did your employer refuse to promise you employment on discharge? non (c) Do you wish to return to your former employment? oui

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? non (b) Do you feel competent to operate a farm? non (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? non (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Nil

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? non
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Non

DATE: 10 aout 194 2 SIGNATURE: Daniel Tremblay

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
35M—7-41 (1218)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, Daniel Tremblay (Nom au long), de la ville de Matane, dans le Comté / District de Matane, Province de Québec, journalier (Occupation civile),

N° matricule E-57864, Unité 1st Bn Voltigeurs, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à

ma mère
Mme. Hector Tremblay
Matane, Pr. Québec.

la totalité de mes biens

Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) Je nomme Moi (Nom)

Moi (adresse) exécuteur / exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

(5)

Signature du premier témoin: L. Lagonieu Montréal (Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin: Mendez Decenais (Adresse)

En foi de quoi j'ai signé ce 9ème jour de août A.D. 19 43

D. Tremblay
(Signature du soldat)

(VOIR AU VERSO)

INSTRUCTIONS

Si vous avez déjà fait votre testament, ne remplissez pas cette formule, mais dites seulement où votre testament pourra être ou à qui il a été confié.

(1) (Exemple) Je, Jean-Baptiste Duval, de la cité de Québec, dans le comté de Québec-Centre, Province de Québec, mécanicien, N° matricule 1234, Royal 22ème Régiment, par les présentes.....

(2) Si vous ne désirez nommer qu'un seul bénéficiaire, remplissez la formule comme suit: Je lègue à "mon épouse, Marie Duval: tous mes biens",—et dans ce cas, retranchez la clause (3).—Si vous désirez nommer plus d'un bénéficiaire, dites ce que vous voulez donner à chacun, ainsi par exemple

"mon épouse, Marie Duval: $.....00, et mon ménage";
"mon frère, Thomas Duval: $.....00";
"ma sœur, Marguerite Duval: $.....00";
"mon ami, Jean Côté: $.....00";

et tout cadeau personnel que vous désirez faire.

(3) Si vous voulez léguer le reste de vos biens à une seule personne, nommez cette personne, comme "mon épouse, Marie Duval". Si vous voulez léguer le reste de vos biens à plusieurs personnes, nommez ces personnes, comme "ma mère et mon père, en parts égales". (Vous pouvez répartir les parts inégalement et de la façon que vous désirez.)

(4) Inscrivez le nom de l'exécuteur ou de l'exécutrice, comme "Jean Caron, 24 rue St-Jean, Québec, Province de Québec", ou, si c'est une femme, comme "Jeanne Caron", et donnez son adresse. (Le bénéficiaire ou le légataire peut être validement nommé exécuteur testamentaire.) Il n'est pas nécessaire de nommer un exécuteur ou une exécutrice si vos biens ne comprennent que votre solde (salaire), vos allocations ("allouances"), votre équipement et vos effets personnels.

(5) Deux témoins doivent signer en présence du soldat, et chaque témoin doit donner son adresse au long.—Voyez à ce que le soldat inscrive la date et signe de sa signature ordinaire.

(6) Ne nommez pas un soldat comme votre exécuteur testamentaire.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: TREMBLAY (*Block letters*)
Given names: Daniel

Do not write in this space

4. RESIDENCE

Street: No.:
Official name of civil municipality or township: Matane,
Municipal county: Matane County, Province: Quebec.

5. SEX: M

6. NATIONALITY (Citizenship):

7. RACIAL ORIGIN:

8. Single, Married, Widowed or Divorced (*Write the word*): Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: November (Month) 2nd, (Day) 1922. (Year)

12. AGE OF DECEASED: Years 21 / Months / Days / If less than one day old ....hrs. or....min.

OCCUPATION

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

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	TREMBLAY, Hector	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:
(b) Civil municipality of:
(c) Municipal county:
(d) Date: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 6th, (Day) 19 44. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....
and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)

II

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

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

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

26. Was there a surgical operation? Date of ....19....
State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide (State which) Date ....19....
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry, in home, or in public place**

Signed ....M.D.

Address Date ....19....

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

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY
CANADIAN ARMY

NOV 8 1945

T-11596

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton

Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire
Cité | Ville | Village | Paroisse | Canton

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

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

Noms de baptême ou prénoms.....

4. RÉSIDENCE

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

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

Comté municipal..... Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

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

N'écrivez pas dans cet espace

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

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

24. CAUSE DU DÉCÈS

I

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

(a).....
dû à

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

(b).....
dû à
(c).....

II

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

.....
.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner
(a) Date d'éclosion.....19.....
(b) Durée de la maladie.....jours

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

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

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

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide..... (Spécifier) Date.....19.....

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

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

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

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

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

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

.....

(For English see other side)

405-T-11596

RECORDS OFFICE OVERSEAS. P.A.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME TREMBLAY, Daniel

PLACE & DATE OF BIRTH MATANE, Que.Canada. 2 NOV 1922

RANK PTE.

REGIMENTAL NO. E.57864

UNIT 11 Cdn.Inf.Bde.Support Gp.(PFL)

NEXT OF KIN & ADDRESS FATHER
Hector Tremblay,
P.O. 66 MATANE, Quebec, Canada.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 6 SEP 44.

PLACE OF DEATH Italy.

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL 6 Sep 44

CEMETERY 5 C.A.D. Cem. Gothic Line 4 Sh.109/4. Mt. 953848.

PLOT NO ROW C GRAVE 1

DEATH CERT NO.

RELIGION ROMAN CATHOLIC.

DATE 20 Oct 45

(M.BLUTEAU) Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

No E57864 Name Tremblay, D. Sqn, Battery, or Company | Corps Inf | Date of enlistment 10-8-42 | GC Badges | Service or Proficiency Pay

MFM 6
(AFB 122)
40/P&S/136 (3438)

Date of last entry in Company Conduct Sheet: NIL | No and date of last drunk: NIL | Period not reckoning towards freedom from extra fine | Sheet No 2 | Signature OC Company, etc: h.c.p. Moore Capt | Character

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
				Previous sheet destroyed 10-2-43					
Aldershot	5-6-43	Rfm		AA 15(1) AWL 3 dys 20 mins	Documentary	14 dys CB	6-6-43	Lt-Col Roberge	Forf 4 dys pay FR&I 149(1)a
FIELD	30 June 44	Pte		WADS - Defect, etc. failed to clean his rifle AA Sec 40	Cpl Ripley	Forf 14 dys pay	30 June 44	P.B. Kennedy Major	

(PTO)

3/49A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. B57864 Rank and Name TREMBLAY. D. Pte.

of (Unit)..... on.....

(Transfer or Discharge)..... to..... on 6th. September. 19 44.

Reason Death Authority : C.C.L."A" 489 d/15. Sept. 44.

The following is a statement of the account of the above-named from 1st. September. to 30th. September. 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	239	17
First Monthly Payment			Regimental Pay 30 days at $1.50	45	00
Casual Payments			Tradesmen's Pay 30 days at $ .25¢	7	50
Payments on Transfer or Discharge			Additional Pay (Give Particulars) days at $		
Assigned Pay	10	00			
Regimental Charges			Allowances (give particulars) days at $		
Public Stoppages (give particulars) :					
			Cash Effects SOCR 21282	1	55
			Cash Effects SOCR 32459	1	55
			Def. Pay Interest	2	54
To Balance Cr Free	146	31			
To Balance Cr Deferred	141	00	By Balance Dr		
Total	297	31	Total	297	31

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

Remarks

Assnd Pay $10.00 (M) Stopped eff October. 1944.

Assnd Pay $8.40 (6th. V.L.) Cancelled eff May. 1944.

Compiled by W. Blackburn.

Checked by J. M. Crayston

Date 27th. March. 19 45.

Certified correct D. A. Towley
for Chief Treasury Officer, Overseas

MW.

P.A.

File No. 405-7-11596

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-57864 Name Lemblay Daniel

Rank on Discharge pte Date of Discharge 6-9-44

Deceased

Authority for Discharge or Retirement

Served in:

				Non-qualifying service
Canada	from 10-8-42	to	21-7-43	
	from	to		
United Kingdom	from 22-7-43	to	17-2-44	
	from	to		
Italy	from 18-2-44	to	6-9-44	K/a
Northwest Europe	from	to		
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star ok

Italy Star ok

~~France-Germany Star~~

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal

with clasp ok

Verified by D. Foster

Date 13-9-46

Carded SEP 14 1946

NO RIBBON DESPATCH

HA 165

M

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Daniel (CHRISTIAN NAMES) TREMBLAY (SURNAME)

REGISTER NO. D-19681
FILE NO. 405-T-11596
DATE 15-2-46
SERVICE NO. E-57864
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 6-9-44

PAYEE Mrs. Rosilda TREMBLAY,
ADDRESS Box 66,
Matane, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-9-44

A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 737 / 30 EQUAL TO 24 COMPLETE PERIODS AT $7.50	$ 180.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 399 LESS 17 INELIGIBLE DAYS, EQUAL TO 382 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	95.50
	275.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .25; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
TOTAL $ 3.00 X7 = $21.00; NO. OF DAYS 399 / 183 X $21.00	45.79
D. WAR SERVICE GRATUITY	321.29
E. DEDUCTIONS — OVERPAYMENT OF: PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	321.29

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
G. Petitclerc	22/2/46

SERVICE REPRESENTATIVE

SIXTH VICTORY LOAN BONDS

Certified that E 57864 (Regimental No.) Pte (Rank) Tremblay D (Name)

has subscribed for $50.00 SIXTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for $.....has been received.

(b) By monthly assignments of pay $2.40

Bonds to be delivered to: Mrs. R. Tremblay Malane Co, Malane P.Q

Date: 19-4-44

NOTE: This stub to be torn off and handed to subscriber.

(Unit Representative)

P.S.S. «A» - M.119 - 250.000 - 4-44

FIFTH VICTORY LOAN BONDS

TO : Ch[illegible] Paymaster,
Canadian Army Overseas.

Herewith subscription of E57864 (Regt'l No.) Pte (Rank) Daniel TREMBLAY (Name)

1 CDN. A.S.C. REINF. UNIT. (Unit), for total of $ 50.00 Fifth Victory Loan Bonds.

2 Nov 43
(Date)

P Faulank major
(Signature of Paymaster) (Rank)

1 CDN. A.S.C. REINF. UNIT.
(Unit, Station, Ship or Establishment)

NOTE : Paymaster to tear off and retain stubs except that of original copy. Original stub will be returned to Paymaster as receipt.

QG 405-T-11596 DR 2(d).

le 3 décembre 1945.

Monsieur,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le soldat Daniel TREMBLAY, matricule E-57864, ont été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 34, rang F, lot 1, du cimetière militaire Britannique de Gradara, à Gradara en Italie. Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes, nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente mais vous pouvez être assuré qu'à ce moment, nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

M. Hector Tremblay,
Bureau de poste 66,
Matane, Qué.

/MA

25

4 05 T 11596

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: 11 Cdn Indep MG Coy PLF (RCASC att) Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: E57864 Rank: Pte

Surname: TREMBLAY Christian Names: D.

Died — Date: 6 Sep 44 Place: Italy

Cause of Death*: Killed in action

Nature and Date of Report: 3012c 119

By whom made: Unit

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

Burial — Place: 5 CDN ARMD DIV CEM GOTHIC LINE IV sh 109/4 MR 953848 Row C Grave 1 Date: ?

By whom reported: GD Johnson H/Maj HQ 5 CAD

State whether he leaves a Will or not

(a) in Army Book 64: Not known

(b) as a separate document: Not known

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

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

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

Station and Date: Field 17 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: E. Mahlen Coff for Officer i/c Cdn Sec GHQ 2nd Echelon AAI

70

Wt. 46939-917 500M. 3-40 M. & S., Ltd. 51-6239

Mr. Hector Tremblay,
P.O. 66,
Matane, Quebec.

Dear Mr. Tremblay:

It was with deep regret that I learned of the death of your son, E57864 Private Daniel Tremblay, who gave his life in the Service of his Country in the Mediterranean Theatre of War, on the 6th day of September, 1944.

From official 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,

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

OCT 3 1944

(A.C. Spencer),
Brigadier,
Vice Adjutant-General.

Mem x mother
2.12.44

EFH

Ph

7

6.9.44

1774

M

D.W.

500M—:-44 (3467)
H.Q. 1772-45-8

AWARDS—CANADIAN ARMY (ACTIVE)

FILE No. 405-T-11596

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
TREMBLAY,	Daniel	E.57864	Pte.	11th Inf. B.S.Group

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	
	7341 18-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Rosilda Tremblay — Mother

ADDRESS: P.O.66, Matane, Que.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 2323

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS Rosilda
MOTHER Mme. Hector Tremblay — FRENCH

1774
ADDRESS: Matane, Que. (MFM5)

(3) DESP. JAN 16 1945
REGN. 11031

No E.57864 Rank Private Name Tremblay, Daniel

Unit R.C.A.S.C. Date of death 6th Sept., 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces. H.Q. 405-T-11596

N/K Mr. Hector Tremblay, Relationship Father

Address P.O. 66, Matane, Quebec.

Remains buried in 5 Cdn. Armd Div Cem. Gothic Line Cemetery
IV sh 109/4 MR 953848 Row C Gr. 1

Grave location

CHK ✓

OVER

BURIAL REPORT TO N.K. DEC 3 1945

RETURN TO BUR. OF STAT. NOV 8 1945

ROYAL MESSAGE DESP'D. OCT 30 1944

CAN. MESSAGE DESP'D. OCT 7 1944

Temp BR sent to NK & Map

REBURIAL

Gradara British Empire Cem.
Gradara, Italy.

Grave 34, row F, plot 1.

HI & CR Form Despd. FEB 3 1947

Photographs
Despatched
JUN 25 1947

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

HO'C

CANADIAN PACIFIC TELEGRAPHS

H. Q. 405-T-11,596

DAY LETTER ☐

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA

15TH SEPTEMBER 1944

TO:-

MR HECTOR TREMBLAY
P O 66 MATANE
P Q

3559 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT E57864 PRIVATE DANIEL TREMBLAY HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION SIXTH SEPTEMBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID 10

DIRECTOR OF RECORDS

4

H.Q. D.V.A.E-57864

M.F.B. 387
750M-4-46 (9016)
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

DVA

TREMBLAY, DANIEL

E-57864

H.Q. D.V.A. E-57864

Central Registry	P. A. or B. F.	Date	Initials	Referred to	For Remarks	Initials	Date
		(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")					
MAR 31 1951	Pa	30 3/51	S.G.				

