

R55551

GUAY, JOSEPH ALFRED JACQUES

1022-G-3907

R 100	PREV. DIS. & AWARDS	BIRTH MARR.		DEP'DTS BIRTH	INDEX CARDS	R 44	CHECKED
		CERTIFICATES			COMPLETED		

*M*  
**CASUALTY**

**RECORDED**  
**FILM** *W.S.R. - 445 - 4*

- RECORDAX -  
O. U. ent. .... R. 100 B.  
Reel 0 ..... 2  
Exposure l. o's ..... 961  
Date: 27. 1. 34. Int. M. M.

AIR FORCE No.

A55551

SURNAME

Guay, Joseph Alfred Jacques

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

PLACE Quebec  
DATE 30-9-40

C.R. FILE NUMBER

## RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R.44 (B)

7. BIRTH: DATE PLACE CITIZENSHIP

25-11-20 Quebec, P.2 British

FATHER (FULL NAME) Joseph Donat Louis Guay  
(Deceased)BIRTHPLACE Beaumont, P.2.MOTHER (FULL MAIDEN NAME) Maria Shink  
(Deceased)BIRTHPLACE Beaumont, P.2.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X QueJUNIOR MATRICULATION X Que } 6 yrs.SENIOR MATRICULATION X Que

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.

Nil

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

C.O.T.C. - pte

11. HONOURS-AWARDS, MENTIONS, AUTHORITY, DATE

Awt to wear flying badge HSF 59 17-3-40

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO H DUAL - PASSENGER -13. RELIGION Roman Catholic14. LANGUAGES English, French15. SPORTS General, Scout 2 yrs, making  
small models of airplanes16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE

DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS

RANK

EFFECTIVE

D.R.O.

18. CHILDREN

CHRISTIAN NAMES

BIRTH DATE

D.R.O.

CHRISTIAN NAMES

BIRTH DATE

D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)

FULL NAME: C. Henri GuayRELATIONSHIP BrotherADDRESS: 195 St. Ayville st. Quebec, P.Q.

D.R.O.

FULL NAME:

RELATIONSHIP

ADDRESS:

D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

Reprimand for forfeiture pay 3 2 40 RA-10

21. ENGAGEMENTS

TERM

EFFECTIVE

D.R.O.

TERM

EFFECTIVE

D.R.O.

Duration 30 9 40

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM

TO

DATE

D.R.O.

ceases to be att to 71 S. 7ly & school  
for str & gtr2978ceases to be att to 71, back 738  
for str & gtr23-12-4066736see pub gtr & auth to draw str4-1-41HSF 4cease d att. 4 BATT12-10-41RAF 48att'd from 405 Sgd. to 4 BATT5-10-41RAF 46Att. Wyten from 405 Sgd.7-10-41RAF 47A.P.E. 90 Crémazie, Quebec, P.2.  
25409

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60

R79

B465

X-RAY

AFM-13

IDN.CARD

9-10-40 24-4-41 4-10-40

AIR FORCE No. **55551**

**GUAY, JOSEPH ALFRED JACQUES**  
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE **Quebec** DATE **30-9-40**

RE-ENLISTMENT

C.R. FILE NUMBER

**RECORD OF SERVICE AIRMEN**

R.C.A.F. FORM R44(b)  
50M-10-40 (7685)  
H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.			4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.
T.O.S.	2MD Brandon	30 9 40	2MD 125	Ac 2	30 9 40	2MD 125	Aircrew (Por)	Std	30 9 40	2MD 125	23-12-40	4-1-41			68736
S.O.S.	2MD Brandon Regt	14 10 40	BMP 135	LAC	4 11 40	2998/18	Special Group	Comdr	17 3 41	45F59	18-3-41	28-3-41	12	(amended)	45F62, 63
S.O.S.	2998 to 6E778	4 11 40	2998/18	Sgt (Temp) (Pd)	17 3 41	45F59					18-3-41	28-3-41	10		45F63
S.O.S.	6E778	3 1 41	6E736	T/7. Sgt	1 10 41	RAF 10	Normal Pilot	Std	17 3 41	45F252A					
T.O.S.	45778	4 1 41	45F4												
S.O.S.	45F75 Saskatoon	27 3 41	45F67	A. 1970 (Pd)	1 4 42	RAF 21									
T.O.S.	Embarkation Dept. Quebec	28 3 41	8.70.40												
S.O.S.	Rem. Dep to Elsewhere	5 4 41	RAF 7												
T.O.S.	U.K. from Canada	20 4 41	RAF 23												
S.O.S.	to 21 O.T.U.	26 4 41	RAF 23												
S.O.S.	to 405 Sqd	11 7 41	RAF 35												
S.O.S.	to 1 Dep. Sup. W. from 405 Sqd	29 11 41	RAF 11												
Att.	RAF 3 Canceled (RAF 13 recommended)	27 11 41	RAF 13 (RAF 14)												
S.O.S.	to 58 O.T.U. from 405 Sqd. (Cancelled)	23 12 41	RAF 3												
S.O.S.	to 53 O.T.U. from 405 Sqd.	23 12 41	RAF 8												
S.O.S.	to 53 O.T.U. from 405 Sqd	13 1 42	RAF 8												
S.O.S.	to 1 Dep. N.E. from 53 O.T.U.	11 1 42	RAF 8												
Att.	to 1 Dep. from 405 Sqd. pending	11 12 41	RAF 13												
S.O.S.	to 53 O.T.U. to Mas Sen	16 4 42	RAF 22												
Att.	to RAF in New Camp	6 1 42	RAF 42												
S.O.S.	to N. O.A.A. 7 Med from 405 Sqd	13 5 42	RAF 53												
					16-10-40	M 2	A1B A3B								
	Pres. Dead	17 4 43													
13047	Completed														
	POX 720	24-1-44	JAN 22 1945												
	missing	17-4-43													
	RA 6561	18-4-43													
	WSG	2 10 44													

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)			
DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)			
HOSPITAL	ADMITTED	DISCHARGE	D.R.O.

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Pupil pilot course	68.83%	17 3 41	48F T81 T58

1 R.C.A.F. ENLISTMENT STATUS  
2 OVERSEAS  
3 MARRIAGE STATUS  
4 MARRIAGE STATUS  
5 PRESENT  
6 MARRIAGE STATUS  
7 HIGH & TECH. SCHOOL EDUCATION  
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FRENCH CARD

H.Q. FILE No. 1022-G-3907

NAME GUAY, Joseph Alfred Jacques

REGT'L No. R55551

RANK W.O. Pilot

UNIT ~~MISSING~~ PRES. DEAD

CABLE		NATURE OF CASUALTY			CAS. LIST		
NO.	DATE				NO.	DATE	
DATE OF DEATH:	17-April-43	MOTHER LIVING:	NO	WIFE:	NA		
MINISTERIAL CARD:	6-5-43	ROYAL MESSAGE:	6-3-44	MEMORIAL CROSS:			
	To brother (french)	To brother		N.A.			
	To brother 1-3-44						
	M. Henri Guay,						No. 3
	195 rue Saint-Cyrille,						
	Quebec, P.Q.						R.C.

## CABLE

## NATURE OF CASUALTY

## CAS. LIST

NO.

DATE

NO.

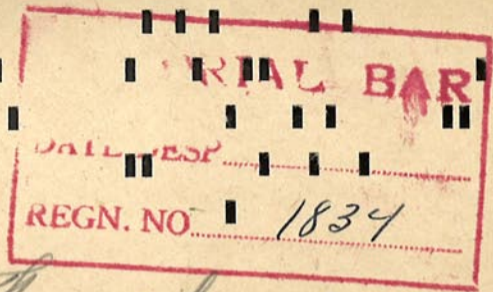
DATE

CANCELLED

10/10/49.

14 EDWARDS ST. W. UNDERSTREET RET'D TO STOCK.

10/1/50



Georges H. Guay (Brother)

~~126 St. Chyalle St.~~

~~Quebec, 283 St. Olivier St.,~~

~~P.Q.~~

16 South Park St.,

~~Feb. 46.~~

16/5/50

Halifax, N.S.

c/o Chs. Guay.

French

4881-18-5-50

RO05555160A JOSEPH AJ

WO11

1 NUMBER 9 NAME RANK 29

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
0	0	0	0	0	0	0	0	A	J																			0	0	0	
1	1	1	1	1	1	1	1	B	K	S																		1	1	1	
2	2	2	2	2	2	2	2	C	L	T																		2	2	2	
3	3	3	3	3	3	3	3	D	M	U																		3	3	3	
4	4	4	4	4	4	4	4	E	N	V																		4	4	4	
5	5	5	5	5	5	5	5	F	O	W																		5	5	5	
6	6	6	6	6	6	6	6	G	P	X																		6	6	6	
								H	Q	Y																					
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39-45 STAR	ATL. STAR	AIC EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SERVICE MEDAL	C. V. S. M.
>		>	>					>	>	>

89945

Ops  
909

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3  
47.

AWARD  
AWARD AND CLASP  
APPLICATION DISPATCHED  
RIBBON ISSUED  
MEDAL ISSUED



Our F 1797 originated  
by MacRay. Action  
taken re part (2) of  
seq no 1

AFHQ

R65551 (DAF/F-2-5)

ROYCANAIRE

F1707

22MAY

YOUR F1118 17MAY

GRATUITIES PROTECTED R55551 GUAY JJA TWO HUNDRED EIGHTY EIGHT DOLLARS SEVENTY  
EIGHT CENTS. FORWARD BELATED DEBIT IMMEDIATELY (.)

XXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

(J.MACL. MURRAY) A/C  
FOR C.A.S.

ORDINARY

AFHQ

R.55551(DAF/F-2-5)

ROYCAN/IRF

F1797 27JUNE REF OUR F1707 22MAY YOUR F1118-17MAY

A30 NOT YET RECEIVED R55551 JJA GUAY. ADVISE DISPOSITION.(.)

XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

(J.MACL. MURRAY) A/C  
FOR C.A.S.

IMPORTANT

R.C.A.F.

MESSAGE

FORM

SIGNAL OFFICE FILE NO.

IN

NO. OF  
GROUPS  
GR

OFFICE DATE STAMP

MESSAGE

OUT

HEADING

(ABOVE THIS LINE FOR SIGNALS USE ONLY)

FROM

RCAF HEADQUARTERS OVERSEAS LONDON

FILE

TO

AFHQ

REPEATED

ORIGINATOR'S NUMBER

DATE

F1583

7 July

R55551 GUAY JJA REFERENCE YOUR F1797 27 JUNE DEBIT TWO HUNDRED EIGHTY DOLLARS SEVENTY

EIGHT CENTS TO FOLLOW AWAITING AIR MINISTRY STATEMENT STOP *Past* J11309 JENVEY DE YOUR

DAB V2 30 JUNE OFFICER KILLED 29 DEC 44 AUTHORITY CASUALTY LIST 766 NO RECORD HELD OF

AN AMENDED SATE PAY CREDITED TO 31 DEC 44 ASSIGNEY PAY PROTECTED TO SAME DATE ONLY STOP

MAY BE SENT AS WRITTEN

\*1. BY ANY SIGNAL METHOD.

