

TRIMM CLARENCE ALVIN

D140390

NAME

REGIMENTAL No.

PTE.

#4 DIST. DEPOT.

RANK

UNIT OF ENLISTMENT

WSG  
COMPLETED

WILL REQUIRED  
03

405-T-14115

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

REGIMENTAL DOCUMENTS

NON-EFFECTIVE BY

NON-EFFECTIVE BY

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

DISCHARGE

DISCHARGE

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

DATE

DATE

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

REASON

REASON

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

AUTHORITY

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

DISCHARGE

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

DATE

DATE

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

REASON

REASON

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

AUTHORITY

AUTHORITY

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

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

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

DESERTION

DECEASED. DEATH

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

DATE

DATE

PAY SHEETS

AUTHORITY

CAUSE

CARDS

DESERTION

AUTHORITY

SUNDRY

DATE

DATE

AUTHORITY

AUTHORITY

MICROFILMED  
FILM REF 8173-3

299  
L + W REGT

RETURN TO WAR SERVICE RECORDS  
DEPT. OF VETERANS AFFAIRS

PROCESSED

C.A.A.

M

WILL REQUIRED  
03

ORIGINAL  
DUPLICATE  
TRIPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2  
A.F.B. 271  
750M-5-42 (4398)  
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit INF(R) CA.

Regimental Number

WSG  
COMPLETED

140390

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

MAY 1 1 1943

01  
PTE

FINGERPRINTED  
PHOTOGRAPHED

- Surname: TRIMM
- Christian Names: CLARENCE ALVIN
- Present address: 736 Greene Ave., Montreal, Que., Canada.
- Date of birth: 18 January 1924
- Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
- Citizenship: Canada (Of What Country are You Now a Citizen)
- Religion (state denomination): United Church of Canada
- Trade or Calling: Laborer
- Married, Widower or Single: Single
- Name of next of kin: Mr. James Trimm
- Relationship: Father
- Address of next of kin: 736 Greene Ave., Montreal, Que., Canada.
- Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NO  
(If Yes, Give Unit and Dates of Service)
- Have you served in (a) an Active Formation or Unit of The Canadian Army? NO  
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? NO  
(Yes or No) (If Yes, specify Unit and Period of Service)
- Did you serve during the Great War 1914-1918? NO  
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

Clarence Alvin TRIMM

I, Clarence Alvin TRIMM, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date: 10 MAY 1943

*Clarence Trimm*  
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

Clarence Alvin TRIMM

I, Clarence Alvin TRIMM, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness:

(Name)

(Rank)

*Clarence Trimm*  
(Signature of Recruit)

(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at MONTREAL SOUTH this 10th day of MAY 1943

NO. 4-DISTRICT DEPOT A.F.

*Clarence Trimm*  
*Special Recruiting Officer*

(Signature of Magistrate, Justice or Attesting Officer.

Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

M.B.M. 1 ISSUED

5505

Record of Service of **TRIMM** (Surname) **CLARENCE ALVIN** (Christian Names) Regimental Number **D-140390**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military **111121** **NIL** High School } **NIL** Graduation } **NIL**  
 Business or Professional **NIL** or } (years completed) } Matriculation } (specify)  
 Trade or Civil **LABORER** \*College **NIL**  
 Technical **NIL** \*University **NIL - 7th GRADE PUB SCHOOL**  
 Languages **ENGLISH** \*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment <b>10-5-43 DRO TOS NO. 4 DISTRICT DEPOT CA.</b>	<b>PTE</b>	<b>10-5-43</b>	<b>4 DD</b>	<b>MTL STH</b>	<b>4 DD PT II 111</b>	<b>10-5-43</b>
<b>SOS ON TRANSFER TO CABTC 41 Huntingdon</b>	"	<b>28-5-43</b>	"	"	" " " 127	<b>28-5-43</b>
<b>SOS ON TRANSFER FROM 4DD</b>	<b>PTE</b>	<b>29 MAY 43</b>	<b>TC 41 HTINGDON,</b>		<b>TC 11 - 127 A</b>	<b>29 MAY 43</b>
<b>10-8-43 TC 41 SOS to A-12, Farnham, Que.</b>	"	<b>11 Aug 43</b>	"	"	<b>TC41 " 190-A</b>	<b>11 Aug 43</b>
<b>T.O.S. ON TEMP ATT FROM C.A.(B).T.C. No. 41 HUNTINGDON, QUE.</b>	"	<b>12-8-43</b>	<b>A-12</b>	<b>Farnham</b>	<b>A-188</b>	<b>12-8-43</b>
Granted daily rates of pay of \$1.40	<b>2</b>	<b>10-9-43</b>	"	"	<b>A-223</b>	<b>20-9-43</b>
Spec leave from 7-10-43 to 12-10-43 incl with 50¢ per diem ration allowance. T.W. A-473337	"	<b>7-10-43</b>	"	"	<b>A2-46</b>	<b>19-10-43</b>
<b>S.O.S. to No.1, Training Brigade, Debert, N.S.</b>	"	<b>3-11-43</b>	"	"	<b>A-260</b>	<b>4-11-43</b>
<b>T. O. S. TRG. BDE. GP.</b>	"	<b>4Nov43</b>	<b>Trg BdeGp</b>	<b>Debert</b>	<b>6</b>	<b>9 Nov 43</b>
<b>INCR \$1.50 PER DIEM</b>	<b>Pte.</b>	<b>10-11-43</b>	"	"	<b># 14</b>	<b>21-11-43</b>
<b>SOS TO SERIAL 599</b>	"	<b>14.12.48</b>	"	"	<b>36 14.12.</b>	<b>3</b>

For additional entries use M.F.M. 1 and 2 (a)

**CERTIFICATE OF MEDICAL EXAMINATION**

Date of Medical Examination

Name in full TRIMM, CLARENCE ALVIN Place MONTREAL 3 May 1943.

**Part 1. Information obtained from the recruit.**

1. Age 19 2. Have you ever suffered from any of the following diseases?
- |  |   |
|--|---|
| a. Rheumatism <u>no</u>                | k. Ear disease <u>no</u>  |
| b. Tuberculosis or pleurisy <u>no</u>  | l. Eye disease <u>no</u>  |
| c. Bronchitis or asthma <u>no</u>      | m. Fits <u>no</u>   |
| d. Heart disease <u>no</u>             | n. Nervous or mental disease <u>no</u>  |
| e. Kidney or bladder disease <u>no</u> | o. Syphilis <u>no</u>   |
| f. Stomach or bowel trouble <u>no</u>  | p. Gonorrhoea <u>no</u>   |
| g. Rupture <u>no</u>                   | q. Have you ever worn glasses? <u>no</u>  |
| h. Varicose veins <u>no</u>            | r. Are you now or have you in the past received disability pension or compensation? If so, give details <u>no</u> |
| i. Foot trouble <u>no</u>              |   |
| j. Nasal trouble <u>no</u>             |   |

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

*Clarence Trimm*  
Signature of Applicant

**Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.**

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars 1 vac. left arm. scar on fore-head.
2. Height 5 feet 9 1/2 inches. 3. Weight 143 1/2 pounds. Good  
Fair  
Poor
4. Complexion brown Eyes brown 5. Development good
- Hair black
6. Chest measurement—Girth on full expansion 35 inches. Range of expansion 2 inches.
7. Vision, right 20-20 left 20-20
- With Glasses— right \_\_\_\_\_ left \_\_\_\_\_ 8. Hearing, right ev 20 left ev 20
9. Condition of mouth and teeth good
10. Blood Pressure:— S. \_\_\_\_\_ D. \_\_\_\_\_ (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—  
COLOR VISION ISHIHARA (CN) EAR NOSE THROAT NEG. J.C. CAIHOUN MAJOR. Heart & lungs normal. abdomen neg. no hernia, spine & extremities normal. Reflexes present.
13. Chest X-Ray N 185357 No psychiatric disability Laboratory at which taken D. P. & N.H. Mtl.

**Part 3.** We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category A

Special remarks when category lower than A

*M. Aronovitch* rank CAPT. *F. S. Strain* rank capt. *G. Walsh* rank Lieut.

**M. ARONOVITCH CAPT. F. STRAIN CAPT. G. WALSH LIEUT.**

Date 3 May 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	TAB. T ICC <i>[Signature]</i>		
	VACCINATION <i>[Signature]</i>		
JUN 11 '43	T.A.B.T. 2. <i>[Signature]</i>	CATEGORY CONFIRMED JUL 22 1943	<i>[Signature]</i>
JUL 2 '43	T.A.B.T. 3. <i>[Signature]</i>	CATEGORY CONFIRMED 10 AUG 1943	<i>[Signature]</i>
	<i>[Signature]</i>	Y O B P U L H E M S	
		24 1 1 1 1 1 21	<i>[Signature]</i>
22 JUL '43			

NOTE: Any corrections to entries made must be initialed by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-140390 Rank PTE Surname TRIMM Christian Name CLARENCE ALVIN

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

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. *D. 140390* Rank *Rt* Name *TRINN, C.A.* 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. *10* received and forwarded to the Officer i/c Records at

*HQ MPY* \_\_\_\_\_ Signature of Officer.  
Rank or Appointment.  
*W. J. ...*

RECEIVED IN DOCUMENT SECTION  
FEB 16 1944  
RECORD OFFICE  
NAT. DEF. H. Q.

OFFICER I/C RECORDS  
BRANCH  
FEB 10 1944  
H. Q. OTTAWA  
NATIONAL DEFENCE

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

# WILL

M.F.M. 10  
150M-2-43 (8280)  
H.Q. 1772-39-1656

(1) I, Clarence Alvin TRIMM, of the City  
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County of Hochelaga  
District

Province of Quebec, Laborer  
(Civil Occupation)

Regimental No D-140390, Unit INF (R) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY FATHER" Mr. James TRIMM,

Residing at:-736 Greene Ave. Montreal, Que. Canada.

*C.D.*

All my estate both real and personal

Relationship, names and address of residuary beneficiaries.

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

*C.D.*

(4) I appoint.....  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 10th day of May 1943.

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

Clarence Trimm  
(Signature of soldier)

First witness sign here.

(5) Signature Robert Gerard Poirer  
Civil Address 261 St. Georges St. Quebec  
Civil Occupation office Clerk

Second witness sign here.

Signature Victor Juras  
Civil Address 7108 St. Nommaine Montreal  
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

#### NOTE

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

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

#### GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.



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

WILL.

3/18B MF M10  
40/P & S/423 (5415)

(1) I, Clarence Alvin TRIMM of the Montreal  
(Names in Full) (City, Town, Village, Township)

Address in  
civil life.

of 736 Green Ave., in the County of                       
District of                     

Province of Quebec Stock Keeper  
(Civil Occupation)

Regimental No. D 140390, Unit Line & Weld Regt., do hereby revoke  
all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my brother

James Randolph Trimm.  
736 Green Ave.,  
Montreal, Quebec.

All my estate.

Original Received  
N.D.H.Q. DEC 27 1944  
DR 357

Relationship,  
names and  
address of  
residuary  
beneficiaries

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

(4) I appoint Miss. Carmen Matilda Trimm, 736 Green Ave. Montreal  
(Name) (Address)

War Industry to be the Executor of this my Last Will.  
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 10th day of November  
1944.

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

Alvin  
Clarence Trimm  
(Signature of soldier)

First witness  
sign here.

(5) Signature Robert Walker Brown,  
Civil Address 165 Bold Street, Hamilton, Ontario,  
Civil Occupation Clerk.

Second  
witness  
sign here.

Signature Hugh A. E. Rose  
Civil Address 24 1/2 East Main Street, Welland, Ontario  
Civil Occupation Barrister-at-law

(Witnesses are not to be beneficiaries.)

(OVER)

NOTE

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

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

(2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

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

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

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



TO BE COMPLETED IN DUPLICATE

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

WILL

3/18B MF M10 40/P & S/423 (5415)

(1) I, Clarence Alvin TRIMM, of the Montreal (Names in Full) (City, Town, Village, Township)

Address in civil life.

of 736 Green Ave., in the County District of

Province of Quebec, Stock Keeper (Civil Occupation)

Regimental No. D 140390, Unit Line & Weld Regt., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

C

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

(2) I GIVE, DEVISE AND BEQUEATH unto my brother:

James Randolph Trimm, 736 Green Ave., Montreal, Quebec.

All my estate.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Miss. Carmen Matilda Trimm, 736 Green Ave. Montreal. (Name) (Address)

War Industry. (Civil Occupation) to be the Executor Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 10th day of November 1944

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

Clarence Alvin Trimm (Signature of soldier)

First witness sign here.

(5) Signature Robert Walker Brown Civil Address 165 Bold Street, Hamilton, Ontario, Civil Occupation Clerk.

Second witness sign here.

Signature Hugh A. C. Rose Civil Address 29 1/2 East Main Street, Welland, Ontario Civil Occupation Barrister-at-law

(Witnesses are not to be beneficiaries.)

(OVER)

NOTE

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

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

(2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

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

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

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

D. R. 10

RECEIVED  
D OF RECORDS  
MAR 12 1946  
WILL SEC.  
N. D. H. Q.

Receipt is Acknowledged

DEC 20 1944

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

WILL RECEIVED IN  
DOCUMENT SECTION  
DEC 22 1944  
RECORD OFFICE  
NAT. DEF. H. Q.

NO. D140390 Rank Private Name TRIMM, Clarence Alvin

Unit Lincoln & Welld. Regt. Date of death 27th April, 1945.

Died at Germany

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 405-T-14115

N/K Mr. James Randolph Trimm Relationship Brother  
Father

Address 736 Greene Avenue, Montreal 30, P.Q.  
**(DECEASED)**

Remains buried in Germany: Friesoythe sh M-2 0792 Cemetery  
at side of canal bridge Pl.14 Gr 6

Grave location ✓

**CHK**

**OVERT**

BURIAL REPORT TO N.K. JUL 4 1946

RETURN TO BUR. OF STAT. AUG 1 1945

ROYAL MESSAGE DESP'D. MAY 29 1945

CAN. MESSAGE DESP'D. MAY 30 1945

Temp B R sent to N K + info

HI & CR Form Despd. FEB 3 1947

Photographs

Despatched

JUN 14 1948

REBURIAL  
Holten Canadian Military Cemetery,  
Holten, Holland.

Grave 9, row A, plot 10.

27-4-45

## AWARDS—CANADIAN ARMY (ACTIVE)

E. G.

500M—1-44 (3467)  
H.Q. 1772-45-8

M

FILE NO. 405-T-14,115

TRIMM, Clarence Alvin	D-140390	Pte.	Lin. & Well. Regt.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE
			C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
<del>France &amp; Germany Star</del>	
Defence Medal	
War Medal 1939-45	883
C.V.S.M. & Clasp	19-1-52

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS  
PERSON

ENTITLED TO

Mr. James R. Trimm      Brother

ADDRESS: 736 Greene Ave., Montreal 30, Que.

(2) MEMORIAL CROSS

WIDOW

Single.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased (M.F.M.5)

ADDRESS:

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

(1)

REGN. NO.....

9758

(2)

(3)



Statement of the Service of No. D-140390 Rank Pte

Sheet No. ....

Name TRIMM, CLARENCE ALVIN

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
		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON <u>14 Dec 43</u>						
		T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON <u>15 Dec 43</u>						
		AND DISEMBARKED ON <u>21 Dec 43</u>						
		T.O.S. - 5 C.I.R.U.						
		<i>attending to Mrig use</i> att. sep. to 26 (Northampton) Tech. try sep. white	<u>Pte</u>	<u>22 Dec 43</u>	<u>5 C.I.R.U.</u>	<u>U.K.</u>	<u>250</u>	<u>24 Dec 43</u>
		SOS to 4 C.I.R.U. remains att. to 26 T.T.G.	<u>Pte</u>	<u>24 Feb 44</u>	<u>5 C.I.R.U.</u>	<u>UK</u>	<u>84</u>	<u>24 Feb 44</u>
<u>SOS</u>	<u>(CBA)</u>		<u>Pte</u>	<u>16 Mar 44</u>	<u>5 C.I.R.U.</u>	<u>UK</u>	<u>58</u>	<u>17 Mar 44</u>
<u>exl</u>	<u>TOS</u>	TOS from 5 C.I.R.U. Remains att. to 26 T.T.G. (Northampton Col. of Tech. 28 days)	<u>Pte</u>	<u>17 Mar 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>79A</u>	<u>19 Mar 44</u>
<u>vry</u>		Proc. on CEM 4 Q Case 261 Ser. N. 7. (Shoe Repair) & att.	<u>Pte</u>	<u>20 Apr 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>104</u>	<u>20 Apr 44</u>
<u>ccq</u>		T.T. as Shoemaker Gp "C". Failed	<u>Pte</u>	<u>17 Apr 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>104</u>	<u>20 Apr 44</u>
<u>2 of 34</u>		Ret to MHO course <u>(199) Sep 26 T.T.G</u>	<u>Pte</u>	<u>23 May 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>86</u>	<u>28 May 44</u>
<u>X 34</u>		Ret from C.M.H.G. case 261 S 7 shoe						
		repairing and cease att. JAP D 26 11 y	<u>Pte</u>	<u>19 May 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>135</u>	<u>23 May 44</u>
<u>C86</u>		Qual as shoemaker "C"	<u>T.V.</u>	<u>17 May 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>138</u>	<u>26 May 44</u>
<u>M106</u>	<u>SOS</u>	SOS to X4 C.I.C.	<u>Pte</u>	<u>1 Jun 44</u>	<u>3 C.I.R.U.</u>	<u>UK</u>	<u>127</u>	<u>1 Jun 44</u>
<u>M106</u>	<u>TOS</u>	TOS From 4 C.I.R.U.	<u>Pte</u>	<u>1 Jun 44</u>	<u>3 C.I.R.U.</u>	<u>UK</u>	<u>127</u>	<u>1 Jun 44</u>
<u>M106</u>	<u>SOS</u>	SOS to 3 C.I.R.U.	<u>Pte</u>	<u>31 May 44</u>	<u>4 C.I.R.U.</u>	<u>UK</u>	<u>145</u>	<u>3 Jun 44</u>
<u>M106</u>	<u>TOS</u>	TOS From X9. Inst. C.I.C. (11 Bn)	<u>Pte</u>	<u>4 Jun 44</u>	<u>L W Regt. UK</u>		<u>25</u>	<u>9 Jun 44</u>

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
C86		Franklin T. Raybenaker "C"	Pro	49 Jun 44	L W Rgt	21A9p	30	14 July 44
		Embarked at... VIK ... On.....		19 Jul 44				
		Disembarked at... <del>Mon</del> ... on.....	Pte	21 Jul 44	L & W R	21A9	38	8 Aug 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	25 Jul 44				
			Pte	10 Nov 44	L & W R	21A6	58	2 Dec 44
C3		Reverts to R.R. of Pay \$1.50 (shoemaker "C")	Pte	13 Dec 44	L & W R	21A9p	62	23 Dec 44
C138		adm 10 CGH	Pte	27 Jan 45	L & W R		C1771	23 Feb 45
		Disch 10 CGH	"	7 Feb 45	"		"	"
C138	SOS	SOS to X3 list Linc + Wella Rgt	Pte	28 Jan 45	L & W Rgt	21A9	7	10 Feb 45
	TOS							
C138	SOS	SOS X3 list to L & W Rgt	Pte	7 Feb 45	XL L & W Rgt	21A9	18	20 Feb 45
C151	TOS	T.O.S. from X3 L. (L & W R)	Pte.	8 Feb 45	L & W R	21A9	8	17 Feb 45
		Decreed 27 Apr 45						
		1st Decreed Died of Wounds	Pte	27 Apr 45	L & W R	21A9p	25	8 May 45
		2nd Decreed Died of Wounds	Pte.	27 Apr 45	L & W R		has L.A. 573	5 May 45

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Reg'tl No. D-140390 Rank Plt Surname Frimm Christian Name Clarence A.

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE OR INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
<u>Service &amp; W. Rgt.</u>	<u>10 Cedar Lea</u>	<u>27</u>	<u>1</u>	<u>45</u>	<u>7</u>	<u>2</u>	<u>45</u>	<u>11</u>	<u>Frost-bite both hands slight.</u> <u>wounded <sup>26</sup>27-4-45</u> <u>G.S.W. pent. abdomen</u> <u>D.O.W. 27-4-45</u>	<u>Amund. by</u>	<u>C-1771</u> <u>A-580</u>  <u>A-573</u>
<u>"</u>	<u>—</u>										
<u>"</u>	<u>—</u>										

## POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. .... Rank ..... Surname ..... Christian Name .....

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE OR INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)

A.F.B. 103 (Part I)

200M-8-42 (5892)

H.Q. 1772-39-1649

Unit..... INF(R) CA

Regimental Number D-140390

<p>1. Surname <u>TRIMM</u></p> <p>2. Christian Names <u>CLARENCE ALVIN</u></p> <p>3. *Substantive Rank and Appointment <u>16</u></p> <p>*Acting Temporary or Local Rank <u>10-5-43</u> giving date</p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth <u>MONTREAL, Que</u></p> <p>5. Date of birth as declared on attestation <u>January 18, 1924</u></p> <p>(A) <u>10-5-43</u></p> <p>6. Date of enlistment <u>10-5-43</u></p> <p>7. Place of enlistment <u>Montreal South, Que</u></p> <p>8. Residence at time of enlistment <u>736 Greene Ave., Montreal, Que</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay <u>24-111121</u></p> <p>10. (C) Any subsequent variations of conditions of service</p> <p>11. Religion <u>UNITED CHURCH OF CANADA</u></p> <p>12. If married, state date <u>SINGLE</u></p> <p>13. Trade on enlistment <u>Laborerr</u></p> <p>14. Corps, trade and grade <u>SHOEMAKER "C"</u></p> <p>15. (D) Qualifications</p> <p>16. (E) Miscellaneous entries</p>	<p>(17) Regiment or Corps <u>CDN INF CORPS</u></p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 30%;">Date</th> <th style="width: 40%;">Authority</th> </tr> </thead> <tbody> <tr> <td><u>A</u></td> <td><u>3-5-43</u></td> <td><u>MFM2</u></td> </tr> <tr> <td><u>24-111121</u></td> <td><u>26-10-43</u></td> <td><u>MFM2</u></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil) <u>711 James Trimm father</u> <u>736 Greene Ave</u> <u>Montreal, Que</u></p> <p>(20) E</p> <p>(21) E</p> <p>(22) E <u>28/44</u></p>	Category	Date	Authority	<u>A</u>	<u>3-5-43</u>	<u>MFM2</u>	<u>24-111121</u>	<u>26-10-43</u>	<u>MFM2</u>	<p>Unit (Battn., etc.) <u>LING &amp; WELLD REGT.</u></p>
Category	Date	Authority									
<u>A</u>	<u>3-5-43</u>	<u>MFM2</u>									
<u>24-111121</u>	<u>26-10-43</u>	<u>MFM2</u>									