DO NOT WRITE BELOW THIS LINE

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.

Cas Report No. 13443

NAME E-57864 Pte TREMBLAY, Daniel

Casualty	Date	Authority	Date entered	Clerk
KILLED	6 Sep 44	"A" 489	25 Sep 44	ML

CASUALTY REPORT checked by RJh O

EST 5( ) to _____ O.

Sent on _____ by _____ C. Returned and checked by _____ O.

EST 3( ) to _____ O.

Sent on _____ by _____ C. Returned and checked by _____ O.

No

WILL from _____ received on _____ and checked by _____ O.

Date _____ Beneficiary _____

Photo indent dated _____ by _____ C Negative No. _____ filed by _____ C.

Forward to A. of E. _____ O. EST 10 No. _____ by _____ C.

EFFECTS at 1 CKSD YES/NO EST 2 No. 137 Inventory checked by _____ O.

EST 4 to _____ O.

Sent on _____ by _____ C.

EST 4(a) _____ O. Sent on _____ by _____ C. Inventory checked by _____ O.

Inventory UNIT effects checked by RJh O. / NO UNIT effects _____ O.

Release from A. of E. to _____ O.

RELEASE to Can RJh O. EST 11(a) No. 297 ~~EST 5~~ on _____ by EJS C.

Shipped in Box EST 1191 on Feb 45 EST 5(a) rec'd and filed by _____ C.

C. of A. REPORT rec'd and dup. ch. on 4/11/44 by JW C. Checked by RJh O.

DEBTS

Particulars	Name	Amount	Paid	Receipt

		Checked		
MBM I Part II		RJh	MBM I Part I	RJh O.
No.	Ch bk chs	O	Off Record of Service Bk	O.
GPO	bank book	O		O.
		O		O.
		O		O.
		O	~~5th & 6th V.h. receipts in envelope 11/11/40~~	O.

EST 6/~~Recun~~/Docs/~~Uplift~~

Cash to P.M. 2 Cdn AA1 138 lire O.

HQ CRV 20-6-11

Prepared by BS C.

L.P.C. received and checked by RJh O.

EST 7 RJh O. Prepared by RBM C.

COMPLETE (Dead) RJh O. Entered on MAR 30 1945 by mm C.

NOTES

REMARKS to A. of E.

1. MBM I indicates will filed at NDHQ
2. 5th V.h. Apl 8 40

EST 7

Quote No.10/Tremblay D/1(Est 6)

CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street

(Trafalgar Square)

London, S.W. 1.

29 Mar 45

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

E-57864 Pte TREMBLAY, Daniel(dec'd)

1. Herewith the following:-

Original C. of A. Report
M.B.M. I Part I
M.B.M. I Part II-2
M.F.M. 14
Officers Record of Service Book
L.P.C.
Amended L.P.C.
C.F.A. 187 Cdn Sec GHQ 2nd Ech AAI
C.F.A. 187
C.F.A. 187

Receipted accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. Nil effects
Personal effects released to you in EST Box 119
Personal effects released to

3. Nil effects stored at #1 C.K.S.D.

4. Nil Will here
Will forwarded to you with EST 10 serial No

5. Remarks
1. MBM I indicates Will filed at N.D.H.Q.
2. Herewith (a) Cert $50.00 V.L. A.P.
(b) Cert $50.00 V.L. A.P.

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

Copy to file

EST 6

Quote No.10/Tremblay D/1(Est 6)..

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,

(Trafalgar Square)

London, S.W.1.

5 Jan 45

C.P.M.(Pay 2)

E 57864 Pte TREMBLAY Daniel (dec'd)

1. Herewith the following:-

(i) MBM 1 Part II
(ii) ~~Distribution of service estates form~~

2. Please uplift the following bank account in addition to the official bank account if any:-

NIL

3. Committee of Adjustment report shows the following:-

Cash to Paymaster	2 Ech AAI	138 lire
	HQ CRU	£0-6-11

C.D.V. NIL

4. Please forward:-

~~Cheques in payment of debts.~~

L.P.C.

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

Copy to file

Personal Effects Certificate.

Army Form W.3190.
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. E. 57864

Rank, Name & Initials PTE. TREMBLAY, D.

Regiment or Corps 11 CDN. INDEP. (MG) COY (RCASC ATT.)

Nature of Casualty K/A.

Date of Casualty 6 SEPT. 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [illegible]

Rank CAPT.

Unit CDN. SEC. GHQ. 2ND ECHELON

Date 26 SEPT. 44

Inventory No.:—

4117.

Registered Post Particulars:—

Special Instructions.

Personal effects of :—

(i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

(GV278) Wt. 49408/1009. 30,000 Bks. 2/43. B. & S. Ltd. 51-6431.

Personal or Army No. E.57864 Rank PTE. Name & Initials D. TREMBLAY Regt. (PRESENT)

Army Form W.3190.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
9 LETTERS.	
1 CIGARETTE LIGHTER	
COINS (6-S - 11 PENCE)	
1- PHOTO ALBUM.	
1- DIARY	
1- FOUNTAIN PEN. (WATERMANS.)	
1 POCKET BOOK W/ PICTURES	
4 BRACELET (SILVER.)	
3- VICTORY LOAN RECEIPTS.	
1 SOUVENIER MEDAL + RIBBON	
1- MEDALLION + CHAIN	
2 CARDS (NAT. REG. + INSURANCE)	
Forwarded to next of kin per G.R. Baker	

	£	s.	d.	Frcs.	Cims.
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

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

E.57864. Pte. Tremblay D. (Deceased).

10/Tremblay D/1 (EST.6.).

In accordance with your letter dated 3rd.January.1945.

enclosed are Last Pay Certificate and Paybooks for the above noted.

(Also M.F.M.14.).

IR/495 27th.March.1945.

D. Fowler
for Chief Treasury Officer.

Personal Effects Certificate.

Army Form W.3190.
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. E. 57864

Rank, Name & Initials PTE. TREMBLAY, D.

Regiment or Corps 11 CDN. INDEP. (MG) COY (RCASC ATTD)

Nature of Casualty K/A.

Date of Casualty 6 SEPT. 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [illegible]

Rank CAPT.

Unit CDN. SEC. GHQ. 2ND ECHELON

Date 26 SEPT. 44

Inventory No. :—

4 117.

Registered Post Particulars :—

Special Instructions.

Personal effects of :—

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(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

(GV278) Wt. 49408/1009. 30,000 Bks. 2/43. B. & S. Ltd. 51-6431.

Personal or Army No. E 57864 Rank Pte. Name & Initials D. TREMBLAY Army Form W Regt. (R

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
9 LETTERS.	
1 CIGARETTE LIGHTER	
COINS (6-S - 11 PENCE)	
1 - PHOTO ALBUM.	
1 - DIARY	
1 - FOUNTAIN PEN. (WATERMANS.)	
1 POCKET BOOK w/ PICTURES	
4 BRACELET (SILVER)	
3 - VICTORY LOAN RECEIPTS.	
1 SOUVENIER MEDAL + RIBBON	
1 - MEDALLION + CHAIN	
2 CARDS (NAT. REG. + INSURANCE)	
Receipt [illegible]	
[illegible]	
[illegible]	
[illegible]	

	£	s.	d.	Frcs.	Ctms.
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Personal No.	Rank	Name & Initials	Unit	Date of Death ~~Date Missing~~
E57864	PTE	TREMBLAY, D.	11 Cdn INDEP MG COY. (RCASC ATT)	6 Sep 44

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

1 October 1944

by order of Colonel Michael S. Dunn OBE ED for the purpose of dealing with the local affairs of the above-mentioned.

PRESIDENT

Major J. SANSON
CANADIAN SECTION GHQ 2nd ECHELON AAI

MEMBERS

Major W.G.D. STANLEY
CANADIAN SECTION GHQ 2nd ECHELON AAI

Captain G.F. CLYNICK
CANADIAN SECTION GHQ 2nd ECHELON AAI

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

1. The effects of the ~~officer~~/other rank referred to overleaf, within the area of operations, consisted, so far as can be ascertained of the following:-

Personal effects of special sentimental or intrinsic value, (See list of appendices below), which have now been forwarded by REGISTERED POST TO:--

Casualty Section
No 1 Cdn Kit Storage Depot
F.P.O., H.Q., C.R.U.
Canadian Army, England.

2. This ~~officer~~/other rank has left no preferential or local debts.

3. Cash found amongst effects, or realized from sale of effects has now been credited to the account of the ~~officer~~/other rank (See appendix 5).

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices.

2. Unit's A.F.W. 3190

3. ~~AFW 3190 covering effects received at Cdn Sec GHQ 2nd Ech (No inventory being enclosed) and forwarded.~~

4. Echelons A.F.W. 3190

5. M.F.M. 503.

6. M.B.M. 1 Pt 1, 11 & 111 forwarded with original and duplicate copies of S.C. of A.

J. Sanson

(J. SANSON), Major
PRESIDENT

W.G.D. Stanley

(W.G.D. STANLEY), Major
MEMBER

G.F. Clyniick

(G.F. CLYNICK), Captain
MEMBER

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

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

REPORT

No. E57846 Rank Pte Name in full TREMBLAY, DANIEL

*Deceased, *~~Missing~~, *~~Prisoner of War~~, *~~Interned~~. Date of Casualty 6 Sep 44

Unit

Medical installation in which death took place (if applicable) N/A

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report Lieut JOSEPH LAURENT CROCHETIERE
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

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

B. WILL

(a)*Original Will or testamentary document was forwarded on ..... (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit " B1. "

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to Q.M. Stores.

(b)*There were no deficiencies.

~~(c)*There were deficiencies amounting to £ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit " C1. "~~

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

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*

†	*Nature of Claim*	*Amount*	*Paid or Unpaid*
- N I L -			

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

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

E. ORDINARY DEBTS

(a) *Name & Address of Creditor*

†	*Nature of Claim*	*Amount*	*Paid or Unpaid*
- N I L -			

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

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

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim †	*Amount*
- N I L -	

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

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

(b) *Private Claims Owing to the Casualty.*

Name & Address of Debtor †	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
- N I L -			

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

G. CASH RECEIVED AND PAID

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

H. SERVICE AND PAY BOOK

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

(*~~not forwarded by reason~~ that .....

L. Crochetiere Capt.
Signature of Committee or President

18 Sept 44
Date

11 C.I.B. Sup Coy (P.L.F.) C.A.O.
Unit

EXHIBIT A 5

1/A5

9 letters

1 Service book (Pte D Gauthier)

1 lighter

Money 6 shellings 11 pence(British currency) (COINS)

Money 138 Lira (Italian currency)

1 Photograph album

1 Diary

1 Fountain pen

1 pocket book with pictures and bracelet (SILVER.)

3 VICTORY LOAN RECEIPTS.

1 SOUVENIR MEDAL & RIBBON

1 MEDALLION & CHAIN

2 CARDS (NAT. REG. & INSURANCE.)

26 Sept 44

L/Cpl Delgrande Capt

J. L. Crochetiere

(J.L. Crochetiere)Lieut

Personal or Army No. E 57864 Rank Pte. Name & Initials D. TREMBLAY Army Form W.3190. Regt. (R.C.A.S.C.)

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
9 LETTERS.	
1 CIGARETTE LIGHTER	
COINS (6-S - 11 PENCE)	
1- PHOTO ALBUM.	
1- DIARY	
1- FOUNTAIN PEN. (WATERMANS.)	
1 POCKET BOOK w/ PICTURES	
& BRACELET (SILVER.)	
3- VICTORY LOAN RECEIPTS.	
1 SOUVENIER MEDAL & RIBBON	
1- MEDALLION + CHAIN	
2 CARDS (NAT. REG. & INSURANCE)	

	£	s.	d.	F.	Cms.
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

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This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Army Form W.3190.
(Books of 50)

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Person[illegible] Army No. E.57864

Ran[illegible] Name & Initials PTE. TREMBLAY, D.

Regiment or Corps Can. Inf. Regt. (Montreal)

Nature of Casualty K/A

Date of Casualty 6 SEPT. 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [illegible]

Rank Capt.

Unit Can. Sec. G.H.Q. 2nd Echelon

Date 26 Sept. 44

Inventory No. :— 4

d 117.

Registered Post Particulars :—

0847

SEP 27 1944

Special Instructions.

Personal effects of :—

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(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

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GV278) Wt. 49408/1009. 30,000 Bks. 2/43. B. & S. Ltd. 51-6431.

CANADIAN MILITARY HEADQUARTERS No. 13443 ~~13343~~

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) TREMBALY, Daniel

NO. E-57864 RANK PTE UNIT 11 CDN INF BDE SUPPORT GROUP (P L F)

HOSPITAL (U.K. only) in which death took place, if applicable

R.U. (U.K. only) to which posted on admission to Hospital

CASUALTY KILLED IN ACTION DATE 6 SEP 44 LIST # A 489 PLACE AAI

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED DATE

(L.S. APPLEFORD) Major
Officer i/c R.5.Wing CAS SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete # 2)

2. NAME (In full)

RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state

Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ BENEFICIARY
(Relationship)

EXECUTOR
(Name (Address)

2. BANK ACCOUNT - NAME OF BANK, etc. A/C.No.

ADDRESS

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN

4. Particulars of DEBTS, Remarks, etc.

Date NOV 6 - 1944

(B.E. WILLAN) Capt.
Officer i/c R.3.Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS.

ORIGINAL - With WILL, if any to O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

Q.G.405-T-11596 R.4(b)

le 24 juin 1947.

Monsieur,

Je vous envoie sous ce pli une photographie de la tombe et du monument commémoratif qui marque la sépulture de votre regretté fils, le soldat Daniel TREMBLAY, matricule E-57864, inhumé dans la fosse 34, rang F, lot 1, du cimetière de l'Empire Britannique Gradara, à Gradara, en Italie.

Toute erreur paraissant dans l'inscription sera corrigée au moment de l'érection de la pierre tombale permanente.

Veuillez agréer, Monsieur, mes respectueuses salutations.

Pour l'adjudant général,

Pièces jointes

(H.M.Jackson)lt-colonel,
directeur des archives.

M. Hector Tremblay,
C. P. 66,
Matane,
P. Qué.

/BP

QUOTE NO. H.Q. 405-T-11596
R. 4 (B).

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T.

20th June, 1947.

Mr. Hector Tremblay,
Post Office Box 66,
Matane, Quebec.