\*2. NOT BY W/T.

\*3. BUT IF LIABLE TO INTERCEPTION  
OR CAPTURE SEND IN CYPHER.

SEND IN CYPHER

\*1. BY ANY SIGNAL METHOD.

\*2. NOT BY W/T.

DATE - TIME GROUP (GMT)

ORIGINATOR'S INSTRUCTIONS  
DEGREE OF PRIORITY

Z

SIGNATURE

RANK

SIGNATURE

RANK

(\*. STRIKE OUT METHODS WHICH DO NOT APPLY. BELOW THIS LINE FOR SIGNALS USE ONLY)

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	T.O.R.

Ottawa, Ontario.

31st October, 1945.

Mr. George H. Guay,  
195 St. Cyrille St.,  
Quebec, P.Q.


Dear Mr. Guay:- Your application for the war service gratuity in respect of the late ~~Warrant Officer Joseph A. Guay~~ has been reviewed by the authorities responsible for determining entitlement.

It is advised that payment will be made into his service estate for distribution to the person or persons named as beneficiaries under his will or, in the absence of a will, to the person or persons entitled by law to receive the gratuity.

Distribution may be expected within the reasonably near future. However, in those cases where the estate has not yet been settled, payment will be delayed awaiting the final disposition of all service assets.

Any further enquiries should be directed to the Estates Branch, 308 Sparks Street, Ottawa, Ontario, (Attention: War Service Gratuity Section)

Yours truly,

  
(J. MacL. Murray)  
Air Commodore  
for Chief of the Air Staff

A. TOTAL QUALIFYING SERVICE

No. of days 930 equal to 31 complete periods @ \$7.50  
30 4 4

\$ 232.50 4

B. QUALIFYING OVERSEAS SERVICE

No. of days 743 less / ineligible days, equal to 743 days @ 25¢ per day  
4 7

185.75 4

C. SUPPLEMENT FOR OVERSEAS SERVICE

Daily Rates at Discharge

Pay .....\$ 5.70 4

Subsistence or Lodging and Provision Allowance .....\$ 1.25 4

Additional Pay .....\$.....

Dependents' Allowance 1/30 of \$ .....\$.....

TOTAL \$ 6.95 x 7 = \$ 48.65 4

No. of days 743 / 183 x \$ 48.65 4

186.09  
 11.43  
 197.52

197.52 4

DD. WAR SERVICE GRATUITY

E. Deductions Overpayment of Pay and Allowances \$ 288.78 4  
 Dependents' Allowance and Assigned Pay \$

615.77 4

Other deductions \$

288.78 4

F. TOTAL AMOUNT PAYABLE

326.99 4

G. YOUR PROPORTION: (D.A. in issue to you )  
 (Total D.A. in issue ) of \$

PREPARED BY	CHECKED BY
-------------	------------

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

*J.H.*  
*E-414-1*  
4  
AIR

DECEASED  
MEMBER'S  
NAME

**J.A. Jacques**  
(CHRISTIAN NAMES)

**Guay**  
(SURNAME)

REGISTER NO.

13047

PAYEE

**Receiver General of Canada,**

FILE NO.

7 Nov/45

ADDRESS

**Director of Estates,  
Ottawa, Ont.**

DATE

R. 55551

SERVICE NO.

WO 1

FINAL RANK OR RATING

DATE OF TERMINATION OF OVERSEAS SERVICE

**17 Apr./43**

DATE OF DISCHARGE

17 Apr/43

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **930** EQUAL TO **31** COMPLETE PERIODS AT \$7.50

\$  
232.50

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **743** LESS INELIGIBLE DAYS, EQUAL TO **743** DAYS @ 25c. PER DAY

185.75

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY	\$	<b>5.70</b>	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	<b>1.25</b>	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	<b>6.95</b>	X7 = \$ <b>48.65</b>
NO. OF DAYS		<b>743</b>	X\$ <b>48.65</b>
		183	

197.52

*No. 27. 1943*

**D. WAR SERVICE GRATUITY**

615.77

**E. DEDUCTIONS**

OVERPAYMENT OF

PAY AND ALLOWANCES \$ **288.78**  
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

288.78

**F. TOTAL AMOUNT PAYABLE**

326.9

**G. YOUR PORTION OF GRATUITY IS—**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

P & A. Bal. Trans. Trust Acco  
OF \$  
Journal Voucher # **62**

**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 **HRH** CHECKED BY **LGS**

TREASURY  
CHECKED BY *[Signature]* DATE **11-43**

SERVICE REPRESENTATIVE

Address Reply to:  
THE SECRETARY,  
Dept. of National Defence for Air,  
Ottawa, Ontario.

R E G I S T E R E D

Ottawa, Canada. 19th April, 1944.

Mr. H. Guay,  
195 St. Cyrille St.,  
Quebec, Quebec.

Dear Sir:

R55851 W.O. GUAY, J.A.J.

Enclosed herewith are the following  
original documents which were submitted by the  
above noted on enlistment in the Royal Canadian  
Air Force:

1 Extract of Registry of Baptism

Yours truly,

(T.K. McDougall)  
Group Captain,  
for Chief of the Air Staff

Encls.  
T. WORRELL



# CASUALTY

TO: R.C.A.F. Records Officer

19th January

194 5

Request is made for final search in your office for a Will of:-

GUAY, Joseph Alfred Jacques R55551 WO

Director of Estates

TO: Director of Estates

I certify that there is no Will in Records Office for the above.

*L. Middleton*

Dated

JAN 24 1945

194

*[Signature]*  
R.C.A.F. Records Officer

AIR FORCE No.

R. 55551

GUAY. JOSEPH ALFRED JACQUES

SURNAME

FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

RELIGION

PLACE

*Luhee*

DATE

*30-9-40*

*R.C.C.*

R.C.A.F. FORM R230

TYPE OF LEAVE				
FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT
(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)
<i>3 P.R.C. 6-4-41.</i>
<i>21 O.T.U. 26-4-41.</i>
<i>405 Sqdn. 17-7-41.</i>
<i>1 RAE DEPOT 27-11-41.</i>
<i>53 O.T.U. 13-1-42.</i>

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT		
DATE	CHARACTER	TRADE ASSESSMENT

POSTINGS, ATTACHMENTS & TEMPORARY DUTY					
SOS	TOS	FROM	TO	DATE	AUTHORITY
<i>SOS</i>	<i>4SFTS</i>	<i>Lastatoon</i>		<i>27 3 41</i>	<i>HSF 67</i>
<i>SOS</i>	<i>Emb Dep</i>	<i>to Elcom here</i>		<i>5 4 41</i>	<i>Exam 47</i>
		<i>Disembarked</i>	<i>unit</i>	<i>1</i>	
<i>SOS</i>	<i>407</i>	<i>Sqdn.</i>		<i>9 4 42</i>	<i>51/17</i>
<i>SOS</i>	<i>407</i>	<i>Sqdn.</i>		<i>15 4 42</i>	<i>22/13.</i>
<i>Att</i>	<i>PRC</i>	<i>at Hurby</i>		<i>11 5 42</i>	<i>27/11.</i>
<i>SOS</i>	<i>to HQ</i>	<i>RAF</i>		<i>13 5 42</i>	<i>53/8.</i>
<i>SOS</i>	<i>to 167</i>	<i>Sqdn.</i>		<i>6 8 42</i>	<i>14/9.</i>
<i>SOS</i>	<i>to 22</i>	<i>PRC</i>		<i>6 9 42</i>	<i>15/17.</i>
<i>SOS</i>	<i>to U.K.</i>			<i>1 10 42</i>	<i>15/21.</i>
<i>SOS</i>	<i>2 PRC</i>			<i>1 10 42</i>	<i>73/3.</i>
<i>SOS</i>	<i>to 230</i>	<i>TU.</i>		<i>1 11 42</i>	<i>37/27.</i>
<i>SOS</i>	<i>to 1659</i>	<i>C.U.</i>		<i>20 2 43</i>	<i>43/39.</i>
<i>SOS</i>	<i>from 1659</i>	<i>CU to 408</i>	<i>Sqdn.</i>	<i>25 3 43</i>	<i>2/43.</i>
<i>A.B.</i>	<i>Missing</i>	<i>408 Sqdn</i>		<i>16 4 43</i>	<i>CR 299</i>
	<i>Missing</i>	<i>as result of air</i>		<i>16 4 43</i>	<i>7/43</i>
	<i>operations</i>			<i>17 4 43</i>	<i>R.F. NO. 1035/43.</i>
<i>TOS.</i>	<i>RAE</i>	<i>N.E. UNIT. (M)</i>		<i>1 5 43</i>	<i>N/E UNIT</i>
		<i>PRESUMED DEAD</i>		<i>17 4 43</i>	<i>CR 420</i>
<i>SOS</i>	<i>RAE</i>	<i>N/E Unit (Presumed)</i>		<i>1 5 43.</i>	<i>N/E unit 5/44</i>

ALL OTHER CASUALTIES	
CASUALTY AND DATE	AUTHORITY
<i>Reprint profits 1 day pay air</i>	<i>3-2-40</i>
	<i>RAF 10</i>

HONOURS, AWARDS AND MENTIONS		
DATE	AWARD	AUTHORITY

DATE	AWARD	AUTHORITY

ADVISE ENTRIES  
UNIT RECORDS RETURNED  
TO CANADA

*Enls 6-4-41*

AIR FORCE No. *P 55551*

SURNAME *Guay* FULL CHRISTIAN NAME *Joseph Alfred Jacques*

ENLISTMENT/APPOINTMENT PLACE *Quebec* DATE *30-9-40*

RELIGION *RC*

ROYAL CANADIAN AIR FORCE  
**RECORD OF SERVICE**  
 OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230  
 150M-7-42 (2446)  
 H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
<i>25-11-20</i>	<i>Quebec</i>	<i>Can</i>	<i>Can</i>	

PARTICULARS OF FAMILY			
SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>			
WIFE (FULL MAIDEN NAME) OR HUSBAND			
PRESENT ADDRESS (IN PENCIL)			
PLACE OF MARRIAGE			DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)			

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION <i>X</i>
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION <i>X</i> <i>6 yrs.</i>
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN <i>Fr Can.</i>

CIVIL OCCUPATIONS AND EXPERIENCE	
<i>Student</i>	<i>9500</i>

CHILDREN			
NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

PREVIOUS SERVICE
<i>CO 26 - Pte</i>

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
<i>L. Henri Guay (Brother) 195 St Cyrille St Quebec P.Q.</i> <i>Mrs M. Shoppal (Wife) c/o Hotel Grand Hotel, Coppergate, York</i>

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>16-10-40</i>	<i>A1B A3B</i>		