NOTES—

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			<i>Non - tradesman</i>				
			<i>Daily Rates of 1.50</i>			<i>Pte</i>	
			<b>S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 19 Dec 43.</b>				
			<b>T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 15 Dec 43.</b>				
			<b>AND DISEMBARKED ON 21 Dec 43.</b>				
			<b>T.O.S. - 5 C.I.R.U.</b>	<i>U.K.</i>	<i>22 Dec 43</i>	<i>Pte</i>	<i>250 Oct 4 Dec 43</i>
		<i>5 C.I.R.U.</i>	<i>Att. fap. 26 (Northampton) T.T.Gp.</i>				
			<i>CMHQ. Cse 261 Ser 5 (Shoe repairs) - 22 Dec UK</i>	<i>U.K.</i>	<i>24 Feb 44</i>	<i>Pte</i>	<i>H.4. 29 Feb 44</i>
		<i>S/S</i>	<i>* C.I.R.U. &amp; Rem. Ser. 26 T.T.G.</i>	<i>U.K.</i>	<i>16 Mar 44</i>	<i>Pte</i>	<i>58 - 17 Mar 44</i>
		<i>4 C.I.R.U.</i>	<i>T.O.S. from 5 C.I.R.U. rem att 26 T.T.G.</i>	<i>"</i>	<i>17 Mar 44</i>	<i>"</i>	<i>79A - 19 Mar 44</i>
		<i>✓</i>	<i>Rel. from CMHQ. Cse 199 (Shoemaker) &amp; C.I.B.A. fap. 10 # 26 T.T.G.</i>	<i>U.K.</i>	<i>23/2/44</i>	<i>Pte</i>	<i>86 - 28-3-44</i>
		<i>"</i>	<i>Att. fap. to 1 Cdn Boot Repair Coy</i>				
			<i>1 Sub. to keep R.C.O.C. for period 0600 hrs</i>				
			<i>15 Apr 44 to 0730 hrs 18 Apr 44 (T. Test)</i>	<i>"</i>	<i>15 Apr 44</i>	<i>"</i>	<i>103 - 19 Apr 44</i>
		<i>4 C.I.R.U.</i>	<i>Proceeded on CMHQ. Cse 261 Ser N (Shoe Repairs) and att'd. fap. to 26 T.T.G.</i>	<i>U.K.</i>	<i>20 Apr 44</i>	<i>Pte</i>	<i>104 - 20 Apr 44</i>
		<i>4 C.I.R.U.</i>	<i>(Northampton College of Technology) 28 days</i>	<i>U.K.</i>	<i>10 Apr 44</i>	<i>Pte</i>	<i>104 - 20 Apr 44</i>
		<i>4 C.I.R.U.</i>	<i>Declar. tested as Shoemaker in CE Sault</i>				
			<i>Returned from CMHQ. Cse 261 Ser 7N (Shoe Rep.) and comm. to be</i>				
			<i>att'd. fap. to 26 T.T.G.</i>	<i>U.K.</i>	<i>19 May 44</i>	<i>Pte</i>	<i>135 / 23 May 44</i>
		<i>led</i>	<i>T. Tested shoemaker fap "C" Passed</i>	<i>U.K.</i>	<i>12 May 44</i>	<i>Pte</i>	<i>135 - 26-5-44</i>
		<i>4 C.I.R.U.</i>	<i>S.O.S. to 3 C.I.R.U.</i>	<i>U.K.</i>		<i>Pte</i>	
		<i>T.O.S.</i>	<i>T.O.S. from 4 C.I.R.U. (Shoemaker "C")</i>		<i>1 Jun 44</i>	<i>"</i>	<i>127 - 1 Jun 44</i>
		<i>S.O.S.</i>	<i>S.O.S. to X-4 List (CIC) (Shoemaker "C")</i>		<i>1 Jun 44</i>	<i>"</i>	<i>127 - 1 Jun 44</i>
		<i>X-4 L&amp;Wellld 11 Bn</i>	<i>T.O.S. from 3 C.I.R.U.</i>	<i>Field</i>	<i>2 Jun 44</i>	<i>Pte</i>	<i>20 - Jan 44</i>
		<i>X-4 L&amp;Wellld 11 Bn</i>	<i>S.O.S. to Linc &amp; Wellld</i>	<i>Field</i>	<i>3 Jun 44</i>	<i>Pte</i>	<i>20 - Jun 44</i>
<i>28 MAY 44</i>	<i>DEM 829</i>	<i>5 B&amp;WR</i>	<i>T.O.S. from X4 LIST CIC (11 BN)</i>	<i>"</i>	<i>4 JUN 44</i>	<i>"</i>	<i>25 - 9 JUN 44</i>
<i>5 JUL 44</i>	<i>CR</i>	<i>"</i>	<i>Granted tradesmens rates of pay. Shoemaker "C"</i>	<i>"</i>	<i>4 JUN 44</i>	<i>"</i>	<i>30 - 14 JUL 44</i>
			<b>Emb U.K. 19 JUL</b>				
			<b>Disemb France 25 JUL 44</b>				
							<b>DO 35-8 Aug 44</b>

# SERVICE AND CASUALTY FORM

M.F.M. 4(a) (Part II)  
40 P & S/412

(PART II)

Regiment or Corps **CIC L&WR** ..... Regimental Number **D140390** .....

Substantive Rank ..... Surname **TRIMM** ..... Christian Names **C A** .....

Acting Temporary or Local Rank .....  
(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
21 Nov 44	GR Ser 103	L&WR	Awarded Canadian Volunteer Service Medal and Clasp	Field	10 Nov 44	Pte	58 - DEC 44
15 DEC 44	CF Ser 116	"	Reverts to regt rates of pay of \$1.50 per diem (Shoemaker "C")	"	13 DEC 44	"	62 - DEC 44
28 Jan 45	GR 147	"	SOS to X3 LIST (L&WR)	"	28 JAN 45	"	7 d/ Feb 45
	<i>3 Feb 45 X3</i>	<i>✓</i>	<i>TOS from 29 Jan 45</i>	<i>✓</i>	<i>29 Jan 45</i>	<i>✓</i>	<i>12/45</i>
			<i>Self to Ser - Wellid R.</i>	<i>✓</i>	<i>7 Feb 45</i>	<i>✓</i>	<i>18/45</i>
3 May 45	3014/313	L&WR	TOS From X-3 LIST (L&WR)	"	8 FEB 45	Pte	8 d/ FEB 45
		"	SOS deceased (died of wounds) on am to 6 CDN FDS	"	27 Apr 45	"	25 d/ May 45





# SERVICE AND CASUALTY FORM

M.F.M. 4(a) (Part II)  
40/P & S/412

(PART II)

Regiment or Corps Lance & Well Regimental Number D-140390

Substantive Rank Pte Surname TRIMM Christian Names CA

Acting Temporary or Local Rank.....  
(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c. forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
1 Feb 45	30 <sup>12</sup> 228		Admn 15 Cdm FA	Ad.	27 Jan 45	Pte	9181
2 Feb 45	" 229		Admn 2 Cdm C/S	"	27 Jan 45	"	
3 Feb 45	" 230		Admn 10 Cdm Gen	"	27 Jan 45	"	
13 Feb 45	" 238		Dirch 10 Cdm Gen	"	2 Feb 45	"	
12 May 45	2014/322		Wounded prof & etc	Ad.	26 Apr 45	Pte	unit

HOSPITALIZATION ONLY



Statement of the Service of No. D-140390. Rank Pte

Sheet No. ....

Name J. RIMM, CLARENCE ALVIN

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
		S.O.S. C.A.(A.F.) CANADIAN EMBARKATION ON <u>14 Dec. 43</u>						
		T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON <u>15 Dec. 43</u>						
		AND DISEMBARKED ON <u>21 Dec. 43</u>						
		T.O.S. - 5 C.I.R.U.	<u>Pte.</u>	<u>22 Dec 43</u>	<u>5. C.I.R.O</u>	<u>U.K.</u>	<u>250</u>	<u>24 Dec. 43</u>



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

D-140390

RANK

Private

SERVICE UNIT

The Lincoln  
& Welland Regiment (C.A.)

NAME

TRIMM, Clarence Alvin

DATE OF BIRTH

18-1-24

DATE OF ENLISTMENT

10-5-43

MARITAL STATUS

Single

RELIGION

United Church

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

ADDRESS

Father  
736 Greene Avenue,  
Montreal 30, Quebec.

NAME  
ADDRESS  
D.A.B.

Mr. James Trimm,

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.  
CASUALTY DETAILS

Canrecords - 8837A  
Died of wounds

H.Q.405-T-14,115

DATE

27-4-45

WESTERN EUROPEAN THEATRE OF WAR

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

YES/NO

M.F.M.5. ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

DATE

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

*[Signature]*

O/S with Inf.

6-5-45  
*[Signature]*  
DIRECTOR OF RECORDS

**6**

COPY FOR DOCUMENT FILE

NAME TRIMM. CLARENCE ALVIN. 150  
 REGIMENTAL NO. D140390. RANK PTC.  
 ENLISTED AT ..... PROMOTIONS,  
 ETC. AND DATE .....  
 DATE 10-5-43  
 IF SERVED PREVIOUSLY, STATE UNIT, ETC. ....  
 MARRIED, WIDOWER, OR SINGLE Single  
 NEXT OF KIN James Trimm RELATIONSHIP Father  
 ADDRESS OF 736. Greene Ave. Industrial One  
 ASSIGNMENT OF PAY, \$ 20<sup>00</sup> 1.7.44  
 ADDRESS as above.  
 DEPENDENT'S ALLOWANCE, ENTITLED OR NOT N/A.  
 DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER .....  
 IN WHOSE FAVOUR .....

## CASUALTIES, ETC.

NATURE E. G. Absence, Promotions, Etc.	PART II, D.O.		REMARKS If in Hospital, Note Name, Etc.
	No.	Date	
TOS at 3CIRV from.	127	1 June	
SOS from 3CIRV to X-4 list	127	1 June	wef 1 June 44
SOS 11Rn to Sinc & Wild R			wef 3-6-44
Toshine & Nell's Rest from 11 Bn	CR 8	6-6-44	wef 4 June 44
Qual. & granted TR. Pay as	30	14-7-44	Shoemaker "B" wef 4 Jun 44

No. **D-140390** RANK **Pte** NAME **TRIMM Clarence Alvin** FS ~~XXXX~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~ \*Single

Place of Appointment **Montreal South, Que.** Date of { \*Appointment \*Enlistment } **10-5-43**

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
		<i>Pte</i>			<b>1.30</b>			
<i>221</i>	<i>20-9-43</i>	<i>-</i>			<b>1.40</b>	<i>10-9-43</i>		
<b>14</b>	<b>21-11-43</b>	<b>Pte</b>			<b>1.50</b>			<b>Eff. 10-11-43</b>

*of Lt. James Trimm Salter 786 Greene Ave. N/16 Que.*

ASSIGNMENTS

DEPENDENTS' ALLCES.

Name and Address of Assignees	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date	No. Deps.....
<del>Rec. Gen. 4th V.L.B.</del>	<del>1-5-43</del>	<del>\$8.40</del>	<i>Discontinued</i>		<b>1</b>		
	<del>to 1-10-43</del>						
<i>5th VLB</i>	<i>1-11-43</i>	<i>8.40</i>					
Total .....							

*(Doc)*

\*Outfit } Allce. \$..... Paid on.....  
 \*Clothing }  
 Rehabilitation Grant \$..... Paid on.....  
 \*Delete words which are inapplicable.

**M. F. M. 14**  
 200M-10-42 (6723)  
 H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) \$..... P.A.  
 Occupational Form Completed..... **Yes**



## CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
112	11-5-43	TOS & posted to B Wing wef 10-5-43	
127	28-5-43	SOS on trans. to #41 Huntingdon, wef 28-5-43	
127A	29.5.43	TOSTC 41 Huntingdon, on trans from DD 4 wef 29.5.43.	
90A	11.8.43	SOSTC 41 on tfr to A-12 Farnham, Que. wef 11.8.43	
188	12-8-43	TOS A-12 Farnham wef 12 Aug 1943	
<del>221</del>	<del>20-9-43</del>		
221	20-9-43	granted rates of pay 1.40 wef Sep-10-43	
246	19-10-43	Granted spec. leave from 7 Oct 43 to 12 Oct 43 autho. R/A .50 a day T.W.	
260	4-11-43	mSOS on transfer to Nol Trg Bgde Debort NS wef 3 Nov 43.	
6	9-11-43	TOS N 1 Inf. Trg Bn. Wef. 4-11-43	
14	21-11-43	Increase of Pay 1.50 Eff. 10-11-43	
36	14-12-43	S.O.S. O/S 14-12-43	
250	24.12.43	TOS CAS wef 15-12-43, 5 CIRU wef 22-12-43	
44	29/1/44	att fap to #26 Test by Gp whilst att CMAH & he #261 Ser 5 Shri repairs from 24 Feb to 22 Mar 44 wef 24 Feb 44	
28	17-3-44	Los A 4 CIRU & remain att A 26 TTG eff 16 Mar 44	

## CONTINUATION CARD M.F.M. 14

Regimental No.

D 140390

Name

Trimmer Clarence Alvin

Part II D.O.

## PARTICULARS OF CASUALTY

No.	Date	
79a	19.3.44	T.O.S. 4 C.I.R.U. W.E.F. 17.3.44 to 5.4.44 att 26TK
861	25.3.44	Retd Cmt HQ Cmsd 199 TBA 26TK cum 23.3.44
103	19.4.44	att fap/cdn Boat Repair Coy / subunit RCOG - also his 15 apr 1944 to 0730 his 18 apr 1944
104	20.4.44	Retd Cmt HQ Cmsd 261-777 att fap 26TK wef 20.4.44
104	20.4.44	Trade Test Shoemaker B. Failed wef 17.4.44
135	23.5.44	Retd Cmt HQ Cmsd 261-777 TBA fap 26TK cum 19 may 44
138	26.5.44	Trade Test Shoemaker B. Passed wef 17.4.44
145	3.6.44	S.O.B. 4 C.I.R.U. W.E.F. 31.5.44 to 3.6.44
116	15 Dec 44	CEASES TO DRAW TRADE PAY SHOEMAKER wef. 13 Dec 44

No.	Date	
35	8-8-44	Embarked U.K. 19-7-44
35	/	Dis France 25-7-44
135	10-1-45	Award O.C. 135 is being Oct 44
142	22-1-45	O.C. 135 10-1-45 merged in it refer to mfr. is cancelled
147	28-1-45	S.S. Law Post to x3 det 28-1-45
12	145	TOS x3 from 29 91 R merged 29-1-45
	18/45	SOS x3 to Linc x3 Wells Prof 27/45
15	2-5-45	S.S. Law Post x3 det merged 26-4-45

No. D-140390

Name TRIMM Clarence Alvin

Sqn., Battery, }  
or Company }

No. and date }  
of last drunk }

C. C.  
Corps INF (R) CA

Period not reckoning towards }  
freedom from extra fine }

Date of enlistment } 10-5-43  
may

G.C. }  
Badges }

Tradesmen's }  
Rates of Pay }

Sheet No. 1.

Signature O.C. }  
Company, etc }

Character  
*Edward Luet*

M.F.M. 6  
(A.F.B. 122)  
500M-11-41 (2408)  
H.Q. 1772-39-1652

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
4 DD	MTL SOUTH			NIL					
A-12 C. I. TRAINING CENTRE	NOV 3 1943								
Debert N, S22-11-43		Pte.		A.A. 40 Par. 2 In that, he at D 59399 Sgt. Debert neglected to obey an order from his superior officer.	Plouffe E.	Admonished	23-11-43	Capt. Klugman	



# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full Clarence Alvin TRIMM (b) Reg'l. No. D-140390  
 2. (a) Arm of service Army (b) Unit INF (2) CA (c) Rank Pfc  
 3. (a) Date of birth 12-1-24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.  
 4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 10-5-43

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs old (b) Were you attending school or college up to the time of enlistment? Nil  
 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.) Nil  
 7. If you attended a university, give name of university and standing or degree secured 7th Grade Public School  
 8. (a) Did you ever enter upon a trade apprenticeship? No (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? ENGLISH (b) What languages do you read well? ENGLISH

## 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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? No

## 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? No  
 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 Stockkeeper  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment (K. GOLD & SON) March 1943  
 15. Give details of last employer, if any: Name A. GOLD & SON Address Montreal, Que.  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Clothing  
 17. (a) If your last employment was in a business of your own, state nature and address of business Nil (b) Date of discontinuing it Nil

## 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..... Address.....  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....  
 20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....  
 21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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? No (b) Do you feel competent to operate a farm? Nil (c) If so, in what kind of farming? Nil  
 25. (a) Were you born on a farm? Nil (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? Nil  
 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 Mechanic

DATE

10 May 1943

194

SIGNATURE

Clarence Alvin Trimm

NAME TRIMM Clarence Alvin RANK Pte. AGE 19 REG. No. D-140390

UNIT INF(R) CA DATE 11-5-43 1943

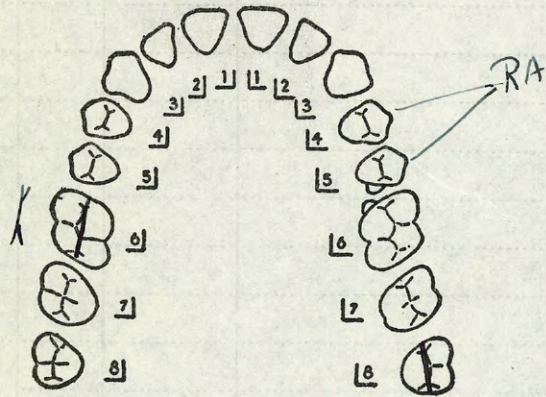
Strike out inapplicable number and words.

ORAL HYGIENE { Good  
Fair  
~~Neglected~~

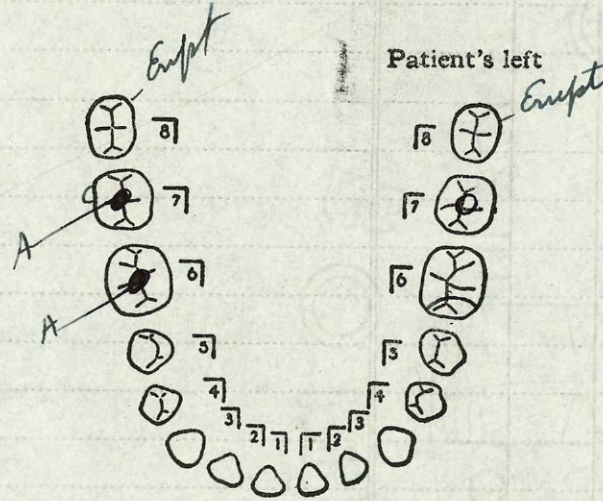
PROPHYLAXIS required { Yes  
No

MUCOSA  
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

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

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

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

- Describe with sketch
- Br Bridge

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

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

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

Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.

Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.

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

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

M.F.B. 465  
10M pads of 100-10-40 (7437-8)  
H.Q. 1772-39-950

*J.C. Thompson Capt*  
Signature and unit of examining officer





(Hospital stamp)

NOTIFICATION OF  
DANGEROUSLY ILL, SERIOUSLY ILL,  
AMPUTATION, BLINDNESS  
AND DEATH

*No Cas card  
up on card*

Date 28 Apr 45  
Ward Hospital

The under-mentioned ~~(xxxxxx)~~  
~~(xxxx)~~  
(Soldier)

Reg No. D. 14390 Rank Pte Surname TRIMM

Christian Name C.A. *Clarence* Prot *✓*

UNIT Line & Welland Regt Religion

has ~~(xxxxxx)~~ ~~(xxxxxx)~~  
~~(xxxxxx)~~ (Died)

at 6 Cdn FDS hrs and is now  
2030 hrs 27 Apr 45 DEAD

~~(had the following major amputation  
has (been blinded (totally) GSW Pen Abdomen Wd~~

Date of admission 27 Apr 45

MO i/c Case L.G. Alexander MBE MC, Major

*BC*

The next of kin ~~(xxxxxx)~~ have not been notified by this Hospital

"Casualties" notified by

Date

By whom received

Copy to "Casualties"

**ACTED ON**

*L.G. Alexander*

signature of MO

(L.G. Alexander MBE MC) Major

\*strike out where not applicable

FIELD MEDICAL CARD.

\* No. D. 14390 Rank PTE  
Name TRIMM, C. A.  
Unit LINCOLN ✓ WELL'D REGT  
\* In cases of Enemy Prisoners of War serial number allotted by  
A.F.W. 3000.

Battle Casualty. Accidentally Wounded. Sick.  
(Strike out description which does not apply.)

Diagnosis of Unit M.O.— E.A.W.R. /  
G.S.W. (?) Left flank -  
Date seen by him— 27/4/45. 0045 hrs

No. of Field Ambulance— 12th of Field Amb

Date of admission— 27 Apr 45

Field Ambulance diagnosis— E.A. W.R. SER.

G.S.W. (?) Pen. ASD. F.R. Chivers

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from  
above)—

General or other Hospital diagnosis (alterations or  
additions)—

Date of Admission to F.D.S., C.C.S., M.C.S., or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

ADS 12CLFA - 270120 B

Small penetrating wound  
left flank posteriorly. Some haemorrhage  
wound redressed. Complaining  
of severe diffuse pain in belly.  
Some abdominal rigidity.  
Evacuate ppt. A.S.C. & F.D.S.  
General condition good. P.H. Dincher M.O.

No. 2 Cdn F.T.U. RCAMC. - Att'd 6 Cdn F.D.S.

27 Apr 45 Complains of loss of sensation a  
motor power of both legs, loss of sensation  
extending to upper thigh level both sides.  
Also complains of severe pain in left leg -  
Very apprehensive, difficult to assess  
status accurately - grandular  
04:20 catheterised - 100 cc clear urine  
23

27-4-45.

Pt has weak rapid pulse  
abdomen rigid & silent  
complaining of pain in left leg  
cannot move legs - no res  
20 Resus

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K.  
Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope  
attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—

Dose. Time and date given—

$\frac{1}{4}$  0035 hrs. 27/4/45  
 $\frac{1}{6}$  06:15 27/4/45

A.T. Serum—

Dose and date given—

1cc. Toxoid 0/25

Date of Wound or  
 onset of illness 0015 hrs  
 27/4/45

Religion—Pict  
 Ag. 21

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
	B.T.	M.T.	Q.	Clin.
Malaria				
Dysentery	B. Ex.	Ehyst.	Indef. Ex.	

	Malaria Treatment							
	Days	1	2	3	4	5	6	7
Ateb. grms.								
Quin. grs.								

NOTES.

History - Think that he may have been  
 hit by a bullet, did not hear an  
 explosion. Complaining of severe pain  
 Rx - wad - Left flank posteriorly

\* Strike out where inapplicable.

W. H. M. Albany

\*

No. *D14390* Rank *Pte*

NAME *TRIMM, E.A.*  
(Block letters to be used).

Unit *Line v Wellit Regt.*

(Above to be filled in by earliest unit possible)

\*

In case of Prisoners of War  
Serial No. allotted by A.F.W. 3000.

### SHIP LABEL

The following details, and also the above if not already completed, to be filled in at the last Base Hospital, excepting date and name of ship, which will be entered on board Ship.

Diagnosis (briefly)

Special attention  
needed in transit.

*PIL*

Name of Ship

Date of admission  
on board.

Special  
Destination.

**CASUALTY  
GROUP**

*Exp # 1*

*6 FDS*

## DIARY OF TRANSFERENCE.

1. Every Fd. Med. Unit, and Hospital through which the patient is passed must be shown on the diary of transference upon the F.M. Card herein contained. A second F.M. Card may be used when necessary.
2. Every Ambulance Train, or its equivalent Convoy will be shown on the space below on this envelope which must not be destroyed or removed from the patient until his final disposal.
3. Notes calling attention to special needs in transference may be entered on the blank space below.

No. of Amb. Train  
and date.

No. of Amb. Train  
and date.

**(N.B. The inner retaining flap of the envelope must be raised before placing any card inside and then folded down over the contents).**

No. 2 Cdn F.T.H. RCAMC

FTU att

TRANSFUSION RECORD

Date	Time	BP	Pulse	Blood	Plas	Sal
27 Apr <del>1951</del> 1951	10:10	120/90	124	—	—	
<b>Total</b>						

NOTES

10:10 Atropine gr.  $\frac{1}{120}$  i.v.

No. 2 Cda F.T.U. RCAMC

FTU att<sup>a</sup>

6 Cdn. FOS.

## TRANSFUSION RECORD

Date	Time	BP	Pulse	Blood	Plas	Sal
27.	0350	$\frac{110}{90}$	100			
	0400				1.	
	04:45	$\frac{110}{90}$	124			
	0600	$\frac{115}{100}$	108		1	
	07:05	$\frac{120}{65}$	120			
	0750			1.		
	0810	$\frac{110}{60}$	118			
	09:10	$\frac{115}{75}$	108			
Total	09:55				1	

NOTES 0405 - 1 amp of Delaudid Scopolanine  
 0500 - 22500 units D.B.S.



# PENICILLIN

This patient requires intramuscular injections of penicillin.

Name Truman - CP

No. D14390 Unit Judson W.

(This label, on completion, is to be kept with the patient's documents on which the relevant particulars below must be entered.)

Dose in Units	Date	Hour	Initial
1. 25000	27/4/45	6500	RF
2. 15,000	27/4/45	0800	HF
3.			
4.			
5.			
6.			
7.			
8.			
9.			