Dear Mr. Tremblay:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E57864 Private Daniel Tremblay, the location of which is grave 34, row F, plot 1, Gradara British Empire Cemetery, Gradara, Italy.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

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

/EMA

NAT. DEF. A-168-A
500M—6-45 (7443)
H.Q. 1772—39—376

File No 405-T-11596

REBURIAL

NO E.57864

RANK Pte.

NAME TREMBLAY, D.

NAME OF CEMETERY Gradara British Empire Cemetery,

LOCATION OF CEMETERY Gradara, Italy.

GRAVE LOCATION Grave 34, row F, plot 1.

AUTHORITY 54-27-88-2 Vol. 18

Reburial list.

23

REBURIAL

TRANSLATION
CV/ER
22-2-46

PG/MEB 4/3/46

W.S.G.

405-T-11596.

D. 19681.

MATANE, February 18, 1946.

Department of National Defence,
OTTAWA, Ont.

P.A.

SIR:

I wrote to you some time ago in connection with the gratuity of my son, E-57864, Daniel TREMBLAY, Canadian Army, who was killed in action in Italy on September 6, 1944, but I have not had any reply from you. Why should we not receive our son's gratuity when all the others in the same case do get it.

I trust you will reply to me this time.

Yours truly,

(Sgd.) Mrs. Hector TREMBLAY,
P.B. 66,
MATANE,
P.Q.

QTO
20/3/46

Award form

Matane, 18 fév. 1946

Ministère de la D. Nationale
Ottawa

Monsieur,

Je vous ai écrit il y a quelque temps à propos de la gratification de service militaire de mon fils Daniel Tremblay E 57864 Armée Canadienne tué en action en Italie le 6 septembre 1944. Je n'ai

pas reçu de réponse
Pourquoi n'aurions-
nous pas la gratification
de notre fils puisque
tous les autres l'obtiennent
J'espère, que cette fois-
ci vous ferez suite
à ma demande.

Bien à vous

Mme Hector Tremblay
Matane P. Q
Bte 66

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME DANIEL TREMBLAY (Christian Names) (Surname) — Register No. D 19681

PAYEE'S NAME MRS ROSILDA TREMBLAY (Christian Names) (Surname) — File No. 405-T-11,596

Date 13-2-46

ADDRESS BOX 66 MATANE, P.QUE. — Service No. E57864

Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 6, 9, 44 — Date of Discharge 6, 9, 44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 737 / 30 = 24 Periods @ $7.50 (17)	180	00
B. QUALIFYING OVERSEAS SERVICE No. of days 399 less 17 Ineligible days, equal 382 Days @ 25c. per day	95	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	275	50
Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ .25 Dependents' Allowance 1/30 $ — $ — TOTAL $ 3.00 × 7 = $ 21.00 No. of Days 399 / 183 × $ 21.00	45	79
D. WAR SERVICE GRATUITY Computed By Monty	321	29
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ — (2) D.A. & A.P. $ — Other Deductions $ Entered By M	—	
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	321	29

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

$ ..... × 30 = $ .....

REMARKS

100M-9-45 (8069)
H.Q. 1764-81-3

Date _____

File No. H. Q. _____

False _____

To C. R.

The above False Jacket has been placed on the Main File.

_____

M. F. B. 448
600 PADS OF 100—4-45—7052
H Q. 1772-39-815—K.P. 32456

Pay to:

Mrs Rosilda Drewtlay

TRANSLATION
RB/MS
6/2/46.

W.S.G.

D.G.A.P
9/2/46

405-T-11596.

Matane, P.Q.,
January 28th, 1946.-

CD.1579

Department of National Defence,
O t t a w a .

Sir:

I would like to receive the War Service Gratuities of my son, E. 57864, Pte. TREMBLAY, Daniel, of the Canadian Army.

Hoping that you will grant my request, I beg to remain,

Yours truly,

(Sgd.) Mrs. Hector Tremblay,

Box 66,
Matane, P.Q.-

FORM NO. 1

Register No. CD 15791 Nominal Roll No. D-579

H.Q. File No. 405-T-11596

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E-57864	PTE	TREMBLAY	DANIEL

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 AUG 42	T.O.S.	T.O.S.
S.O.S. 6 SEP 44 MD 0/5	S.O.S. MD	S.O.S. MD
Total Days 759	Total Days	Total Days

Total Service 759 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	346	8	338
Overseas Service	413	14	399
Totals	759	22	737
Add Non-qualifying Service			22
Total Service			759

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 6 SEP 44 2. Date S.O.S. Overseas

REMARKS: KILLED IN ACTION 6 SEP 44

Computer's Signature

Checker's Signature

Date Computed 3 Feb 46

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL			17 MAR 43		4
AWL	1 JUN 43	4 JUN 43			4
				Total	8

Overseas: T.O.S. 22 JUL 43 T.O.S. T.O.S.

S.O.S. 6 SEP 44 S.O.S. S.O.S.

AWD			30 JUN 44		14
				Total	14

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1579

File No. 405-T-11596

WAR SERVICE GRANTS ACT 1944

Ottawa 2 Feb. 1946

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

Service No. E-57864

Name Daniel, Tremblay,
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) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address 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.	Mrs Rosilda Tremblay	100.0
Names, address 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.	Nil	

G. Budzo
For Chief Treasury Officer,
D.A. & A.P. Branch

_____ 194____

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 purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1579

File No. 405-T-11596

WAR SERVICE GRANTS ACT 1944

Ottawa 2 Feb. 1946

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

Service No. F-57864

Name Daniel, Tremblay,
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) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address 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.	Mrs Rosilda Tremblay	10.00
Names, address 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.		Nil

7/2 1946

G Bedard
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.

Trans

Matane, 28 janv. 46

Ministère de la D. Nationale
Ottawa

Monsieur,

Je voudrais obtenir la gratification de service de guerre de mon fils le soldat 57864 Tremblay Daniel de l'armée Canadienne. Espérant que vous ferez droit à ma demande je demeure votre toute dévouée

Mme Hector Tremblay
Matane P.Q.
Bte 66

PA → 405-T-11,596.

EP

LCA/EP.

RECEIPT FOR DOCUMENTS.

DECEASED PERSONNEL.

DATE...11 Jun 45..... FILE...REC/34 DECSOLD/7/2.....

TO:- RECORDS, NDHQ.

FROM:- RECORDS, CMHQ.

NO.	NAME.	MFM 1 & 2	MFM 4	MFM 6	MFM 14	MFM182	MFB 465	MISC MED DOCS	MISC.DOCS.
									405-T-11,596
E-57864	TREMBLAY, D.	1	1	1			1	X	X
D-57055	TREMBLAY, F.	1					1	X	X MFM 5.
D-77975	TREMBLAY, J.A.	1	1	1		1	1	X	X
D-139749	TREMBLAY, J.A.A.	1	1	1		1	1	X	X
D-132254	TREMBLAY, J.G.	1	1	1		1	1	X	X
E-48632	TREMBLAY, M.A.	1	1	1			1	X	X MFM 3.
E-101059	TREMBLAY, R.	1	1	1		1	1	X	X
E-10432	TREMBLAY, R.	1	1	1		1	1	X	X MFM 5.
C-58037	TREMBLAY, R.P.	1	1	1			1	X	X MFM 5.
F-89468	TREMBLETT, E.	1	1	1		1	1		X
G-27968	TRENHOLM, E.R.	1	1				1	X	X
B-142740	TRENHOLM, J.B.	1	1	1	1		1	X	X
Lieut.	TRENHOLME, W.H.	1	1				1	X	X
B-127753	TREWOLLA, W.H.	1	1		1		1		X
L-104439	TRICKER, E.H.	1	1	1			1		X
A-105228	TRIEBNER, E.C.	1	1	1			1	X	X
H-51889	TRIMBLE, E.	1	1	1			1	X	X MFM 5.
A-37526	TRIMBLE, G.R.	1	1	1	1	1	1	X	X MFM 5.
A-118143	TRIMBLE, W.L.	1	1	1			1	X	X
H-76125	TRIST, F.D.	1	1	1		1	1	X	X MFM 5.
L-19614	TRITHART, N.W.	1	1	1			1	X	X
A-49675	TROJEK, J.P.	1	1				1	X	X MFM 5. MFM 3.
B-84485	TROKE, G.	1	1	1			1	X	X MFM 5.
A-58361	TROMBLEY, R.	1	1	1	1		1		X
M-106003	TROTTER F.R.	1	1	1			1	X	X
D-63770	TROTTIER, J.B.P.	1	1	1		1	1	X	X
D-36308	TROUGHTON, R.J.	1	1	1	1		1	X	X MFM 3. MFM 5. Per.to Mar
H-41482	TROUGHTON, T.B.	1	1	1	1		1	X	X MFM 5.
A-28019	TROUGHTON, T.W.	1	1	1			1	X	X MFM 5.
K-74547	TROWBRIDGE, H.B.	1	1	1	1		1	X	X MFM 5.
C-65030	TRUAX, L.G.	1	1	1	1	1	1	X	X
Lieut.	TRUDEAU, M.A.	1	1				1	X	X
B-134065	TRUDEL, L.G.	1	1	1		1	1		X
A-22432	TRUDELL, E.J.	1	1	1			1	X	X MFM 5.
B-115909	TRUE, B.H.	1	1			1	1	X	X
C-31664	TRUE, W.C.	1	1	1			1		X
A-48528	TRUIN, K.G.	1	1				1	X	X MFM 5.
G-18579	TRUMBLEY, W.P.	1	1	1	1		1	X	X MFM 5.
B-132138	TRUSKOSKI, T.	1	1	1	1		1	X	X
A-67811	TSCHIRHART, S.E.L	1	1	1			1	X	X MFM 5.
B-37171	TUCK, E.T.	1	1	1	1		1		X
K-37268	TUCKER, C.	1	1	1	1	1	1	X	X MFM 5.
B-127725	TUCKER, G.F.	1	1	1			1	X	X
B-44463	TUCKER, G.E.	1	1	1			1	X	X
B-67324	TUCKER, H.G.	1	1	1			1	X	X MFM 5.
K-920	TUCKER, J.A.	1	1	1			1	X	X MFM 3.
K-16453	TUCKER, J.N.	1	1	1		1	1	X	X
Lieut.	TUCKER, M.E.	1	1		1		1	X	X
F-50195	TUCKER, P.A.	1	1	1	1		1	X	X MFM 5. MFM 3.
M-8927	TUFF, D.J.	1	1				1		X
K-49981	TUFFLEY, J.R.	1	1	1			1	X	X
F-76515	TUFTS, R.O.	1	1	1			1	X	X
H-1407	TUGBY, R.G.	1	1	1		1	1	X	X AFW/3314.
Lieut.	TULK, A.R.	1	1		1		1	X	X
Lieut.	TULK, W.E.	1	1				1	X	X MFM 5. MFM 3.
K-50289	TULL, E.S.	1	1	1			1	X	X
H-46360	TURCAK, J.	1	1	1	1	1	1	X	X MFM 5. MFM 3.

QUOTE NO. H.Q. 405-T-11596 D.R.2(D)

CANADA

F.T.

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

1st December, 1945.

Mr. Hector Tremblay,
P.O. 66,
Matane, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, E57864 Private Daniel Tremblay, have been carefully exhumed from the original place of interment and reverently reburied in grave 34, row F, plot 1, of Gradara British Empire Cemetery, Gradara, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

J.D.

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

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

24

H.Q. 405-T-11,596

FALSE DOCKET ARMY No. 63

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

TREMBLAY, D.

E.57864

CROSS REFERENCE

G

Central Registry	Date	P. A. or B. F.	Initials	Referred to	For Remarks	Initials	Date
					(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
					2c PER REQUISITION OCT 10 1944		
NOV 14 1944				Estates	Passed Pls.		21/11-44
	22/11/45	B.F.	G	G	P.64 for signature		22-11-44
	30/11/44	p.a.	G		With Papers NOV 28 1944		
				G	Per B. F. JAN 22 1945		
	1/2/45	P.A.	Q	Q	for Sec.	MT	31/1/45
				PP	With Papers		
	10/4/45	p.a.	G	G.	L. P. C. ENT'D.	G.P.	3-4-45
				G	With Papers MAY 1		
				Q.E.	verify & c.4	G	17/5
				Q-4	p-4	Q.V.	22-5-45
	30-6	BF	SA	SA			15/6
				G	With Papers JUN 22 1945		
				Effects	send effs. to S.A	G	29/6
				G.	Effects Shipped	Eff	4/7/45
				SA.	As per instructions	Eff	4/7/45
	7/9	B.F.	G	G	dist & dc	P	10/7
		PA	QC	Q.C.	Closed	G	13/7
	8/8	p.a.	G	G	WITH PAPERS 30/7		
				G	Per B. F. SEP 7 - 1945		
C.R.	10/9/45	p.a.	G				
SEP 19 1945	19-9-45	P.G.			2c PER REQUISITION SEP 18 1945		

TREMBLAY, D.

405-T-11,596

H.Q. FILE No.

CLOSED

M.F.M. 50
10M—6-44 (4968)
H.Q. 1772-39—1710

DO NOT WRITE BELOW THIS LINE

DIED Sept. 6 1944 CANADA FORM TO UNIT

PRESUMED DEAD 194 OVERSEAS Mediterranean

	Date Received	Date Despatched	
Casualty Report—	14-11-44		
Will: Service: Canada 9-8-43; O/Seas	14-11-44		Beneficiary mother - Mde Hector Tremblay
Will: Civil			
Will: None ✓			Residing: Canada ✓; Elsewhere
Will: Probate (or L of A)			
Particulars of Family Form dated 10-8-42; None			Single ✓ Married; Parents Both; Children (Minors); Life Insurance Societe des Artisans Canadiens
Form P. 64 Dated	28-11	21-11	By mother Single ✓ M; Other N/K Father - 6 brothers - 1 sister
Domicile Que			Debts nil; Will no; Civil Estate nil
		Action Required	Action Taken / Date / App'd
Bank a/c			
W.S.C.			
Bonds			
C. of A. Report	3-4	Approved 6-4	Service Debts nil; Service Will nil
L.P.C. $ 287.31	3-4-45	3-4-45	VERIFIED 30/4
Amended			
Bank Credits			
34.01	1/2/45		Overpayment of Income Tax.
9.27	1/2/45		Do Do Do.
DISTRIBUTION—			To widow - mother
Effects: Canada		3-7-45	Bulk via 1 Pel reg. 2341 119
Effects: Valuables via			
Effects: Overseas			Letter as to, dated 28/6/45

Total Cash $ 330.59

Date of Despatch 12/7/45

To

$ mother - Rosilda Tremblay (formerly) 6/4/45

$ R.G.P. 10/7/45

$ NR 379

$

$

$

$

$ 5th V.L.B. $D. by Bank - 6th V.L.B. cancelled I.P.C.