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN					
TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS			
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

AIRMEN AND AIRWOMEN						OFFICERS, AIRMEN/AIRWOMEN				
RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
<i>A/C 2</i>	<i>30 9 40</i>	<i>2MD 125</i>	<i>Aircrew Pilot</i>	<i>30 9 40</i>	<i>2MD 125</i>	<i>pupil plts case 17</i>	<i>6883</i>		<i>P</i>	<i>17 3 41</i>
<i>L/C 6</i>	<i>4 11 40</i>	<i>2/TS 118</i>	<i>Special group</i>	<i>17 3 41</i>	<i>4SF 59</i>					
<i>Sgt T. Pd.</i>	<i>17 3 41</i>	<i>4SF 59</i>	<i>Airman plst</i>	<i>17 3 41</i>	<i>4SF 25</i>					
<i>P/F Sgt</i>	<i>1 10 41</i>	<i>RAF 10</i>								
<i>A/2A 01 Pd</i>	<i>1 4 42</i>	<i>RAF 21</i>								

COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)

ADVISE ENTRIES  
 UNIT RECORDS RETURNED  
 TO CANADA

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH		Municipal county <b>OVERSEAS (GERMANY)</b>			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					
2. LENGTH OF STAY		(a) In hospital or institution			(b) In municipality where death occurred			(c) In Province			(d) In Canada (if immigrant)		
3. NAME OF DECEASED		Surname <b>GUAY</b>			Given names <b>JOSEPH JACQUES ALFRED</b>			CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH <b>April 17th 43</b>					
4. RESIDENCE		Street <b>Cremazie Street</b>			No. <b>90</b>			22. Date of death.....19..... (Month) (Day) (Year)					
		Official name of civil municipality or township <b>Quebec</b>			Municipal county <b>Quebec</b>			23. I HEREBY CERTIFY that I attended deceased from .....19..... to .....19..... and last saw him.....alive on.....19.....					
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write in words)							
<b>Male</b>		<b>Canadian</b>				<b>Single</b>							
9. If married give name of wife or husband of deceased													
10. BIRTHPLACE (Province or Country) <b>Quebec</b>													
11. DATE OF BIRTH <b>November 25th 1920</b>													
12. AGE OF DECEASED <b>22</b>													
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. <b>Pilot</b>													
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. <b>R.C.A.F.</b>													
15. Date deceased last worked at this occupation <b>Apr. 17/43</b>													
16. Total years spent in this occupation <b>Three</b>													
17. NAME						18. BIRTHPLACE (Province or Country)							
FATHER <b>Guay, Joseph Donat Louis</b>						<b>Quebec</b>							
MOTHER (Maiden Name) <b>Shink, Maria</b>						<b>Quebec</b>							
19. Place of burial, cremation or removal													
20. Date of burial.....19.....													
21. PLACE OF REGISTRATION OF THIS BURIAL													
(a) Name of parish or church.....													
(b) Civil municipality of.....													
(c) Municipal county.....													
(d) Date.....19..... (Month) (Day) (Year)													
24. CAUSE OF DEATH <b>Particularly reported missing after all operations, now for official purposes, presumed dead.</b>													
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to													
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c) due to													
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.													
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days													
25. If a woman, was there a puerperal condition?.....													
26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....													
27. If death was due to external cause (accident, etc.) in also the following <b>Accident</b> <b>Apr. 17th 43</b>													
Accident, suicide or homicide (State which).....19.....													
Manner of injury <b>Presumed killed during air operations</b> (How sustained)													
Nature of injury <b>public place</b>													
Specify whether injury occurred in industry, in home, or in public place.....													
Signed.....M.D.													
Address.....Date.....19.....													
28. Signature of person who fills in the form (coroner, hospital authority, etc.) <b>For (R.C.A.F. Records Officer)</b>													
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)							

7722

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS	Comté municipal		Nom officiel de la municipalité civile ou du canton				Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité   Ville   Village   Paroisse   Canton									
	Rue		No.				Hôpital ou institution									
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours

3. NOM DU DÉFUNT	Nom de famille..... (Lettres moulées)		N'écrivez pas dans cet espace
	Noms de baptême ou prénoms.....		
4. RÉSIDENCE	Rue..... No.....		
	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 (Rem 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)

<b>CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS</b>	
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.....	
<b>24. CAUSE DU DÉCÈS</b>	
<b>I</b>	
Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc.	
(a).....	dû à
(b).....	dû à
(c).....	
<b>II</b>	
Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.	
Si une maladie contagieuse est mentionnée à ce certificat, donner	(a) Date d'éclosion..... 19..... (b) Durée de la maladie..... jours
25. S'il s'agit d'une femme, y avait-il état puerpéral?.....	
26. Y a-t-il eu intervention chirurgicale?..... Date de l'opération..... 19.....	
Constatations..... Y a-t-il eu autopsie?.....	
27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—	
Accident, suicide ou homicide..... 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)	

## CONFIDENTIAL.

R.A.F. Form 39.  
Army Form I. 1220.  
Naval Form M. 246.No. of enclosure in Form 48.....  
Serial in Form 38 }  
or in & D. Book }Hospital or Sick List—Record Card.

Surname Guay, Christian Names J. J. A.  
 Rank W/O Unit 408 Sqn.  
 R.A.F. or } R. 55551 Branch or Trade Pilot  
 Army No. }  
 Age } Total } Under instruc- }  
 Hospital or Station } Service } tion as }  
 rendering this form } R.C.A.F. H.Q. }

Dates of :  
 Arrival as direct admission ..... from .....  
 ,, ,, transfer ..... from .....  
 Discharge to duty .....  
 ,, as an invalid or to unit for invaliding .....  
 Transfer ..... to .....  
 Death 17-4-43  
 Number of days under treatment .....

## CLINICAL NOTES.

Disease or injury Death Presumed

New disease supervening, and date.....

Operation, nature and date.....

Anæsthetic, and method of administration.....

Date | Previous history of case and family, if relevant

17-4-43Condition on admission Death PresumedR.C.A.F. C.R. 299/78

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

Date

Progress of case



17-4-43

Condition on discharge **Death Presumed**

Signature of Medical Officer

Date

*[Handwritten signature]*

7/0

31-10-43

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R55351**

RANK **W.O.**

408 RCAF SQDN.  
UNIT **OVERSEAS**

TRADE **PILOT (SP GR)**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

NAME **GUAY, JOSEPH ALFRED JACQUES**

MARITAL STATUS **SINGLE**

RELIGION **R.C.**

CANADIAN

FRENCH CANADIAN **YES**

OTHER

NEXT OF KIN AS SHOWN ON  
REC. OF SERV. & RELATIONSHIP

**MR. G. HENRI GUAY (BROTHER)**

ADDRESS **195 ST. CYRILLE STREET,  
QUEBEC, QUEBEC.**

NAME  
ADDRESS  
D.A.B.

**NOT SHOWN.**

NEXT OF KIN AS SHOWN ON  
CAS. SIG. & RELATIONSHIP

**MR. G.H. GUAY (BROTHER)**

ADDRESS **195 ST. CYRILLE STREET  
QUEBEC, QUEBEC**

FATHER'S NAME

ADDRESS

LIVING ON ENLISTMENT **NO**

**BOTH PARENTS DECEASED.**

MOTHER'S NAME

ADDRESS

LIVING ON ENLISTMENT **NO**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **X**

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY?

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **AIR MIN KWT---FCX720---d-24-JAN-44.**

**HR46/26 JAN**

**PREVIOUSLY REPORTED "MISSING" 17-APRIL-43 AFTER AIR OPERATIONS (OVERSEAS)  
(OVER PILYEN, GERMANY)**

**NOW "PRESUMED DEAD" 17-APRIL-43 FOR OFFICIAL PURPOSES.**

LAST WILL ATTACHED TO  
NOTIFICATION TO A. OF E.? YES/NO **NO**

M.F.M. 5 ATTACHED TO  
NOTIFICATION TO A. OF E.? YES/NO **NO**

DATE **18-FEB-44.**

CERTIFICATE P. OF D.  
ATTACHED TO A. OF E. COPY YES/NO **NO**

*A M Bushnell*

FOR CHIEF OF THE AIR STAFF



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R55851** RANK **W.O.** TRADE **PILOT (SP GR)//** UNIT **408 RCAP SQDN.**

S		E		R		OVERSEAS		C		E	
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER	R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER	R.C.A.F.	R.A.F.
<b>X</b>											

NAME **QUAY, JOSEPH ALFRED JACQUES**

MARITAL STATUS **SINGLE** WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? **NO**

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. HENRI HENRY QUAY (BROTHER)** NAME **NO RECORD**  
 ADDRESS **195 ST. CYRILLE STREET, QUEBEC, QUEBEC.** ADDRESS **D.A.B.**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. G.H. HENRY QUAY (BROTHER)**  
 ADDRESS **195 ST. CYRILLE STREET, QUEBEC, QUEBEC.**

RELIGION **R.C.** CANADIAN FRENCH CANADIAN **YES** OTHER

PARENTS NAMES **BOTH DECEASED** FATHER LIVING ON ENLISTMENT **YES NO**  
 ADDRESS **BOTH DECEASED** MOTHER LIVING ON ENLISTMENT **NO**

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? **YES/NO** IF SO, WAS HE A B.C.A.P.P. TRAINEE? **YES/NO**  
 IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . .

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? **YES/NO**  
 IF SO, GIVE PERIOD OR PERIODS: . . . . .

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . .

AUTHORITY CAS. SIG. NO. **AIR MIN KNY---P X6661---d-18-APRIL-43**

**11675**

CASUALTY DETAILS: **"MISSING" 17-APRIL-43 AFTER AIR OPERATIONS (OVERSEAS)**

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? **YES/NO** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? **YES/NO** DATE **3 4-MAY-43**

*M. P. G. 5/0*

BC

3347

CONFIDENTIAL.

R.A.F. Form 39.  
Army Form I. 1220.  
Naval Form M. 246.

No. of enclosure in Form 48 \_\_\_\_\_

Serial No. in Form 38 } \_\_\_\_\_  
or in A. & D. Book }

Hospital or Sick List—Record Card.

Surname **Guay,** Christian Names **J.J.A.**

Rank **W/O** Unit **408 Sqn.**

R.A.F. or } **R.55551** Branch or Trade **Pilot**  
Army No. }

Age \_\_\_\_\_ Total Service } Under instruction as }

Hospital or Station } **R.C.A.F. H.Q.**  
rendering this form }

Dates of:

Arrival as direct admission \_\_\_\_\_ from \_\_\_\_\_

.. .. transfer \_\_\_\_\_ from \_\_\_\_\_

Discharge to duty \_\_\_\_\_

.. as an invalid or to unit for invaliding \_\_\_\_\_

Transfer **17-4-43** to \_\_\_\_\_

Death \_\_\_\_\_

Number of days under treatment \_\_\_\_\_

CLINICAL NOTES

**Death Presumed**

Disease or injury \_\_\_\_\_

New disease supervening, and date \_\_\_\_\_

Operation, nature and date \_\_\_\_\_

Anæsthetic, and method of administration \_\_\_\_\_

Date \_\_\_\_\_ Previous history of case and family, if relevant \_\_\_\_\_

**17-4-43**

**Death Presumed**

Condition on admission \_\_\_\_\_

**R.C.A.F. C.R.299/78**

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

INSPECTION BOARD  
OF U. K. & C.  
APR 4 1944  
D. O. (FILMS) OTTAWA

3348

Date

Progress of case

Lined area for progress of case.