965/WT 40869

Dose in Units	Date	Hour	Initials
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			

Card # 2.

Army Form W3118.  
R.A.F. Form 3118.  
Naval Form M204.

FIELD MEDICAL CARD.

\*No. D-14390 Rank Pte.

Name Trimm, C.A.

Unit L. & W. Reg't.

\* In cases of Enemy Prisoners of War serial number allotted by  
A.F.W. 3000.

Battle Casualty. Accidentally Wounded. Sick.  
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—

Date of admission—

Field Ambulance diagnosis—

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from  
above)—

General or other Hospital diagnosis (alterations or  
additions)—

1066 B-60 27 APR 45  
D-14390 Pte. Trimm, C.A., L. & W. Reg  
No. 8 CFSU, RCAMC - at 1100 hr.

Diag - GSW(MG) Pen. Abdo. with involvement of spinal cord.  
Time since wounding - 11 hr.  
Anaesth - eth. Chl., ether, oxygen.

Findings - V. poor condition. Legs <sup>swollen</sup>. Anaesthetic below upper thighs. Entry L. loin. Tract led upward, forward and medially. Fractures trans proc. (L), laminae and bodies of L. 2 & 3. Two fragments of bullet in this vicinity. Moderate hemorrhage. Two holes in hepatic flexure of colon. Perf. R. lobe of liver, with another two MFB's lying between its upper surface and the diaphragm. Diaphragm intact. Much retroperitoneal hematoma.

Operation - Exc. entry. Rem 2 MFB's Sulfa VG dsq. Upper R. rectus incision Exteriorization Hepatic flexure as spur colostomy. Rem. 2 MFB's from above liver. Cig. drain through L. loin stab wd. into retroperitoneal space. Sulfa in retroperitoneal space Closure in layers with catgut. Retention sutures. Mid-line suprapubic cystotomy, with cig. drain in space of Retzius. GC - v. poor. BP 80/50.

Orders - Elevate ft. of bed. Bladder drainage. Coramine p.r.n. Whole blood. Continual gastric suction. Penicillin routine. D.I. list.

(D.W. MacKenzie) Major.

2030 hrs. Died. *[Signature]*  
J. Gordon Cap

Date of Admission to F.D.S., C.C.S., M.C.S. or General or other hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinic notes should be added later, dated and signed by the M.O.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—

Dose. Time and date given—

A.T. Serum—

Dose and date given—

Date of Wound or }  
onset of illness }

Religion—

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentery	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

\* Strike out where inapplicable.

# MEMORANDUM

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

CANADIAN DENTAL CORPS No 15 C.B.D.C.

Date 11-FEB-44

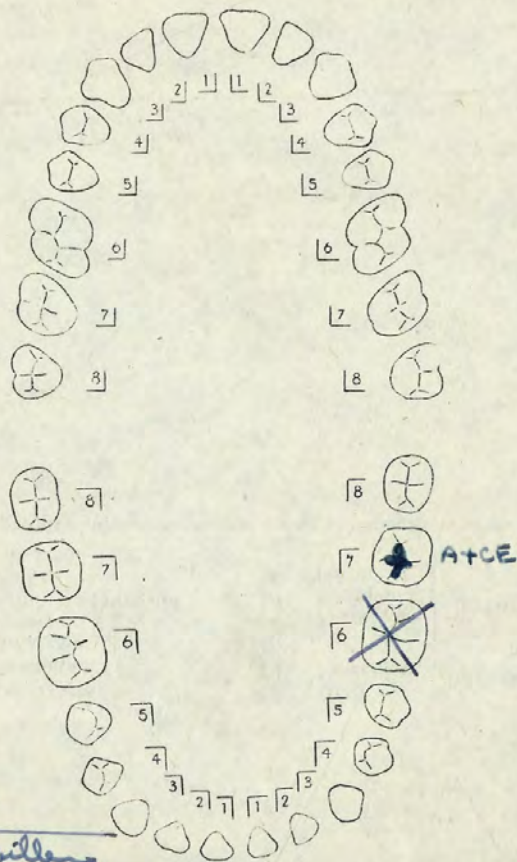
Reg. No. D140390

Rank PTE

Name TRIMM, C.A.

Unit No 5 CIRU

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



11-FEB-44

16 - X.

17 - O A+CE.

11-FEB-44

GASE COMPLETED.

Geo. E. Decker Capt

Signature of Operator

Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — B  
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

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

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

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

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

FIELD MEDICAL CARD.

\*No. D140390 Rank PTE  
Name TRIMM CA  
Unit LINC & WELAND REGT.  
\* In cases of Enemy Prisoners of War serial number allotted by  
A.F.W. 3000.

~~Battle Casualty.~~ ~~Accidentally Wounded.~~ Sick.  
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance— 15-cdn.  
Date of admission— 27-Jan 1945  
Field Ambulance diagnosis— Frostbite  
Rt Hand  
JH MALONEY

F.D.S., 2 E.C.S. or M.C.S. diagnosis (if altered from  
above)—

as above

General or other Hospital diagnosis (alterations or  
additions)—



Date of Admission to F.D.S., C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

---

T-956

2 CCS

27-1-45

Case to Tracy

~~James~~  
James

---

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—

Dose. Time and date given—

A.T. Serum—

Dose and date given—

Date of Wound or  
onset of illness } *Jan 45*

Religion— *Agc. 21*  
*C.P.F.*

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentery	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Atēb. grms							
Quin. grs.							

NOTES.

*Hands numb & cold all yesterday  
& swollen & hot this a.m.  
Evac ADS. Suggest Hg.  
4th Amb.*

*S. H. Maloney Cpl*

*ADS is full. Evac to 2ces  
W.F. BIE Cpl*

\* Strike out where inapplicable.

Army Form W.3118A.  
R.A.F. Form 3118A.

## DIARY OF TRANSFERENCE.

1. Every Fd. Amb., C.C.S., and Hospital through which the patient is passed must be shown on the diary of transference upon the F.M. Card herein contained. A second F.M. Card may be used when necessary.
2. Every Ambulance Train, or its equivalent Convoy will be shown on the space below on this envelope which must not be destroyed or removed from the patient until his final disposal.
3. Notes calling attention to special needs in transference may be entered on the blank space below.

No. of Amb. Train  
and date.

No. of Amb. Train  
and date.

(N.B. The inner retaining flap of the envelope must be raised before placing any card inside and then folded down over the contents).

\* No. *D 140390* Rank *PTE*

NAME *TRIMM CA*  
(Block letters to be used).

Unit *LING & WELAND REGT.*  
(Above to be filled in by earliest unit possible).

\* In cases of Prisoners of War  
Serial No. allotted by A.F.W. 3000.

### SHIP LABEL

The following details, and also the above if not already completed, to be filled in at the last Base Hospital, excepting date and name of ship, which will be entered on board Ship.

Diagnosis (briefly)

**SLIGHT**  
or  
**~~SEVERE~~**

Special attention  
needed in transit. \_\_\_\_\_

Name of Ship. \_\_\_\_\_

Date of admission  
on board. \_\_\_\_\_

Special  
Destination. \_\_\_\_\_

*2005*

# TRADE TRAINING REPORT FORM.

 REPORT ON STUDENT (~~Strike out two~~). (a) ~~Entrance.~~ (b) ~~Uncompleted Course.~~ (c) End of Course.

 TRAINING ESTABLISHMENT Northampton College of Technology.

 ADDRESS St. George's Avenue, Northampton.

 STUDENT'S REGTL. NO. D-140390 RANK Pte NAME Trimm, C. A.

 ORIGINAL UNIT 4 C.I.R.U. COURSE (Trade) Shoe Repairer

†TRANSFERRED TO \_\_\_\_\_

 Duration of Course From 20th April 1944 To 17th May 1944

Strike out words not applicable in following table:—

SUITABILITY FOR TRADE	CONDUCT AND INTEREST	PRACTICAL ABILITY	THEORETICAL KNOWLEDGE
<del>Unsuitable.</del>	<del>Poor.</del>	<del>Poor.</del>	<del>Poor.</del>
<del>Doubtful.</del>	<del>Fair.</del>	<del>Fair.</del>	<del>Fair.</del>
Suitable.	Good.	Good.	Good.
<del>Very suitable.</del>	Very good.	Very good.	Very good.

 SUMMARY: **Passed** (1) ~~Basic Training Test~~ } in Army Trade of  
 (2) ~~Subsequent Training Test~~ } Shoe Repairer  
 (3) Complete Class... 3. Test

 \*~~Recommended for classification after experience in unit in Army Trade of~~
~~Failed in Army Trade of~~

\*Not applicable to Basic Courses.

†Delete when not applicable.

REMARKS :

Date 13 MAI 1944

*O. Bailey*

Head of Training Establishment.

INSTRUCTIONS FOR COMPLETING A.F. B 197A.

1. Army Form B 197A will be completed :—

- (a) *Entrance.* At the commencement of the course for unsuitable or fully qualified men.
- (b) *Uncompleted Course.* At any time when for any reason students are returned to units prior to completion of the course.
- (c) *End of Course.* At the end of (i) Basic training course, (ii) Subsequent training course, or (iii) the complete trade course.

2. After completion, Army Form B 197A in duplicate will be forwarded immediately to Officer Commanding, Technical Training Group concerned, or in the case of Military Training Establishments to the O.C. Unit.

# TRADE TRAINING REPORT FORM.

REPORT ON STUDENT (*Strike out two*). (a) ~~Entrance~~ (b) ~~Uncompleted Course~~ (c) End of Course.  
 TRAINING ESTABLISHMENT Northampton College of Technology  
 ADDRESS St. George's Avenue, Northampton  
 STUDENT'S REGTL. No. D-140390 RANK Pte NAME Trimm C.A.  
 ORIGINAL UNIT 5 C.I.R.U. COURSE (*Trade*) Shoe Repairer  
 †TRANSFERRED TO .....  
 Duration of Course From 24th Feb 1944 To 22nd March 1944.

\* Strike out words not applicable in following table:—

SUITABILITY FOR TRADE	CONDUCT AND INTEREST	PRACTICAL ABILITY	THEORETICAL KNOWLEDGE
<del>Unsuitable.</del>	<del>Poor.</del>	<del>Poor.</del>	<del>Poor.</del>
<del>Doubtful.</del>	<del>Fair.</del>	<del>Fair.</del>	<del>Fair.</del>
<del>Suitable.</del>	<del>Good.</del>	<del>Good.</del>	<del>Good.</del>
<del>Very suitable.</del>	<del>Very good.</del>	<del>Very good.</del>	<del>Very good.</del>

SUMMARY: **Passed** (1) ~~Basic Training Test~~ } in ~~Army Trade of~~  
 (2) ~~Subsequent Training Test~~ } .....  
 (3) ~~Complete Class Test~~ }

\* ~~Recommended for classification after experience in unit in Army Trade of~~ .....  
**Failed in Army Trade of** Shoe Repairer.

\*Not applicable to Basic Courses.

†Delete when not applicable.

REMARKS :

Date 18 MAR 1944

*J. Bailey*

*Head of Training Establishment.*

INSTRUCTIONS FOR COMPLETING A.F. B 197A.

1. Army Form B 197A will be completed :—
  - (a) *Entrance.* At the commencement of the course for unsuitable or fully qualified men.
  - (b) *Uncompleted Course.* At any time when for any reason students are returned to units prior to completion of the course.
  - (c) *End of Course.* At the end of (i) Basic training course, (ii) Subsequent training course, or (iii) the complete trade course.
2. After completion, Army Form B 197A in duplicate will be forwarded immediately to Officer Commanding, Technical Training Group concerned, or in the case of Military Training Establishments to the O.C. Unit.



# TRADE TRAINING REPORT FORM.

REPORT ON STUDENT (*Strike out two*). (a) Entrance. - (b) Uncompleted Course. (c) End of Course.  
 TRAINING ESTABLISHMENT Northampton College of Technology.  
 ADDRESS St. George's Avenue, Northampton.  
 STUDENT'S REGTL. No. D-140390 RANK PTE NAME Trimm C.A.  
 ORIGINAL UNIT 4 C.I.R.U. COURSE (Trade) Shoe Repairer.  
 †TRANSFERRED TO.....  
 Duration of Course From 20th April 1944 To 17th May 1944.

Strike out words not applicable in following table:—

SUITABILITY FOR TRADE	CONDUCT AND INTEREST	PRACTICAL ABILITY	THEORETICAL KNOWLEDGE
<del>Unsuitable.</del>	<del>Poor.</del>	<del>Poor.</del>	<del>Poor.</del>
<del>Doubtful.</del>	<del>Fair.</del>	<del>Fair.</del>	<del>Fair.</del>
<del>Suitable.</del>	<del>Good.</del>	<del>Good.</del>	<del>Good.</del>
<del>Very suitable.</del>	<del>Very good.</del>	<del>Very good.</del>	<del>Very good.</del>

SUMMARY: **Passed** (1) ~~Basic Training Test~~ } in Army Trade of  
 (2) ~~Subsequent Training Test~~ } Shoe Repairer  
 (3) Complete Class...3. Test

~~\*Recommended for classification after experience in unit in Army Trade of~~  
~~Failed in Army Trade of~~

\*Not applicable to Basic Courses.

†Delete when not applicable.

REMARKS :

Date 13 MAY 1944

*J. Bailey*

*Head of Training Establishment.*

---

INSTRUCTIONS FOR COMPLETING A.F. B 197A.

1. Army Form B 197A will be completed :—

- (a) *Entrance.* At the commencement of the course for unsuitable or fully qualified men.
- (b) *Uncompleted Course.* At any time when for any reason students are returned to units prior to completion of the course.
- (c) *End of Course.* At the end of (i) Basic training course, (ii) Subsequent training course, or (iii) the complete trade course.

2. After completion, Army Form B 197A in duplicate will be forwarded immediately to Officer Commanding, Technical Training Group concerned, or in the case of Military Training Establishments to the O.C. Unit.

461RU.

# TRADE TRAINING REPORT FORM.

REPORT ON STUDENT (*Strike out two*). (a) ~~Entrance~~. - (b) ~~Uncompleted Course~~. (c) End of Course.  
 TRAINING ESTABLISHMENT Northampton College of Technology.  
 ADDRESS S. George's Avenue, Northampton.  
 STUDENT'S REGTL. NO. D-140390 RANK Pte NAME Trimm C.A.  
 ORIGINAL UNIT 5 G.I.R.U. COURSE (*Trade*) Shoe Repairer.  
 †TRANSFERRED TO.....  
 Duration of Course From 24th Feb 1944 To 22nd March 1944.

Strike out words not applicable in following table:—

SUITABILITY FOR TRADE	CONDUCT AND INTEREST	PRACTICAL ABILITY	THEORETICAL KNOWLEDGE
<del>Unsuitable.</del>	<del>Poor.</del>	<del>Poor.</del>	<del>Poor.</del>
<del>Doubtful.</del>	<del>Fair.</del>	<del>Fair.</del>	<del>Fair.</del>
<del>Suitable.</del>	<del>Good.</del>	<del>Good.</del>	<del>Good.</del>
<u>Very suitable.</u>	<u>Very good.</u>	<u>Very good.</u>	<u>Very good.</u>

SUMMARY: **Passed** (1) ~~Basic Training Test~~ } ~~in Army Trade of~~  
 (2) ~~Subsequent Training Test~~ }  
 (3) ~~Complete Class..... Test~~ }

\*~~Recommended for classification after experience in unit in Army Trade of~~  
**Failed in Army Trade of Shoe Repairer**.....

\*Not applicable to Basic Courses.

†Delete when not applicable.

REMARKS :

↑ 8 MAR 1944

Date.....

*O. Bailey SM*

.....Head of Training Establishment.

INSTRUCTIONS FOR COMPLETING A.F. B 197A.

1. Army Form B 197A will be completed :—
  - (a) *Entrance.* At the commencement of the course for unsuitable or fully qualified men.
  - (b) *Uncompleted Course.* At any time when for any reason students are returned to units prior to completion of the course.
  - (c) *End of Course.* At the end of (i) Basic training course, (ii) Subsequent training course, or (iii) the complete trade course.
2. After completion, Army Form B 197A in duplicate will be forwarded immediately to Officer Commanding, Technical Training Group concerned, or in the case of Military Training Establishments to the O.C. Unit.

In lieu of AF W3017

(Hospital stamp)

NOTIFICATION OF ADMISSION

No. 10 Canadian Gen Hospital

Theatre of Operations ..... A & D No. ....

Regt No. D140390 Rank Pte Age 21

Surname TRININ

Christian Names Clarence H

Unit & RU Line 9 to alland  
(If Civilian, Address)

Religion C.P. M or S S

Admission date 27 Jan 45 hour 2120

from 3 C.V.C.S.

Diagnosis Fracture Lt. Hand

MO Admitting ..... Ward 5128  
B-302

Previous Admissions .....

Pay Book Part I yes no

Walking

" " " II yes no

Sitting

" " " III yes no

Stretcher

Accidental yes no

Dangerous

Enemy Action yes no

Severe

Sick yes no

Slight

[Signature]  
Signature of Admitting Clerk

---

O H M S

To:

.....

.....

.....

.....

---

UNIT OR SHIP Line 7 Well

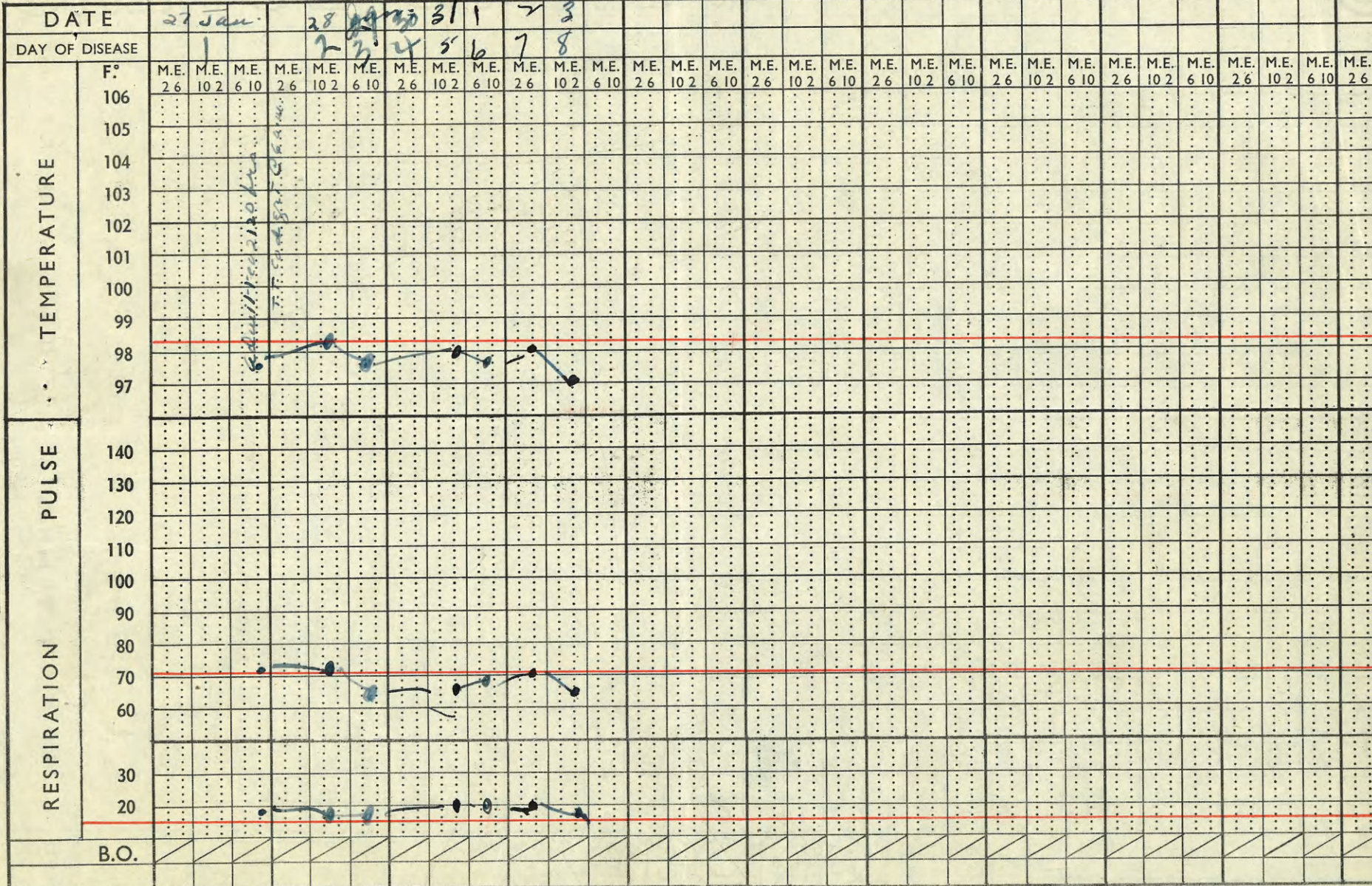
# CLINICAL CHART

(TO BE ATTACHED TO CASE SHEET)

4/5A C.F.A. 5  
(ARMY FORM B. 181)  
40/P & S/1424

NO D140390 RANK AND NAME Pte Trimm-Clarence AGE 21 HOSPITAL 10 C.G.H.

DIAGNOSIS Fd DATE OF ADMISSION 27/1/1945 DATE OF DISCHARGE / / 19 STATION \_\_\_\_\_



SIGNATURE OF M.O. i/c \_\_\_\_\_

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

# CLINICAL CHART

(TO BE ATTACHED TO CASE SHEET)

4/5A C.F.A. 5  
(ARMY FORM B. 181)  
40/P & S/1424

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

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

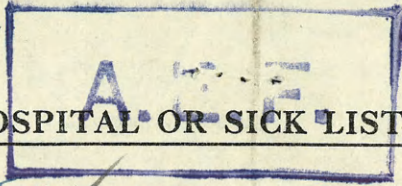
DATE																																							
DAY OF DISEASE																																							
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	104	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
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B.O.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
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SIGNATURE OF M.O. i/c \_\_\_\_\_



Hosp A & D No. 847/43



4/5B CFA 3 (Revised)  
40/P & S/1438 (4954)  
In lieu of AFI 1220  
(Not to be used for British Wounded.)

HOSPITAL OR SICK LIST RECORD

D140390 ✓ Regtl No. TRIMM Surname C. Clarence A. Levin Christian Names

Rank PTEV Unit LINC & WELAND REGT. Age 21

Hospital 10. cdn Gen

ACTED ON

DATES OF:—

Admission 27 Jan 45 from 2.C.C.S. Discharge to Duty FEB 7 1945 Unit R.T.U.  
Transfer from " for Conv to

No. of days under treatment 12. Death

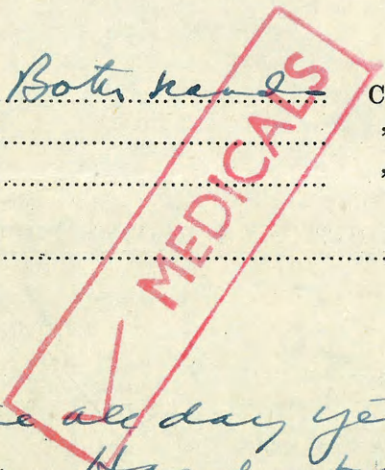
Theatre of Operations	Medical	} on admission ..	P	U	L	H	E	M	S
	Category		} on discharge ..						

CLINICAL NOTES:

Disease or Injury Frost Bite Both hands Code No. 5128  
(final diagnosis) R.A. slight. " " 1209

Operation, nature and date

Anaesthetic



MEDICAL NOTES:

was under fire all day yesterday unable to leave cover. Hands frost bitten. Swain - L. Hand + fingers swollen + numb. Hot. Sensation at tips. A ring was removed from ring finger because of swelling distal to ring. R. Hand. index finger swollen + hot. Skin of both hands unbroken.

Dr. Evac C. sitting.

W.D. Middleton Capt

17 Feb 45. Hands much improved. Still some numbness in finger tips.

37 Feb 45 - much improved. Int for R.T.U.  
D.W. Middleton Capt

PRECIS OF CASE HISTORY & RECOMMENDATIONS

26 Jan 45. Hands frost bitten while in action  
Adm (o.c. G.A. 27 Jan 45. Left hand & fingers swollen  
& had 2 numbness in finger tips  
Right index finger swollen & hot.  
Skin intact

37 Feb 45. Condition better has occurred. Tingling  
in finger tips.  
Discharge R.T.U.

Signature of MO i/c Case .....  
D.W. Middleton Capt

Date 37 Feb 45 .....