To mother per letter 7/5/45

330.59

ADVICE RECEIVED
JUN 19 1945
NO WILL
IN THE OFF.

405 - T - 11,596.

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

Original on H.Q. File

405-T-11,596

DATE 12 Nov. 45

C.A.S.F. A.28

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from E/CAS/8667

Time Message Received

Date Message Received 13 SEP 44

Theatre AAI

Regimental No.	Rank	Name	Full Christian Names
E57864	PTE	TREMBLAY	DANIEL

Unit ~~11 CDN INDEP MG COY (PIF) (NDH R.C.A.S.C.)~~ 11 Can Inf Bde Support Group (P.L.F.)

SERIAL 355

CASUALTY PARTICULARS

KILLED IN ACTION 6 SEP 44

"A" 489

Hospital Admitted To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Discharged From ..... Date .....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin HECTOR TREMBLAY Relationship FATHER

P.O. 66, MATANE Pq. QUEBEC, CAN.

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

Home Town Ar Abner

Cable No. 701a

Inland Tel. No.

Az M80

Verification Clerks Signature

4/20A CFA 48 40/P & S/1568 (6847)

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA

Date 24 Juillet 1945

RECEIVED this date Treasury cheque for the sum of

TROIS CENT TRENTE----------59/100 Dollars ($ 330159)

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

TREMBLAY, Daniel, Soldat, (décédé)

No. E 57864, Armée Canadienne

ESTATES BRANCH 30 1945 H. Q. OTTAWA NATIONAL DEFENCE

Nº 12755

Mme Basilda Tremblay

Signature

D/18-7-DC

GG
G

Department of National Defence

Estates Branch

Ottawa, Canada

Date 28 juin, 1945

Received this day from the Director of Estates

UN COLIS PAR MALLE RECOMMANDEE

containing personal effects of my deceased FILS

H.Q.405-T-11,526-ED63

TREMBLAY, Daniel Sdt.(Décédé)
No.E-57864, Armée Canadienne

2M-9-44(M-4299)

ESTATES BRANCH JUL 18 1945 H. Q. OTTAWA NATIONAL DEFENCE

Madame Basilda Tremblay
Signature

Q.G. 405-T-11,596 FD 63

DIVISION DES SUCCESSIONS

12 juillet 1945.

Madame Rosilda Tremblay,
Boite 66,
Matane,
P. Q.

TREMBLAY, Daniel, Soldat, (décédé)
No. E-57864, Armée Canadienne

Chère Madame Tremblay,

Nous sommes maintenant en mesure de disposer du montant apparaissant au crédit de la succession militaire de votre fils.

Le montant à distribuer est de $330.59 et est fait comme suit: -

Remboursement de montants appliqués à l'achat d'une Obligation du Sixième Emprunt	$ 42.00
Argent trouvé parmi les effets personnels	3.10
Remboursement de payements en trop sur l'Impôt sur le Revenu	43.28
Reliquat de solde et d'allocations	242.21
Total	$330.59

Le tout vous sera remis en votre qualité d'unique bénéficiaire au testament de votre fils.

Nous avons demandé au Bureau du Trésor de vous faire parvenir un chèque payable à votre ordre pour la somme de $330.59 et sur réception vous voudrez bien signer et retourner à notre Division la formule ci-incluse.

Votre dévoué,

(L M. Firth) Colonel,
le Directeur des Successions.

OG/TD
Pc.adj.(1)

Q.G.405-T-11,596 FD63

DIVISION DES SUCCESSIONS.

28 juin, 1945.

Madame Rosilda Tremblay,
Boite 66,
MATANE, Québec.

TREMBLAY, Daniel Sdt.(Décédé)
No. E-57864, Armée Canadienne

Chère Madame Tremblay,

D'ici quelques jours nous vous ferons expédier par Malle Recommandée un colis contenant les effets personnels de votre fils reçus récemment d'outre-mer. Ces quelques articles sont malheureusement les seuls que les autorités de l'Unité ont pu recueillir après le décès. Sur réception vous voudrez bien signer et retourner à notre Division la formule ci-incluse.

Nous vous ferons remise au cours des deux prochaines semaines de la somme de $330.59 au crédit de la succession militaire de votre fils.

2341

Votre tout dévoué

Major
Le Directeur des Successions.

OG/YC

(EFFECTS CONTROL FORM)

EFFECTS SECTION

26,353

119 (O/S Case No.)

131 (Section Case No.)

TREMBLAY D. (Name) Pte. (Rank) (Initials) E-57864 (Reg.No.

Date rec'd 7-5-45 From O/S

V – Valuables

M – Missing

D – Destroyed (reasons why destroyed)

Surpluses

R – Retained (reasons why retained)

Diaries,

Letters, 9 2 mother

Etc.

Remarks

Containers received

1 sack

Containers re-packed

Nfld. Reg. 19.

20-6-45 Date checked

By L. Duchesne Jeine Parent (Clerk)

(Inven. 1 Pgs.) d/ 14 Dec. 44 9 letters to 2 cards. Nat. Reg. & Unemp. Clms (Clerk)

" " d/

" " d/

Officer or N.C.O. i/c H. Kennedy Capt

4M-4-45 (M-41)

Q.G.405-T-11,596 FD63

DIVISION DES SUCCESSIONS.

17 mai, 1945.

Monsieur Hector Tremblay,
Boite Postale 66,
MATANE
P.Q.

TREMBLAY, Daniel Sdt. (Décédé)
No. E-57864, Armée Canadienne

Cher Monsieur Tremblay,

En réponse à votre lettre du 7 mai nous sommes heureux de vous dire que nous avons reçu d'outre-mer le Certificat de dernière solde de votre fils et que par conséquent nous serons bientôt en mesure de faire remise à Madame Tremblay du montant au crédit. La somme entre nos mains est de $330.59 mais doit être confirmée par le Bureau du Trésor avant que nous puissions en disposer.

Dès que nous aurons rempli les différentes formalités qui nous sont imposées un chèque sera remis à Madame Tremblay en sa qualité de bénéficiaire au testament de votre fils et nous ne manquerons pas alors de communiquer avec elle.

Nous n'avons pas encore reçu les effets personnels mais nous sommes informés qu'ils sont actuellement en destination du Canada et par suite ils devraient nous parvenir sous peu.

Votre tout dévoué

Major
Le Directeur des Successions.

OG/YC

Matane, 7 mai 1945

Dept. de la défence Matériale
Ottawa

National Defence - Army
Estates

Monsieur,

Nous n'avons eu aucune nouvelle des effets personnels de notre fils mort en service actif il y a huit mois. Nous esperons que vous voudrez bien vous occuper à nous les faire parvenir

Bien à vous
Hector Tremblay
Matane P. Q.
Rte 66

Soldat Tremblay Daniel
E. 57864

ESTATES BRANCH
OTTAWA, April 10th, 5

Mr. R. L. Casselman,
Chief Clerk,
Employees' Instalment Purchase Plan,
Department of Finance,
O T T A W A .

TREMBLAY, Daniel, Pte., (Dec'd.)
No. E-57864, Canadian Army

1. Our records indicate that the m/n purchased a $50.00 Fifth Victory Loan Bond.

2. If your records confirm this, please advise to whom the Bond was delivered and in whose name registered.

(L.M. Firth) Colonel,
Director of Estates.

OC/TD

EST 7

Quote No.10/Tremblay D/1(Est.6)

CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street

(Trafalgar Square)

London, S.W. 1.

29 Mar 45

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

E-57864 Pte TREMBLAY, Daniel(dec'd)

1. Herewith the following:-

Original C. of A. Report
M.B.M. I Part I
M.B.M. I Part II-2
M.F.M. 14 D.R.
~~Office of Records of Service~~
L.P.C.
~~A.P.C.~~
C.F.A. 187 Cdn Sec GHQ 2nd Ech AAI
~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

Receipted accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

ESTATES BRANCH APR 3 1945 H.Q. OTTAWA NATIONAL DEFENCE

2. ~~Nil~~
Personal effects released to you in EST Box 119
~~Personal effects~~

3. Nil effects stored at #1 C.K.S.D.

4. Nil Will here
~~Will forwarded to you with EST Box~~

5. Remarks
1. MBM I indicates Will filed at N.D.H.Q.
2. Herewith (a) Cert $50.00 5 V.L. A.P. To mother per letter D.7/2
(b) Cert $50.00 6 V.L. A.P.- Connected J.P.C.

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

Copy to file

131

Personal No.	Rank	Name & Initials	Unit	Date of Death ~~Date Missing~~
E57864	PTE	TREMBLAY, D.	11 Cdn INDEP MG COY. (RCASC ATT)	6 Sep 44

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

1 October 1944

by order of Colonel Michael S. Dunn OBE ED for the purpose of dealing with the local affairs of the above-mentioned.

PRESIDENT

Major J. SANSON
CANADIAN SECTION GHQ 2nd ECHELON AAI

MEMBERS

Major W.G.D. STANLEY
CANADIAN SECTION GHQ 2nd ECHELON AAI

Captain G.F. CLYNICK
CANADIAN SECTION GHQ 2nd ECHELON AAI

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

1. The effects of the ~~officer~~/other rank referred to overleaf, within the area of operations, consisted, so far as can be ascertained of the following:-

Personal effects of special sentimental or intrinsic value, (See list of appendices below), which have now been forwarded by REGISTERED POST TO:--

Casualty Section
No 1 Cdn Kit Storage Depot
F.P.O., H.Q., C.R.U.
Canadian Army, England.

2. This ~~officer~~/other rank has left no preferential or local debts.

3. Cash found amongst effects, or realized from sale of effects has now been credited to the account of the ~~officer~~/other rank (See appendix 5).

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices.

2. Unit's A.F.W. 3190

3. ~~AFW 3190 covering effects received at Cdn Sec GHQ 2nd Ech (No inventory being enclosed) and forwarded.~~

4. Echelons A.F.W. 3190

5. M.F.M. 503.

6. M.B.M. 1 Pt 1, 11 & 111 forwarded with original and duplicate copies of S.C. of A.

Sanson
(J. SANSON), Major
PRESIDENT

W.G.D. Stanley
(W.G.D. STANLEY), Major
MEMBER

G.F. Clynick
(G.F. CLYNICK), Captain
MEMBER

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

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

REPORT

No. E57846 Rank PTE Name in full TREMBLAY DANIEL

*Deceased, ~~*Missing~~, ~~*Prisoner of War~~, ~~*Interned~~. Date of Casualty 6 SEPT 1944

Unit R.C.A.S.C. ATT to 11 C.I.B. Sup. Gp. (P.L.F.) C.A.O.

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

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

Name of Officer furnishing report LIEUT JOSEPH LAURENT CROCHETIERE
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

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

B. WILL

(a)*Original Will or testamentary document was forwarded on _____ (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit " B1. "

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to Q.M. Stores.

(b)*There were no deficiencies.

(c)~~*There were deficiencies amounting to £ _____ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit " C1. "~~

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

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† Nil			

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

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

E. ORDINARY DEBTS

(a) *Name & Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† Nil			

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

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

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† Nil	

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

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

(b) *Private Claims Owing to the Casualty.*

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

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

G. CASH RECEIVED AND PAID

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

H. SERVICE AND PAY BOOK

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

(*~~not forwarded by reason that~~ .....

L. Crochetiere Lieut
Signature of Committee or President

18 Sept 1944
Date

11 C.I.B. Sup. Gp. (P.L.F.) C.A.O.
Unit

1/A5

EXHIBIT A 5

9 letters

1 Service book (Pte D Gauthier)

1 lighter

Money 6 shellings 11 pence(British currency) (COINS)

Money 138 Lira (Italian currency) Turned in to Pmr

1 Photograph album

1 Diary

1 Fountain pen

1 pocket book with pictures and bracelet (SILVER.)

3 VICTORY LOAN RECEIPTS.

1 SOUVENIR MEDAL & RIBBON

1 MEDALLION & CHAIN

2 CARDS (NAT. REG. & INSURANCE.)

26 Sept 44

L. Crochetiere

(J.L. Crochetiere)Lieut

Capt

X1

Personal Effects Certificate.

Army Form W.3190.
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. E.57864

Rank, Name & Initials Pte. TREMBLAY, D.

Regiment or Corps 11 Cdn. Indep. (Mg) Coy (Cease Fire)

Nature of Casualty K/A.

Date of Casualty 6 Sept. 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [illegible]

Rank Capt.

Unit Cdn. Sec. GHQ. 2nd Echelon

Date 26 Sept. 44

Inventory No. :— 4

4117.

Registered Post Particulars :—

0847

SEP 27 1944

Special Instructions.

Personal effects of :—

(i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

(GV278) Wt. 49408/1009. 30,000 Bks. 2/43. B. & S. Ltd. 51-6431.

Personal or Army No. E.57864 Rank PTE. Name & Initials D. TREMBLAY Regt. (KC ASC MT)

Army Form W.3190.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
9 LETTERS.	
1 CIGARETTE LIGHTER	
COINS (6-S - 11 PENCE.)	
1- PHOTO ALBUM.	
1- DIARY	
1- FOUNTAIN PEN. (WATERMANS.)	
1 POCKET BOOK W/ PICTURES	
4 BRACELET (SILVER.)	
3- VICTORY LOAN RECEIPTS.	
1 SOUVENIER MEDAL & RIBBON	
1- MEDALLION + CHAIN	
2 CARDS (NAT. REG. + INSURANCE)	

	£	s.	d.	Frcs.	Ctms.
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

5

CANADIAN ARMY OVERSEAS

FINANCIAL RECEIPT

RECEIPT No. ..... 28 Sep 44 19

RECEIVED FROM Effects Section GHQ 2nd EchelonAAI

THE SUM OF One hundred and thirty eight lire (138)

..... being

Cash found amongst the effects of:

E 57864 Pte Tremblay, D

R. C.A.S.C. Att 11 Ind MG Coy

A. J. Cunningham

Command Paymaster or Field Cashier Capt

28 Sep 44 ..... 19 ..... Field ..... Place

M.F.M. 503
PSSN/518/2-44/100×100

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E-57864

Surname (in capitals) TREMBLAY

Christian Names (in full) DANIEL

Date of Birth 2-NOV-1922

Place of Birth Matane P.Q. Canada

Citizenship Canadian

Trade on Enlistment Labourer

Raymond Frère Cie Ltée
Matane P.Q. Canada

Nationality of Father at Birth FRENCH CANADIAN

Nationality of Mother at Birth FRENCH CANADIAN

Religion Roman Catholic

Enlisted at Quebec city P.Q. Canada

Date 10-8-42

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. NIL

Signature of Soldier Daniel Tremblay.