17-4-43

Condition on discharge Death Presumed

Signature of Medical Officer

Date

31-1-44

*[Handwritten Signature]* F/O

INSPECTION BOARD  
OF U. K. & C.  
APR 4 1944  
B. O. (FILMS) OTTAWA

ROYAL CANADIAN AIR FORCE

13047

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

<u>NUMBER</u>	<u>FINAL PAID RANK</u>	<u>GROUP</u>	<u>CHRISTIAN NAMES</u>	<u>SURNAME</u>
R55551	A/210 (RAF 21)	S/S	Joseph Alfred Jacques	Henry

Reason for termination of service: Pres. Serv. RCX 720.  
17-4-43

TOTAL SERVICE:

T.O.S.	<u>30-9-40</u>	S.O.S.	<u>17-4-43</u>	<u>930</u>	DAYS
T.O.S.	_____	S.O.S.	_____	_____	DAYS
				TOTAL	<u>930</u> DAYS

LESS NON-QUALIFYING SERVICE:

From:	<u>3-2-40</u>	To:	<u>3-2-40</u>	<u>1</u>	DAYS
From:	_____	To:	_____	_____	DAYS
From:	_____	To:	_____	_____	DAYS
				TOTAL QUALIFYING SERVICE	<u>929</u> DAYS

OVERSEAS SERVICE:

From:	<u>5-4-41</u>	To:	<u>17-4-43</u>	<u>743</u>	DAYS
From:	_____	To:	_____	_____	DAYS
From:	_____	To:	_____	_____	DAYS
				TOTAL	<u>743</u> DAYS

LESS NON-QUALIFYING SERVICE:

From:	<u>3-2-40</u>	To:	<u>3-2-40</u>	<u>1</u>	DAYS
From:	_____	To:	_____	_____	DAYS
From:	_____	To:	_____	_____	DAYS
				TOTAL QUALIFYING OVERSEAS SERVICE	<u>742</u> DAYS

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

**R. C. A. F. RECORDS OFFICE  
OTTAWA**

COMPUTER'S INITIALS	<i>[Signature]</i>
CHECKER'S INITIALS	<i>[Signature]</i>
DATE	<u>20-1-45</u>

ROYAL CANADIAN AIR FORCE

File: R55551 (DAF/A8)

9 Feb 1945

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

Dear Sir:

An application for the war service gratuity in respect of the late R55551 W.O.1 Guay, J.A.J. has been received from Mr. George H. Guay (brother) residing at 195 St. Cyrille St., Quebec, Que.

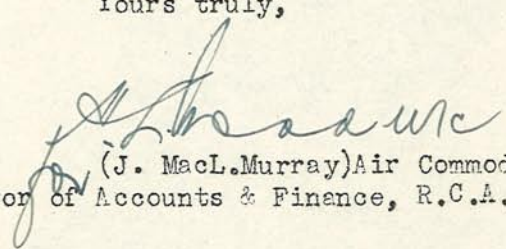
Will you kindly notify the undersigned as to whether or not the applicant is receiving a pension or did receive a pension in respect of the deceased member effective from the date of his death, 17 April 1943. For this purpose, please do not include a pension payable under Section 33(3) of the Pension Act, dating from a time subsequent to the member's death.

This information will be of assistance in determining dependency under the provisions of The War Service Grants Act, 1944, since pay was assigned to the applicant by the deceased at the time of his death.

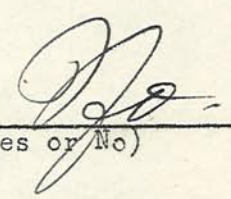
For convenience, please use the space provided below and return this request to The Secretary, Department of National Defence for Air (Attention: DAF/Accounts 8.)

If no pension is now being paid, but at a later date the Canadian Pension Commission authorizes payment of a pension to the applicant, will you kindly notify this office accordingly by separate communication.

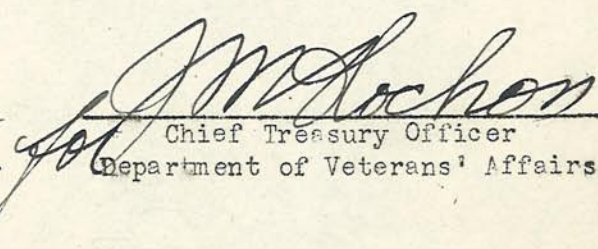
Yours truly,

  
(J. MacL. Murray) Air Commodore  
Director of Accounts & Finance, R.C.A.F.

Is the applicant receiving a pension or did the applicant receive a pension effective from the date of the member's death?

  
\_\_\_\_\_  
(Yes or No)

Certified Correct

Feb. 14th 1945   
\_\_\_\_\_  
Chief Treasury Officer  
Department of Veterans' Affairs

ROYAL CANADIAN AIR FORCE

Register No. 13047  
File No. R 55551

CASUALTIES ONLY

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

THE WAR SERVICE GRANTS ACT, 1944

Ottawa, Jan 25 1945

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

Service No. R 55551

Name Joseph Alfred Jacques GUAY  
Christian Names 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 to  
the undersigned.

*J. MacL. Murray*  
for (J. MacL. Murray) Air Commodore  
Director of Accounts and Finance.

Names of persons in receipt of D.A. and amounts of monthly awards	Name =	Amount
		\$ _____
		_____
		_____

If no D.A. in issue, list names of persons  
in receipt of A.P., who may be classed as  
dependents under The War Service Grants  
Act, 1944, and amounts of monthly assign-  
ments.

George G. Guay  
Brother \$ 85.00

Names of persons to whom assigned pay  
was continued by supplementary award  
after death

Nil  
**FEB - 9 1945**

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

Nil

The above named also served in the Army under No. \_\_\_\_\_. Please ensure  
that any overpayment of dependents' allowance/or assigned pay in respect of  
Army Service is included in the amount shown immediately above.

Feb 2 1945

*J. MacL. Murray*  
For Chief Treasury Officer,  
D.A. & A.P. Branch

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

Overpayment of D.A. and/or A.P. recovered from W.S.G. \$ \_\_\_\_\_



## R.C.M.P. CN A.S. RATES

NAME..... GUAY JOSEPH JACQUES ALFRED .....

REGIMENTAL NO. R55551 ..... RANK AC-2 "S" h.A.C. 4.11.40 .....

ENLISTED AT Quebec, P.Q. .... PROMOTIONS  
ETC. AND DATE .....

DATE 30-9-40 .....

IF SERVED PREVIOUSLY, STATE UNIT ETC. COTC Laval 1940 to date .....

MARRIED, WIDOWER, OR SINGLE Single .....

NEXT OF KIN George Henri Guay ..... RELATIONSHIP Brother .....

ADDRESS OF 90 Cremazie St., Quebec, P.Q. ....

ASSIGNMENT OF PAY. \$ Nil ..... C. ....

ADDRESS NA .....

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT NA .....

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER NA .....

IN WHOSE FAVOUR NA .....

M. F. M. 14

100M-6-40 (5616)

H.Q. 1772-39-1662

## CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
TOS #2 MD Brandon on enlist	125	3-10-40	Eff. 30-9-40
SOS ITS Regina	134	14-10-40	Eff. 14-10-40
TOS #2 ITS Regina, Sask <sup>108</sup>	<del>102</del>	16.10.40	" <u>14.10.40</u> / 15.10.40
Posted #6. E.F.T.S. P.A. Sask.	118.	4.11.40	" 4.11.40
Reclass. L.A.G.	118.	4.11.40	" 4.11.40
TOS #6 EFTS Pr. Albert, Sask.	27	5-11-40	Eff. 5-11-40
Ent. to Fly Pay	27	5-11-40	Eff. 5-11-40

M. F. M. 14

120M-8-40 (6128-9)  
H. Q. 1772-30-1682

GUAY, Joseph Jacques Alfred

\*MARRIED PLACE OF ENLISTMENT  
\*WIDOWER AND DATE Quebec  
\*SINGLE 30-9-40

No. R55551

RANK LAC NAME

## RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
		LAC	S	A.S.	1.50		
27	5-11-40		Fly Pay		.75		Eff. 5-11-40
59	18-3-41	Sgt	Spec	A.S.	3.70		eff 17-3-41

## ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Geo H Guay (Brother) (Vol)	1-12-40	20.00	
War Saving	1-4-41	1.00	21.00

## DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE

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

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

P. A.

## CASUALTIES, ETC.

PART II D. O.

NO. 11946

125	3-10	TOS #2 MD Brandon on enlist	eff 30-9-40
134	14-10	SOS ITS Regina	eff 14-10-40
108	16-10	TOS #2 ITS Regina, Sask.	eff 15-10-40
118	4-11	Posted #6 EFTS Prince Albert, Sask.	eff 4-11-40
118	4-11	Reclass. LAC	eff 4-11-40
27.	5-11	TOS #6 EFTS Pr. Albert, Sask.	eff 5-11-40
27	5-11	Emt. to Fly. Pay.	eff 5-11-40
36.	28-12	SOS Posted #4 SFTS Saskatoon	eff 3-1-41
4	6-1-41	TOS #4 SFTS Saskatoon, Sask.	eff 4-1-41
P570	d/12-3-41	SOS #4S.F.T.S* Saskatoon	eff 27-3-41
C.of A.S. tel.			
40	1-4-41	TOS. Embark. Depot. (Temp.) Detent. N.S.	" 28-3-41.
47.	8-4-41	SOS. RAF. Trainees' Pool.	" 5-4-41.