NAME TRIMM Clarence Alvin RANK Pte. AGE 19 REG. No. D-140390

UNIT INF(R) CA DATE 10-5-43 1943

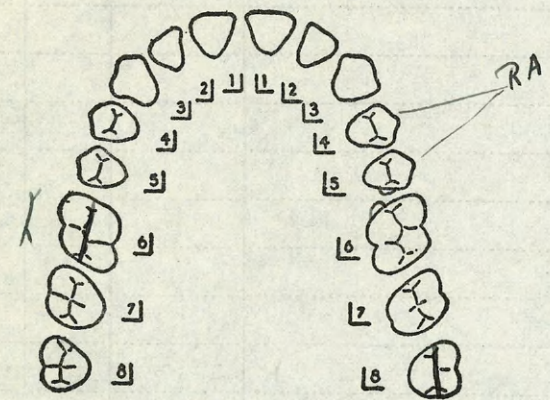
Strike out inapplicable number and words.

ORAL HYGIENE { Good  
Fair  
Neglected

PROPHYLAXIS required { Yes  
No

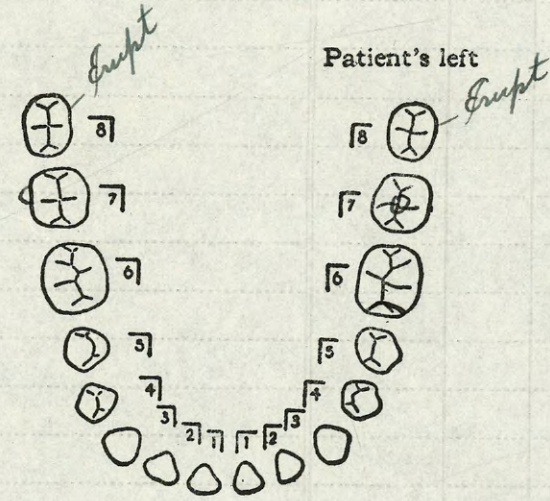
MUCOSA  
(Describe any pathological condition briefly)

Patient's right



Rx RA 14-5  
2C

Patient's left



3C

Abbreviations:—

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

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

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

Describe with sketch  
Br Bridge

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

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

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

Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.

Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.

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

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

M.F.B. 465  
10M pads of 100-10-40 (7437-8)  
H.Q. 1772-39-950

*J.C. Shampoer Capt.*  
Signature and unit of examining officer



e

Squadron  
Battalion  
Company  
Detachment

E. A. (B) J C 41

Unit or Battalion

MORNING SICK REPORT

21 July 1943

Reg't No.	RANK AND NAMES (Christian Name in full)		Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
D140390	Pfc	Trimm	19	P		S	Swollen Pt. Knee	2 hrs light duty
		Trimm Clarence				Alvin		

*[Signature]*

Medical Officer

*[Signature]*

Orderly N.C.O.

M. F. B. 292



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 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..... TRIMM  
(Surname first—Christian names in full—Block capitals)

..... Clarence Alvin

(2) Regimental or Official Number and Rank..... D-140390 Pte

(3) Unit..... Inf (R) Ca

(4) Are you married?..... Nil

(5) If married, state,

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

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

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

..... Nil

(7) Are you a widower?.....

(8) Have you any children?..... Number of boys..... Girls.....

Names and ages..... Nil

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

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

Name..... Nil

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? **Nil**  
If so, state her full name and Postal Address **Nil**

(11) Is your father alive? **Yes**  
If so, state name and address, occupation **Mr. James TRIMM (C.P.R.)**  
**736 Greene Ave. Montreal, Que. Canada.**

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

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

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

(14) Is your mother alive? **No**  
If so, state name and address **Nil**

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....  
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? **Yes**  
If so, in what Company? **Montreal Life Ins.**

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? **Yes**

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Date **10th May 1943**

*James E. Trimm*  
(Signature of officer or man)

Date **10th May 1943**

Officer Commanding

**NO. 4-DISTRICT DEPOT A.F.**

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





TRIMM.  
Name

C. A.  
Initials

PTE.  
Rank

June, 1943.

D-140790.  
Regimental No.

INF. (R). CA.  
Unit

REPORT—

RAI- 145 - Area

- For Diagnosis.

CANADIAN DENTAL CORPS

L. T. HOOKER Capt.  
Dental Officer

M.F.M. 51-50M-11-42(7077)—H.Q. 1772-39-1715

H.Q.

D-140390  
405-T-14,115

D20226

M.F.B. 387  
50M-7-44 (5061)  
H.Q. 1772-39-440  
K.P. 12702

M.F.B. 387  
50M-7-44 (5061)  
H.Q. 1772-39-440  
K.P. 12702

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

TRIMM, CLARENCE ALVIN

D. 140390

ESTABLISHED  
DVA

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")		
				2B	WITH PAPERS MAY 2 1945		
				DR2(a)	Passed Pleas	LC	11/5/45
				DR3	" "	LC	11/5/45
MAY 19 1945	17-5-45	PA	LSM	D.R.2C	" "	Jm	16-5-45
MAY 26 1945	25/5/45	PA	Q	2B	PER REQUISITION -		MAY 24 1945
MAY 30 1945	24/5/45	PA	Ph	2C	PER REQUISITION -		MAY 28 1945
AUG 3 - 1945	1/8/45	pa	bid	2d	PER REQUISITION -		JUN 19 1945
MAR 14 1946	27/1/45	PA	SM	7a	PER REQUISITION		NOV 21 1945
JUL 4 - 1945	3/2/46	pa	MR	2C	PER REQUISITION		24 1946
					PER REQUISITION		OCT 18 1946
MAR 31 1947	2/2/47	PA	ED	Estates with papers			29.1.47
MAR 16 1948	14/6/48	pa	Ph	4B	PER REQUISITION		MAY 27 1948

H.Q. 405-T-14,115

D 20226

D-140390

DO NOT WRITE BELOW THIS LINE

CASUALTY SECTION

FILE ACTION

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY	DATE
1. Cable Abstract Attached	<i>[Signature]</i>	3-5-45				
2. Telegram Despatched to N/K						
3. Delivery of N/K Telegram Confirmed						
4. Confidential Notice (Miss, POW, Fatafs)						
5. Dependents Allowance Board Notified						
6. D.P. & N.H. Notified (Blindness, Amps, Fatafs)						
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 (Fatafs)						
14. File Passed to "Q3" (Fatafs)						
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	<i>E.H.</i>	16-5-45				
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

# NOTICE

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

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

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



EST 1

Cas Report No. 26354

NAME D-140390 Pte. TRIMM, Clarence Alvin

Casualty	Date	Authority	Date entered	Clerk
DIED OF WOUNDS	27 Apr 45.	"A" 573	22 May 45.	<i>mmr</i>

CASUALTY REPORT checked by *JL* C  
 EST 3( ) to \_\_\_\_\_ O  
 Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Returned and checked by \_\_\_\_\_ O  
 EST 3( ) to \_\_\_\_\_ O  
 Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Returned and checked by \_\_\_\_\_ O

WILL from *Rec. 4/10.11.44* received on *17.5.45* and checked by *JL* O  
 Date *10.11.44* Beneficiary *Jan R Trimm, 736 Green Ave, Northbrook, Ill.*  
 Photo indent dated *29 May 45* by *mmr* C Negative No. *1040* filed by *JL* C  
 Forward to D. of E. *JL* C. EST 10 No. *286* by *JL* C.

EFFECTS at 1 CKSD ~~NO~~ EST 2 NO. *249* inventory checked by \_\_\_\_\_ O  
 EST 4 to \_\_\_\_\_ O  
 Sent on \_\_\_\_\_ by \_\_\_\_\_ C.  
 EST 4(a) \_\_\_\_\_ C. Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Inventory checked by \_\_\_\_\_ C  
 Inventory UNIT effects checked by *JL* O. / ~~NO UNIT effect~~  
 Release from D. of E. to \_\_\_\_\_ O  
 RELEASE to *Can* O. EST 11 (a) No. *667* EST 5 on *18 JUN 45* by *JL* C.  
 Shipped in Box EST *240* on *Aug 45* EST 5(a) rec'd and filed by \_\_\_\_\_ C  
 C. of A. REPORT rec'd and dup. ch. on *24 May 45* by *JP* C. Checked by *JL* O

DEBTS

Particulars	Name	Amount	Paid	Receipt

		Checked		
MBM I Part II		<i>JL</i>		MBM I Part I <i>JL</i> O
No.	Cn bk Chs			Off Record of Service Bk O
GPO	bank book			O
				O
				O
				O

EST 6/~~Requ~~/Docs/~~Unit~~  
 Cash to P.M. *wif*  
 Prepared by *EP* C

LPC received and checked by *JL* O.  
 EST 7 *JL* C. Prepared by *EP* C.

COMPLETE (*Rec'd*) *JL* O. Entered on *OCT 27 1945* by *mmr* C

NOTES

REMARKS to D. of E.

**CANADIAN MILITARY HEADQUARTERS  
(CANADIAN ARMY OVERSEAS)**

**CROSS REFERENCE**

CENTRAL REGISTRY	DATE	PA OR BF	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")							

**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 BF 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.

EST 7

Quote No. 10/TRIMM CA/1 (Est 4)

CANADIAN MILITARY HEADQUARTERS  
2, Cockspur Street,  
(Trafalgar Square)  
LONDON, S.W.1.

26 Oct 45

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

D 140390 Pte TRIMM, Clarence Alvin (dec'd)

1. Herewith the following:-

Original C. of A. Report  
M.B.M. 1 Part I  
M.B.M. 1 Part II (2)

~~XXXXXXXXXX~~  
~~Officers Record on Service Book~~  
L.P.C.

~~XXXXXXXXXX~~  
C.F.A. 187 Odn Sec GHQ 2 Ech 21 A Gp

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

Received Accounts as follows:-

NIL

Form Letters as follows:-

NIL

Bank Books as follows:-

NIL

2. ~~XXXXXXXXXX~~  
Personal effects released to you in Box EST 240

~~Personal effects released to~~


3. Nil effects stored at No. 1 C.K.S.D.

4. ~~XXXXXXXXXX~~  
Will forwarded to you with EST 10 Serial No. 286

5. Remarks

NIL

Copy to File.

  
(G. V. Lempard) Lt-col.,  
Officer i/c Estates,  
Canadian Military Headquarters

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

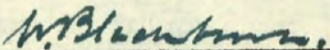
D140390 Pte Trimm C.A. (Dec'd).

10/Trimm C.A./1 (EST.2.).

In accordance with your letter dated 14 Jun.45.

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

24th Oct.45.

  
for Chief Treasury Officer.



PR/495

**CANADIAN ACTIVE SERVICE FORCE**

District.....

**OVERSEAS**

Dispersal  
Area.....

**LAST PAY CERTIFICATE**

(All Ranks)

Regtl No. **D140390** Rank and Name **TRIMM C.A. PTE.**

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

(Transfer or Discharge)..... on **27th Apl. 45.** 19.....

Reason **Death** Authority **CCL. "A" 573/5th May. 45.**

The following is a statement of the account of the above-named from **1st Apl.** to **30th Apl. 45.** 19.....  
the inclusive date of transfer or discharge.

		Dr				Cr	
Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		209	89
First Monthly Payment.....				Regimental Pay <b>30 days at 1.50</b>		45	00
Casual Payments.....				Tradesmen's Pay..... days at..... \$.....			
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars)..... ..... days at..... \$.....			
Assigned Pay.....		20	00	Allowances (give particulars)..... days at..... \$.....			
Regimental Charges.....				<b>D.P. Int:</b>		3	10
Public Stoppages (give particulars):				.....			
.....				.....			
.....				.....			
.....				.....			
To Balance Cr { Free.....		128	99	By Balance Dr			
{ Deferred.....		109	00	.....			
Total.....		257	99	Total.....		257	99

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

Remarks

**A.P. \$20.00 (B) Stopped eff May. 45.**

Compiled by **W.W. Marsh.**

Checked by **W. Branghtin**

Date **24th Oct. 46.** 19.....

Certified correct **W. Branghtin**  
for Chief Treasury Officer, Overseas



EST 6

Quote No. 10/TRIMM CA/1 (Est. 2)....

CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street

(Trafalgar Square)

London, S.W. 1.

14 June 45

C.P.M. (Pay 2)

D-140390 Pte TRIMM, Clarence Alvin (dec'd)

27 Apr 45 - "A" 573

1. Herewith the following

- (i) M.B.M. I PT II
- (ii) ~~Distribution of Service Mistakes 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 NIL

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... D-140990 ..... Pte ..... TRINN Clarence ..... A. ..... (Dec '1d) .....

RECEIVED FROM ..... Cdn Sec 2nd Ech 21 A/Gp .....

CHECKED BY ..... H-92487 Gnr Mc Nabb ..... W.J. .... DATE ..... 8 Jun 45 .....

AND ..... G-33192 ..... Pte Leafloor R.P. ....

- |   |                   |
|---|-------------------|
| 1 | Leather Wallet    |
|   | Souvenir Coins    |
| 1 | Snapshots         |
|   | Letters           |
| 1 | Red Identity Disc |
| 1 | Unit Flash        |

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

QUADRUPPLICATE—with effects.

*W.J. Mc Nabb* .....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

of personal effects received by  
Casualty Section, No. 1 (C&S)

DATE





**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. D.140390. Ste

Rank, Name & Initials TRIMM C A.

Regiment or Corps LINC. & WELLD.

Nature of Casualty D/W.

Date of Casualty 27 APR. 45

Inventory No. :-

11866.

Registered Post Particulars :-

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 Eric J. Roberts

Rank Standing Committee of Adjust.

Unit Gdn. Sq. GHQ. 2 Ech. 21 A Gp.

Date 19 MAY 45.

Personal effects of :-

- (i) Deceased, Missing or Prisoner of War 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 the Reinforcement Holding Unit (or G.H.Q., 2nd Echelon, if specially instructed).

Three copies of this Form will be prepared. One will be retained by the Unit, one enclosed in the Parcel of Effects and one despatched separately by registered post to Addressee.

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

Personal or  
Army No.

D. 40390

Rank

Pte

Name & Initials

CA. TRIMM

Army Form W.3190

Regt.

L. 200 R.

**INVENTORY OF EFFECTS.**

List of Articles of Intrinsic or Sentimental Value.

LEATHER WALLET  
 SOUVENIR COINS  
 1 - SNAPSHOT JAG.  
 LETTERS.  
 RED IDENTITY DISC  
 1 UNIT FLASH.

Comptd  
 8 June 45  
 W. J. M. Hall  
 C. P. Lafferty

	£	s.	d.	Frcs.	Ctms.
Notes					
Postal Orders					
Gold					
Silver					
Copper					
<b>TOTAL</b>					

**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.

STANDING COMMITTEE OF ADJUSTMENT REPORT

D 140390 Pte Trimm G.A. Line & Well'd Regt.  
 Regt'l No. Rank Name in full Unit

Casualty Deceased Date 27 Apr 45

1. The following articles of Government Equipment have been removed from the personal effects of the above mentioned and have been turned in to Q.M. Stores. They are included in our Q.M. Receipt No. \_\_\_\_\_

Nil

2. The following have been removed for reasons indicated:-

Nil

3. The following documents are forwarded Officer i/c Estates with this report:-

Nil

4. The following which are not mentioned in the Unit Committee of Adjustment Report are indicated hereafter for your information:-

- Leather Wallet
- Souvenir Coins
- 1 Snapshot
- Letters
- Red Identity Disc
- 1 Unit Flash

5. The a/m effects were received this H.Q. from No. 6 Cdn F.D.S. RCAMC. These effects were received this H.Q. subsequent to submission of Committee of Adjustment to Officer i/c Estates 17 May 45.

*Eric G. Roberts*  
 (Eric G. Roberts) Capt.

Standing Committee of Adjustment  
 Cdn Sec 2nd Ech H.Q. 21 Army Group

22 May 45

Date

**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. D.140390. Pte.

Rank, Name & Initials. TRIMM C A.

Regiment or Corps. LINC. + Welld.

Nature of Casualty. D/W.

Date of Casualty. 27 APR. 45

Inventory No. :— 11866.

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

**Registered Post Particulars :—**

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 Eric Roberts

Rank CAPT

Unit Standing Committee of Adjust.

Date 19 MAY 45.

Personal effects of :—

- (i) Deceased, Missing or Prisoner of War 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 the Reinforcement Holding Unit (or G.H.Q., 2nd Echelon, if specially instructed).

Three copies of this Form will be prepared. One will be retained by the Unit, one enclosed in the Parcel of Effects and one despatched separately by registered post to Addressee.

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

Personal or  
Army No.

D.140390.  
Rank

Pti

Name & Initials

CA. TRIMM

Army Form W.3190

Regt.

L & W R.

FOR USE AT THE BARE ONLY.  
**INVENTORY OF EFFECTS.**

List of Articles of Intrinsic or Sentimental Value.

LEATHER WALLET.  
SOUVENIR COINS.  
1-SNAPSHOTS. July.  
LETTERS.  
RED IDENTITY DISC  
1 UNIT FLASH.

£ s. d. Fr Cts.

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.

STANDING COMMITTEE OF ADJUSTMENT REPORT

<u>D-140390</u>	<u>Pte.</u>	<u>TRIMM, C.A.</u>	<u>Line &amp; Well'd Regt</u>
<u>Regt'l No.</u>	<u>Rank</u>	<u>Name in full</u>	<u>Unit</u>

Casualty Deceased Date 27 Apr 45

1. The following articles of Government Equipment have been removed from the personal effects of the above mentioned and have been turned in to Q.M. Stores. They are included in our Q.M. Receipt No. \_\_\_\_\_

NIL

2. The following have been removed for reasons indicated:-

NIL

3. The following documents are forwarded Officer i/c Estates with this report:-

NIL

4. The following which are not mentioned in the Unit Committee of Adjustment Report are indicated hereafter for your information:-

M.B.M. 1 Parts I & II Pwd herewith

Received this H.Q. from Medical Installation

- 5.

*Eric G. Roberts Capt*

Eric G. Roberts (Capt)

Standing Committee of Adjustment  
Cdn Sec 2nd Ech H.Q. 21 Army Group

17 May 45

\_\_\_\_\_  
Date

# UNIT COMMITTEE OF ADJUSTMENT REPORT

## INSTRUCTIONS

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

## REPORT

No. D 140300 Rank Pte Name in full TRIM, C A  
\*Deceased, \*Missing, \*Prisoner of War, \*Interned, Date of Casualty 27 Apr 45  
Unit Lincoln & Wollant Regt.  
Medical installation in which death took place (if applicable) Not Known  
Reinforcement Unit to which posted at time of death (if applicable) H.A.  
Name of Officer furnishing report CAPT. W H GOV  
(BLOCK CAPITALS)

### A. PERSONAL EFFECTS

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

### B. WILL

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

### C. CLOTHING AND EQUIPMENT (PUBLIC)

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

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

D. PREFERENTIAL CHARGES

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

\*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
†			

\*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
†	

(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
†			

\*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. {		†
		†
		†
Dr. {	†	
	†	
	†	
	†	†

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 it has not been found.)

Signature of Committee or President.

Lincoln & Welland Regt.

Unit

10 May 43

Date



Exhibit "A6"

D 140390 Pte Trimn C A  
Died of Wounds 27 Apr 45

1. The kit of the m/n has been searched and ~~nothing~~ no personal effects have been found. No effects have been received by this Unit from the Medical Installation in which death took place.

.....  
*W H Gow*  
.....Capt.  
W H Gow.  
Unit Committee  
Linc & Welld R.

CANADIAN MILITARY HEADQUARTERS  
RECORDS OFFICE  
CASUALTY REPORT

Name (in full) TRIMM, Clarence Alvin  
No. D-140390 Rank PTE Unit LINC & WELL REGT  
Hospital (UK only) in which death took place, if applicable .....  
RU (UK only) to which posted on admission to hospital .....  
Casualty DIED OF WNDS Date 27 APR 45 List No. A 573 Place AEF  
If PW or Interned; Number and Address .....  
Previously reported ..... Date .....  
*J. P. Curran Capt*  
OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/No (if No, complete No. 2)
2. Name (in full) .....  
Relationship ..... Address .....
3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.  
Date of marriage, if known .....

Dup. will to O i/c Estates      WILL, EFFECTS, ETC

1. ~~No will here (or)~~ will herewith dated 10-11-44 Beneficiary BROTHER  
Mr. James Randolph TRIMM (Relationship)  
736 Green Ave. Montreal Que. Canada (Address)      Executor Miss Carmen Matilda TRIMM  
(same 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 MAY 15 1945

ORIGINAL — With will, if any to OIC Estates, .....  
CMHQ.  
DUPLICATE — To file.

*J. P. Curran*  
OIC R 3 Wing (Non-effective Pers)  
for OIC Records,  
CANADIAN MILITARY HEADQUARTERS

D.V.A. D-140390  
R 4(B)

Ottawa,

14th June, 1948.

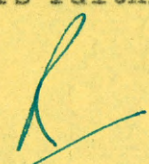
Mr. James R. Trimm,  
736 Greene Ave.,  
Montreal 30, P.Q.

Dear Mr. Trimm:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late brother, D140390 Private Clarence Alvin Trimm, the location of which is grave 9, row A, plot 10, Holten Canadian Military Cemetery, Holten, Holland.

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

Yours faithfully,

  
Director,  
War Service Records.

Enc. 

405-T-14115

XX

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA



Date February 12th., 1947.

RECEIVED this date Treasury cheque for the sum of

Three Hundred and Fourty-Two-----85 Dollars (\$ 342.85)
100

War Service Gratuity

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

TRIMM Clarence A. - Pte - (Deceased)

D140390 - G.A.

James Randolph Trimm
Signature

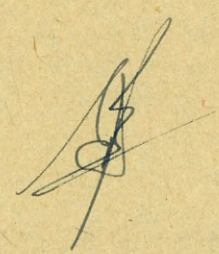
February 12th., 1947.

Mr. James Randolph Trimm,  
736 Greene Ave.,  
Montreal 30, P.Q.

TRIMM Clarence A. - Pte - (Deceased)  
D140390 - C.A.

Dear Mr. Trimm:

JLB  
Encl.

A handwritten signature or set of initials, possibly 'JLB', written in dark ink. The signature is somewhat stylized and appears to be written over a faint horizontal line.

**DISTRIBUTION OF SERVICE ESTATES**

Estates Form "P. 4"

ARMY

MN

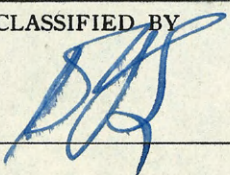
Name ..... TRIMM ..... CLARENCE A. ..... No. D.140390  
 Surname Christian Names

Rank ..... Pte. ..... Unit C.A. O/S ..... Date of Death 27.11.45

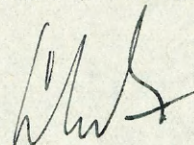
	<u>AMOUNT</u>	<u>V.S.O.</u>	
		L.P.C.....\$	<u>342.85</u> ✓
Date..... <u>7-2-47</u>			<u>239.89</u> ✓
		Other Credits.....	
		Total.....	<u>582.74</u> ✓
		Prev. Dist.	<u>239.89</u> ✓
		This Dist.	<u>342.85</u> ✓

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	BROTHER	<p>James Randolph Trimm,                736 Greene Ave.,                Montreal, 30 P.Q.</p> <p>(Sole beneficiary under will.)</p> <p align="center">P4. TO TREAS.                FEB 12 1947</p>	342.85

V.S.O.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	342.85
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED



(L. M. FIRTH) Colonel  
 Director of Estates

AUDITED FOR PAYMENT

342.85  
m.f.

DISTRIBUTION

SERVICE  
NAVY  
ARMY ✓  
AIR FORCE  
C.E.F.

NAME Trimm, Clarence A.

NO D-140390 RANK Pte.