Signature of Officer [illegible]

Place Aldershot N.S. Date 22-5-43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	NOW LIVING — Latest known Address in full
1st	Wife			
	Children	X		
2nd	Father	HECTOR TREMBLAY	22-5-43	Matane P. Q. Canada
	Mother	MRS-ROSILDA TREMBLAY	22-5-43	" " "
3rd	*Brothers and Sisters	ARMEL TREMBLAY	22-5-43	" " "
		GABRIEL TREMBLAY	22-5-43	" " "
		GUY TREMBLAY	22-5-43	" " "
		BERNARD TREMBLAY	22-5-43	" " "
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
10-8-42	Sgt		#196 12-8-42	[illegible]

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Basic at C.A(B)T.C. #55

Qualified in addition as under:—

Date.....

Commanding.....

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
QUALIFIED 19 Jan 44 COOK "C" 79 %		
"B & B" WING R.C.A.S.C.		
S.O. #17	DATE 21-Jan-44	
CLASS 47 REFR N/A T/T N/A		
H McNamara Lt		
Passed Basic		
TOET training	13/4/43	H Leach Capt.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	Q2	Rifle		
1943	2nd Class	Sten	CASC-RV	H Leach

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Trade IV	Halifax	11-2-30	[illegible]

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Cook.	"C"	auth. T.T.B.K.C.R.H. eff. 19-Jan-44.	DO 417	21-Jan-44.	[illegible]

11

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
10-8-42	Date	Pte.	[illegible]

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
12-6-43	A	Med Reboard	6-43	[illegible]

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
16/6/43	✓		4.F.	L. Munnelly
23-1-44	✓		3 F	H. L. Windrim
6/3/44	✓		6 F	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1	17-3-42	
2	10-10-42	
3	7-2-43	
Typhus 1 c.c.	4-11-43.	
Typhus 1 c.c	25-1-44	
Typhus 1 c.c.	31.1.44	
TABT ½ cc	13-2-44.	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
17-5-42	
2.2.44	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
Finger Printed	Apr 43	
O CARD COMPLETE		
M TEST & REV. COMPLETE	28/1/44.	
PART III ISSUED	21-1-44	
[illegible]	1-2-44	
awarded 1/R service Chevron	10 Aug 43	
~~[illegible] 10 Aug 43 entered~~		
~~[illegible]~~		
Awarded CUSM + clasp	13 Feb 44	

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on pages 4 and 5 of this Book, but the Soldier must understand that the entries made there have no legal effect in respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Record Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Soldier's Will should **preferably** be made out on the Will Form,—M.F.M. 10 (English) or M.F.M. 10a (French)—provided for that purpose and on which are also printed a number of helpful instructions. These forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper **may** be used but in such case the general form of the Will as shown in the Form M.F.M. 10 or 10a should be carefully followed. The Soldier will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Soldier will also sign their respective names. If the Soldier cannot write, he will make his mark in the place

in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Soldier when he appeared to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Soldier's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 23 and 24 of this Book) **may** be used by a Soldier on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore a Soldier having a Canadian domicile and owning real estate should use the Will Form M.F.M.10 or 10a and appoint therein a responsible executor. A Soldier having a domicile out of Canada should not use the Short Form on page 24 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom a Soldier intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations **are** made by the Soldier in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada, except one, and of most English speaking countries provide that

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. ..... received and forwarded to the Officer i/c Records at .....

Signature of Officer.

Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

.....

Date.....

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1677

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. E 57864

Surname (Capitals) TREMBLAY

Christian Names in full DANIEL

11 FEB 1944

PERIOD

From.....19.....To.....19.....

VERIFIED

DATE 8-2-45 BY

(4)

MILITIA BOOK M. 1

PART II
40/P & S/279 (3866)

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Regt'l Number E 57864

Surname (Capitals) TREMBLAY

Christian Names in full DANIEL

d o

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

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

ABROAD : To the
Chief Paymaster,
Canadian Army Overseas

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

SOLDIER'S PAY BOOK—INSTRUCTIONS

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

2. The soldier will give a receipt on an acquittance roll for all cash advances. The officer making the payment will sign the corresponding entry in this book on the page for cash payments.

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

4. If this pay book is lost, the soldier will report the loss immediately to his Paymaster who will issue a new pay book in accordance with the provisions of CMHQ Pay Instruction 138 (4).

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

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

7. **This pay book must be in possession of the soldier when reporting on sick parade, on admission to hospital and on all other occasions when leaving unit.**

PARTICULARS OF SOLDIER

Regimental Number C 57864

Name in full (Surname first) Tremblay Daniel

Date of Attestation 10 Aug 42

State whether married, widower or single Single

If married after enlistment, state date of marriage

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

Mrs. Rosilda Tremblay (mother)
Matane Co Matane Quebec
Canada

PARTICULARS OF ASSIGNED PAY, ETC

Assignment of pay:	Effective date:
(a) $ 10.00	Sep 42
(b) $ 8.40	~~Nov 42~~
(c) $ 8.40	May to Oct 44
(d) $	

Name, address and relationship of assignee

(a) Mrs Rosilda Tremblay (m)
Matane Co Matane Quebec Can.

(b) 6 & V.L. Rec Gnr of Can

(c)

(d)

Dependents allowance, payable to: (state relationship)

N/A

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Signature of Paymaster
1 Aug 43	Incr. Rate (1.50)	10/43	PREVIOUS BOO
19 Aug 43	T.P. "C" Cook.	10/43	PREVIOUS BOO

DAILY RATE OF PAY

Rate of Pay in Issue		Date Effective	Signature of Paymaster
$	c		
1	75	19 Aug 43	PREVIOUS BOOK

Soldier's Signature [illegible]

Book opens on 17 Feb 44 Balance Cr or Dr $ as below

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay
1944	Bals Br't Forward	115 89			
Feb	Pay	50 75			18 40
5 Feb	AR 24		4 —	17 88	
14 Feb	AR 24		16	11	
5 Mar	AR 27		600 L	6 71	
Mar	Pay	54 25			18 40
15	AR 29		600 L	6 71	
30	AR 30		600 L	6 71	
Apr	Pay	52 50			18 40
12 Apr	AR 4		600 L	6 71	
10 May	AR 4		400 L	4 47	
May	Pay	57 25			18 40
	Totals	[illegible]		[illegible]	[illegible]

Balances only will be carried forward

Paymaster's Signature P Dawland

Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
58 00		57 89	P Dawland
6 00		84 24	P Dawland
		66 36	[illegible]
		66 25	[illegible]
		59 59	[illegible]
6 00		89 39	[illegible]
		82 68	[illegible]
		75 97	[illegible]
6 —		104 07	[illegible]
		97 36	[illegible]
		92 84	[illegible]
6 —		102 14	[illegible]
[illegible]			

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	Balance: Debit	Balance: Credit	Signature of Paymaster or Officer Making Award
	Bals Br't Forward	1047 17				8 00		1117 74	[illegible]
9 Jly	[illegible]		400 L	447				1182 7	[illegible]
3 Jly	[illegible]		800 L	894				1093 3	[illegible]
Jly	Pay	52 50			18 40	6 00		1374 3	[illegible]
26 Jly	[illegible]		400 L	447				1327 6	[illegible]
"	[illegible]		400 L	447				1183 7	[illegible]
30 Jly	[illegible]		600 L	671				1708	[illegible]
July	Pay	54 25			18 40	6 00		1062 7	[illegible]
3. Jly	[illegible]			24 50		6 00		884 3	[illegible]
Aug	Pay	54 25			18 40	6 00		1188 8	[illegible]
15 Aug	[illegible]		600 L	671				1115 7	[illegible]
Sep 44	P. A	52 50			18 40	6 00		1397	Adjusted after Treasury Audit
6-4/4 Stop	5 x 840				42 00	48 00		1367	
26.9-44	CE 34.	1 55						1382	Adjusted after Treasury Audit
	Totals					145 00			

Balances only will be carried forward

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	As-signed Pay
	Bals Br't Forward				
	C.Eff. S.O.R. 32457	1 55			
	Dy. Pay Ins.	2 54			
	Adj. of Rd. 29				
	Totals				

Balances only will be carried forward

Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
145 00		138 22	Adjusted after Treasury Audit
		139 44	
		142 31	Adjusted after Treasury Audit
4 00		146 31	Adjusted after Treasury Audit
			BW. 21 3 45
141 00			

Date	Particulars	Credits		Cash Payments and Other Charges				As-signed Pay	
				Local Cur-rency		Canad'n Cur-rency			
	Bals Br't Forward								
	Totals								

Balances only will be carried forward

Deferred Pay		BALANCE				Signature of Paymaster or Officer Making Award
		Debit		Credit		

Date	Particulars	Credits		Cash Payments and Other Charges				As-signed Pay	
				Local Cur-rency		Canad'n Cur-rency			
	Bals Br't Forward								
	Totals								

Balances only will be carried forward

Deferred Pay		BALANCE				Signature of Paymaster or Officer Making Award
		Debit		Credit		

If you do not wish to draw all pay due,
PLACE THE AMOUNT DESIRED
opposite date of pay day.

Feb 15	£4	Aug 15	
Feb 29	600 £	Aug 31	
Mar 15	600 £	Sep 15	
Mar 31	600 £	Sep 30	
Apr 15	600 £	Oct 15	
Apr 30	400 £	Oct 31	
May 15	400 £	Nov 15	
May 31	800 £	Nov 30	
Jun 15	400 £	Dec 15	
Jun 30	4400 £	Dec 31	
Jul 15	000 £ Base	Jan 15	
Jul 31		Jan 31	£ 2-0-0

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PERIOD

From.....19..... To.....19.....

MILITIA BOOK M. 1

PART II

250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Reg. No. E-57864

Surname (Capitals) TREMBLAY

Christian Names in full DANIEL

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

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

ABROAD: To the
Chief Paymaster,
Canadian Army Overseas.

IN THE FIELD: To the
Paymaster,
Canadian Troops.

SOLDIER'S PAY BOOK—INSTRUCTIONS

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 Chief Paymaster.

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

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

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

PARTICULARS OF SOLDIER

Regimental Number E-57864

Name in full (surname first) Tremblay Daniel

Date of Attestation 10-8-42

State whether married, widower or single Single

If married after enlistment, state date of marriage:

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

Mrs Rosilda Tremblay - Mère
Matane Co Matane P.Q.
Canada.

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:		Effective date:
(a)	$ 10.00	1-9-42
(b)	$ 8.40	now to apr 44
(c)	$	
(d)	$	

Name, address and relationship of assignee:

(a) His mother
Same address.

(b) 5 Vict. Avenue

(c)

(d)

Dependents allowance, payable to: (state relationship)

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Date	Signature of Paymaster
10-8-42	T.O.S.	-195-	17-8-42	[illegible] capt
1-8-43	Incr Pay	10	20-8-43	[illegible] capt.
19-8-43	Incr Pay Cdn C.	10	20-8-43	[illegible] capt

DAILY RATE OF PAY

Rate of Pay in Issue		Date Effective	Signature of Paymaster
[illegible]	c.		
0.75			
1	30	10-8-42	[illegible] capt
1	50	1-8-43	[illegible] capt
1	75	19-8-43	[illegible] capt

Soldier's Signature: D. Trembley

Book opens on 1st August Balance Cr. or Dr. $16.02

Date	Particulars	Credits		Cash Payments and Other Charges: Local Currency		Cash Payments and Other Charges: Canad'n Currency		Assigned Pay	
1942									
1st August	Bals. Br't Forward	16	02						
4 "	AR 82			3-1/0		15	65		
5 "	Aug Pay	40	30					10	00
15 "	AR 83			2-0/0		8	94		
20	Due Hy 20/10/43	6	20						
20	T. Hy 6 20/10/43	3	25						
31	AR 85			2/10/0		11	18		
Sept 2	Sept Pay	52	50					10	00
	Totals	118	28			35	77	20	00

Balances only will be carried forward.

Paymaster's Signature: Campau Capt

Deferred Pay and/or Restricted Pay		BALANCE: Debit		BALANCE: Credit		Signature of Paymaster or Officer Making Award
				16	02	Campau Capt
					38	Campau Capt
10	00			20	68	Campau Capt
				11	74	Campau Capt
				17	94	Campau Capt.
				21	19	Campau Capt
				10	01	Campau Capt
15	00			37	51	Campau Capt
25	00			37	51	

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
Sept. 15	Bals. Br't Forward	62 51							Campany
" "	A.R. 90		2/10/6	11 29		25 00		27 51	Campany
" 30	A.R. 93		2/0/0	8 94				26 22	Campany
Oct.	Pay	54 25			10 00			19 28	Campany
14.10.43	A.R. 57		2/11/-	9 16		15 00		46 53	R. Saunders
								37 37	R. Saunders
29 Oct	AR 72		2-0-0	8 94				28 43	P. Dunlaud
	Mar. Pay	52 50			10 00	15		55 93	P. Dunlaud
	Nov Adj.				8 40	9 00		56 53	P. Dunlaud
4 Nov.	AR 73		2.10.0	11 18				45 35	P. Dunlaud
	Totals	169 26		49 51	28 40	46 00			

Balances only will be carried forward

Date 1943.	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
1 Nov.	Bals. Br't Forward	91 35				46 00		45 35	
17 Nov	ak 80		9/10/6	2 35				43 00	P Dawland
30 Nov	ak 67		1/0/0	4 47				38 53	E Ray
19	Allotment	54 25			18 40	6 00		68 38	E Ray
15 Dec 13	ak 73		4-	17 88				50 50	H Clem
30 Dec 15	ak 96		2-	8 94				41 56	P Dawland
1944	Jan Pay	54 25			18 40	6 00		71 41	P Dawland
14 Jan 14	ak 82		1- -6	4 58				66 83	E Ray
28 Jan	ak 115		2-	8 94				57 89	P Dawland
	Totals	144 85		47 10	36 80	59 -			

Balances only will be carried forward

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
1914 Jan	Bals. Br't Forward					56 -		57 89	
	~~Less Pay~~	~~50 75~~			~~18 40~~	~~6 -~~		~~54 24~~	~~P Pinchard~~
	Totals								

Balances only will be carried forward

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
	Bals. Br't Forward				
	Totals				

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	

If you do not wish to draw all pay due, **place the amount desired** opposite date of pay day.