ROYAL CANADIAN AIR FORCE

5.70

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R55551	A/2101 (RAF 21)	S/S	Joseph Alfred Jacques	Sherry

Reason for termination of service: Pres. Sick RX 720  
17-4-43

TOTAL SERVICE:

T.O.S.	<u>30-9-40</u>	S.O.S.	<u>17-4-43</u>	<u>930</u> DAYS
T.O.S.	_____	S.O.S.	_____	_____ DAYS
				TOTAL <u>930</u> DAYS

LESS NON-QUALIFYING SERVICE:

From:	_____	To:	_____	_____ DAYS
From:	_____	To:	_____	_____ DAYS
From:	_____	To:	_____	_____ DAYS
				TOTAL QUALIFYING SERVICE <u>930</u> DAYS

OVERSEAS SERVICE:

From:	<u>5-4-41</u>	To:	<u>17-4-43</u>	<u>743</u> DAYS
From:	_____	To:	_____	_____ DAYS
From:	_____	To:	_____	_____ DAYS
				TOTAL <u>743</u> DAYS

LESS NON-QUALIFYING SERVICE:

From:	_____	To:	_____	_____ DAYS
From:	_____	To:	_____	_____ DAYS
From:	_____	To:	_____	_____ DAYS
				TOTAL QUALIFYING OVERSEAS SERVICE <u>743</u> DAYS

1316  
286  
930  
573  
20/10/69

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

E. B. Rice S/O

R. C. A. F. RECORDS OFFICE  
OTTAWA

COMPUTER'S INITIALS	<u>QJG</u>
CHECKER'S INITIALS	<u>TLL</u>
DATE	<u>20-1-45</u>

ROYAL CANADIAN AIR FORCE

Serial No: 34  
File No: 13047/R55551  
Date: 26/Feb/45

Attention: B-44

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

Number and Name of Deceased Member R55551 WOI QUAY, J.A.J.

Applicant's Name Mr. George H. Gusy  
Address 195 St. Cyrille St.,  
Quebec, P.Q.

Relationship to Deceased Brother

1. The above named applicant for the war service gratuity who was in receipt of assigned pay of \$ 85.00 monthly at the date of the serviceman's death/discharge 17 April 1945, 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 "E" of the Directive issued by the Minister of Veterans Affairs on the 16th December, 1944.

4. The undernoted correspondence is enclosed to assist you in your investigation. Please return to D/F/Accounts 8 as soon as the question of dependency has been determined.



(J. MacL. Murray) A/C  
for C.A.S.

Enclosures: - Letters from applicant including form/letter of application dated

5 Jan/45

Copies of D.A.F. letters dated nil

JAN 24 1945  
M.F.M. 441a  
100M-9-44 (5450)  
H.Q. 1772-39-2326

Marine  
 Armée  
 Aviation  
(Apposer un X vis-à-vis de l'arme dans laquelle vous avez servi en dernier lieu)

MINISTÈRE DE LA DÉFENSE NATIONALE

13047/R 55551

**Demande de Gratification de Service de Guerre**  
*(Forces armées canadiennes)*

Il faut donner une réponse complète à chaque question de cette demande. Lorsqu'une question ne s'applique pas, il faut insérer "N.A."

- Nom de famille au terme de votre service Gray (Lettres moulées)
- Prénoms Joseph Alfred Jacques (Lettres moulées)
- Matricule R-55551
- Grade effectif au terme de votre service Warrant Officer
- Adresse au complet à laquelle les versements de gratification devront être envoyés  
Georges Henri Gray-Tour - Jacques  
195 St. Cyrille St  
Quebec Que.

6. Spécifiez ci-dessous la période ou les périodes de votre service dans les Forces armées du Canada pendant la présente guerre.

Arme (Marine, Armée ou Aviation)	Matricule	Grade final	Date du début du service	Date du terme du service
<u>Aviation</u>	<u>R-55551</u>	<u>W.O.</u>	<u>Sept 41</u>	<u>17-4-43</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

7. Au cours de votre service militaire dans les Forces canadiennes pendant la présente guerre, avez-vous été détaché ou prêté à une unité quelconque des Forces navales, militaires ou aériennes de Sa Majesté ou de n'importe quelle autre puissance alliée ou associée avec sa Majesté ou mis hors cadre? Oui  
Le cas échéant nommez la force ou les forces R.A.F.

400000000  
16 Apr 45  
M.H.

8. Pendant la présente guerre, alors que vous ne serviez pas dans les Forces armées canadiennes, avez-vous été nommé ou vous êtes-vous engagé dans l'une quelconque des Forces navales, militaires ou aériennes de Sa Majesté (autres que les Forces armées canadiennes)? NON Le cas échéant, nommez la force ou les forces ainsi que les dates du début et du terme du service.....

Ayant maintenant cessé de servir dans les Forces actives, je demande, par les présentes, qu'on me verse la gratification de service de guerre.

5 Janvier 45  
(Date)

Joseph Alfred Jacques Gray  
(Signature du requérant)  
Par Georges Henri Gray  
frère

Si le nom signé dans l'espace ci-dessus n'est pas le même que celui donné dans la réponse à la question 1, insérer ici le nom que vous portiez au terme de votre service. Comme les chèques seront faits au nom donné dans la réponse à la question 1, il est tout à fait essentiel de donner une adresse précise dans la réponse à la question 5.

DEF.,  
JAN 23 1945  
154  
DEPENDENTS ALLOWANCE

NOTE: Une fois ce modèle rempli, vous devrez l'envoyer au quartier général de l'arme dans laquelle vous avez servi en dernier lieu, savoir:  
Marine—Le secrétaire, Conseil naval, Quartier général du Service naval, Ottawa (dans le cas des marins, le modèle doit être accompagné du certificat de service).  
Armée—Le secrétaire, Ministère de la Défense nationale, (Armée), Ottawa, a/s du trésorier-payeur général.  
Aviation—Le secrétaire, Ministère de la Défense nationale pour l'Air, Ottawa, a/s du chef des Archives.

JAN 10 1945



CANADA

W.S.G. 24

# Dependents' Allowance Board

 Serial No. 34<sup>NO</sup> XR-55551

Department of National Defence Your File No.: 13047/R-55551

JUN 23 AM 9:04

Ottawa, Canada

June 21, 1945.

*1022-G-3907  
Sub/CR*

R.C.A.F. Gratuities,  
D.A.F. F-2-5,  
No. 8 Temporary Building,  
OTTAWA.

Re: R-55551 - GUAY, J. A. J.

1. Reference your memorandum of February 26, 1945.
2. As the applicant for War Service Gratuity has not replied to inquiries sent by this Board over six weeks ago, it is suggested that action might now be taken to make War Service Gratuity payable to the service estate of the marginally-named, vide P.C. 2239 if there are no other applicants.
3. Papers submitted with your above referenced memorandum are returned herewith.

DEPENDENTS' ALLOWANCE BOARD

*R. O. G. Bennett*

For R.O.G. Bennett - Chairman

B44/ FDR  
Encl.



Nom	Date de naissance	Nom	Date de naissance

*M. G.*

7. Profession..... *Etudiant* 8. Religion..... *Catholique-Romain*  
(Indiquez la confession religieuse)

9. Langues..... *Francaise tres bien* *anglais assez bien*  
Degré de connaissance

10. Plus proche parent (nom en entier)..... *Henri Guay* Degré de parenté..... *Frère*  
 Adresse du plus proche parent..... *90 Crémazie, Québec, P.Q.*

11. Père (nom en entier)..... *Joseph Donat Louis Guay* Lieu de naissance..... *Beaumont P.Q.*  
 Adresse..... *Decedé* Nationalité..... *Canadien Français*  
 Profession..... *P.A.*

12. Mère (nom de fille en entier)..... *Maria Shink* Lieu de naissance..... *Beaumont P.Q.*  
 Adresse..... *Decedé* Nationalité..... *Canadien Française*

13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date		Motif de la libération
				du	au	
<i>C.O.T.C.</i>	<i>Québec</i>	<i>private</i>		<i>1940</i>	<i>—</i>	<i>joindre R.C.A.F.</i>

14. Honneurs, récompenses, citations..... *N.A.*

15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air?..... *C.O.T.C.*

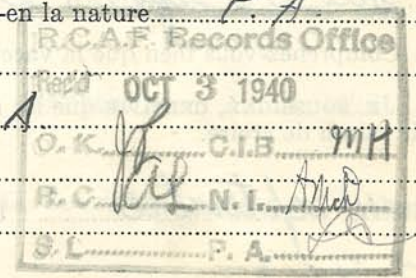
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.?..... *NON* Si oui, où?..... *P.A.*  
 Quand?..... *P.A.* Résultat..... *P.A.*

17. Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique?..... *NON*  
 Si oui, indiquez la nature de l'infirmité..... *P.A.*

18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme?..... *NON*  
 Si oui, indiquez la nature de l'infirmité..... *P.A.*

19. Avez-vous jamais été trouvé coupable de délit?..... *NON* Si oui, indiquez-en la nature..... *P.A.*

20. Avez-vous des dettes?..... *NON* Si oui, donnez des détails..... *P.A.*



*2-961*

*km*

## 21. Éducation:

	Nom de l'école	Date		Cours, sujets, etc.
		du	au	
Instructeur primaire—École publique ou séparée.....	St Jean Baptiste + Montcalm	1926	1934	primaires
Cours supérieur—Collège, etc.....	Séminaire de Québec	1934	1940	secondaires
Cours technique.....				
Autres cours universitaires ou scolaires.....				
Cours par correspondance.....				

## 22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date		Motif du départ
		du	au	

23. Heures de vol, seul..... accompagné..... avec passager.....

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C.....

Scoutisme durant 2 ans, construction de petits modèles d'avions.

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement.....

Natation, ballon-au-fanion, balle-molle, patch à moteur et à voile, hockey, ski, chaloupe à rames, bicyclette, modérément.

26. Service aéronautique dans lequel vous voulez vous engager { Service à terre. Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez. Pilote ou Observateur

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (d) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
M. J. Antonio Huard	27 1/2 avenue Cartier	Postier ambulancier
M. F. E. Chabot	625 Saint Jean	Médecin.
M. L'abbé Emile Jobidon	Séminaire de Québec	Professeur.
Mr H W Sharpe	88 Crémazie	

28. Autres renseignements se rapportant à votre demande d'engagement..... Je n'ai aucune

maladie excepté une hernie. J'ai fait de tous les sports en plus de ceux que j'ai mentionnés.

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires? OUI

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date 11 Septembre 1940 Signature Jacques Guay

2-963

Aptitudes pour (indiquez à quel titre).....

Date.....Signature.....Grade.....

(B) Rapport sur l'épreuve professionnelle—

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.....

Date.....Signature.....Grade.....

(C) DÉCLARATION D'ENGAGEMENT DE LA RECRUE

Je, soussigné, GUAY Joseph Jacques Alfred déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date.....30 septembre.....19 40.....

Jacques Guay  
Signature de la recrue

(D) SERMENT PRÊTÉ PAR LA RECRUE

Je, soussigné, GUAY Joseph Jacques Alfred promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date.....30 septembre.....19 40.....

Jacques Guay  
Signature de la recrue

(E) DÉCLARATION DE L'OFFICIER CERTIFICATEUR

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à RCAF Recruiting Centre, Quebec, ce.....30ieme.....jour de.....septembre.....1940.....