REGT: C-A-015 DATE OF DEATH 27-4-45

All-Brother: - \$342.85 W.S.G. - 342.85  
James Randolph Trimm, L.P.C. - 239.89  
OTHER CREDITS.

PAY TO: TOTAL 582.74

736 Greene Ave., Prev. Dist. 239.89

Montreal 30, P.2. This Dist. 342.85

W.S.G.

(Sole beneficiary under will)

PH \_\_\_\_\_

\$ 342.85

P.4 in favour of  
brother as per  
previous P.4.

WSG 4  $\frac{2}{47}$



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

JUL 6 7 45

2  
ARMY

DECEASED  
MEMBER'S  
NAME

Clarence Alvin  
(CHRISTIAN NAMES)

TRIMM  
(SURNAME)

REGISTER NO. D.20226  
FILE NO. 405-T-14115  
DATE 13-1-47  
SERVICE NO. D.140390  
FINAL RANK OR RATING Pte  
DATE OF DISCHARGE 27-4-45

PAYEE Director of Estates  
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 27-4-45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 719 EQUAL TO 23 COMPLETE PERIODS AT \$7.50  
30

\$ 172.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 500 LESS 29 INELIGIBLE DAYS, EQUAL TO 471 DAYS @ 25c. PER DAY

117.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
SUSTINENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.75 X7 = \$ 19.25  
NO. OF DAYS 500 X \$ 19.25  
183

290.25

52.60

D. WAR SERVICE GRATUITY

342.85

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

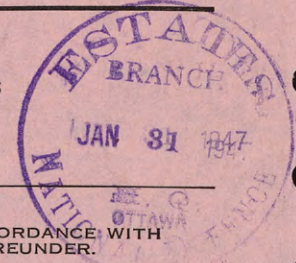
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

342.85

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 [Signature]  
CHECKED BY [Signature]

TREASURY  
CHECKED BY [Signature] DATE 20/1/47

[Signature]  
SERVICE REPRESENTATIVE

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

4  
ARMY

DECEASED  
MEMBER'S  
NAME

Clarence Alvin  
(CHRISTIAN NAMES)

TRIMM  
(SURNAME)

REGISTER NO. D.20226  
FILE NO. 408-T-14115  
DATE 13-1-47  
SERVICE NO. D.140390  
FINAL RANK OR RATING Pte  
DATE OF DISCHARGE 27-4-45

PAYEE  
ADDRESS

Director of Estates

DATE OF TERMINATION OF OVERSEAS SERVICE

27-1-45

DATE OF DISCHARGE

27-4-45

A. TOTAL QUALIFYING SERVICE

690

NO. OF DAYS 719 EQUAL TO 23 COMPLETE PERIODS AT \$7.50

\$ 172.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 500 LESS 29 INELIGIBLE DAYS, EQUAL TO 471 DAYS @ 25c. PER DAY

117.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.75 X 7 = \$ 19.25  
NO. OF DAYS 500 X \$ 19.25  
183

290.25

58.60

D. WAR SERVICE GRATUITY

342.85

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

342.85

F. TOTAL AMOUNT PAYABLE

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

TREASURY  
CHECKED BY  
DATE

SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Lawrence Alvin Grimm Register No. D-20226  
(Christian Names) (Surname)

PAYEE'S NAME Estates File No. 405-T-14115  
(Christian Names) (Surname)

ADDRESS \_\_\_\_\_ Date 13-1-47

Service No. D-140390

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 27-4-45 ✓ Date of Discharge 27-4-45 ✓

		AMOUNT	
		\$	c
<b>A. TOTAL QUALIFYING SERVICE</b> ✓			
No. of day <u>719</u> ✓	= <u>23</u> <sup>(29)</sup> ✓		
<small>30</small> Periods @ \$7.50		172	50
<b>B. QUALIFYING OVERSEAS SERVICE</b> ✓			
No. of days <u>500</u> ✓	less <u>29</u> ✓		
<small>Ineligible days,</small>			
equal <u>471</u> ✓	<small>Days @ 25c. per day</small>	117	75
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b> ✓			
Daily Rate of Pay	\$ <u>1.50</u> ✓		
Subsistence Allowance	\$ <u>1.25</u> ✓		
Additional Pay	\$ _____		
Dependents' Allowance 1/30	\$ _____		
TOTAL	\$ <u>2.75</u> ✓ × 7 = \$ <u>19.25</u> ✓		
No. of Days	<u>500</u> ✓ × \$ <u>19.25</u> ✓		
	183	52	60
<b>D. WAR SERVICE GRATUITY</b>			
Computed By <u>G</u>		342	85
<b>E. DEDUCTIONS</b>			
Overpayment of (1) Pay & Allowance	\$ _____		
(2) D.A. & A.P.	\$ _____		
Other Deductions	\$ _____		
Entered By <u>M</u>			
<b>F. AMOUNT PAYABLE</b>			
(This amount is payable in _____ monthly instalments of \$ _____ each)		342	85
<b>G. Monthly instalment not to exceed daily rate of Pay &amp; Allowances per (C)</b>			
\$ _____ × 30 = \$ _____			

REMARKS



*D.A.B.*  
*2-5-46*

# Dependents' Allowance Board

PLEASE ADDRESS REPLY TO  
CHAIRMAN AND QUOTE  
No. D-140390

## Department of National Defence

Serial No: D-20226

File No: H.Q. 405-T-14115  
(WSG-G)

W.S.G. 16A

*W S M*  
*18-10-46*

Ottawa, Canada

December 14th, 1946

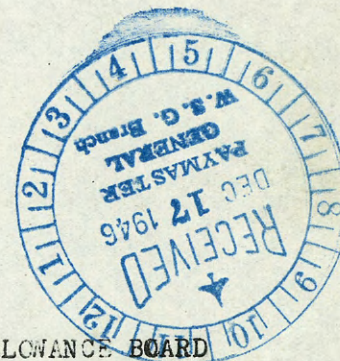
Director of Pay Services,  
War Service Gratuity Branch,  
No. 8 Temporary Building,  
O T T A W A.

Re: D-140390 TRIMM, C.A.

1. Reference your memorandum of October 26, 1946
2. The Dependents' Allowance Board has found that the following persons may NOT be considered dependents of the above named under Section 4 of the War Service Grants Act.

James Randolph Trimm

Carmen M. Trimm



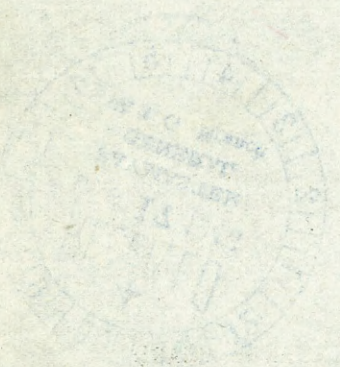
DEPENDENTS' ALLOWANCE BOARD

B-44/DW

*M. Herdman*  
For E.J.S. Dudley - Lt. Col.  
(Chairman)

H05-T-14,115 WSG. 18/10/46 W.S.G.(S)

H05-M-19,312. 2c. 9/1/47



P.A.

File No. 405-T-14115

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. W-140390 Name Linnin, Clarence Alvin

Rank on Discharge pte Date of Discharge 27-4-45

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying  
service

Canada from 10-5-43 to 14-12-43

from \_\_\_\_\_ to \_\_\_\_\_

United Kingdom from 15-12-43 to 19-7-44

from \_\_\_\_\_ to \_\_\_\_\_

Italy from \_\_\_\_\_ to \_\_\_\_\_

Northwest Europe from 20-7-44 to 27-4-45 Dw.

-----from \_\_\_\_\_ to \_\_\_\_\_

-----from \_\_\_\_\_ to \_\_\_\_\_

Eligible for award of:

1939 - 45 Star ok ✓

~~Italy Star~~ \_\_\_\_\_

France-Germany Star ok ✓

Defence Medal ok ✓

War Medal ok ✓

Canadian Volunteer Service Medal ok ✓

with clasp \_\_\_\_\_



Verified by D Foster DF

Date 13-9-46

SEP 14 1946

Carded \_\_\_\_\_

HA 165

NO RIBBON DESPATCH

4th July, 1946.

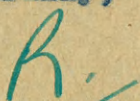
Mr. James Randolph Trimm,  
736 Greene Ave.,  
Montreal 30, P.Q.

Dear Sir:

Information has just been received from overseas that the remains of your brother, D140390 Private Clarence Alvin Trimm, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row A, plot 10, of Holten, Canadian Military Cemetery, Holten, Holland. Marked map is enclosed. 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,

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

JJJ



DEPARTMENT OF NATIONAL DEFENCE

A R M Y

OTTAWA, Ontario, October 26, 1946.

Serial No: D-20226.

File No: H.Q.-405-T-14115.  
(WSG-G)

ATTENTION: B-44

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

Regt'l Number D-140390.

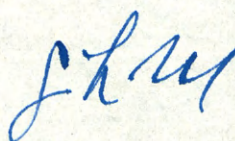
Name of Deceased TRIMM, C.A.

1. Reference your ..... D-140390. .... dated  
July 16, 1946.  
.....

2. In view of the above will you please advise whether or not any of the persons listed hereunder is entitled to receive the War Service Gratuity under the terms of paragraph 5 of the Directive dated 27th May, 1946, issued by the Minister of Veterans Affairs.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
James Randolph Trimm,	Brother,	736 Greene Ave., Montreal, Que.
Carmen M. Trimm,	Sister,	736 Greene Ave., Montreal, Que.

3. If more than one of the above was eligible to receive Dependents' Allowance, please indicate the portion of Gratuity to be made available for distribution in each case.



(G.L. MATTHEWS) Capt.,  
for PAYMASTER-GENERAL.





CANADA

# Dependents' Allowance Board

PLEASE ADDRESS REPLY TO  
CHAIRMAN AND QUOTE

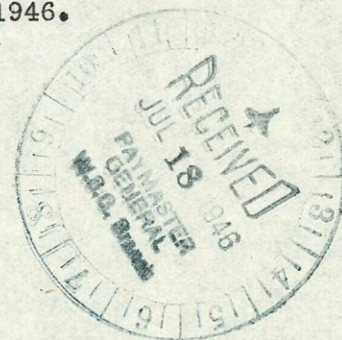
NO. D-140390

Department of National Defence Serial No: D-20226  
File No: 405-T-14115

W.S.G. 29

Ottawa, Canada

July 16th, 1946.



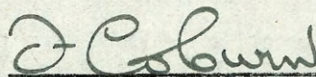
Paymaster-General,  
War Service Gratuity Branch,  
No. 8 Temporary Building,  
Ottawa, Ontario.

Re: D-140390 - TRIMM, C. A.

Referring to your memorandum of May 2nd, 1946.  
the applicant Mr. J. R. Trimm having been given  
opportunity to make application for War Service Gratuity as a  
Dependent has requested that it be paid to the Service Estate.

If there should be another applicant further enquiries  
will be necessary to establish dependency of the above.

DEPENDENTS' ALLOWANCE BOARD

  
For R.O.G. Bennett - Chairman

B44/FB

D.20226  
405.T.14115,

6th May, 1946

Mr. J.R. Trimm,  
736 Green Ave.  
Montreal 30, P.Q.

Dear Mr. Trimm:

RE: D 140390. TRIMM, C.A.

With further reference to your application for Gratuity on behalf of the marginally named deceased soldier under the War Service Grants Act, 1944.

Your application is now being referred to the Dependents' Allowance Board for investigation in order to determine if you were wholly or partially dependent upon the assignment of pay he had made on your behalf.

If dependency is not established, then the Gratuity shall form part of and be comprised in the soldier's Service Estate to be distributed in accordance with his Will or, if there is no Will, in accordance with the law applicable.

You may rest assured that your claim is receiving every attention, and as soon as this investigation is completed you will be further advised.

(K. W. RICE) Captain,  
for Paymaster-General.

DEPARTMENT OF NATIONAL DEFENCE

A R M Y

Ottawa, Ontario. 2nd May, 1946

Serial No: D.20226

File No: 405.T.14115,

Attention: B. 44

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

Reg. Number D.140390

Name of deceased TRIMM, C.A.

Applicant's Name Mr. J.R. Trimm,  
736 Green Ave.  
Address Montreal 30, P.Q.

Relationship to deceased Brother.

1. The above named applicant for the War Service gratuity who was in receipt of assigned pay of \$ ~~20.00~~ <sup>27 Apr</sup> 19 45, received neither a supplementary award of dependents' allowance subsequent to death nor a pension dating from the time of death.

2. Will you therefore please investigate to determine whether the applicant could be considered to be a dependent of the deceased within the spirit and intent of the War Service Grants Act, 1944, at the time of the member's death.

3. This case is that of a person who claims to be a dependent within Group "B" of the Directive issued by the Minister of Veterans Affairs on the 16th December, 1944.

4. When the investigation has been completed and the question of dependency determined, may advice be forwarded to the War Service Gratuity Section of the Paymaster-General's Branch, please.

*K.W. Rice*

(K.W. Rice) Capt.  
for PAYMASTER/GENERAL.

Reg. No: D.20226  
405-T-14115  
WSG/G

DEPARTMENT OF NATIONAL DEFENCE

A R M Y

Ottawa, Canada.  
194  
13 Mar 46

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

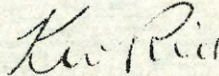
Service No. D.140390

Name TRIMM C.A.  
Surname Christian Names

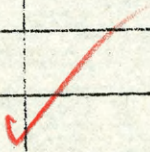
Will you kindly notify the undersigned, the names, addresses, relationship, amount of pension, and the effective date, of which any pension has been awarded to any person in respect of the marginally named deceased member.

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

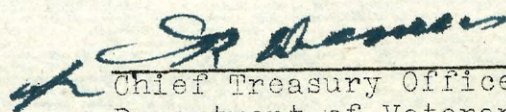
Yours truly,



(K. W. Rice) Capt.,  
for Pa master-General.

Name	Address	Relation-ship	Amount of Pension	Effective Date
				<i>nil</i>
				

Certified Correct

  
Chief Treasury Officer  
Department of Veterans' Affairs.

*Handwritten mark*

*Handwritten signature*



Register No. D 20226

Nominal Roll No. D 632

To: P.M.G.

H.Q. File No. 403-T-14115

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D140390</u>	<u>Pte</u>	<u>TRIMM</u>	<u>CLARENCE ALVIN</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... End of W wounds ..... CARO..... ( )

2nd Enlistment..... CARO..... ( )

3rd Enlistment..... CARO..... ( )

**Total Service**

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>10 MAY 43</u>	T.O.S. ....	T.O.S. ....
S.O.S. <u>27 APR 45 MD 1/3</u>	S.O.S. .... MD .....	S.O.S. .... MD .....
Total Days <u>719</u>	Total Days.....	Total Days.....

**Total Service** ..... 719 DAYS

	Total Service	Less Non-qualifying Service	Net Service
<b>Western Hemisphere</b> .....	<u>219</u>	<u>nil</u>	<u>219</u>
<b>Overseas Service</b> .....	<u>500</u>	<u>nil</u>	<u>500</u>
Totals.....	<u>719</u>	<u>-</u>	<u>719</u>
Add Non-qualifying Service.....			<u>-</u>
<b>Total Service</b> .....			<u>719</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 27 APR 45 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature.....

Checker's Signature.....

Date Computed.....

**DIED WHILE IN SERVICE**

11 AUG 45 27 April 45

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

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



CASUALTIES ONLY

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

Register No. D-20226

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

WAR SERVICE GRANTS ACT 1944

Ottawa February 26th 1946

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

Service No. D-104390

Name TRIMM, C.A.  
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
<i>nil</i>	\$ <i>nil</i>

Names, address and relationship  
of persons in receipt of D.A. and  
amount of monthly award.

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

<i>James Randolph</i>	<i>2000</i>
<i>Trimma</i>	

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*  
*L. Budro*

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

2/3 1946

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.  
Casualties include death  
subsequent to discharge.

Register No. D-20226

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

WAR SERVICE GRANTS ACT 1944

Ottawa February 26th 1946

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

Service No. D-104390

Name TRIMM, C.A.  
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
<i>Nil</i>	\$ <i>Nil</i>

Names, address and relationship  
of persons in receipt of D.A. and  
amount of monthly award.

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

<i>James Randolph</i>	<i>2000</i>
<i>Trim</i>	

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*

2/3 1946

*L. Budro*  
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. \$ \_\_\_\_\_

In reply please quote

No. D-20226

DEPARTMENT OF NATIONAL DEFENCE

ARMY

February 26th 1946

James Randolph Trimm,  
736 Greene, Ave.,  
Montreal, 30, Que.

Dear Mr. Trimm,

Your application for payment of War Service Gratuity on behalf of the service of the late is acknowledged.

D-104390, Pte. Trimm, C.A.

You are advised that the War Service Grants Act, 1944, and relative Regulations provide that in the case of a member who dies before payment of the gratuity is made in full, the gratuity, or the unpaid balance thereof, shall be paid to a dependent who was eligible to receive dependents' allowance, or to a dependent to whom pay was assigned by the member immediately prior to his death or discharge.

If there is no person qualified to receive payment of the gratuity as outlined above, then the amount payable shall form part of and be comprised in the member's Service Estate to be distributed in accordance with the member's Will or, if there is no Will, in accordance with the law applicable.

By reason of certain procedure which must be followed to determine under which condition of the Act settlement of this gratuity is to be made, some time will elapse before this can be brought to a finality. You are assured, however, that this claim is receiving every attention, and you will be advised at the earliest possible moment.

Yours truly,

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

D 20226

*Reg. No.*

James Randolph Trimm  
736 Greene, Ave.  
Montreal, 30, Que.

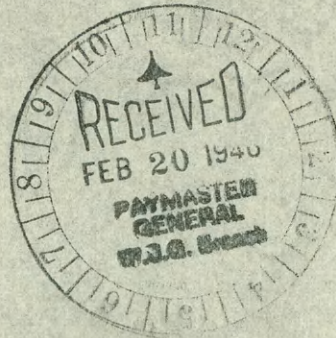
The Paymaster General,  
War Service Gratuity Branch,  
No. 8 Temporary Building,  
Ottawa, Ontario.

Dear Sir,

Will you kindly send me information regarding the War Service  
Gratuity of my brother; Pte. Trimm, C.A. (deceased). Thank you.

D-104390 Yours faithfully,

*James Randolph Trimm*



File No 405-T-14115

REBURIAL

NO D-140390

RANK Private

NAME Trimmer - C.A.

NAME OF CEMETERY Holten Canadian Military Cemetery,

LOCATION OF CEMETERY Holten, Holland.

GRAVE LOCATION Grave 9-Row A, - Plot 10.

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

405-T-14115

CANADIAN MILITARY HEADQUARTERS

OVERSEAS CDN RECORDS OFFICE

PA

GRAVES REGISTRATION FORM

/K

Name TRIMM, Clarence Alvin Place and Date of Birth MONTREAL, Quebec. 18 Jan 1924  
 Rank Pte. Regtl No. D-140390  
 Unit Lincoln & Welland Regt. Next of Kin Father: James TRIMM, 736  
 Address Greene Ave., MONTREAL, Quebec.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....  
 Diagnosis .....

PARTICULARS OF DEATH

Date of Death 27 Apr 45 Place of Death GERMANY  
 Hrs .....  
 Cause of Death WOUNDED & DIED OF WOUNDS

PARTICULARS OF BURIAL

Date of Burial 28 Apr 45. Cemetery Friesoythe Sh. M-2. 0792. At side of canal bridge.  
 Death Cert No. .... Location of Cemetery .....  
 Date of Regn of Death Cert ..... Plot No. 14 Row ..... Grave 6  
 Religion United Church of Cda.

Date 15 Nov 45

*(Signature)*  
(M. BLUTEAU) Capt.,

For Colonel, OIC Records,  
CANADIAN MILITARY HEADQUARTERS.

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

FALSE DOCKET  
ARMY No. 136

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

TRIMM, C.A.

D. 140390

JH

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")		
	7 <sup>2</sup> / <sub>46</sub>	BF	H	H	PER REQUISITION - MAY 15 1945 With Papers JUN 19 1945		
	3 <sup>8</sup> / <sub>45</sub>	PA	H	H	WITH PAPERS OCT 13 1945		
	25/10	PA	Eff	Eff	Strip + PA	H	23/10
	7 <sup>1</sup> / <sub>45</sub>	BF	H	H	WITH PAPERS NOV 6 1945		
	13-11	PA	H	H	WITH PAPERS NOV 12 1945		
	22/11	PA	H	H	WITH PAPERS NOV 15 1945		
	7/12	PA	H	H	PER. B. F. DEC 7 1945		
	15 <sup>1</sup> / <sub>46</sub>	BF	J.	H	WITH PAPERS DEC 13 1945 PER. B. F. JAN 15 1946		
				J	4 to Q Vete	J	15/46
				QV	Qe H	N	19-1
				Q4	P 4	QV	21/11
				SA	fs sig	Q4	23/11
	15 <sup>3</sup> / <sub>46</sub>	BF	J	J	Dis f Qc	E	2/46
		PA	gc	QC	noted	J	8 <sup>2</sup> / <sub>46</sub>
	25 <sup>2</sup> / <sub>46</sub>	PA	T	J	WITH PAPERS FEB 25 1946 WITH PAPERS FEB 27 1947		
	28 <sup>2</sup> / <sub>46</sub>	PA	gfb	J			
	13-46	PA	gfb	2B	PER REQUISITION MAR 6 1945		

405-T-14,115

FILE NO. H.Q.

CLOSED

TRIMM CA

DIED 27 April 1945 CANADA FORM TO UNIT

PRESUMED DEAD 194 OVERSEAS (Western European) 37106

TRIMM, E.A. D-140390

Casualty Report - Date Received 17-5-45 Date Despatched

Will Service Canada 10-11-44 O/Seas Civil None Probate (or L of A)

Beneficiary Mrs. James R. Trimm (Wife) Residing Canada

Particulars of Family Form dated 10-5-43 None

Single Married Parents (Minors) Life Insurance Mutual

Form P. 64 Dated 18-6-45 Domicile One

By Brother Single M Other N/K Will Debts Civil Estate

Bank a/c 100.00 W.S.C. Bonds

Table with columns: Action Required, Action Taken, Date, App'd

C. of A. Report 6-11-45 Approved

Service Debts Nil Service Will See above

L.P.C. 239.89 \$237.99

1.90 INT. ON DEF. PAY VERIFIED 20-11

Amended Bank Credits 342.85 31-1-47

WAR SERVICE GRATUITY JV 6745



DISTRIBUTION - 240 Effects Canada 25-10-45 Overseas

To Bank Bulk via 11/2/46 9521 Valuables via Letter as to, dated 22/10

Total Cash \$ Date of Despatch

To (Brother per will) NR 984 James Randolph Trimm 736 Greene Ave Montreal 30, Que We may have to deal with the policy WSG 342.85 - ditto

ADVICE RECEIVED JAN 30 1946 NO WILL IN REC. OFF.

ms  
ms

J. m<sup>c</sup>. Wilson



21





DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA

Date Feb. 25. 1946

RECEIVED this date Treasury cheque for the sum of

TWO HUNDRED AND THIRTY NINE- - - - -  $\frac{89}{100}$  Dollars (\$ 239.89 )

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

TRIMM, C.A. Pte. D-140390 C.A.

GEB/B

James Randolph Trimm  
Signature



James Randolph Trimm  
736 Greene, Ave.  
Montreal, 30, Que.

Department of National Defence  
Army Estates Branch.  
Ottawa, Ontario.

Dear Sir,

This is to advise you that the insurance of my brother  
Pte. Trimm, C.A. D-I40390; has been paid to me. Thank you.

Yours faithfully,

*James Randolph Trimm*

ESTATES BRANCH

8th. Feb., 1946.

Mr. James Randolph Trimm,  
736 Greene Avenue,  
Montreal 30, P.Q.

TRIMM, Clarence, A., Pte., (Deceased)  
D-140390 C.A.

Dear Mr. Trimm:

We have now received a final statement of your late brother's Service Estate and we have on hand, available for distribution, the sum of \$239.89 made up entirely of the balance of his pay and allowances.

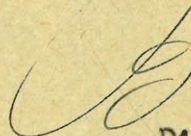
This amount is being paid to you as the sole beneficiary named in his last Will.