FEB. 15		AUG. 15	2-0-0
FEB. 28		AUG. 31	2 10/0
MAR. 15		SEP. 15	2 10/0
MAR. 31		SEP. 30	2 0/0
APR. 15		OCT. 15	2 0/0
APR. 30		OCT. 31	2 10/0
MAY 15		NOV. 15	2-10-0
MAY 31		NOV. 30	1-0-0
JUNE 15		DEC. 15	4-1-0
JUNE 30		DEC. 31	2-0-0
JULY 15		JAN. 15	1-0-0
JULY 31	3-10-0	JAN. 31	2-0-0

If you do not wish to d
amount desired opposite

FEB. 15.....

FEB. 28.....

MAR. 15.....

MAR. 31.....

APR. 15.....

APR. 30.....

MAY 15.....

MAY 31.....

JUNE 15.....

JUNE 30.....

JULY 15.....

JULY 31...3=10=0.....

3/45 FM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. E57864 Rank and Name TREMBLAY, D. Pte.

of (Unit)..... on.....

(Transfer or Discharge)..... to..... on 6th. September. 19 44.

Reason Death Authority: C.C.L."A" 489 d/15. Sept. 44.

The following is a statement of the account of the above-named from 1st. September. to 30th. September. 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	239	17
First Monthly Payment			Regimental Pay 30 days at $1.50	45	00
Casual Payments			Tradesmen's Pay 30 days at $ .25¢	7	50
Payments on Transfer or Discharge			Additional Pay (Give Particulars) days at $		
Assigned Pay	10	00	Allowances (give particulars) days at $		
Regimental Charges					
Public Stoppages (give particulars):					
			Cash Effects SOCR 21282	1	55
			Cash Effects SOCR 32459	1	55
			Def. Pay Interest	2	54
To Balance Cr Free	146	31			
To Balance Cr Deferred	141	00	By Balance Dr		
	287	31			
Total	297	31	Total	297	31

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

Remarks

Assnd Pay $10.00 (M) Stopped eff October.1944.

Assnd Pay $8.40 (6th.V.L.) Cancelled eff May.1944.

Compiled by W. Blackburn.

Checked by I. M. Crayston

Date 27th. March. 19 45.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MW.

CFA 187
40/P & S[illegible]0 (4066).

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME E-57864 Pte Tremblay D. Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon AAI
F-79028 Gnr Baltzwr FR.

CHECKED BY B-~~XXXXX~~ 81759 Sgt Graves J.G. DATE 14 Dec 44

9	Letters.		
I	Cigarette Lighter.		
	Coins (6-s-II pence) to C P M.		
I	Photo Album.		
I	Diary.		
I	Fountain Pen "Watermans".		
I	Pocket Book with Pictures & Silver Bracelet.		
3	Receipts 5th & 6th V Loan$50 each to O i/c Estates.		
I	Souvenier Medal&Ribbon.		
I	Medallion & Chain.		
2	Cards Nat Reg & Unemployment Ins.		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE — with effects.

J.G. Graves Sgt
for OC 1 Cdn KSD

CFA 187
4C/P & S[illegible]0 (4066).

CANADIAN MILITARY HEADQUARTERS

137

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME E-57864 Pte Tremblay D, Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon AAI

CHECKED BY F-79028 Gnr Baltzer FR.
B-~~XXXXX~~ 81759 Sgt Graves J G DATE I4 Dec 44

9	Letters.		
I	Cigarette Lighter.		
	Coins (6-s-II pence) to C P M.		
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I	Souvenier Medal&Ribbon.		
I	Medallion & Chain.		
2	Cards Nat Reg & Unemployment Ins.		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE — with effects.

J G Graves Sgt
for OC 1 Cdn KSD

Ref. Fifth V.L.

Ottawa, May 7, 1945.

Director of Estates,
Estates Branch,
Department of National Defence (Army)
Ottawa, Ont.

Re: E-57864, Pte. Daniel Tremblay.
(Deceased)

With reference to your enquiry of the 10th ultimo, file No.405-T-11,596 FD 63, relative to the disposition of a Fifth Victory Loan bond purchased by the above-noted, we wish to advise that a $50.00 bond No.17H-1385442 was registered in the name of Mrs. Rosilda Tremblay, and mailed to Mrs. Rosilda Tremblay, Matane, Que., on June 13th, 1944.

R.L. Casselman,
Chief Clerk,
Employees Instalment Purchase Plan

CP/AMP

SIXTH VICTORY LOAN BONDS

Certified that E 57914 Pte Trembly D
(Regimental No.) (Rank) (Name)

has subscribed for $ 50 SIXTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for $.....has been received.

(b) By monthly assignments of pay $ 50

Bonds to be delivered to: Mrs R. Trembly Mahon Co Mahon P.Q

Date: 4-44

NOTE: This stub to be torn off and handed to subscriber.

Maj Adjt Capt
(Unit Representative)

P.S.S. « A » - M.119 - 250.000 - 4 44

Q.G.

DIVISION DES SUCCESSIONS

29 novembre 1944.

Madame Hector Tremblay,
P.O. 66,
Matane,
P. Q.

TREMBLAY, Daniel, Soldat (décédé)
No. E.57864, Armée Canadienne

Chère Madame Tremblay,

Nous accusons réception de notre formule P.64 et vous remercions des renseignements fournis.

Nous détenons dans notre dossier un testament en date du 9 août 1943 par lequel votre fils vous a légué tous ses biens. Ce document est cependant sujet à révocation par tout testament subséquent que le défunt aurait pu faire outre-mer.

Vu les conditions actuelles en Europe, ce n'est pas avant quelques mois que nous pourrons obtenir d'outre-mer les effets personnels, ainsi que les détails définitifs et les documents concernant la succession militaire, tels que certificat de dernière solde, testament fait outre-mer, etc. Soyez assurée cependant que sur réception nous communiquerons immédiatement avec vous.

Votre dévoué,

Major,
le Directeur des Successions.

OG/TD

Director of Estates

Regimental No. E 57864 ..... Rank ... Private .....

..... TREMBLAY ..... Daniel .....
Surname Christian Names

Unit ..... 11th Infantry Brigade Support Group .....

Date of Death. 6 Sep. 44 ..... Place of Death. Overseas (Mediterranean

Next-of-Kin ... Mr. Hector Tremblay ..... Relationship .. Father ....

Address ..... P.O. 66, Matane, Que. .....

.....

.....

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

Will ..... Invalid will d/9 Aug 43 herewith .....

Date ..... 13 Nov 44 .....

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

JEC/MB

COPY

M.F.M. 5
300M—1-43 (7930)
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*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank TREMBLAY DANIEL
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank E 57864 Private

(3) Unit Fus. St Laurent

(4) Are you married? NON (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? NON

(8) Have you any children? NON 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

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment? NON

If so, state her full name and postal address

[SEE OTHER SIDE]

(11) Is your father alive? Oui If so state name and address, occupation Hector Tremblay (Cultivateur) Matane, Que.

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

(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

Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support? Nous sommes sept enfants dont je suis l'aine et par consequent j'aide mon pere a faire vivre la famille

(14) Is your mother alive? OUI If so, state name and address Mme Hector Tremblay Matane, Que.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NON
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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? OUI If so, in what company? Societe des Artisans Canadiens Français (Give number of policy)

Have you made arrangements for payment of your Insurance Premium? OUI
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.

Date Le 10 a out 1942 (Sgd) Daniel Tremblay
(Signature of officer or man)

(Sgd) F. . . ? Capt.

Date 10-8-42 Officer Commanding District Depot M.D.#5

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.)

REGT'L NO. E 57864 RANK Pte

NAME Tremblay, Daniel

ORIGINAL UNIT

OVERSEAS 21-7-43 S.L. 2940 Volta de Fer

PRESENT UNIT X.4 Lab. R.C.A.S.C.

LOCATION "M" force, Overseas

RESEARCHED BY J.H. DATE 22-5-44

P.A. on Pers. file Ch.

Over.

Last mention W.O. 42 d 10-3-44.
embarked and is S.O.S. Coln. Army (U.K.)
on 17-2-44 & is T.O.S. Coln. Army (C.M.F.)
18-2-44. Disembarked & T.O.S. R.C.A.S.C.
X4 List. (7 Bn) 3-3-44.

No further mention to W.O. 46 d 14-3-44.

May 31st, 1944.

Officer Commanding,
X-4 List R.C.A.S.C.,
C.M.F., Overseas.

Re: E.57864, Pte. Daniel TREMBLAY.

In connection with the M.F.M. 10 (Will) submitted by the marginally named soldier, I wish to advise that on examination this document proved to be totally invalid by reason of the addresses of the witnesses not being given.

This soldier should be so advised and given an opportunity to create a new Will and have same forwarded to Officer i/c Records, Canadian Military Headquarters, Government Building, Bromyard Avenue, Acton, London W.3, England, through usual channels.

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

HMG/MMD

405-T-11596
(D.R. 2(d))

le 18 juillet 1945.

Monsieur,

Des renseignements maintenant reçus des autorités militaires d'outre-mer indiquent que votre fils, le soldat Daniel TREMBLAY, matricule E-57864, a reçu une sépulture ecclésiastique et a été inhumé dans la tombe 1, rangée C, dans un cimetière temporaire situé près de San Giovanni, à environ dis milles au sud-est de Rimini, en Italie. (Carte marquée ci-jointe).

La tombe a dû être marquée temporairement d'une croix de bois, pour fins d'identification, et en temps opportun, les restes seront respectueusement exhumés et transportés dans un cimetière militaire reconnu lorsque la concentration des sépultures aura lieu dans cette région. Lorsqu'aura lieu cette translation des restes, nous vous ferons connaître le nouvel endroit d'inhumation, mais pour des raisons évidentes, il est probable que nous recevrons ce renseignement que dans un an environ.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

Pièce jointe

M. Hector Tremblay,
Case postale 66,
Matane, Qué.

/LL

22

QUOTE NO. H.Q. 405-T-11,596 D.R. 2(D)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

F.T. Please

OTTAWA, CANADA.

18th July, 1945.

Mr. Hector Tremblay,
P.O. 66, Matane, Que.

Dear Sir:

Information has now been received from the overseas military authorities that your son, E57864 Private Daniel Tremblay, was buried with religious rites in grave 1, row C, or a temporary Cemetery located near San Giovanni, approximately ten miles South-East of Rimini, Italy. Marked map is enclosed.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

/EFH

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E 57864 RANK Private SERVICE UNIT 11th Infantry Brigade Support Group (C.A.)

NAME TREMBLAY, Daniel

DATE OF BIRTH DAY 2nd MONTH November YEAR 1922 Date enlisted: 10-8-42

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Hector Tremblay,

ADDRESS P.O. 66, Matane, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 701A H.Q. 405-T-11,596

CASUALTY DETAILS Killed in action. DATE 6-9-44

COPY OF ORIGINAL

MEDITERRANEAN

F.T. Please.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? JMD YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 16-1-45

J W Cattle Lieut

S/L 2940
O/S with V. de Quebec

OFFICER I/C RECORDS

Gd. 5

COPY FOR C.R. FILE

19

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To Director of Records, Dept. of National Defence, Ottawa, Ontario.

From Head Office. C.P.C.

OTTAWA, January 12th, 1945.

E-57864 Pte. TREMBLAY, Daniel. P.&.N.H. 1819-D

40 S J 11, S 96

According to information furnished by the Dependents' Allowance Board, the marginally noted soldier is reported to have died on September 6th, 1944.

Will you please arrange to submit an official casualty notification at your earliest convenience.

E. Clewes,
for
Canadian Pension Commission.

18

KILLED IN ACTION (CONTINUED)
****

CENTRAL ONTARIO REGIMENT

21. STAATS, JAMES MONTAGUE, PTE., B135233, MRS. L. ELIZABETH STAATS (MOTHER), 58 PORTAGE RD., STAMFORD, ONT.

QUEBEC REGIMENT

22. GREENOUGH, ROY PATRICK, PTE., D71510, MRS. FRANCIS GREENOUGH (MOTHER), 408 GORDON AVE., VERDUN, QUE.

23. MCDONOUGH, LEONARD DONALD, PTE., D175572, MRS. MARY MCDONOUGH (MOTHER), 3605 ST. CATHERINE ST. E., MONTREAL, QUE.

REGIMENT DE QUEBEC

24. TREMBLAY, DANIEL, PTE., E57864, HECTOR TREMBLAY (FATHER), P.O. 66, MATANE, QUE.

NOVA SCOTIA AND P.E.I. REGIMENT

25. DEAL, ROBERT DANIEL, PTE., F3485, MRS. JENNIE DEAL (MOTHER), R.R. #1, BEDFORD, N.S.

26. MCPHEE, MOSHER COLIN, SGT., F50331, MRS. NELLIE A. MCPHEE (MOTHER), WILSON PLACE, YOUNG ST., TRURO, N.S.

NEW BRUNSWICK REGIMENT

27. CARTER, ARTHUR GREGORY, PTE., G63364, MRS. EVELYN CARTER (MOTHER), KOUCHIBOUGNAC, N.B.

28. FOSTER, CECIL BURPEE, PTE., G32562, MRS. MAY A. FOSTER (WIFE), 165 SANBORN ST., NEW GLASGOW, N.S.

29. ROBERTS, WILLARD RUSSEL, PTE., G4510, MRS. LILLIAN ROBERTS (WIFE), 137 LUTZ ST., MONCTON, N.B.

MANITOBA REGIMENT

30. MOORE, HOWARD DAVID, PTE., H102421, MRS. SADIE MOORE (MOTHER), 27 PILGRIM AVE., ST. VITAL, MAN.

31. PALMER, JOHN HENRY, PTE., H8830, MRS. ZOE M. PALMER (WIFE), BUCHAN, MAN.

32. SOLTOWSKI, THEODORE, PTE., H21130, MRS. MARY SOLTOWSKI (MOTHER), 45 SCHULTZ ST., WINNIPEG, MAN.

BRITISH COLUMBIA REGIMENT

33. MCKENZIE, ANGUS MARTIN, PTE., K47659, MRS. MARION MCKENZIE (MOTHER), 3760 QUEBEC ST., VANCOUVER, B.C.

34. SWANSON, HARRY WALTER, SGT., K47756, CARL JOHN SWANSON (FATHER), 514 S. 6TH AVE., KENORA, ONT.

35. WILLIAMS, KEITH REGINALD, PTE., K47884, HUBERT JOHN WILLIAMS (FATHER), DEWDNEY TRUNK RD., PORT HANEY, B.C.

36. WILSON, FREDERICK JOHN, PTE., K47312, WREN WILLIAN WILSON W3358 (WIFE), H.M.C.S. CONESTOGA, GALT, ONT.

17

FORM 6122

CLASS OF SERVICE	SYMBOL
Full-Rate Message	
Day Letter	D L
Night Message	N M
Night Letter	N L

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

TELEGRAPH CANADIAN NATIONAL AND CABLE

W. M. ARMSTRONG, GENERAL MANAGER, TORONTO, ONT.

(00)

Exclusive Connection with WESTERN UNION CABLES
Cable Service to all the World
Money Transferred by Telegraph

STANDARD TIME

1944 SEP 15 PM 8 02

MOA502 8 GB COLLECT XCQ=MATANE QUE 15 708P

ARMY CASUALTY SECTION=

:8 TEMP BLDG OTTAWA ONT= 1067

MESSAGE 3559 E57864 PRIVATE DANIEL TREMBLAY DELIVERED=

AGENT CNT.