J. K. Landry  
Signature de l'Officier

Flight Lieutenant.. RCAF Recruiting Centre, Quebec.  
Grade Unité

SPECIAL RESERVE



FACULTÉ DES ARTS

Bureau du Secrétaire

A QUI DE DROIT

Je soussigné, Préfet des études au Séminaire de Québec et Secrétaire de la Faculté des Arts de l'Université Laval, certifie que M. Jacques Guay a fait toutes les études et passé avec succès tous les examens requis par les règlements universitaires de l'Immatriculation de l'Université Laval, ce qui lui donne droit au diplôme d'Immatriculation avec distinction. M. Guay a fait plus que cela, il a fait une année de plus, en effet sa classe de Belles-Lettres a été suivie aussi avec succès.

Québec, 11 sept. 1940.

Le Préfet des études,  
Secrétaire de la Fac. des Arts, U.L.

E. Beaudry, ptre.



SPECIAL RESERVE

Je soussigné, Directeur du Petit  
Seminaire de Quebec, certifie  
que Monsieur Jacques Guay  
a étudié pendant six ans dans  
notre institution, et a toujours  
donné satisfaction pour la conduite.

G. D. Thomassin - *Stu*

Directeur du P. Seminaire

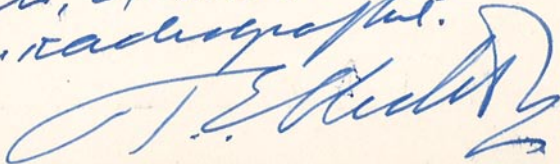
Quebec.

11 sept. 1940.

Docteur F.-E. Chabot

Québec 26 sept 540

monieur Jacques Jurey  
 est maintenant bien de  
 la marche - qu'il a présentée  
 ces jours derniers. Cependant  
 comme c'est un sujet de  
 l'importance, je ne saurais que de  
 cette date, il veut intervenir  
 dans un radiogramme.





CANADA

## Department of National Defence

Québec, 12 septembre 1940

A. QUI DE DROIT

Il me fait plaisir de vous recommander  
Monsieur Jacques Guay, ancien élève du  
Séminaire de Québec.

*W. E. Cannon, Pte.*  
W. E. Cannon, Pte.

Québec, le 12 septembre, 1940.

R.C.A.F. Records Office	
Rec'd	OCT 5 1940
O. K. <i>[initials]</i>	C. I. B. <i>[initials]</i>
R. C. <i>[initials]</i>	N. I. <i>[initials]</i>
S. L. <i>[initials]</i>	P. A. <i>[initials]</i>

SPECIAL RESERVE  
**FEUILLE D'ATTESTATION**

**MILICE ACTIVE NON PERMANENTE DU CANADA**

UNITÉ.....CONTINGENT LAVAL C.O.T.C.....NUMÉRO MATRICULE.....805.....

1. Quel est votre nom de famille? (en lettres moulées).....GUAY.....
2. Quels sont vos noms de baptême?.....Jacques.....
3. Quelle est votre adresse actuelle? 90 Crémasia..... N° du tél. 3-4740.....
4. Le nom de votre pa-  
tron et son adresse }..... N° du tél.....
5. Date de la naissance 25-11-1920..... 6. Pays de naissance Canada.....
7. Etes-vous célibataire? Oui..... ~~Marié?~~..... ou veuf?.....
8. Quelle est votre occupation? Etudiant.....
9. Dénomination religieuse..... Catholique.....
10. Avez-vous déjà servi dans la marine, la milice ou l'aviation?.....  
Si oui, faites connaître les détails, l'aptitude, etc.  
.....
11. Nom, degré de parenté et adresse du plus proche parent..... Frère.....  
E. Guay, 90 rue Crémasia, Québec.....

**CERTIFICAT D'EXAMEN MÉDICAL**

Taille..... 5' 9"..... Poids..... 150..... Développement de la poitrine, max..... 37..... min..... 33-1/2.....

Marques distinctives..... Cicatrice au niveau du soucil gauche.....

J'ai examiné le sujet susnommé conformément aux instructions stipulées dans les règlements régis-  
sant les services de santé canadiens et je..... R. LEMIEUX..... Classe..... A.....

Date..... 22 janvier 1940..... Signature..... R. LEMIEUX, Lt. RCAMC.....

**DÉCLARATION À FAIRE LORS DE L'ATTESTATION**

Je, soussigné, Jacques GUAY..... déclare sincèrement et solennellement  
qu'au meilleur de ma connaissance, les réponses faites aux questions ci-dessus et signées par moi, sont  
exactes; que je suis consentant d'être assermenté pour la période de trois années, ou jusqu'à ce que je  
sois licencié légalement; que je comprends la nature et la portée de cet engagement, et que je prendrai  
soin de tous les effets d'habillement, armes et équipement qui me seront confiés, et les retournerai sur  
demande; que j'aviserai mon commandant de tout changement d'adresse de mon patron, de mon plus  
proche parent ou de moi-même.

**SERMENT À PRÊTER**

Je,..... Jacques GUAY..... promets sincèrement et jure (ou déclare  
solennellement) que je serai fidèle au serment d'allégeance prêté à Sa Majesté.

..... J.A. MAHEUX..... ( Jacques GUAY )  
Signature du témoin..... Signature du sujet.

Fait ce..... 20e jour de..... janvier..... 19..... 40..... à..... QUEBEC, P.Q......

**CERTIFICAT DE L'OFFICIER CHARGÉ DE RECEVOIR L'ATTESTATION**

J'ai averti le sujet susnommé que s'il faisait une fausse déclaration en réponse aux questions ci-des-  
sus, il s'exposait aux rigueurs de la loi. Les questions et réponses ci-dessus ont été lues à cet homme en  
ma présence. Je me suis assuré qu'il comprend chaque question, et que ces réponses ont été inscrites telles  
que données, et la dite recrue a fait et signé la déclaration et prêté serment.

..... ( Ernest LEGARE ) Lt-Colonel.....

Signature du magistrat, du juge de paix ou de l'officier  
chargé de recevoir l'attestation.



# ÉTATS DE SERVICE

Promotions, réduction, permutations, blessures, etc., exercices annuels, certificat d'aptitude	Date effective	Entrées autorisées par	Signature de l'officier certifiant l'exactitude des déclarations
Accepté dans le service à partir du..... <b>22</b> ..... <b>janvier 1940</b> .....	Pt. <b>II.0. No.1</b> d/ <b>29-1-40</b>		E. Legaré Lt-Col Commandant Unité..... <b>C.O.T. LAVAL</b> .....
A terminé les exercices annuels le <b>17-3-40</b> .	annuels <b>1939-40</b> &		E. Legaré Lt-Col

CERTIFIÉ  
COPIE CONFORME

L'ADJUDANT DU CONTINGENT  
DE L'UNIVERSITÉ LAVAL, C. E. O. C.

G. A. LAVIGNE  
Capt.

Quebec, P.Q.  
le 12 septembre 1940.

NOTE:—Ces entrées devront être faites de temps à autre, suivant le cas, et l'officier faisant ces entrées devra les certifier.

Les attestations devront être faites en triple exemplaire, l'original devant être transmis au Q.G de district; le duplicata gardé à la salle des rapports du régiment, et le triplicata, à la batterie, l'escadron, la compagnie, etc.

INTERVIEW REPORT

AGE...19  
HEIGHT...5'9"  
WEIGHT...150

SURNAME...**GUAY**.....  
CHRISTIAN NAMES...**Joseph Jacques Alfred**.....  
MARRIED...**Single**.....NO. OF CHILDREN.....

N.F. ADMINISTRATION.....  
XX TECHNICAL.....  
FLYING EQUIP./ACCTS.....  
GEN. LIST.....  
PILOT.....  
OBSERVER.....  
W.O. AIR GUNNER.....

EDUCATIONAL STANDING:- Number of years

High School...**ff**.....Technical...**ff**.....Commercial...**---**.....

University (Name and dates of Attendance)...**Universite**.....

**Laval, Quebec, Senior Matriculation**.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo...**ff**.....Dual...**ff**.....

Private " Solo...**ff**.....Dual...**ff**.....Passenger..

No. Hours & Types during last 2 yrs.....

MILITARY AND OTHER TRAINING:-

**C.O.T.C., Laval, Quebec, from 1940 to now**.....

SPORTS:- (what branches)

**Swimming, Football, Sof. ball, Skiing, Hockey**.....

HOBBIES: .....**Acroplane Models**.....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:-

**..Very nice type, ..Will make a very good Air Crew Pilot.**

APPROACH  
Confident...**X**.....  
Nervous.....  
Easy...**X**.....

CARRIAGE  
Upright.....  
Medium...**X**.....  
Athletic.....

DRESS  
Neat...**X**.....  
Conservative...**X**.....  
Clean...**X**.....  
Careless.....

PHYSIQUE  
Medium...**X**.....  
Heavy set.....  
Slender.....

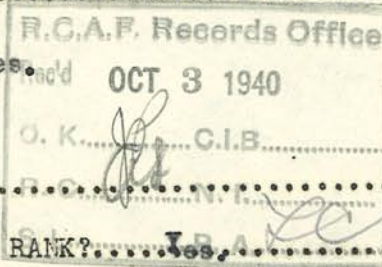
SPEECH  
Clear...**X**.....  
Slow.....  
Hesitant.....

RESPONSE  
Quick...**X**.....  
Deliberate.....  
Slow.....

MANNER  
Alert...**X**.....  
Confident...**X**.....  
Sincere...**X**.....  
Reserved.....  
Nervous.....  
Overbearing.....  
Irresponsible.....

EXCELLENT.....  
ABOVE AVERAGE...**X**.....  
AVERAGE.....  
BELOW AVERAGE.....

REFERENCES CHECKED--SATISFACTORY Yes.  
" " --UNSATISFACTORY  
" NOT CHECKED



MARK WITH AN X THE DESCRIPTION WHICH APPLIES

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.....**Yes, A**.....

BEST FITTED FOR...**Pilot**.....

DATE  
12-9-40  
A.F.M.5

RECRUITING CENTRE  
QUEBEC

*(Signature)*  
(J.R. Landry) Flight Lieutenant  
Signature of Officer

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Regina, Saskatchewan.

Date 16-10-40

Surname GUAY Chr. Names Joseph Jacques Alfred.  
Nature of Commission Pilot Date of Birth 25-11-20 Married or Single Singl  
Branch R.C.A.F. Hours Flown None  
Address 90 Cremazie St., Quebec. (Enlisted at Quebec.)