The Treasury Department has been requested to forward you a cheque for the above amount and when you have Received it, would you please sign and return the enclosed acknowledgment form.

If you require any information concerning his War Service Gratuity, please write to the Paymaster General, War Service Gratuity Branch, No. 8 Temporary Building, Ottawa, Ontario.

Would you please advise us as to whether you will require our assistance in dealing with your late brother's Insurance policy.

Yours faithfully,



Capt.,  
Director of Estates.

GEB/B  
Encl.

Treas  
Jan 20/45

I have advised as  
as to whether you will  
require our assistance  
in dealing with your  
late brother's Ins  
policy.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

HQ

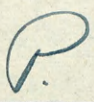
Name: TRIMM Clarence A. No. D.140390  
 Surname Christian Names

Pte. C.A.O/S 27-4-45  
 Rank Unit Date of Death

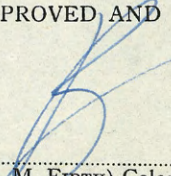
AMOUNT

Date: 23-1-46  
 L.P.C.....\$ 239.89  
 Other Credits.....  
 Total..... 239.89

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Brother	<p align="center">                     x James Randolph Trimm,                      736 Greene Ave.,                      MONTREAL 30, P.Q.                       (Sole beneficiary under will)                 </p> <p align="right">P4. TO TREAS. 11-2-46 N.R.#237 O.W.</p>	\$239.89

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$239.89
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
 (L. M. FIRTH) Colonel  
 Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

239.89  
awm

DISTRIBUTION

SERVICE

NAVY

ARMY

AIR FORCE

C.E.F.

NAME Trimm Clarence A.

NO D 140390 RANK Pte

REGT: C 9013 DATE OF DEATH 27-4-45

all brother

James Randolph Trimm W.S.G.  
736 Greene Ave L.P.C. 239.89

Montreal 30

PAY TO:

P.2.

TOTAL

239.89

(Sole beneficiary under will)

8

DEPARTMENT OF FINANCE

Ottawa, December 11, 1945.

Director of Estates,  
Estates Branch,  
Department of National Defence,  
Ottawa, Ontario.



Re: D.140390 Pte. Clarence Alvin Trimm (Deceased).

Your file: H.Q. 405-T-14,115 FD 136.

Receipt is acknowledge of your letter of the 9th ultimo in connection with Victory Loan Bonds purchased by the above mentioned.

We wish to advise that a \$50. Fifth Victory Loan Bearer Bond No. L7H1463862 was mailed on June 27, 1944 to Miss Carmen Trimm, 736 Green St., Montreal, Quebec.

*O. M. Purdy*

OP/ET

*for* A/Chief Clerk,  
Employees Instalment Purchase Plan.



ESTATES BRANCH

November 21st, 1945.

Mr. James Trimm,  
736 Greene Ave.,  
Montreal 30, Que.

TRIMM, Clarence Alvin, Pte., (Dec'd)  
No. D-140390 Canadian Army.

Dear Mr. Trimm:

The Montreal City and District Savings Bank advises that they have no Account in the name of your brother at the St. James Street Branch. Will you please advise this Branch as to the correct name of the Bank and also the full address of the Branch in which your brother had his Account.

Yours faithfully,

WRH:AK

Dapt.,  
for Director of Estates.



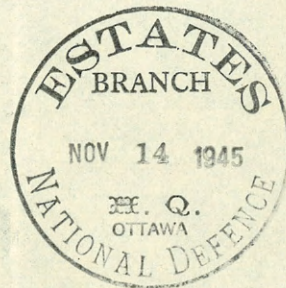
OFFICE OF  
THE CHIEF INSPECTOR

*Montreal 1*, November 13th, 1945.  
*Canada*

Department of National Defence,  
Estates Branch,  
308 Sparks Street,  
Ottawa, Ont.

Attention of G.E. Baird, Captain.

re: Trimm Clarence Alvin Pte,  
(deceased) D-140390, C.A.,  
H.Q. 405 F -14115 FD136.



Dear Sir:

We return you herewith your letter of the  
9th inst., addressed to the Montreal City & District  
Savings Bank, 1124 St. James Street.

We have no branch at such an address. We have  
communicated with our 2401 St. James Street Branch and  
they cannot trace any account in the above mentioned name.  
We would ask you to let us know the name of the branch and  
the account number if possible.

Yours truly,

Ass't Chief Inspector.

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

Montreal City and District Bank,  
1124 St. James Street,  
Montreal, P.Q.

308 Sparks St.,  
OTTAWA, Ontario.

9th. Nov., 1945.

TRIMM, Clarence, Alvin, Pte., (Deceased)  
D-140390 C.A.



Dear Sir:

Official advice of the death on 27 April 1945, of the marginally named member of the Canadian Forces has been received by this Branch which is administering his Service estate.

It is reported that the deceased had an account in your Branch and under authority of Order-in-Council P.C.6223 dated 28th September, 1945, it is respectfully requested that the present balance thereof be forwarded to this Branch by way of a draft payable to the order of the Receiver General of Canada.

If the amount of this account exceeds \$2000.00 and/or if it is a joint account, do not now remit but advise accordingly. If a joint account, please state the name, address and relationship to the deceased of the other person concerned in the account.

The whereabouts of his passbook is unknown.

Yours faithfully,

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

F.1A

GEB/B

November 13th, 1945.

Department of National Defence,  
Estates Branch,  
308 Sparks Street,  
Ottawa, Ont.

Attention of G.E. Baird, Captain.

re: Trimm Clarence Alvin Pte,  
(deceased) D-140390, C.A.,  
H.Q. 405 F -14115 FD136.

Dear Sir:

We return you herewith your letter of the  
9th inst., addressed to the Montreal City & District  
Savings Bank, 1124 St. James Street.

We have no branch at such an address. We have  
communicated with our 2401 St. James Street Branch and  
they cannot trace any account in the above mentioned name.

We would ask you to let us know the name of the branch and  
the account number if possible.

Yours truly,

Ass't Chief Inspector.

Personal Effects of C.A. TRIMM, Pte., D-140390 (Dec'd)

- 1 Leather Wallet
- Souvenir Coins
- 1 Snapshot
- 1 Red Identity Disc
- 1 Unit Flash

*James Randolph Trimm*



Montreal City and District Bank,  
1124 St. James Street,  
Montreal, P. Q.

9th. Nov., 1945.

TRIMM, Clarence, Alvin, Pte., (Deceased)  
D-140390 C.A.

27 April 1945.

The whereabouts of his passbook is unknown.

ESTATES BRANCH

9th. Nov., 5

Mr. R.L. Casselman,  
Employees Instalment Purchase Plan,  
Dept. of Finance,  
East Block, Ottawa.

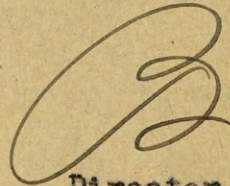
TRIMM, Clarence, Alvin, Pte., (Deceased)  
D-140390 C.A.

Dear Sir:

May advice be received please as to the disposal of a \$50.-5th. Victory Loan Bond purchased by the deceased by means of assignment of pay.

If you are holding this bond, please forward it to us in order that it may be credited to his Service Estate.

Yours faithfully,



Director of Estates.

GEB/B

ESTATES BRANCH

9th. Nov., 5

Mr. R.L. Casselman,  
Employees Instalment Purchase Plan,  
Dept. of Finance,  
East Block, Ottawa.

TRIMM, Clarence, Alvin, Pte., (Deceased)  
D-140390 C.A.

Dear Sir:

May advice be received, please, a



EST 7

Quote No. 10/TRIMM CA/1 (Est 4)

CANADIAN MILITARY HEADQUARTERS  
2, Cockspur Street,  
(Trafalgar Square)  
LONDON, S.W.1.

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

26 Oct 45

D 140390 Pte TRIMM, Clarence Alvin (dec'd)

1. Herewith the following:-

Original C. of A. Report  
M.B.M. 1 Part I  
M.B.M. 1 Part II (2)

~~XXXXXXXXXXXX~~  
~~XX~~

L.P.C.  
~~XXXXXXXXXXXXXXXX~~

C.F.A. 187 Cdn Sec GHQ 2 Ech 21 A Gp

~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~

Received Accounts as follows:-

NIL

Form Letters as follows:-

NIL

Bank Books as follows:-

NIL

2. ~~XXXXXXXXXXXX~~  
Personal effects released to you in Box EST 240

~~XX~~

3. Nil effects stored at No. 1 C.K.S.D.

4. ~~XXXXXXXXXXXX~~  
Will forwarded to you with EST 10 Serial No. 286

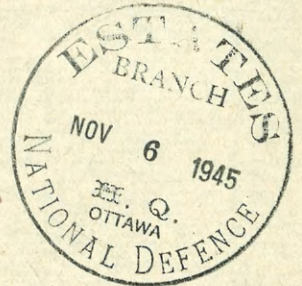
5. Remarks

NIL *#50 = 5-VL B(CAP) write*

*mmc* →  
*Bank a/c*

Copy to File.

*[Signature]*  
(G. R. Lampard) Lt-col.,  
Officer i/c Estates,  
Canadian Military Headquarters



249

JBJ

STANDING COMMITTEE OF ADJUSTMENT REPORT

<u>D 140390</u>	<u>Pte</u>	<u>Trimm C.A.</u>	<u>Line &amp; Well'd Regt.</u>
<u>Regt'l No.</u>	<u>Rank</u>	<u>Name in full</u>	<u>Unit</u>

Casualty Deceased Date 27 Apr 45

1. The following articles of Government Equipment have been removed from the personal effects of the above mentioned and have been turned in to Q.M. Stores. They are included in our Q.M. Receipt No. \_\_\_\_\_

N11

2. The following have been removed for reasons indicated:-

N11

3. The following documents are forwarded Officer i/c Estates with this report:-

N11

4. The following which are not mentioned in the Unit Committee of Adjustment Report are indicated hereafter for your information:-

- Leather Wallet
- Souvenir Coins
- 1 Snapshot
- Letters
- Red Identity Disc
- 1 Unit Flash

5. The a/m effects were received this H.Q. from No. 6 Cdn F.D.S. RCAMC. These effects were received this H.Q. subsequent to submission of Committee of Adjustment to Officer i/c Estates 17 May 45.

*Eric G. Roberts*  
 (Eric G. Roberts) Capt.

Standing Committee of Adjustment  
 Cdn Sec 2nd Ech H.Q. 21 Army Group

22 May 45

Date

**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. D.140390. Ate

Rank, Name & Initials TRIMM Cpl A

Regiment or Corps LINC. + Welfd

Nature of Casualty D/W. 1100

Date of Casualty 27 APR. 45

Inventory No. :-

11866.

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

Registered Post Particulars :-

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 Eric Robert

Rank Standing Committee of Adjust.

Unit Cdn. Sec. GHQ. 2 Ech. 21 A Gp.

Date 19 MAY 45

Personal effects of :-

- (i) Deceased, Missing or Prisoner of War 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 the Reinforcement Holding Unit (or G.H.Q., 2nd Echelon, if specially instructed).

Three copies of this Form will be prepared. One will be retained by the Unit, one enclosed in the Parcel of Effects and one despatched separately by registered post to Addressee.

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

Personal or  
Army No.

D.140390.

Rank

Pvt.

Name & Initials

CA: TRIMM

Army Form W.3190

Regt.

21st R.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

LEATHER WALLET  
 SOUVENIR COINS.  
 1 - SNAPSHOT. JAG.  
 LETTERS.  
 RED IDENTITY DISC  
 1 UNIT FLASH.

	£	s.	d.	Frs.	Cts.
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 necessities) 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.

STANDING COMMITTEE OF ADJUSTMENT REPORT

<u>b D-140390</u>	<u>Pte.</u>	<u>TRIMM, C.A.</u>	<u>Line &amp; Well'd Regt</u>
<u>Regt'l No.</u>	<u>Rank</u>	<u>Name in full</u>	<u>Unit</u>

Casualty \_\_\_\_\_ Deceased \_\_\_\_\_ Date 27 Apr 45

1. The following articles of Government Equipment have been removed from the personal effects of the above mentioned and have been turned in to Q.M. Stores.  
They are included in our Q.M. Receipt No. \_\_\_\_\_

NIL

2. The following have been removed for reasons indicated:-

NIL

3. The following documents are forwarded Officer i/c Estates with this report:-

NIL

4. The following which are not mentioned in the Unit Committee of Adjustment Report are indicated hereafter for your information:-

M.B.M. 1 Parts I & II Fwd herewith

Received this H.Q. from Medical Installation

5.

*E. G. Roberts Capt*  
Eric G. Roberts (Capt)  
Standing Committee of Adjustment  
Cdn Sec 2nd Ech H.Q. 21 Army Group

17 May 45

Date

# 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 desirable 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. D 140390 Rank Pte Name in full TRIMM, C A  
\*Deceased, \*Missing, \*Prisoner of War, \*Interned, Date of Casualty 27 Apr 45  
Unit Lincoln & Welland Regt.  
Medical installation in which death took place (if applicable) Not Known  
Reinforcement Unit to which posted at time of death (if applicable) N.A.  
Name of Officer furnishing report CAPT. W H GOW  
(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".~~ Law
- (b)\* ~~Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".~~ Law
- (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".~~ Law
- (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".~~ Law
- (e)\* ~~Personal Effects, forwarded to (\*Officer i/c Estates), (\*Officer i/c 2nd Echelon), —Exhibit "A5".~~ Law

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".~~ Law
- (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".~~ Law

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	Nil		

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

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

E. ORDINARY DEBTS

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

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

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

F. CREDITS

(a) Public Claims owing to the Casualty.

Nature of Claim	Amount
†  Nil	

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

(ii)\*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.I. (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	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 ..... it has not been found. ....

Signature of Committee or President.

Lincoln & Welland Regt.

Unit

10 May 45

Date

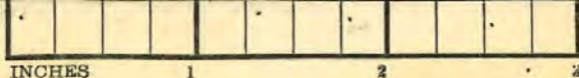
Exhibit "A6"

D 140390 Pte Trimm C A  
Died of Wounds 27 Apr 45

1. The kit of the m/n has been searched and ~~now~~ no personal effects have been found. No effects have been received by this Unit from the Medical Installation in which death took place.

*W H Gow*  
.....Capt.  
W H Gow.  
Unit Committee  
Linc & Welld R.





## Measure Up Your Letters Home

### A.—THE CHEERFUL START

1. Circumstances at time of writing.
2. Thanks for gifts. (Be specific.)
3. Answers to letters. (Have them there.)
4. Greetings—Birthdays—Anniversaries, etc.

### B.—NEWS

5. A word about your pals (no gossip.)
6. Wisecracks and jokes. (Sterilized.)
7. Interesting places you have been—on leave.
8. Some people you have met.
9. Remarks on news from home.
10. Your entertainment lately—shows, etc.
11. The general war situation.

### C.—REQUESTS

12. Information wanted of family, business, etc.
13. What the next parcel might contain.

### D.—PLANS, HOPES AND AMBITIONS

14. Concerning your duties and rank.
15. The next leave.
16. When you return home.

### E.—THE ENDING

17. Some praise for someone.
18. A reference to a lovely memory.
19. Love.
20. Never end without a "God bless You."

Give Cheer—Tell the Truth—Keep it Clean

Watch Security!

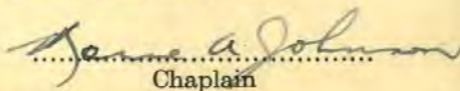
(P.T.O.)

# Mark the Days the Letters Come and Go

## CALENDAR for 1945

JANUARY	FEBRUARY	MARCH	APRIL
S - 7 14 21 28	S - 4 11 18 25	S - 4 11 18 25	S 1 8 15 22 29
M 1 8 15 22 29	M - 5 12 19 26	M - 5 12 19 26	M 2 9 16 23 30
Tu 2 9 16 23 30	Tu - 6 13 20 27	Tu - 6 13 20 27	Tu 3 10 17 24 ....
W 3 10 17 24 31	W - 7 14 21 28	W - 7 14 21 28	W 4 11 18 25 ....
Th 4 11 18 25 ....	Th 1 8 15 22 ....	Th 1 8 15 22 29	Th 5 12 19 26 ....
F 5 12 19 26 ....	F 2 9 16 23 ....	F 2 9 16 23 30	F 6 13 20 27 ....
S 6 13 20 27 ....	S 3 10 17 24 ....	S 3 10 17 24 31	S 7 14 21 28 ....
MAY	JUNE	JULY	AUGUST
S - 6 13 20 27	S - 3 10 17 24	S 1 8 15 22 29	S - 5 12 19 26
M - 7 14 21 28	M - 4 11 18 25	M 2 9 16 23 30	M - 6 13 20 27
Tu 1 8 15 22 29	Tu - 5 12 19 26	Tu 3 10 17 24 31	Tu - 7 14 21 28
W 2 9 16 23 30	W - 6 13 20 27	W 4 11 18 25 ....	W 1 8 15 22 29
Th 3 10 17 24 31	Th - 7 14 21 28	Th 5 12 19 26 ....	Th 2 9 16 23 30
F 4 11 18 25 ....	F 1 8 15 22 29	F 6 13 20 27 ....	F 3 10 17 24 31
S 5 12 19 26 ....	S 2 9 16 23 30	S 7 14 21 28 ....	S 4 11 18 25 ....
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
S - 2 9 16 23 30	S - 7 14 21 28	S - 4 11 18 25	S - 2 9 16 23 30
M - 3 10 17 24 ....	M 1 8 15 22 29	M - 5 12 19 26	M - 3 10 17 24 31
Tu - 4 11 18 25 ....	Tu 2 9 16 23 30	Tu - 6 13 20 27	Tu - 4 11 18 25 ....
W - 5 12 19 26 ....	W 3 10 17 24 31	W - 7 14 21 28	W - 5 12 19 26 ....
Th - 6 13 20 27 ....	Th 4 11 18 25 ....	Th 1 8 15 22 29	Th - 6 13 20 27 ....
F - 7 14 21 28 ....	F 5 12 19 26 ....	F 2 9 16 23 30	F - 7 14 21 28 ....
S 1 8 15 22 29 ....	S 6 13 20 27 ....	S 3 10 17 24 ....	S 1 8 15 22 29 ....

1. Keep this in your paybook.
2. Remember to pray for your loved ones.  
Your Chaplain is here to help you.  
Make yourself known to him.

  
 .....  
 Chaplain



**REMEMBER—**

Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark, gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

(Return)

Cor van der Meyden

Hoogesteernweg 47

Loon op Zand

Noord Brabant

Holland

MILITIA BOOK M. 1

PART I

250M-10 42 (5040-2 & 5237)  
H.Q. 1772-39-1672

CANADIAN ARMY

# SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No.

D 140390

Surname (Capitals)

T R I M M

Christian Names in full

CHRISTIAN NAMES

## 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.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. *D 140390*  
Surname (in capitals) *TRIMM*  
Christian Names (in full) *CLARENCE ALVIN*  
Date of Birth *18-1-24*  
Place of Birth *Montreal Que Can.*  
Citizenship *Canadian*  
Trade on Enlistment *Laborer*

Nationality of Father at Birth *West Indian*  
Nationality of Mother at Birth *West Indian*  
Religion *W.C.O.C.*  
Enlisted at *Montl. Que Can.*  
Date *10-5-43*

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

Signature of Soldier *Clarence Alvin Trimm*  
Signature of Officer *F. Russell Th*  
Place *Montl. Que Can.* Date *10-5-43*  
*408*

## (IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of  
NOTE.—No entry in these pages has any legal

Closest degree of relationship	Names	Date
Wife		
Children		
Father	James Trimm Howard	10-5-43
Mother		
N/K *Brothers and Sisters	Randolph Trimm	10-5-43
Other Relations (stating relationship)		

## NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.  
effect as a WILL (see pages 20 to 23)

Latest known Address in full

736 Greene Ave  
 North York  
 Montreal Quebec Can  
 L

same as above





## (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
Attended SHOF/17 Course at No. 26 N <sup>o</sup> 17 ON Tech Trng G. RESULT, [REDACTED]	194/57 From 24-2-44 T 2-3-44 OOT 17	<i>[Signature]</i>
Attended SHOF/17 Course at No. 26 N <sup>o</sup> 17 ON Tech Trng G. RESULT, PASSED	From 20-4-44 T 27/4 OOT 17	<i>[Signature]</i>

## (VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	I	Rifle	2 Feb 44	<i>[Signature]</i>
1943	I	Rifle	10 Feb 44	675 amble Lt
1944	II	Rifle	1 Feb 44	675 amble Lt
1944		36 & 69 Machine	1 Feb 44	675 amble Lt
1944		14E 15 2 "M	7 Feb 44	675 amble Lt
1944		1 Practice Pistol	7 Feb 44	675 amble Lt







## (XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TAB 1/2 cc.	28/11/44	J.H. Malloy Capt
Typh 1cc	13/12/48	J.H. Malloy Capt
Typhus		

## (XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT	MAY 11 '43	G. med.
	JUN 11 '43	J. G. [unclear]
	JUL 2 '43	J. G. [unclear]
Typhus 1 cc	FEB 3 1944	J. G. [unclear]
"	FEB 5	J. G. [unclear]
"	15/12/44	J. G. [unclear]
Typhus 1 cc	30/12/44	J. G. [unclear]

## (XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
MAY 11 1943	G. Mac Donald Lt.

## (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
X Ray 18.5.357	10-5-43	G. med.
Finger printed	27/12/43	G. T. [unclear] Lt.
	3/12/43	R. B. [unclear] Capt
D. M. EXP.		
RESP. CHK	7-2-44	W. B. [unclear]
dent. lab. [unclear]	14-2-44	G. T. [unclear] Lt.
MBM 1 (M) issued	10-12-44	J. G. [unclear]
B.P. CHAMBER TEST	31 May 44	J. G. [unclear] Capt
Gen. R. [unclear] [unclear]	10/12/44	G. T. [unclear] Lt.
Gen. R. [unclear] [unclear]	10/12/44	G. T. [unclear] Lt.



(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

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(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 the Book, but the Soldier must understand that the will made there has no legal effect in respect to the disposition of his estate in the event of his death and therefore should not relieve him from the necessity of making a will. Unless a Soldier duly makes a Will, his estate is distributed 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 are legally entitled can be located. Therefore, though the estate may consist of no assets other than the amount of pay and allowances at credit and the belongings 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 in his custody and in the event of his death is forwarded 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 on the Will Form,—M.F.M. 10 (English) or M.F.M. 11 (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 on the Form M.F.M. 10 or 10a should be carefully followed. The Soldier will date the Will and at the bottom will sign his name in the presence of two witnesses. At the same time in the presence of each other and the Soldier will also sign their respective names. If the Soldier cannot write, he will make his mark in the

Signature of Officer.....  
Date Certificate or Will extracted.....  
*23 Dec 43*

Unit or Dept.....  
To whom sent.....  
*C M H Q*

Date Will extracted.....  
To whom sent.....

Signature of Officer.....  
Unit or Dept.....

(X)

31 May 44  
42 46

PERIOD  
From DEC 15 1943 19

To 19 46

VERIFIED  
4 C 11/10/44

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)

# Cdn. Inf. Cent. Unit

Reg. No.

D 140390

Surname (Capitals)

T. J. M. M.

Christian Names in full

CHARLES

ALAN

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..... *D 140390*Name in full (surname first) *Trimm**Clarence Allen*Date of Attestation..... *10-5-43*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):

*James Trimm, father*  
*734 Greengrove*  
*Mill St. Can.*

## PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$..... ~~9.40 (50¢)~~ *7 May 43*

(b) \$.....

(c) \$.....

(d) \$.....

Name, address and relationship of assignee:

(a) *Pres. Gen. of Cav. (Victory Bond)**Ottawa Ont.*

(b) .....

(c) .....

(d) .....