No Folder

405-T-11.596

1944 SEP 15 21:46

BRANCH

16

Director of Estates

Regimental No. E 57864 Rank Private

TREMBLAY Daniel
Surname Christian Names

Unit 11th Infantry Brigade Support Group

Date of Death 6 Sep 44 Place of Death Overseas (Mediterranean)

Next-of-Kin Mr. Hector Tremblay Relationship Father

Address P.O. 66, Matane, Que.

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

Will Invalid will d/9 Aug 43 herewith

Date 13 Nov 44

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

JEC/MB

15

le 26 octobre 1944.

Madame,

Pour faire suite à votre demande du 5 octobre nous vous envoyons sous ce pli un certificat officiel de décès relativement à votre regretté fils, le soldat Daniel TREMBLAY, matricule E-57864.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant-général,

(C.L. Laurin) colonel,
directeur des archives.

PIECE JOINTE

Mme Hector Tremblay,
Bureau de poste, 66,
Matane, Qué.

/JS

14

le 26 octobre 1944.

CERTIFICAT DE DECES

LES PRESENTES CERTIFIENT que d'après les renseignements reçus au ministère de la Défense nationale des autorités d'outre-mer, le soldat Daniel TREMBLAY, matricule E-57864, Les Voltigeurs de Québec, Armée canadienne, est mort au combat le 6 septembre 1944.

Pour l'adjudant-général,

(C.L. Laurin) colonel,
directeur des archives.

Officier autorisé à signer les certificats de décès et/ou présumés décédés de l'Armée canadienne.

Ministère de la Défense nationale,
Ottawa, Ontario, Canada,
le 26 octobre 1944.

CANADA

IN REPLY PLEASE QUOTE

No. 405-T-11596
(Records G)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Ottawa, October 25th, 1944.

F.T. For Translation Please

Mrs. Hector Tremblay,
P.O. 66,
Matane, P.Q.

No. E.57864, Private Daniel TREMBLAY

Dear Madam:

As requested in your letter of October 5th, enclosed herewith is an official death certificate in respect of your late son, the marginally named Canadian soldier.

Yours truly,

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

12

N.D. 23
3 Mil.—11-43 (2979)
H.Q. 1772-101-23

QUOTE No. 405-T-11596
(Records G)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T. - FOR TRANSLATION PLEASE

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. E.57864, Private Daniel TREMBLAY, of Les Voltigeurs de Quebec, Canadian Army, was killed in action on the 6th of September, 1944.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
October 25th, 1944.

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

C 12/10/44.

PRECIS
L.P.
10/10/44

RECORDS

11,596

October 5, 1944.

1

RE: NO. E-57864 Daniel TREMBLAY.

In this letter to the Department of National Defence, Mrs. Hector Tremblay, Matane, P.Q. BOX 66, hereby applies for the death Certificate of her son, the m/n soldier who died in Italy, on Sept. 6th/ 1944.

Mr. Daniel Tremblay is the son of Mr. Hector Tremblay and of Rosilde Potvin.

19

Matane, 5 oct. 1944

Ministère de la Def. Nationale
Ottawa.

Monsieur,

Pour retirer les assurances de mon fils je viens vous demander de m'envoyer son acte de décès.
E 57864 Daniel Tremblay
fils d'Hector Tremblay
et de Rosilda Patrin
mort en Italie le 6 sept 1944.

Bien à vous
Mme Hector Tremblay
Matane P.Q.
Rte 66

9

Ministère de la Défense Nationale
Service de l'Armée
Ottawa

405-T-11596
(Records'C)

Mr. Hector Tremblay,
P.O. 66,
Matane, Quebec.

OTTAWA:
OCTOBER 5th.,

4

RE: E-57864 Private Daniel TREMBLAY

Dear Mr. Tremblay:

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

Yours truly

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

EL/

BJD

8

File Copy

Quote No. HQ 405-T-11,596(Records-)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

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

18th September 1944.

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

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

Regimental No. E57864 Rank Private

Surname TREMBLAY

Christian Names Daniel

Nature of Casualty Killed in action

Date of Casualty 6-9-44

Address at time of enlistment Matane, Quebec.

Date of enlistment: 10-8-42

Date of Birth 2-11-22

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Labourer

Name and address of Next-of-Kin Mr. Hector Tremblay,
P.O. 66, Matane, Quebec.

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

GR/LF

240

5

E 578164 — TREMBLAY — DANIEL

REGTL NO (OTHER RANKS) RANK (OFFICERS) — SURNAME — CHRISTIAN NAMES

NEXT-OF-KIN HECTOR TREMBLAY

(AUTH. N.F.M. 1 or 2) or PART II ORDERS

RELATIONSHIP FATHER

ADDRESS P.O. 66 MATANE, P.Q.

AUTHORITY S.L. 683 17-7-43

AMOUNT OF D.A.	AMOUNT OF A.P.	TOTAL
	10.00	10.00

ALTERNATIVE INFORMATION

MRS ROSALDA TREMBLAY ?

NAME OF ASSIGNEE — RELATIONSHIP

MATANE, MATANE CO., P.Q.

ADDRESS

DAB 7-10-42

AUTHORITY FOR ABOVE INFORMATION

EXPLANATION:

M

FORM NO.-CAS. 2

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 701 A PAGE 1 DATE 13-9-44

REG'T'L NUMBER ES 7864 RANK Pte

NAME TREMBLAY (SURNAME) DANIEL (CHRISTIAN NAMES)

SERVICE UNIT 355 11 Inf Bde. Rp. 91

NATURE OF CASUALTY Killed in action DATE 6 Sept

DATE OF BIRTH

2 DAY November MONTH 1922 YEAR Quebec

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

ADDRESS NIK HECTOR TREMBLAY, (FATHER)
P.O. 66 MATANE,
P.Q.
S.L. 683 17-7-43

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

RELIGION RC TRADE OR CALLING Laborer LANGUAGES French & English

MARITAL STATUS ON ENLISTMENT Single PRESENT MARITAL STATUS Single

SOLDIERS ADDRESS ON ENLISTMENT Matane, PQ. Quebec, P.Q. 18-August-42

CABLE CHECK gp N. OF K. CHECK (3) Phd. (slip att.) TELEGRAM CHECK S/L 2940 U. de Quebec

1 CRAIN PRINTERS LIMITED a.m. COPY FOR RESEARCH SECTION a.s.

WSW

COPY OF CABLES FROM CANRECORDS — RECEIVED 2229/13/SEPT/44

CAS/701A LONDON 131600/SEPT/44 — BATTLE CASUALTIES A A I

B.111647	SIGMN	MCNEIL P	26	KILLED IN ACTION 3 SEPTEMBER
D.175572	PTE	MCDONOUGH L D	33	" " " 4 "
B.135593	PTE	JOHNSON G E	33	" " " 4 "
G.32562	PTE	FOSTER C B	33	" " " 4 "
B.135233	PTE	STAATS J M	33	" " " 4 "
B.75093	PTE	DERRICK S M	32	" " " 5 "
B.63775	SGT	HARKER	32	" " " 5 "
E.57864	PTE	TREMBLAY D	355	" " " 6 "
F.44794	PTE	STEWART G L	1562	WOUNDED SLIGHT DNK
F.55030	PTE	HANDLEY G E	43	WOUNDED DNK SERIOUS 11 SEPTEMBER SUFFERING SW HE PENETRATING LEFT SIDE OF ABDOMEN LEFT WRIST LEFT ELBOW
G.60697	PTE	TREMBLAY A	48	WOUNDED DNK DANGEROUS 11 SEPTEMBER SUFFERING BE AP BOMB MULT ABDOMEN AND LIMBS
E.5565	L/CPL	SOUCY A J L	41	WOUNDED AND REMAINED ON DUTY 1 SEPT
K.42109	PTE	JOHNSTON W A	228	" " " " " 3 SEPT
M.31813	L/CPL	WILLIAMS W	228	" " " " " 4 SEPT
K.49637	CPL	THRESHER J A	228	" " " " " 4 SEPT
K.47005	PTE	SMITH G E	228	" " " " " 4 SEPT
K.67865	L/CPL	MCLEOD K G	228	" " " " " 4 SEPT
M.36446	PTE	LETENDRE D M	228	" " " " " 4 SEPT
K.65814	PTE	JACK L A	228	" " " " " " 4 SEPT
C.20523	PTE	CHARTER R A	228	" " " " " 4 SEPT
B.92252	PTE	CRONKITE L E	228	" " " " " 4 SEPT
B.145896	TPR	COOK K A	1101	WOUNDED 6 SEPTEMBER SECOND WOUND
B.74189	PTE	COLLINS G B	32	WOUNDED SLIGHT 7 SEPT SECOND WOUND

(cont'd page 2)

H.Q. 405-T-11,596 D-69681 E.57864

M.F.B. 387
50M-7-44 (5961)
H.Q. 1772-39-440
K.P. 12702

M.F.B. 387
35M-12-43 (5914)
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

DVA

TREMBLAY, DANIEL

E.57864
A.F.

Central Registry	Date	P. A. or B. F.	Initials	Referred to	For Remarks	Initials	Date
		(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")					
				C	WITH PAPERS SEP 14 1944		
					For signature & return to Cas. Sec. please.		2/10/44
				Cas Sec.	Returned		3-10-44
				Q 3	Passed, please.		2/10/44
				Cas	Please return		16/10/44
OCT 18 1944				Gloves.	Passed + return to Q3 please		16/10/44
				F.T.	For trans. pls.		25/10/44
				G	with Translation		26/10/44
				Q.3	Returned		27/10/44
DEC 6 - 1944	4-12-44	P.A.		Ga	Passed Pls.		13-11-44
JAN 1 2 1945	18/1/45	P.A.	P.R.	2(b)	WITH PAPERS JAN 15 1945		
				2d	PER REQUISITION - JUL 11 1945		
				LCR(A)	For trans. pls.		18/7/45
JUL 20 1945	19/7/45	fa		3(D)	With translation		18/7/45
NOV 20 1945	12-11-45	P.A.	J.R.	7a	PER REQUISITION NOV 15 1945		
				2d	PER REQUISITION NOV 27 1945		
				LCR(A)	For trans pls		1/12/45
DEC 4 - 1945	3/12/45	fa.		DR 2D	with Translation		3/12/45
					PER REQUISITION FEB 1 1946		
				DR.	With Papers		FEB 2 1946
				D.A. & A.P.	WITH PAPERS		FEB 5 - 1946
27 FEB 1946	25/2/46	P.A.		W.S.C.	FEB 8 1946		
				4B	PER REQUISITION JUN 17 1947		
				1A	For trans. pls.		19/6/47
JUN 26 1947	25/6/47	fa		4B	with trans		24/6/47
	30/3/51	fa		3d	PER REQUISITION MAR 28 1951		

CASUALTY SECTION

FILE ACTION

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY	D
1. Cable Abstract Attached	AM	14 9.44				
2. Telegram Despatched to N/K	RGf	15.9.44				
3. Delivery of N/K Telegram Confirmed						
4. Confidential Notice (Miss, POW, Fatals)						
5. Dependents Allowance Board Notified						
6. D.P. & N.H. Notified (Blindness, Amps, Fatals)						
7. D. Nat. War Services Notified (POW. only)						
8. Red Cross Notified (POW. only)						
9. SAAG Notified (POW. only)						
10. Income Tax & Dept. of Labour Notified						
11. Chaplain Services Notified (P. or R.C.)						
12. Released to Press						
13. A. G's Letter to Next of Kin (Fatals)						
14. File Passed to "Q3" (Fatals)						
15. "Q3" Action Taken						
16. Filed Passed to "G"						
17. Minister's Condolence Card Despatched						
18. File Passed to Honours & Awards						
19. Memorial Cross Action Taken	DW	2.12.44				
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

TREMBLAY DANIEL

REGIMENTAL DOCUMENTS

WILL REQUIRED Q3

405-T-11,596.

E 57864

WILL REQUIRED Q3

NAME

REGIMENT

UNIT OF ENLISTMENT 5 D.D.

WSC COMPLETED

2576

RANK PTE.

	CONTENTS	NON-EFFECTIVE BY
	COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.2 & 2A	DEATH
	SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B. 103)	DATE 6 Sep. 44
	PARTICULARS OF FAMILY (M.F.M.5)	CAUSE
	FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)	AUTHORITY
	CERTIFICATE OF SERVICE (M.F.M.8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF	
	FORM OF WILL (M.F.M.10 OR M.F.M.10A)	
	DENTAL RECORD (M.F.B. 465)	DISCHARGE
	MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P. & N.H. 100)	DATE
	MEDICAL BOARD PROCEEDINGS (M.F.B. 227)	REASON
	TRANSFER CLOTHING STATEMENT (M.F.C. 644)	AUTHORITY
	LAST PAY CERTIFICATE (M.F.D.930A)	
	PROCEEDINGS ON DISCHARGE (M.F.M. 23)	
	PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)	DESERTION
	DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)	DATE
	PAY SHEETS	AUTHORITY
	CARDS	
	SUNDRY	

C.A.A.

DECEASED.

DECEASED.