HAVE YOU ANY HISTORY OF:-

- (i) NERVOUS TROUBLE or Nervous Breakdown No  
Severe or "Sick" Headaches, Migraine No  
Fits or Convulsions of any kind No  
Sun or Heat Stroke No  
Head Injury or Concussion (including "knock-out") No  
Insomnia, Nightmares, Sleep-walking, or Bed-wetting No  
(ii) LUNG TROUBLE or Consumption No  
Bronchitis, Pneumonia or Pleurisy Bronchitis mild for 1wk.  
Asthma or Hay Fever No (last yr)  
(iii) HEART DISEASE, "Weak or Strained Heart" No  
Fainting Attacks or Giddiness No  
Rheumatism, Rheumatic Fever or "Growing Pains" No  
Frequent Sore Throats or Tonsillitis No  
Diphtheria, Scarlet Fever or Scarlatina No  
(iv) STOMACH or BOWEL TROUBLE No  
Chronic Indigestion or Pain after Food No  
(v) KIDNEY or BLADDER TROUBLE No  
Syphilis or Gonorrhoea No  
(vi) TROPICAL DISEASE No  
Malaria No  
Dysentery No  
(vii) EYE TROUBLE or Inflammation of Eyelids No  
Wearing of Glasses No  
Colour or Night Blindness No  
(viii) EAR TROUBLE, Earache or Discharge from Ears Earache in infancy.  
Deafness, Noises in the Ears, or Dizziness No  
Frequent Colds in Head, Catarrh or Obstruction No  
Prolonged Hoarseness or Loss of Voice No  
Sea, Car or Train Sickness No  
Discomfort on Swings, Roundabouts, Switchbacks No  
(ix) OPERATIONS Repair of hernia June 1940.  
(x) Any Illness or Injury not mentioned above No

Education Equiv. J.M.  
Present Occupation Student Hobbies Artistic.  
Previous Service C.O.T.C. Laval 2 months.  
Athletics Good  
Habits—Smoking 12 cigs. a day Alcohol No  
FAMILY HISTORY—Consumption Father died of Tbe after 6 months illness.  
Nervous Ailments, Mental Trouble, or "Fits" No  
Father Alive—Health Dead—Cause Tbe.  
Mother Alive—Health Dead—Cause Dead Post Operative.  
Brothers (6) Alive—Health Good (...) Dead—Cause  
Sisters (4) Alive—Health Good (...) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 16-10-40 Signature Jacques Guay Witness [Signature]

**GENERAL MEDICAL AND SURGICAL EXAMINATION**

Impression given by (a) Physique Athletic (b) Mentality Standard  
 Body Marks, Scars, Deformities Scar over rt. eye rt. knee & lect. knee--rt. inguinal hernia  
 Size of Thyroid Gland N (repair scar)  
 Surgical Abnormalities Nil  
 Results of Wounds, Injuries, Operations Good repair of right inguinal hernia

	Date.....		Date.....		Date.....		REMARKS ON ANY ABNORMALITIES FOUND
		Assessing Room		Assessing Room		Assessing Room	
Height (ins.).....	69						Date.....
Weight (lbs.).....	148						
Chest Circumference (ins.).....	36						
Body Build (lbs.).....	Pl. 8						
LEG LENGTH (ins.).....	41						
Pulse Rate {	Sitting.....	90					
	Standing 1st.....	120					
	Standing 2nd.....	120					
	After Exercise.....	120					
	Time to Normal.....	0					
Arterial Walls.....	soft						
Blood Pressure {	Systolic.....	130					
	Diastolic.....	78					
Heart {	Size.....	N					
	Sounds.....	N					
	Rhythm.....	N					
Lungs.....	Mild Bronchitis with productive cough.						
Breath held.....	68						Date.....
Expiratory Force.....	115						
Vital Capacity (Best of 5).....	4100						
Reflexes {	Knee.....	N					
	Ankle.....	N					
	Triceps.....						
	Abdominal.....						
Plantar.....							
Cranial Nerves.....							
Balancing Rod.....	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	LS LS						
Self Balancing.....	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	O.O	2S 2S					
Tremors {	Fingers.....	FS FS					Date.....
	Eyelids.....	FS FS					
Abdomen {	Liver.....	N					
	Spleen.....	N					
	Muscular Tone.....	N					
Urine {	Albumen.....	Neg					
	Sugar.....	Neg					
Initials of M.O.							

40 mm. Hg. Test.....  
 Date..... 60 secs. 8/7710/997/887/787/ Type 5.  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant. Fit.

**EYE EXAMINATION**

History.....	Negative.	
Visual Acuity	R. 20/20 , c $\frac{2.25}{20}$ = 20/200	
	L. 20/20 , c $\frac{2.25}{20}$ = 20/200	
Colour Vision.....	N	
Red, Green.....	Orthophoria	
Diaphragm Test (P.D. = 58 )	Ortho at 0.	
Convergence	C. = 6.5 cms.	
	S. C. = 14.0 cms.	
Accommodation	R. 7.5	
	L. 7.5	
Cover Test.....	No diverg.	
Fundi and Media.....	Normal	
Fields.....	Normal.	
Remarks:	Fit.	
	Initials of M.O.....	Initials of M.O.....
	Date.....	Date.....

**EXAMINATION OF EAR, NOSE AND THROAT**

History.....	Negative.		
Hearing	R. Ear.....	W. V. 20ft.	
	L. Ear.....	W. V. 20ft.	
External Ear, Meatus Membranes	R. Ear.....	N	
	L. Ear.....	N	
Middle Ear, Eustachian Tubes	R. Ear.....	N	
	L. Ear.....	N	
Cochlear Apparatus	R. Ear.....	N	
	L. Ear.....	N	
Vestibular Apparatus	R. Ear.....	N	
	L. Ear.....	N	
Buccal Cavity.....	N		
Teeth.....	N		
Gums.....	N		
Pharynx.....	N		
Nasopharynx.....	N		
Nose.....	N		
Larynx.....	N		
Remarks:	Fit.		
	Initials of M.O.....	Initials of M.O.....	Initials of M.O.....
	Date.....	Date.....	Date.....

HISTORY OF PRESENT CONDITION

Date 16-10-40

Fit ALB--A3B

History

Vision

Colour Vision

Red Green

Diagrams Test (P.D. = )

Convergence

E.C. =

C. =

Accommodation

Cover Test

Fields and Media

Fields

Remarks:

Initials of M.O. Date

Initials of M.O. Date

Initials of M.O. Date

EXAMINATION OF EAR, NOSE AND THROAT

History

Hearing

R. Ear

L. Ear

R. Ear

L. Ear

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date .....

CATEGORY  
 APPROVED  
 A1 A2 A3 B  
 OCT 1940  
*[Signature]*  
 Mgr. D.G.M.S.

C.R.  
 Rec'd NOV 13 1940  
 O.K.  
 R.C.  
 S.L. *[Signature]* PF

Remarks:

Initials of M.O. Date

Initials of M.O. Date

Initials of M.O. Date

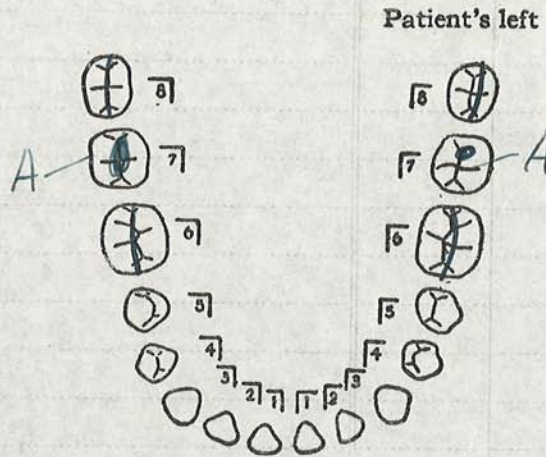
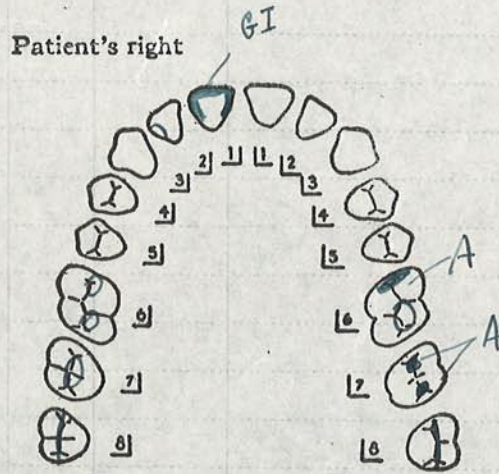
NAME GUAY, J. J. RANK Ac. 2 AGE 19 REG. No. R 55551  
 UNIT REAF DATE Oct. 4 1940

Strike out inapplicable number and words.

ORAL HYGIENE { Good  
~~Fair~~  
 Neglected

PROPHYLAXIS required { ~~Yes~~  
 No

MUCOSA  
 (Describe any pathological condition briefly)



Abbreviations:—

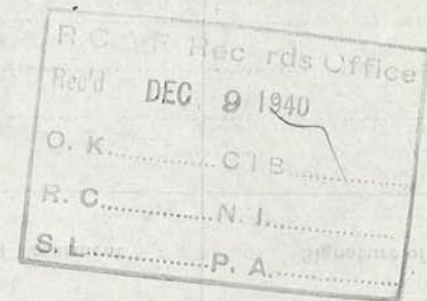
- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

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

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

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

} Denture



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

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

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

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

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

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

M.F.B. 465  
 6M pads of 100-7-40 (5811-2)  
 H.Q. 1772-89-950

Signature and unit of examining officer

*W. Belden*  
 #18-COY C.D.C.





Doit être fait en double exemplaire

M.F.M. 5 (Fr.)  
30M—3-40(4227-8)  
H.Q. 177-1651

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

INSTRUCTIONS:

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
- (c) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

(1) Nom de l'officier, ou soldat, ou aviateur..... **GUAY JOSEPH JACQUES ALFRED**  
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade..... **R55.551 AC.2 Spcl.**

(3) Unité..... **Royal Canadian Air Force**

(4) Êtes-vous marié?..... **Celibataire**

(5) Si oui, donnez

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

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

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

Sinon, donnez-en les raisons..... **nul**

(7) Êtes-vous veuf?..... **nul**

(8) Avez-vous des enfants?..... **nul**

Si oui, indiquez le nombre de garçons et de filles..... **nul**

Donnez aussi leurs noms et leurs âges..... **nul**

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

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

Nom..... **nul**

Adresse postale..... **nul**

*Next of Kin.*  
*George Henri Guay. (Brother)*  
*90 Cremazie St.*  
*Quebec City.*

R.C.  
 Rec'd MAY 2 1941  
 R.C.  
 SL  
 (VOIR AU VERSO)

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

nul

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

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

Si oui, donnez son nom, son adresse et son emploi. nul

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

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale). nul

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

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

Dans l'affirmative, donnez son nom et son adresse. nul

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

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale).

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

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

Si oui, donnez les détails suivants: —

Degré de parenté. nul

Nom en entier. nul

Adresse postale. nul

Montant de la contribution mensuelle au cours des six derniers mois. nul

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? non

(19) Êtes-vous assuré? oui

Si oui, dites dans quelle compagnie? Metropolitan Life Ins. Co.

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?

non Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

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

Date: 30 septembre, 1940

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

OFFICER COMMANDING, R.C.A.F. RECRUITING CENTRE, QUEBEC, - QUEBEC.

Date: 30 septembre 1940

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

SPECIAL RESERVE

R. C. A. F.

AIR CREW ENLISTMENT AGREEMENT.