Dependents allowance, payable to: (state relationship)



Soldier's Signature

*Clarence Linn*

Book opens on

*15 Dec 43*

Balance Cr. or Dr. \$ *0.02*

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
	Bals. Br't Forward	- 02			
	Bal Dec. Pay	75 50			
<i>24 Dec</i>	<i>RR 80</i>		<i>3-0-0</i>	<i>13 41</i>	
<i>31 Dec</i>	<i>RR 81</i>		<i>2-10-0</i>	<i>11 18</i>	
	<i>Gas Pay</i>	<i>46 50</i>			<i>8 40</i>
<i>12</i>	<i>SB-172</i>			<i>1 11</i>	
<i>13 Jan.</i>	<i>RR 91</i>		<i>1-0-0</i>	<i>4 47</i>	
<i>28 Jan.</i>	<i>RR 96</i>		<i>5-0-0</i>	<i>22 35</i>	
	Totals	<i>72 02</i>		<i>52 52</i>	<i>8 40</i>

Balances only will be carried forward.

Paymaster's Signature

*J. E. Spauld H*

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		<i>- 02</i>	<i>Clarence Linn</i>
		<i>75 50</i>	<i>Clarence Linn</i>
		<i>12 11</i>	<i>J. E. Spauld H</i>
		<i>- 93</i>	<i>J. E. Spauld H</i>
<i>11 -</i>		<i>28 03</i>	<i>J. E. Spauld H</i>
		<i>26 92</i>	<i>J. E. Spauld H</i>
		<i>22 45</i>	<i>J. E. Spauld H</i>
		<i>- 10</i>	<i>J. E. Spauld H</i>
<i>11 -</i>			

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
	Bals. Br't Forward	16.10			
2 Feb.	513-191			2.20	/
Feb	Pay	43.50			8.40
12	AR 86 17 Feb 513		2-10-6	11.27	/
23	4190			54	/
26 Feb.	AR 113		2-0-0	8.94	/
24	573/190			11.31	/
24	AR 113		-10-	2.24	/
3-3-44	4757		20/-	4.47	/
	Totals	54.60		32.05	8.40

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
11 -		- 10	J. B.
	205	<del>230</del>	W. Baume
11 -		22.15	W. Baume
		10.84	W. Baume
		10.30	W. Baume
<del>no entry</del>		<del>1.36</del>	
		1.01	W. Baume
		3.25	J. B. & Capt
		7.72	W. Baume
22 00	7.85		Correct Balance

Date	Particulars	Credits	Cash Payments and Other Charges		As-igned Pay
			Local Currency	Canad'n Currency	
1944					
3 Mar	Bals. Br't Forward	14 15			
10-3-44	4757		20/-	4 47	/
16-3-44	4757		20/-	4 47	/
22-3-44	4757		20/-	4 47	/
25-3-44	MEM 513 MARV281			3 15	/
Mar	Pay	46 50			8 40
31 Mar	PA 37		-10/-	2 24	/
April	Pay	45 00			8 40
14-4-44	CA 3		3-0-6	13 52	/
	Totals	105 65		32 32	16 80

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
22 00	7 85		Key
	12 37		W. Mansfield
	16 79		W. Mansfield
	21 26		W. Mansfield
	7 44		K. W. Walker
11 00		2 69	K. W. Walker
		45	J. S. Sumner
11 00		26 05	J. S. Sumner
		12 53	J. S. Sumner
44 -			



Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't Forward	5653			
22/4/44	M4757		20/-	447	
5-5-44	M4757		20/-	447	
12-5-44	M4757		20/-	447	
17-5-44	M4757		20/-	447	
25 May	MFM 513 V.47-MAY			312	
May	Pay 4650				
30 May	AR 15 May		40.00	17 88	
31 May	513/H-42			110	
	Totals:	10303		3998	

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
44 -		12 53	Jmt.
		8 06	J.M. Mansfield 70
		3 59	J.M. Mansfield 70
		88	J.M. Mansfield 70
	5 35		J.M. Mansfield 70
	8 47		J.M. Mansfield 70
20 -		18 03	J.M. Mansfield 70
		- 15	J.M. Mansfield 70
		95	J.M. Mansfield 70
64 00	95		J.M. Mansfield 70



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

FEB. 15	ALL CLOY	AUG. 15	.....
FEB. 28	ALL CLOY	AUG. 31	.....
MAR. 15	.....	SEP. 15	.....
MAR. 31	.....	SEP. 30	.....
APR. 15	.....	OCT. 15	.....
APR. 30	.....	OCT. 31	.....
MAY 15	.....	NOV. 15	.....
MAY 31	.....	NOV. 30	.....
JUNE 15	.....	DEC. 15	.....
JUNE 30	.....	DEC. 31	2-10
JULY 15	.....	JAN. 15	1 <sup>1</sup> / <sub>2</sub> CLOY
JULY 31	.....	JAN. 31	ALL C-CLOY



## 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 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. It is the duty of the soldier to make himself thoroughly acquainted with the rates and conditions of all his emoluments, and if he accepts payment in excess of those due to him, it is his duty to draw attention to the over-payment. If such payments are retained, they are liable to be refunded, whether the mistake is due to a Paymaster or the action of the soldier.
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.
8. Under no circumstances will reference be made in this book to the soldier's unit.
9. Attention is directed also to pages 18 and 19 of this book.

## PARTICULARS OF SOLDIER

Regimental Number..... D 140390  
Name in full (Surname first)..... TRIMM  
CLARENCE ALVIN  
Date of Attestation..... 10-5-43  
State whether married, widower or single..... single

## DEPENDENTS ALLOWANCE IN ISSUE TO

.....  
(Name) (Relationship)  
.....  
(Address)  
.....  
(Name) (Relationship)  
.....  
(Address)

On application of a soldier for DA, suitable entry will be made in pencil in the appropriate space above pending the granting thereof.

### ASSIGNMENTS OF PAY

\$ <u>20.00</u>	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	
.....	
\$ .....	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	
.....	
\$ .....	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	
.....	
\$ .....	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	

### ASSIGNMENTS OF PAY AND PAY WITHHELD

\$ .....	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	
.....	
\$ .....	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	
.....	
\$ .....	.....
(Amount)	(Effective Date)
.....	
(Name and Relationship of Assignee)	
.....	
(Address of Assignee)	
.....	
<b>PAY WITHHELD</b>	
\$ .....	.....
(Amount)	(Effective Date)
.....	
Amount of pay to be withheld monthly under over-	
seas RO 3744 until \$200.00 has been accumulated.	
See CMHQ Pay Inst (No. 169)	

WHEN AN ASSIGNMENT CEASES FOR ANY REASON, WRITE

ACROSS BLOCK IN RED INK "NON EFF....."  
(Date)



Soldier's Signature Lawrence A. Simon

Rate of Pay	1.50			
Pension Deductions				

Assigned Pay	20.00			
Deferred Pay	<del>5.00</del>			
Pay Withheld				

The amounts shown as "BALS BR'T FORWARD" were obtained from :-

- (a) Previous Pay Book (closed on..... (Date).....)
- (b) TEMP BOOK. (Date).....
- (If not (a) state source of information)

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Cdn Currency	
	Bals Br't Forward				
FEB 4	PAY	42 00			20 00
MAR 4	PAY	46 50			20 00
" 19	AR 101		303	1257	⊕
" 24	AR 103		<sup>Bals</sup> 1400	3546	
April 45	Pay	45 00	✓		20 00 ✓
Adj. Prev. Bal.		209 42	✓		
Def. Pay Int.		3 10	✓		
TOTALS					

⊗

S.D.

L. A. Miller Capt

(Signature and Rank of Paymaster)

Deferred and/or Withheld Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
<del>5.00</del>		22 00	L. A. Miller
<del>5.00</del>		48 50	L. A. Miller
		35 93	L. A. Miller
		47	L. A. Miller
		25 47	Adjusted after Treasury Audit
109 00 ✓		125 89	Adjusted after Treasury Audit
		128 99	Adjusted after Treasury Audit
<u>3.00</u> <u>109 00</u> ✓		22. 106. 45.	Treasury Audit













**ISSUE OF PAY BY AUTHORITIES  
OTHER THAN CDN.**

**BY BRITISH AUTHORITIES**

Cash payments will be made as follows :—

- (I) If in hospital, in accordance with ACI 779/40.
- (II) If attached to British Unit, in accordance with ACI 903/40.
- (III) If attending British OCTU, in accordance with ACI 909/41.

**BY OTHER AUTHORITIES**

Cash payments will be made in accordance with instructions issued by the applicable authority.

**WITHDRAWAL OF MBM I PART II FOR  
VERIFICATION OF BALANCES**

I. Attention is directed to CMHQ Pay Instruction No. 174, which sets out the procedure to be followed in connection with the verification of Pay Book balances, and the following points are to be noted :—

- (a) The Pay Book of a soldier will be withdrawn, and a new one issued, when pages 2 and 3 or all but the last page of the old book are filled. Where it is obvious that the posting of all entries for a further month would result in using a portion of the last page of the Pay Book, the book will be closed off as at the end of the then current month, and, except under special circumstances, such as an unusual number of entries in the then current month, and as provided in para (c) hereof, entries will not be made on the last page.
- (b) No Pay Book will remain in use for a period in excess of 12 months. Should a Pay Book not be filled after 12 months' use, it will be withdrawn at the expiration thereof and a new Pay Book issued.
- (c) If awaiting transfer to a NETD, for return to Canada, a soldier's Pay Book reaches the point where it would normally be withdrawn for verification, such Pay Book will not be withdrawn, nor will a new Pay Book be issued.

If you do not wish to draw all pay due,

PLACE THE AMOUNT DESIRED

opposite date of pay day

Jan 15.....	Jul 15.....
Jan 31.....	Jul 31.....
Feb 15.....	Aug 15.....
Feb 28.....	Aug 31.....
Mar 15.....	Sep 15.....
Mar 31..... <i>2,500</i>	Sep 30.....
Apr 15.....	Oct 15.....
Apr 30.....	Oct 31.....
May 15.....	Nov 15.....
May 31.....	Nov 30.....
Jun 15.....	Dec 15.....
Jun 30.....	Dec 31.....

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.

**CANADIAN ACTIVE SERVICE FORCE**

District.....

**OVERSEAS**

Dispersal Area.....

**LAST PAY CERTIFICATE**

(All Ranks)

Regtl No. D140390 Rank and Name TRIMM C.A. PTE.

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

(Transfer or Discharge)..... to..... on 27th Apl. 45. 19.....

Reason Death Authority: CCL "A" 573/5th May. 45.

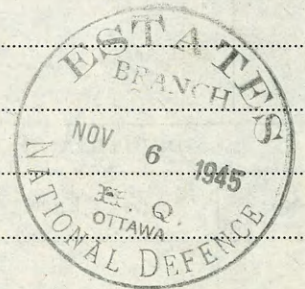
The following is a statement of the account of the above-named from 1st Apl. to 30th Apl. 45. 19..... the inclusive date of transfer or discharge.

Dr		Cr	
Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	209 89
First Monthly Payment.....		Regimental Pay <u>30 days at \$1.50</u>	45 00
Casual Payments.....		Tradesmen's Pay..... days at \$.....	
Payments on Transfer or Discharge.....		Additional Pay (Give Particulars).....	
Assigned Pay.....	20 00	..... days at \$.....	
Regimental Charges.....		Allowances (give particulars)..... days at \$.....	
Public Stoppages (give particulars):			
		<u>D.P. Int:</u>	3 10
To Balance Cr { Free.....	128 99		
{ Deferred.....	109 00	By Balance Dr	
Total.....	257 99	Total.....	257 99

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

Remarks

A.P. \$20.00 (B) Stopped eff May. 45.



Compiled by W.W. Marsh.

Checked by [Signature]

Date 24th Oct. 45. 19.....

Certified correct [Signature]  
for Chief Treasury Officer, Overseas





CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

EST 2- 9.6.45

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

No., RANK and NAME .. D-140390..... Pte..... TRIMM... Clarence..... A..... (Dec'd).....

RECEIVED FROM ..... Cdn. Sec. 2nd Ech. 21 A/Gp.....

CHECKED BY ..... H-92487 Gnr Mc Nabb W.J. .... DATE ..... 8 Jun 45.....

AND ..... C-33192 Pte Leafloor E.P. ....

- |   |                   |
|---|-------------------|
| 1 | Leather Wallet    |
|   | Souvenir Coins    |
| 1 | Snapshot          |
|   | Letters           |
| 1 | Red Identity Disc |
| 1 | Unit Flash        |

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

QUADRUPPLICATE—with effects.

W. J. Mc Nabb  
.....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME .. D-140390 .. Pte .. TRIMM .. Clarence .. A. .. (Dec 'd) ..

RECEIVED FROM .. Cdn Sec 2nd Ech 21 A/Gp ..

CHECKED BY .. H-92487 Gnr Mc Nabb W.J. .. DATE .. 8 Jun 45 ..

AND .. C-33192 Pte Leafloor E.P. ..

1	Leather Wallet
	Souvenir Coins
1	Snapshot
	Letters
1	Red Identity Disc
1	Unit Flash

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

QUADRUPPLICATE—with effects.

*W. J. Mc Nabb* .....  
for OC 1 Cdn KSD

ESTATES

BRANCH

October 22nd, 1945.

Mr. James Trimm,  
736 Greene Ave.,  
Montreal 30, Que.

TRIMM, Clarence Alvin, Pte., (Dec'd)  
No. D-140390 Canadian Army.

Dear Mr. Trimm:

We are pleased to advise that your brother's personal effects have now been received at this Branch and these will go forward to you in the course of the next few days in one parcel by registered mail.

Attached hereto is an Inventory, in duplicate, of the Effects which are being sent to you. Immediately on receipt of the Effects, may the duplicate copy of the Inventory be signed and returned to,

Director of Estates,  
308 Sparks Street,  
OTTAWA, Ontario.

Yours faithfully,

WRH:K  
Encls.

Director of Estates.

9521.

Personal Effects of C.A. TRIMM, Pte., D-140390 (Dec'd)

- 1 Leather Wallet
- Souvenir Coins
- 1 Snapshot
- 1 Red Identity Disc
- 1 Unit Flash

# EFFECTS SECTION

O/S CASE No. 240 OUR CASE No. 1469

DATE RECEIVED 24-9-45 FROM O/S

TRIMM G.A. PTE. D-140390

NAME  INITIALS  RANK  No.

V—VALUABLES  
.....  
.....  
.....  
.....

M—MISSING  
.....  
.....  
.....

S—SURPLUSES  
.....  
.....  
.....  
.....

D—DESTROYED (reason why)  
.....  
.....  
.....

VALUABLE DOCUMENTS  
.....  
.....  
.....

R—RETAINED (reason why)  
.....  
.....

MONEY: W.S.C.'s, Etc.  
.....  
.....

DIARIES  
.....  
LETTERS Out Girlfriend's  
Destroyed.

CONTAINERS RECEIVED  
1 Bag

CONTAINERS REPACKED  
1 Pel. (R.M.)  
jt

REMARKS  
.....  
.....

INVENTORIES (Dates; No. of Pages; first and last article on each inventory)  
8/Jan/45 / Leather wallet to / First Flash

DATE CHECKED 10/10/45 BY W. J. ... CHECKER  
A. ... CHECKER

OFF. OR N.C.O. i/c  
Ridley

9th July 1945.

Mr. James Trimm,  
736 Greene Avenue,  
MONTREAL 30, Quebec.

TRIMM, Clarence Alvin, Pte. (Deceased)  
D-140390 C.A. O/S

Dear Mr. James Trimm:

brother

10th November 1944

F.10

WRH/HO

Mr. James Trimm,

736 Greene Avenue,

Montreal 30, Quebec.

Any further communication on this subject should  
be addressed to:—THE DIRECTOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-T-14115 FD 136

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

23 May 1945

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

TRIMM, Clarence Alvin, Pte.

D.140390

C.A. O/S



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

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

*Robert Smith Col.*

WRH/JL

Director of Estates



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Single	—	—
2	Children of the Deceased and dates of their Births.....	Single	—	—
3	Father of the Deceased.....	James Macdonald Trimm	63	Deceased Sept, 1946
4	Mother of the Deceased.....	Isabella Heplerd Trimm	36	Deceased May 13/33
5	Brothers of the Deceased	Full Blood	James Randolph Trimm 22	736 Green, Ave Montreal, Que
		Half Blood	—	—
6	Sisters of the Deceased	Full Blood	Carmen Heplerd Trimm 23	736 Green Ave Montreal, Que
		Half Blood	—	—
Names of brothers or sisters (whether full or the half blood) of the deceased, who are dead, and date of death of each.		Names and ages of their children (if any)		Address of their children
—		none		—

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Clarence Alvin Trimm
9	Date of his birth.	January 18, 1924
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	see other side please. Georgetown, British Guiana

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	1133 St. James, St. Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec, Province 20 yrs. (b) (c) (d)
14	Nature of employment before enlistment.	butcher's helper
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Que., Canada.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	None.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	None.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	City and District Bank 1124 St. James, St. Montreal \$100.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance Co. \$1000 (Legal Heir)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

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

\* brother ..... of the deceased.

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

James Randolph Timon

{ Signature of Informant

736 Green, Ave, Montreal, Que

{ Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief James Row-

\*See above. James Timon { Name of informant } is the\* brother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 13th day of June 19 45

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

Alfred Gervais

Qualification notary

ALFRED GERVAIS  
NOTAIRE & COMMISSAIRE

Address 509 Avenue de la Montreuil

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

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

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

11. Parents' Marriage: August 1919, Montreal, Que. Canada.

Director of Estates

Regimental No. D.140390 Rank Private

TRIMM, Clarence Alvin  
Surname Christian Names

Unit The Lincoln & Welland Regiment (GA)

Date of death 27 Apr 45 Place of Death Overseas (Western European)

Casualty Details Died of wounds,

Next-of-kin Mr. James Trimm Relationship Father

Address 736 Greene Avenue, Montreal 30, Quebec

Will Wills/10 May 43, 10 Nov 44 and Notation re Will herewith

Date 17 May 45

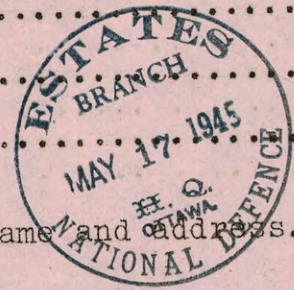
EXCERPT OF M.F.M.5 dated 10 May 43

(1) Are you married? NO Children?  
Wife's name) Names and  
and address) Ages

(2) Is your father alive? Yes If so, state name and address  
Mr. James Trimm (CPR)  
736 Greene Ave., Montreal Que: Canada

(3) Is your mother alive? NO If so, state name and address

(4) Are you insured? Yes If so, in what company?  
Montreal Life Ins;



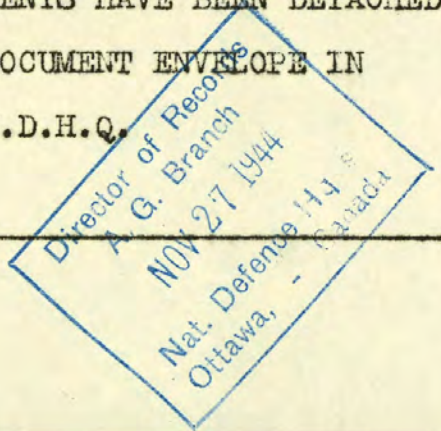
*[Signature]*  
ESTATES LIAISON

405 - T - 14115

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

DATE \_\_\_\_\_

C.A.S.F. A.28



Original on H.Q. File

405 - T - 1849

# DISCHARGE DOCUMENTATION

## CHECKERS' OBSERVATIONS

No. 0140390 RANK Pte NAME Trimin C A

### OBSERVATIONS

- M.F.M. 81 or 23.....
- M.F.M. 1 or 2 or 103 or 153.....
- M.F.M. 4.....
- M.F.M. 5.....
- M.F.M. 6.....
- M.F.M. 7 or 24 or M.F.B. 241.....
- M.F.M. 94 (for Officers).....
- M.F.M. 105.....
- M.F.M. 182.....
- M.F.M. 196.....
- M.F.B. 227 (in triplicate).....
- M.F.M. 30 (in triplicate).....
- Special Medical Reports (if any) 3.....
- M.F.B. 465 No. 2 Sheet.....
- M.F.D. 930A.....
- D.V.A. Form (W.D.) 12.....
- R.C.A.F. Form M1 or M2 (Transferred to R.C.A.F.).....
- M.F.B. 375 (for Deserter).....
- M.B.M. 1 (Pay Book for Deserter).....
- Copy of Birth Certificate (if under age).....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....

**BE SURE YOU ARE RIGHT THEN CHECK AGAIN**

NOTE:—Has record of BLOOD TEST been noted on Page 3 of M.F.M. 1 or 2?  
 Does Date of Discharge as shown on all relevant documents agree, i.e., M.F.M. 1 or 2 (Page 2), M.F.M. 23 or 81, M.F.D. 930A or Discharge Certificate?

Has correct Routine Order Authority for Discharge been shown?

REMARKS:— MFM 182. Removed & Forwarded To CBd

*[Handwritten Signature]*

Checker.

**NOV 27 1945**

Date.....

**BATTLE CASUALTY  
CASUALTY SECTION EXTRACT FORM**

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

Message Received from 21/CAS/8908  
CFA 78

Time Message Received.....

Date Message Received.....

Theatre  
**AEF**

Regimental No.      Rank      Name      Full Christian Names  
D 140390      PTE      TRIMM      CLEARENCE ALVIN

Unit LINCOLN AND WELLAND

SERIAL  
299

CASUALTY PARTICULARS  
WOUNDED AND DIED OF WOUNDS 27 Apr 45  
GSW PEN ABDOMEN WND

"A" 573

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..... JAMES TRIMM..... Relationship FATHER  
736 GREENE AVE. MONTREAL P.Q.

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

**IMPORTANT**

Home Town same  
Cable No. 8837A  
Inland Tel. No. ....

M. J. O. G. M. H. X.  
Verification Clerks Signature

Deceased

CASUALTY WING EXTRACT

"A" 580 "B" "C" "PW"

DATE 23 MAY 45

NAME TRIMM, Clarence Alvin

AUTH SER/ 322/42

RANK PTE

REGT NO D-140390

THEATRE **AEF**

UNIT LINC & WELLAND REGT

HOSPITAL PARTICULARS

ADMITTED \_\_\_\_\_ DATE \_\_\_\_\_

TRANSFERRED \_\_\_\_\_ DATE \_\_\_\_\_

DISCHARGED \_\_\_\_\_ DATE \_\_\_\_\_

DIAGNOSIS NOW CONFIRMED WOUNDED 26 APR 45

FOR THE DAILY UNIT & CONSOLIDATED LIST \_\_\_\_\_ ADMISSION \_\_\_\_\_

FOR THE DAILY LIST ONLY \_\_\_\_\_ DISCHARGE \_\_\_\_\_

CASUALTY CARD MADE (Yes or No) \_\_\_\_\_ PROGRESS REPORT \_\_\_\_\_

CLERK'S INITIALS OR NUMBER 77 DEATH \_\_\_\_\_

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS      OFF SERIOUS      DANGEROUSLY ILL      SERIOUSLY ILL

NEXT - OF - KIN PARTICULARS

RELATIONSHIP CANADA

NAME AND ADDRESS \_\_\_\_\_

HOME TOWN \_\_\_\_\_

SERIAL NO \_\_\_\_\_

CABLE TO OTTAWA NO 9453A

INLAND TELEGRAM NO \_\_\_\_\_

.....-VVV.....

62



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (GERMAN)						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..... TRIMM (Block letters)																			
Given names..... Clarence Alvin																			
4. RESIDENCE	Do not write in this space																		
	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																		
22. Date of death..... April 27th, 1945																			
(Month) (Day) (Year)																			
23. I HEREBY CERTIFY that I attended deceased from																			
.....19..... to.....19.....																			
and last saw him..... 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) Died of wounds rec'd in action																			
due to																			
(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,																			
(a) Date of appearance.....19.....																			
(b) Duration of disease.....days																			
25. If a woman, was there a puerperal condition?.....																			
26. Was there a surgical operation?.....Date of.....19.....																			
State findings.....Was there an autopsy?.....																			
27. If death was due to external causes (violence) fill in also the following:—																			
Accident, suicide or homicide.....Date.....19.....																			
(State which)																			
Manner of injury.....																			
(How sustained)																			
Nature of injury.....																			
Specify whether injury occurred in industry, in home, or in public place.....																			
Signed.....																			
Address.....Date.....19.....																			
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)																			
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																			
This signature authorizes the collector to accept this form as authentic.																			
(Voir l'autre côté pour le français)																			
Director of Records, Dept. of Natl. Defence																			

CANADIAN ARMY  
MILITARY CASUALTY

AUG 1 1945

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.....  
Noms de baptême ou prénoms.....