PROCESSED

RETURN TO WAR SERVICE RECORDS DEPT. OF VETERANS AFFAIRS

THESE DOCUMENTS

M

MICROFILMED
FILM REF. MUR-8157-2

PET

X

M. F. W. 2589
200M-1-42 (3009)
H.Q. 1772-39-1377

RANK Pte. NAME TREMBLAY Daniel *Married *Widower *Single

Place of *Appointment *Enlistment Quebec P.Q. Date of *Appointment *Enlistment 10-8-42

E-52864 RATE OF PAY Cook "B"

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
195-1	7-8-42	Pte.		A.S.	1.30		PEIAW
10	20-8-43	do	P.A.	A.S.	1.50	1-8-43	
10	20-8-43	do	Cr	A.S.	1.75	1-8-43.	Cook.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs. Rosilda TREMBLAY		10.00
Matane Co Matane	1-9-42	~~XXXXX~~
P.Q. (mother) 5 Vie Lom. Rec		8.00
Rec-Dm 5 VL	12-2-43	50.00
	to APR 44	
	Total	

DEPENDENTS' ALLCES.

No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

*Outfit *Clothing Allce. $ Paid on

Rehabilitation Grant $ Paid on

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $ P.A.

Occupational Form Completed

Part II D.O. No.	Date	
195-	17-8-42	TOS.D.D.5.eff.10-8-42 enlsiting with les Fusilliers du St-Laurent A/F.
204-	27-8-42	SOS DD 5 eff 27-8-42 on tr. to CABTC 55 Rimouski
176-	31-8-42	TOS CABTC 55, for all purposes W.E.F. 28-8-42
224-	27-10-42	SOS CABTC 55, on tr.to Fus.St-Laurent,Mulgrave,N.S. WEF.27-10-42
182--	29-10-42	T.O.S. FUS. DU ST-LAURENT all purp. wef,28-10-42
38d/	14th	Feb./43 SOS F.S.L. on transfer to Recce Regt. Sussex, N.B. w.e.f. 14th Feb./43.
39-	17-2-43	TOS. les Voltigeurs de Quebec wlel 15-2-43.
48-	1-3-43	7 days F/A from 1 to 7-3-43 inc.
62	17-3-43	orfeits 4 days Pay for AWL. from 2359 Hrs. 8-3-43 to 1330 Hrs. 12-3-43
119-	31-5-43	4 days L/A from 28-5-43 to 31-5-43 inc.
127-	16-6-43	wal. from 0600 hrs. 1 June 43
132-	7-6-43	reported from wal on 2200 hrs. 4 June 43
132-	7-6-43	To forfeit 4 days pay for wal.
165-	10-7-43	Trade tested & qualified Cook Group C.
165	7-7-43	W.E.F. 13 July 1943
1-	8-8-43	L.A.B. Group [illegible] 23-7-43

CONTINUATION CARD M.F.M. 14

Regimental No. ..... Name .....

Part II D.O.		PARTICULARS OF CASUALTY
No.	Date	
10	20-8-42.	Qualified Cook to unit Cooks [illegible]
25	13-9-43	Attached for quarters & rations to No 6 CRU – 13/9/43
37	1-10-42	S.O.S. to No. 6 C.I.R.U. eff 1-10-42
209	2.10.43	T.O.S. 6 C.I.R.U. to Volt Det Q wef 2.10.43
219	14.10.43	Trans fr C.I.C. to R.C.A.S.C. 14.10.43
227	23-10-43	Reported fr. P.E.A.W. to Reinf "A" W 21-10-43
227	23-10-43	S.O.S. to C.I.R.U. to 1 C.A.S.C. R.U. (Cook Qual) 21-10-43
257	23.10.43	T.O.S. 1 Canadian fr 6 C.I.R.U. wef 20.10.43.
17	21-1-44	Qual Cook C – 79% wef 19 Jan 44.
A40	17 Feb 44	S.O.S. 1 Canadian to Reinforcements (8 Hy 2-14) wef 17 Feb 44 (Cook "C")
27	29.6.44	Awarded CVSM + Clasp wef 10 Feb 44.

M.F.M.—14A
40/P&S/67(3129)

Part II D.O.		PARTICULARS OF CASUALTIES
No.	Date	
CR1210 4	Mar.44	Disembarked C.A.MED wef 4 3 Mar.44.
CR1210 4	Mar.44	TOS X4 L.st RCASC 7 Bn 2 C.B.R.D wef 4 Mar.
S-211	21-4-44	SOS to 11 Cdn Inf Bde Ap & Sp (5 Div) wef 21-4-44
19	5 May 44	TOS 11 CIB Ap & Sp (PLF) from X-4 list RCASC (7 Bn) 22 Apr 44
28	13 Jul 44	For 14 days pay under AA 40 wef 30 Jun 44
35	17 Aug 44	S.O.S. to 11 Cdn Inf Bde M.G. Coy (P.L.F) wef 12 Aug 44
1	3 Aug 44	T.O.S. 11 Cdn Inf Bde M.G. Coy (P.L.F) wef 13 Aug 44
CR 114	7 Sep 44.	S.O.S. 11 CIB M.G. Coy (PLF) wef 6 Sep 44 Killed in action.

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

1 ~~2~~

NAME TREMBLAY DANIEL RANK Pte AGE 19 REG. No. E-57864

UNIT FUSILLERS DU ST-LAURENT A/F. DATE ~~[illegible]~~ Aug 17 19 42

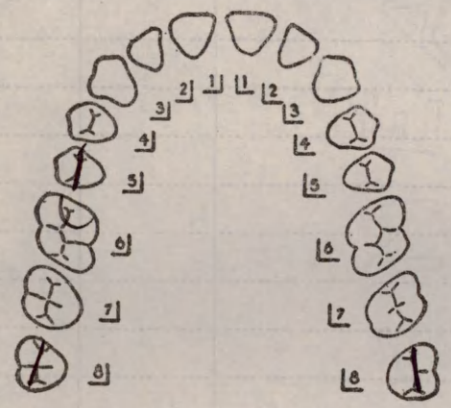
Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~ / Fair / ~~Neglected~~

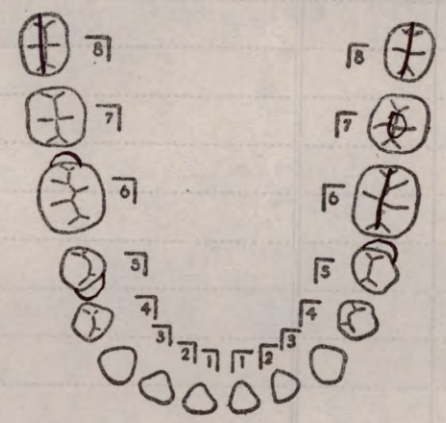
PROPHYLAXIS required { Yes / No

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

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

GI Gold, PI Porcelain } Inlay

GC Gold, PC Porcelain, RC Richmond, JC Jacket } Crown

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, CU Complete upper, CL Complete lower, DA Adjustment } Denture

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

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

M.F.B. 465
10M pads of 100-10-40 (7437-8)
H.Q. 1772-39-950

P. Reinickaps
Signature and unit of examining officer
25 Co CDC

MEMORANDUM

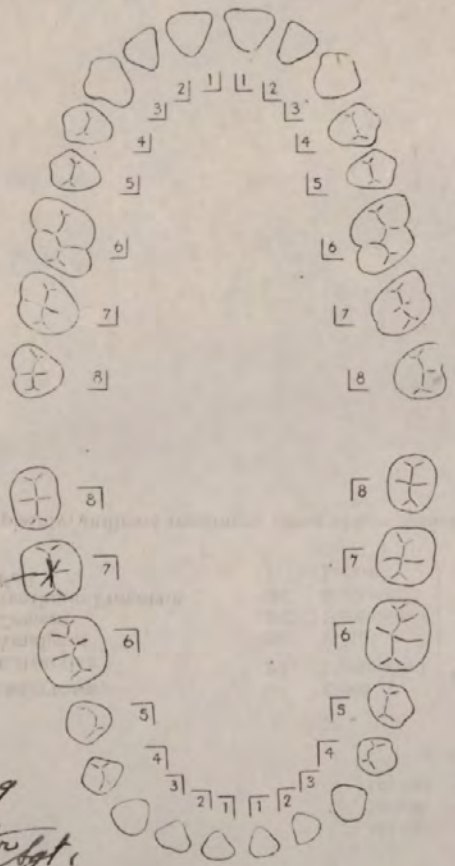
M.F.B. 465B
200M—10-39 (2534)
H.Q. 1772-39.

CANADIAN DENTAL CORPS # 15 C.B.D.C. Date 25-Jan 44

Reg. No. E 57864 Rank Pte. Name Tremblay D. Unit #1 C.A.S.C.R.U

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

25-Jan-44 7/-X



M412 5-9
J.A. Thornton Capt.

To Fredericks Capt

Signature of Operator

Mesial	— M	Labial	— La
Distal	— D	Buccal	— B
Incisal	— I	Linual	— Li

Occusal — O

ABBREVIATIONS:—

- X Extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

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

TREATMENT

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

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

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

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS - Duplicate -

Chart existing dental conditions. **1**

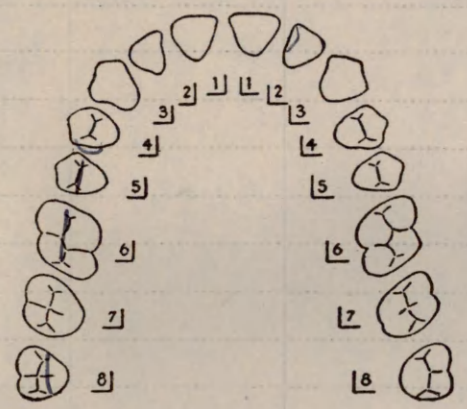
Detail only necessary treatment. **2**

NAME TREMBLAY DANIEL RANK PTE. AGE 19 REG. No. E-57864

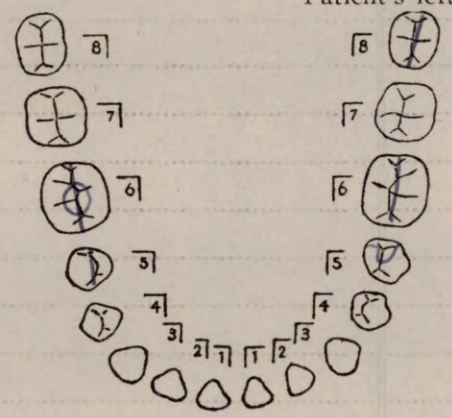
UNIT C.A.B.T.C. DATE 14-9-42. 19

Use black, blue or blue black ink. Write plainly and abbreviate as indicated below.

Patient's right



Patient's left



ORAL HYGIENE { ~~Good~~ / Fair / ~~Neglected~~ }

PROPHYLAXIS required { ~~Yes~~ / No }

Strike out inapplicable words.

MUCOSA

(Describe any pathological condition briefly)

Abbreviations:—

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

Inlay: GI Gold, PI Porcelain

Crown: GC Gold, PC Porcelain, RC Richmond, JC Jacket

Treatment: RC Root Canal, V's Vincent's, Pe Periodontia, Misc. Miscellaneous, Ra X-Ray

Br Bridge

Denture: PD Partial, CU Complete Upper, CL Complete lower, A Adjustment

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Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.

M.F.B. 465
8M pads of 100-5-42 (4681)
H.Q. 1772-39-950

Signature and unit of examining officer
25 Coy. C.D.C.

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

~~1~~ **2**

NAME TREMBLAY DANIEL RANK Pte AGE 19 REG. No. E-57864

UNIT FUSILLERS DU ST-LAURENT A/F. DATE ~~[illegible]~~ aug 17th 19 42

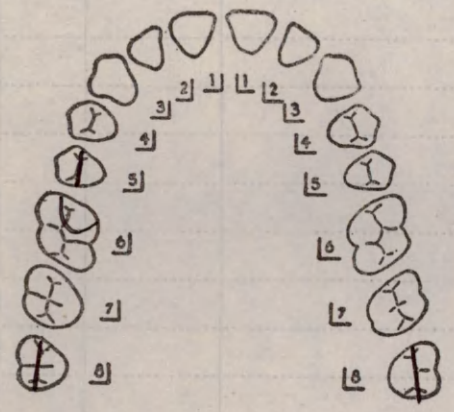
Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~ / Fair / ~~Neglected~~

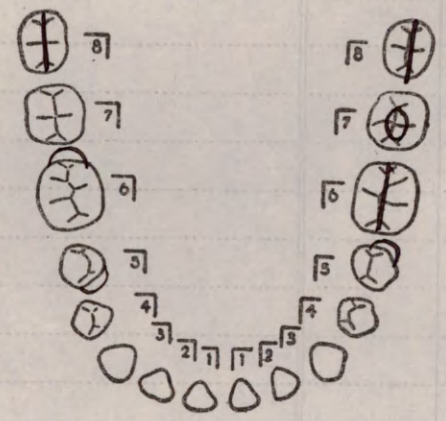
PROPHYLAXIS required { Yes / ~~No~~

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



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V's Vincent's
Pu Pulpitis
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Describe with sketch
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① For first examination after enlistment. ② Subsequent examination and treatment.

M.F.B. 465
10M pads of 100-10-40 (7437-8)
H.Q. 1772-39-950

P/Patrick Capt
Signature and unit of examining officer
25 Co CDC

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) TREMBLAY DENIS (b) N° matricule E-57864
2. (a) Arme Infantrie (b) Unité Voltigeurs de Québec (c) Rang Rifleman
3. (a) Date de naissance 2 Nov. 1922 (b) Avez-vous des personnes à votre charge? Non (c) Domicile au moment de l'enrôlement Matane, Qué.
4. (a) Lieu d'enrôlement Québec, (b) Date d'enrôlement 10 Aug 1942

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Non
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) Ecole publique 4 ans.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu Non
8. (a) Êtes-vous déjà entré en apprentissage? Oui (b) Si oui, dans quel métier? Cuisinier (c) Avez-vous complété votre apprentissage? Oui (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 1 an
9. (a) Quelles langues parlez-vous couramment? Français (b) Quelles langues lisez-vous facilement? Français.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) En Emploi (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Non

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron M. Victor Tremblay Adresse Matane, Qué.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Journalier
20. (a) Genre précis de votre occupation Journalier (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron l'été seulement
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Non (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? Non (c) Désirez-vous retourner à votre ancien emploi? Non

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Non (b) Vous croyez-vous apte à exploiter une ferme? Oui (c) Si oui, dans quel genre de culture? Général
25. (a) Êtes-vous né sur une ferme? Non (b) Nombre d'années d'expérience effective dans la culture? 2 ans (c) Dans quelles provinces avez-vous acquis votre expérience? Québec.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Non
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) Nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Demeurer dans l'armée permanente du Canada à Québec.

DATE 16 Juillet 1943 SIGNATURE D. Tremblay

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. E-57864 Rank Pte Surname Tremblay Christian Name Daniel

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
P.L.F. 11 Inf. Bde. Supp. T.									Killed 6-9-44		A-489

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)