(Lettres moulées)

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..... 19.....  
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....  
que je l'ai vu vivant pour la dernière fois le..... 19.....

24. CAUSE DU DÉCÈS

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

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

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'écllosion..... 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..... Date..... 19.....  
(Spécifier)

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.)

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

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

(For English see other side)

25th June, 1945.

Mr. James Trimm,  
736 Greene Avenue,  
Montreal 30, Quebec.

Dear Sir:

Information has now been received from the overseas military authorities that your son, D140390 Private Clarence Alvin Trimm, was buried with religious rites in grave 6, plot 14, of a temporary Cemetery located at Friesoythe, Germany.

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,

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

15  
16 /IAK

20

A573

405-T-14115

FIELD SERVICE

In lieu of Army Form B.2090A

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

M B R  
R B

REGIMENT Line & Wellld Regt Squadron, Troop \_\_\_\_\_  
OR CORPS \_\_\_\_\_ Battery or Company \_\_\_\_\_

Officer's Personal No (if known) D140390 Rank \_\_\_\_\_ Pte. \_\_\_\_\_  
Soldier's Army No \_\_\_\_\_

Surname TRIMM Christian Names C A

Date 27 Apr 45 Place Germany

Died  Cause of Death D of Wds

Nature and Date of Report CFA 4 d/ 27 Apr 45

By whom made 6 Cdn FDS

Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Place Germany Friesothe Sh M-2 0792 Date 28 Apr 45  
Burial at side of canal bridge Pl 14 gr 6

By whom reported E W Eldridge H/Capt.

State whether he leaves (a) in Army Book 64 NO  
a Will or not

(b) as a separate document NOT REC'D

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 as to verbal expressions by 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 with drawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Belgium  
Date 7 May 45

Signature of Officer [Signature] Capt.  
in charge of Section \_\_\_\_\_  
Adjutant-General's Office at the Base for Officer i/c  
Cdn Sec 2nd Ech HQ 21 A Gp

19

PP

405-7-1415  
11-5-45

DIED OF WOUNDS (CONTINUED)  
\*\*\*\*\*  
CENTRAL ONTARIO REGIMENT

- 268. BUSBY, JOHN RICHARD, PTE., B138647, MRS. ELSIE BUSBY (MOTHER), 17 MECHANICS AVE., TORONTO 3, ONT.
- 269. DENAULT, ALDERIC GEORGE WILBERT, PTE., B634783, MRS. YVONNE DENAULT (WIFE), BOX 41, FORT COULONGE, QUE.
- 270. POLLOCK, ANTHONY THOMAS, PTE., B145766, MRS. CATHERINE PODLOCK (MOTHER), R.R. #1, EAST LOCKPORT, MAN.
- 271. ROSZELL, HAROLD WILBERT, PTE., B43431, MRS. IRENE ROSZELL (MOTHER), 20 BIRCH AVE., TORONTO 5, ONT.
- 272. SABO, ANDREW JOSEPH, PTE., B163028, MRS. HELEN V. SABO (WIFE), 1866 DUNN ST., NIAGARA FALLS, ONT.
- 273. VONDETTTE, EMILE LAWRENCE, PTE., B158033, MRS. ANGEL VONDETTTE (MOTHER), R.R. #1, WEBBWOOD, ONT.
- 274. WOODWARD, FREDERICK, L/CPL., B116254, MRS. MARGARET WOODWARD (WIFE), 9 ROBLOCK ST., TORONTO 4, ONT.

EASTERN ONTARIO REGIMENT

- 275. HALL, HAROLD DAVID, PTE., C115088, MRS. EDITH HALL (MOTHER), R.R. #2, ADDISON, ONT.
- 276. MURRAY, JOHN CHRISTOPHER, PTE., C124536, WILLIAM MURRAY (FATHER), 6363 11TH AVE., ROSEMONT, QUE.

QUEBEC REGIMENT

- 277. TRIMM, CLARENCE ALVIN, PTE., D140390, JAMES TRIMM (FATHER), 736 GREENE AVE., MONTREAL 30, QUE.

REGIMENT DE QUEBEC

- 278. BOURGEOIS, JEAN PAUL, PTE., E600748, WELLIE BOURGEOIS (FATHER), 73 KING GEORGE ST., KENOGAMI, QUE.

NOVA SCOTIA AND P.E.I. REGIMENT

- 279. MACLAREN, JOHN ARCHIBALD, PTE., F96289, MRS. IDA MACLAREN (MOTHER), ARMADALE, P.E.I.
- 280. SMITH, EDGAR DOUGLAS, PTE., F4948, MRS. VERONICA E. SMITH (WIFE), RIVERSIDE ST., PARRSBORO, N.S.

NEW BRUNSWICK REGIMENT

- 281. MCLEAN, ARCHIBALD PHILLIP, PTE., G572, MRS. MARY ROSE MCLEAN (MOTHER), 144 CANADA RD., EDMUNDSTON, N.B.

MANITOBA REGIMENT

- 282. BENEDICTSON, ALLAN FREDERICK IRVIN, PTE., H23504, MRS. KRISTINE BENEDICTSON (MOTHER), RIVERTON, MAN.

18



EXCLUSIVE CONNECTION WITH WESTERN UNION CABLE SERVICE

# CANADIAN NATIONAL



W M ARMSTRONG, GENERAL MANAGER  
TORONTO

# TELEGRAPHS

(45)

1945 MAY 3 PM 3 12

MOB 111 8 GB COLLECT=MONTREAL QUE 3 438P

ARMY CASUALTY SECTION, DEPT OF NATL DEFENCE=

0861 NO 8 TEMP BLDG OTTAWA ONT=

*7 140390*

MESSAGE 79548 PRIVATE CLARENCE ALVIN TRIMM DELIVERED=

CDN NATL TELS.



*405 T-14, 115*

FORM 6122

*112* 79548 ALVIN TRIMM.

*17*

405-T-14115  
D.R. 2 (D)

Ottawa, May 29th, 5.

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

Your DC 1106016 C3

No. D.140390, Private Clarence A. TRIMM

Gentlemen:

As requested in your letter of May 23rd,  
enclosed herewith is an official certificate of death  
in respect of the marginally named Canadian soldier,  
whose date of birth is recorded as January 18th, 1924.

Yours truly,

*J. B. Radine*  
for (C.L. Laurin) Colonel,  
Director of Records,  
for Adjutant-General.

*h*  
FBR/JL

16

405-T-14115  
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.140390, Private Clarence Alvin TRIMM, of the Lincoln and Welland Regiment, Canadian Army, died on the 27th of April, 1945, of wounds received in action.

(C.L. Laarin) Colonel,  
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

*M*  
Department of National Defence,  
Ottawa, Canada.  
May 29th, 1945..

*15*



405-T-14, 115-  
213-245-40

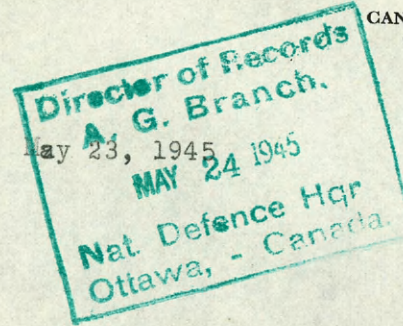
# METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, *Chairman of the Board*

LEROY A. LINCOLN, *President*

CLAIM DIVISION  
ARTHUR S. BOURINOT  
*Manager*

CANADIAN HEAD OFFICE  
OTTAWA, CANADA



The Director of Records  
The Department of National Defence  
Army  
Ottawa, Ontario

In re: DC 1106016 63

Dear Sir(s):

This Company has been requested to entertain claim under the above policy insuring the life of (Rank ..... Pte. ....)  
(Name) Clarence Alvin Trimm (No.) D 140390

~~Killed~~  
He has been reported ~~died~~ on active service on April 27, 1945  
Missing

The next of kin is Carmen Trimm Relationship Sister  
Address 736 Green Montreal Quebec

We require the information in items No. 1 & 4

below to enable us to make payment:

- ..... 1. Official Death Certificate
- ..... 2. Date of First Departure for Service outside Home Areas which we define as Canada, United States, Alaska and Newfoundland
- ..... 3. Date of Enlistment
- ..... 4. Date of Birth
- ..... 5. ....

Your cooperation on these cases is greatly appreciated.

Yours truly,

ARTHUR S. BOURINOT

Manager

MAIN FILE	
CHARGED TO	213
SINCE	24-5-45
L. P. PASSED	
MAY 25 1945	
TO	22
C.A.S.F. REGISTRY.	

Manager,  
 DEPT. OF AGRICULTURE  
 Young Hall,

Below are names of persons who have been referred to you for information in connection with the above mentioned matter.

Name of Person Referred to: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name of Person Referred to: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name of Person Referred to: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name of Person Referred to: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Dear Sir(s):

In re: \_\_\_\_\_

Director of Bureau  
 Metropolitan Life Insurance Company

METROPOLITAN LIFE INSURANCE COMPANY

Franklin D. Roosevelt, President

Arthur H. E. ...

Metropolitan Life Insurance Company

# OVERSEAS CASUALTY REPORT

CABLE NUMBER 9453A PAGE 1 DATE 23-5-45  
REG'T'L. NUMBER D.140390 RANK \_\_\_\_\_  
NAME TRIMM  
(SURNAME) (CHRISTIAN NAMES)  
SERVICE UNIT \_\_\_\_\_

Cable Abstract

OUR 8837A

NOW CONFIRMED WOUNDED 26 APRIL

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

*No action  
25 May 48*

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

13

bfh

1

COPY FOR RESEARCH SECTION

16507

BA

COPY OF CABLES FROM CANRECORDS

#9453A LONDON 232100/MAY/45

OUR 8837A D.140390 TRIMM  
A.108345 SPINKS  
OUR 8884A H.69907 MCQUAY  
OUR 8925A A.61559 WALKER  
OUR 8928A A.61487 STEWART  
OUR 8965A H.26319 SHINETON  
OUR 9169A D.140655 NOVAK  
OUR 9169A G.3102 DONNELLY  
OUR 9169A AND 9212A B.630317 BROWN  
OUR 8889A A.106392 BOLDUC  
OUR 8848A M.65876 PECK  
OUR 9304A C.64622 NYE  
OUR 9178A G.5335 MCDUGALL  
OUR 8961A F.36226 GILFILLEN  
OUR 8965A K.608306 BISHOP  
OUR 9375A K.74157 WEBSTER  
OUR 8373A F.33066 LARUSIC  
OUR 6012A B.77478 BRETT  
OUR 8702A B.162200 KILLORAN

19 NAMES

33913/EA/2323100/MAY/45

RECEIVED:2330/23/5/45

BATTLE CASUALTIES AEF

NOW CONF WOUNDED 26 APRIL  
NOW CONF WOUNDED 26 APRIL  
NOW CONF WOUNDED 28 APRIL  
NOW CONF WOUNDED 29 APRIL  
NOW CONF WOUNDED 29 APRIL  
NOW CONF WOUNDED 30 APRIL  
ADD DIAG COMP FR/C BOTH SHOULDERS  
BW (M) LACERATION F/CE  
GSW (MG) RIGHT THIGH  
SW (HE) RIGHT FOREHEAD  
NOW CONF BC INJURED 25 APRIL LAC  
SCALP SLIGHT  
NOW CONF WOUNDED 30 APRIL  
NOW CONF WOUNDED 27 APRIL  
GSW (R) T AND T RIGHT FOOT  
SW (HE) LEFT HIP SLIGHT  
NOW CONF WOUNDED 2 MAY  
NYD RIGHT EAR  
NOW SAFE AND INJURED 25 JULY 1944  
ECHELON ADVISE NOW CONF SAFE AND  
INJURED 5 APRIL

CANMILITRY

12

Director of Estates

Regimental No **D.140390**.....Rank.....**Private**.....

.....**TRIMM**.....**Clarence Alvin**.....  
Surname Christian Names

Unit.....**The Lincoln & Welland Regiment. (CA)**.....

Date of death **27 Apr 45**.....Place of Death **Overseas (Western European)**

Casualty Details **Died of wounds**.....

Next-of-kin **Mr. James Trimm**.....Relationship **Father**.....

Address.....**736 Greene Avenue, Montreal 30, Quebec**.....

Will.....**Wills/10 May 43, 10 Nov 44 and Notation re Will herewith**

Date.....**17 May 45**

EXCERPT OF M.F.M.5 dated **10 May 43**.....

(1) Are you married? **NO**.....Children?.....  
Wife's name).....Names and.....  
and address).....Ages.....

(2) Is your father alive? **Yes**.....If so, state name and address....  
**Mr. James Trimm (CPR)**.....  
**736 Greene Ave., Montreal Que. Canada**.....

(3) Is your mother alive? **NO**.....If so, state name and address....  
.....  
.....

(4) Are you insured? **Yes**.....If so, in what company?.....  
**Montreal Life Ins;**.....

*[Handwritten Signature]*  
ESTATES LIAISON

9 May 1945

Mr. James Trimm,  
736 Greene Avenue,  
Montreal 30, Quebec.

Dear Mr. Trimm:

Further to this Headquarters' telegram of the 3rd of May 1945, informing you of the regretted death of your son, D-140390, Private Clarence Alvin Trimm, in keeping with the policy of the Canadian Army of informing the next-of-kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Private Trimm.

According to information obtained by this Headquarters from Canadian Army Medical Authorities, your late son died as a result of bullet wounds to the abdomen.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

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

*ND/ECH*

10

*Mem x 211  
16-5-45*

# OVERSEAS CASUALTY REPORT

CABLE NUMBER 8862A PAGE 1 DATE 2-5-45

REG'T'L. NUMBER D140390 RANK \_\_\_\_\_

NAME TRIMM  
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT \_\_\_\_\_

Cable Abstract Am 8837A Cause of death  
Giv. per abdomen

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

*Cond. Extended  
8-5-45*

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

*Gull*

*9*

AW

COPY OF CABLES FROM CANRECORDS

#8812A LONDON 021810B/5/45

OUR 8837A B29415 MURPHY

CUR 8616A MAJOR WHITTSIDE WG

CAPT LYSTFR WL

OUR 8570A H105092 LOFTSON

L67868 LYONS

B63209 LFF

OUR 8440A D137641 KURELLO

OUR 8719A B44470 HARRISON

OUR 8312A E119003 MAILLOUX

OUR 8840A G27908 ANNINGSON

OUR 8837A D140390 TRIMM

OUR 8804A G3408 ALEXANDER

OUR 8459A K1457 LEVESQUE

13 NAMES

30358/JF/030050Q/5/45

RECEIVED 0100/3/5/45

BATTLE CASUALTIES AFF

BW (MINT) BLAST FYFS LAC LT HAND

GSW RT EYE

GSW (MG) RT SHOULDER COMP FRAC  
SCAPULA HUMERUS RT CHEST

GSW LEFT HIP AND ABDOMEN

SW (M) PFN LT AXILLA

SW (HF) RT LEG

FIRST DEGREE BURNS UPPER FACE EYELIDS  
AND HANDS

ADD DIAG TRAUM AMP THUMB AND FINGER  
T AND T LEFT THIGH

NOW CONF WOUNDED 14 APRIL

COMP FRAC RT TIBIA TRAUM AMP  
RT ARM CAUSE OF DEATH

GSW PFN ABDOMEN CAUSE OF DEATH

SW (HE) PFN BELLM LAC NFKK FACE  
RIGHT ARM RIGHT THIGH AND LOWER  
LEG CAUSE OF DEATH

PREV REPORTED KILLED NOW REPORTED  
WOUNDED AND DIED OF WOUNDS 15 APR  
GSW PFN CHEST SUCKING

CANMILITARY

Cas 2-5

8



9th May, 1945.

Mr. James Trimm,  
736 Greene Avenue,  
Montreal 30, Quebec.

Dear Mr. Trimm:

It was with deep regret that I learned of the death of your son, D140390 Private Clarence Alvin Trimm, who gave his life in the Service of his Country in the Western European Theatre of War on the 27th day of April, 1945.

From official information we have received, your son died as the result of wounds received 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,

(A.E. Walford),  
Major-General,  
Adjutant-General.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER	D-140390	RANK	Private	SERVICE UNIT	The Lincoln & Welland Regiment (C.A.)
NAME	TRIMM, Clarence Alvin				
DATE OF BIRTH	18-1-24	DATE OF ENLISTMENT	10-5-43		
MARITAL STATUS	Single		RELIGION	United Church	
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	Father	NAME ADDRESS D.A.B.	Mr. James Trimm,		
ADDRESS	736 Greene Avenue, Montreal 30, Quebec.				
ADDITIONAL PERSON TO BE NOTIFIED			ADDRESS		

PARENTS NAME  
ADDRESS  
( IF SOLDIER MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.  
CASUALTY DETAILS

Canrecords - 8837A  
Died of wounds

H.Q. 405-T-14,115  
DATE

27-4-45

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.1

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

DATE

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

*[Handwritten signature]*

O/S with Inf.

*[Handwritten signature]*  
6-5-45  
DIRECTOR OF RECORDS

5

COPY FOR C. R. FILE

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OTTAWA, 4th May

5.

Mr. James Trimm,  
736 Greene Avenue,  
Montreal 30, Quebec.

RE: D.140390 Private Clarence Alvin TRIMM,

Dear Mr. Trimm:

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

Yours truly,

BTC

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

5

# CANADIAN NATIONAL TELEGRAPHS

IAP

FILE H.Q.

405-T-14,115

CASUALTY (REPORT DELIVERY)

OTTAWA 3RD MAY 1945

TO:- MR JAMES TRIMM  
736 GREENE AVE  
MONTREAL 30 QUE

79548  
REGRET DEEPLY D140390 PRIVATE CLARENCE ALVIN  
TRIMM HAS BEEN OFFICIALLY REPORTED TO HAVE DIED TWENTYSEVENTH  
APRIL 1945 AS RESULT OF WOUNDS RECEIVED IN ACTION <sup>SAME DATE</sup> STOP YOU SHOULD  
RECEIVE FURTHER DETAILS BY MAIL DIRECT FROM THE UNIT IN THE  
THEATRE OF WAR STOP TO PREVENT POSSIBLE AID TO OUR ENEMIES DO NOT  
DIVULGE DATE OF CASUALTY OR NAME OF UNIT

PREPAID *mc*

DIRECTOR OF RECORDS 4

## OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

**DEATH**

NUMBER

D140390

RANK

Pte.

SERVICE UNIT

NAME

TRIMM, Clarence Alvin

DATE OF BIRTH

18-1-24

OCCUPATION

Labourer

MARITAL STATUS

Single

MARITAL STATUS

Single

PRESENT

ON ENLISTMENT

DATE OF

10-5-43

ENLISTMENT

NEXT OF KIN

Mr. James Trimm

ADDRESS ON

736 Greene Ave.,

ENLISTMENT

ADDRESS

Montreal 30, P.Q.

Montreal, P.Q.

AUTHORITY CAS. SIG. NO.

8837A

HQ No. 405-T-14,115

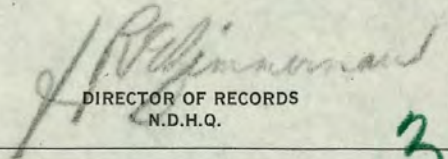
DATE

CASUALTY

DETAILS

Wounded and died of wounds 27-4-45

GTA/IAP

  
 DIRECTOR OF RECORDS  
 N.D.H.Q.

**COPY 3** DISTRIBUTION C.R. FILE COPY (1 TO COMMISSIONER OF INCOME TAX, 2 TO DEPT. OF LABOUR)

3

## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 8837A PAGE 1 DATE 2-5-45REG'TL NUMBER D.140390 RANK PteNAME TRIMM CLARENCE ALVIN  
(SURNAME) (CHRISTIAN NAMES)SERVICE UNIT 299- Lincoln & Welland Regt  
NATURE OF CASUALTY DATEAEF Wounded and died of wounds 27 AprDATE OF BIRTH  
18<sup>th</sup> DAY January MONTH 1924 YEAR QuebecNEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP  
MR. JAMES TRIMM. (FATHER)ADDRESS  
736 GREENE AVE.sp hist 995 MONTREAL, 30 P.Q. (D.A.B. 9-8-44)

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES  
ADDRESS  
(IF SOLDIER MARRIED OVERSEAS)

RELIGION TRADE OR CALLING LANGUAGES

United Church, Labourer, English

MARITAL STATUS ON ENLISTMENT PRESENT MARITAL STATUS

Single SingleSOLDIERS ADDRESS ON ENLISTMENT  
Montreal, P.Q.Montreal, P.Q. 10<sup>th</sup> May 1943brb  
CABLE CHECKJ.R. E.B.1  
N. OF K. CHECK

TELEGRAM CHECK

COPY FOR RESEARCH SECTION

BA

COPY OF CABLES FROM CANRECORDS

#8837 LONDON 020216/MAY/45

RECEIVED:1430/2/5/45BATTLE CASUALTIES AEF

D.140390	PTE TRIMM CA	299	WOUNDED AND DIED OF WOUNDS 27 APRIL
K.3990	PTE COOKE JE	734	WOUNDED AND DIED OF WOUNDS 27 APRIL
H.20427	CPL CURRIE RN	193	WOUNDED AND DIED OF WOUNDS 28 APRIL SEC CAS
C.123972	PTE WAKELY GS	752	WOUNDED AND DIED OF WOUNDS 28 APRIL
G.2315	PTE MEEHAN A	742	KILLED 24 APRIL
C.122481	PTE MILLER OB	742	KILLED 24 APRIL
F.36313	A/CPL MOSHER SG	742	KILLED 24 APRIL
F.52666	PTE MULCAHY FL	742	KILLED 24 APRIL <sup>THIRD</sup> CAS
D.3906	PTE SAMPSON E	742	KILLED 24 APRIL
G.2074	PTE DOHERTY RB	742	KILLED 24 APRIL
G.53667	PTE ALSENEAULT EJ	742	KILLED 24 APRIL
H.45748	PTE PERLING WA	942	WOUNDED 27 APRIL SEC WOUND
H.520292	PTE NEGRICH J	942	WOUNDED 27 APRIL
A:108345	PTE SPINKS HC	299	WOUNDED 27 APRIL SLIGHT
LIEUT PLUMB ARTHUR GEORGE		299	WOUNDED 27 APRIL NK EVELYN MADGE PLUMB WIFE 4 LE ROI APTS 84 PROCTOR BLVD HAMILTON ONT
H.75017	L/CPL WORTHINGTON T	299	WOUNDED AND REMAINED ON DUTY 21 APRIL
L.649144 (L.609244?)	PTE DUMAS MG	743	WOUNDED 24 APRIL NK JOSEPHINE DUMAS MOTHER SPIRITWOOD SASK
B.147478	TPR CHEESEMAN JK	1044	WOUNDED 24 APRIL SEC WOUND
K.37968	SGT MARSHALL DH	932	WOUNDED 25 APRIL
B.130144	SPR DOMINI H	816	WOUNDED 25 APRIL
B.29415 (29414?)	SPR MURPHY TD	816	WOUNDED 25 APRIL
A.11141 431	SGT SMITH VA	107	WOUNDED 26 APRIL
H.195	PTE WAKPULA EA	196	INJURED 28 APRIL DANGEROUS 28 APRIL THIRD DEGREE PETROL BURNS LEGS ARMS HANDS BUTTOCKS
H.3235	CFN BRUMWELL JA	640	INJURED 27 APRIL
L.19854	SPR CALRIENE DH	174	INJURED 28 APRIL
C.10063	L/CPL FOSTER B	181	INJURED 28 APRIL SEC CAS
H.617547	PTE POSPESHELL A	299	INJURED 28 APRIL SLIGHT

4 DIED OF WOUNDS 7 KILLED 11 WOUNDED 5 INJURED 27 NAMES30180/HMD/021300Q/MAY/45

CANMILITARY



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ACCESSION \_\_\_\_\_ VOL 27224 PAGE(S) 239  
BOX/BOÎTE \_\_\_\_\_ REEL/BOBINE \_\_\_\_\_  
FILE/DOSSIER Trim, Clarence # D140390  
DATE 02-14-2012