1. I, the undersigned, do acknowledge that I have read, understand, and agree to the following conditions of Service in the event of my being accepted for enlistment in the Royal Canadian Air Force as.....**(Pilot or Observer)**.....

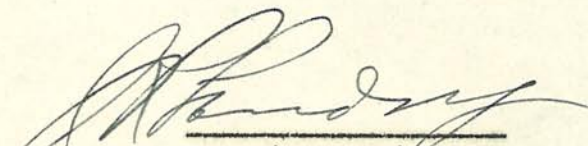
That I will be called upon to perform other than Air Crew duties until the R.C.A.F. is in a position to commence my training as such.

2. If at any time I am found unsuitable for further training in the above category, I understand that:

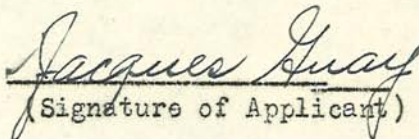
(i) I may be re-mustered to another Air Crew category for which I am found suitable.

or

(ii) If found unsuitable for any flying duties, I may be re-mustered for service in ground duties.



(Witness)  
(J.R. Landry) Flight Lieutenant.  
Commanding Officer  
RCAF Recruiting Centre. Quebec City.



(Signature of Applicant)

September 30th, 1940

(Date)

September 30th, 1940

(Date)

A.F.M.37

29-7-40

R.C.A.F. Records Office	
Rec'd	OCT 3 1940
O. K.	C.I.B.
R. C.	N. I.
S. L.	P. A.

ROYAL CANADIAN AIR FORCE

R.C.A.F. T-58  
12m-5-40 (4963)  
H.Q. 1062-13-56

Report on Pupil Pilot—Flying and Ground Training

Surname Guay Christian Names Joseph Jacques Alfred  
Number R55551 Rank AC2

INSTRUCTIONS

1. The report is to be forwarded so as to arrive on or before the reporting date of the pupil as follows:—

ORIGINAL AND DUPLICATE

- From Initial Training School to Elementary Flying Training School (or Flying Club)
- From Elementary Flying Training School (or Flying Club) to Intermediate Training Squadron (Service Flying Training School)
- From Intermediate Training Squadron to Advanced Training Squadron.

DUPLICATE

To be available on demand by the Training Command concerned.

- 2. On completion of Advanced Training, the duplicate is to be forwarded to Air Force Headquarters through Command Headquarters and the original placed on the pupil's personal file.
- 3. In the event of discontinuance of training at any stage: one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.
- 4. A pupil pilot will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each subject, each stage.

PART I  
INITIAL TRAINING

1. No. 2 Initial Training School. Course No. 8 From Oct. 14 To Oct. 31

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	61	Drill.....	100	59
Armament (P. & O.).....	100	66	Law and Disc., etc.....	100	59
Visual L. Tr.....	100	A	TOTAL.....	500	245

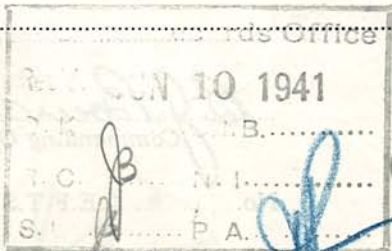
3. Maximum Marks 500 Marks Obtained 245 Percentage 61 Passed or Failed..... p

Position in Class 35th group No. in Pilot's Class 105

4. Remarks.....

*A little nervous and high strung but has plenty of zip.*

Alternative Gunner



*[Signature]* Wg. Comdr.  
Commanding Officer

No. 2 I.T.S. Regina

To be passed to No. 6 E.F.T.S. Date October 31, 1940

PART II  
ELEMENTARY TRAINING

1. No. 6 Elementary Flying Training School. Course No. 11 From 5/11/40 To 23/12/40.

FLYING TRAINING

2. Flying Time:—

Aircraft	Dual	Solo	Passenger	Total	Link Trainer
<u>Tiger Moth</u>	<u>25:45</u>	<u>31:15</u>	<u>NIL</u>	<u>57:00</u>	<u>5:00</u>

3. Results of Flying Tests:—20 hour 70 % 50 hour 75 % Instr. Fly 79 %

4. Ability as a Pilot Average Pass or Fail Pass

5. Recommended for training on T.E. or S.E. Aircraft S.E.

6. Remarks on Flying Progress and points which require special consideration

Landings, forced landings, sideslips and precautionary landings weak.

*B. J. Bouchier S/C*  
Chief Flying Instructor

Date December 20th, 1940.

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	<u>140</u>	Th. of Flight.....	100	<u>135</u>
Airframes.....	200	<u>171</u>	Air Nav.....	200	<u>193</u>
Aero Engines.....	200	<u>148</u>	Arm. (Oral).....	200	<u>140</u>
Signals (Prac.).....	50	<u>46</u>	Quals. as an { Officer N.C.O. ....	200	

Maximum Marks 1350. Marks Obtained 973 Percentage 78 Pass or Fail Pass

Position in Class 22 No. in Class 33

8. Commissioned Rank (appears suitable or unsuitable) Unsuitable

9. General Remarks (Ability, Conduct, etc.) Fr. Can. with poor command of English;

otherwise average, steady type. Hard worker.

*B. J. Bouchier* Squadron Leader  
Commanding Officer

No. 6 E.F.T.S. Prince Albert, Sask.

To be passed to No. 4 S.F.T.S.

Date January 3rd, 1940.

PART III  
INTERMEDIATE TRAINING

1. No. 4 S.F.T.S. Course No. 17 From Jan. 4/41 To March 17/41

2. Flying Time:— **FLYING TRAINING**

Aircraft	S.E. Aircraft				T.E. Aircraft				Passenger	Link Trainer
	Day		Night		Day		Night			
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo		
Harvard	4.20	.55								
Anson					31.55	31.35	3.45	6.25	9.25	20.00
Total										
Brought Forward	25.45	31.15								5.00
Grand Totals	30.05	32.10			31.55	31.35	3.45	6.25	9.25	25.00

3. Qualities as a Pilot, 450. Marks obtained 315

4. Remarks on Flying Progress, Navigation, and points which require special consideration  
Average ability. No faults.

*A.D. Bell-Irving*  
Chief Flying Instructor  
A.D. Bell-Irving, Group Captain.

Date 23.3.41.

5. **GROUND TRAINING**

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200	131	Air Nav	200	139
Armament (W.)	100	62	Signals	150	115
Armament (P.)	100	65	TOTAL	750	511

6. Remarks of C.G.I. Average student. Hard worker.

*J. H. ...*  
Chief Ground Instructor

Date 20-3-41

7. Qualities as an ~~Officer~~ Officer (Marks possible) 700 Marks Obtained N.A.

8. Total Assessment 1200 Mark Obtained 826 Percentage 68.83 Pass or Fail Pass

9. Position in Class 32 No. in Class 52

10. Commissioned Rank (appears suitable or unsuitable) Unsuitable.

11. General Remarks Poor command of English, but is keen and eager.  
Recommended Fighter.

Certified that pupil pilot has passed all tests required for Pilot's Flying Badge, as laid down by A.O. A. 51/2. Yes.  
(Yes or No)

*[Signature]*  
Squadron Leader  
Officer Commanding

I.T.S. No. 4 S.F.T.S., R.C.A.F., Saskatoon, Saskatchewan

12. Awarded Pilot's Flying Badge. Date 23-3-41 17.3.41.

Officer Commanding

Date

*[Signature]*  
C.O. No. 4 S.F.T.S. R.C.A.F. Saskatoon, Sask.

**PART IV  
ADVANCED TRAINING**

1. No. .... S.F.T.S. Course No. .... From ..... To .....

2. Flying Time:—

Aircraft	S.E. Aircraft				T.E. Aircraft				Passenger	Link Trainer
	Day		Night		Day		Night			
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo		
Total.....										
Brought Forward.....										
Grand Totals.....										

3. Armament Training:—

**AIR FIRING**

Fixed Gun A Test (S.E.).....%      Free Gun B.R.S. Test (T.E.).....%

Free Gun B Test (T.E.).....%      Average (T.E.).....%

**BOMBING**

High Dive (S.E.).....yds.      High Level (T.E.).....yds.

Low Level (S.E.).....yds.      Low Level (T.E.).....yds.

4. Assessment:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Navigation.....	200		Qualities as Officer or N.C.O.....	300	
Rec. & Photo.....	100		Qualities as a Pilot.....	300	
Armament.....	200		<b>TOTAL.....</b>	<b>1100</b>	

5. Final Assessment: (I.T.S. and A.T.S.)—

	Maximum Marks	Marks Obtained
Intermediate Training.....	1550	
Advanced Training.....	1100	
<b>TOTAL.....</b>	<b>2650</b>	

Percentage..... Passed or Failed..... Position in Class..... No. in Class.....

6. Qualities as an Operational Pilot (Ex., Above Av., Av., Below Av., or Poor):—

Formation Flying..... Navigation Ability.....

Night Flying..... Determ. and Initiative.....

Instrument Flying..... Ability to Maintain Speed, Course and Height (T.E.).....

Recommended for (Type of Service Squadron)..... Type of A/C (T.E. or S.E.).....

Recommended for Flying Instructor (Yes or No).....

7. General Remarks on Training, Ability, etc. ....

..... Squadron Leader  
*Officer Commanding,*

A.T.S. No..... S.F.T.S.

**PART V**

Date.....

8. Recommended for Commissioned Rank..... Assessment.....  
(Yes or No) (Ex., A.A., A.)

9. Remarks of Commanding Officer.....

..... Gp.C.  
*Commanding Officer,*

No..... S.F.T.S.

Date.....

## REMARKS AND RECOMMENDATIONS:

P. a 2

## PRESUMED DEAD

NO. R55551 RANK WO NAME GUAY Joseph Alfred JacquesUNIT o/s EFF. DATE 17-4-43 K.R. (AIR) Auth. C.L. # 623 d/ 27-1-44

xDMS (Air) Sig. rec'd.....	xAuthority for discharge.....
xSig. rec'd. from unit.....	xR.15a Discharge Cert. <i>Na</i>
xR.51 (Airmen).....	M.10 (including M.13) <i>MAY 22 1944</i>
E.236 Deficiency List.....	xM.227 Medical Board <i>Na</i>
xR.71 General Conduct Sht.....	MFB465a Dental Envelope <i>MAY 22 1944</i>
xR.72 Service Conduct Sht.....	xDental Exam. on discharge <i>Na</i>
xReasons for discharge.....	xDec. of C. of I. (Deserter) <i>Na</i>
xProforma.....	Death Certificate.....
xDate Board sent to Pensions:	
B. F. date.....	Date file rec'd. <i>3-4-44</i>
Discrepancies.....	
xNot necessary for deaths	Checker's signature <i>JP</i>

*1 does not*



Disability	
Date of Board	Date Approved by D.M.S.
Date Signal Sent by D.M.S.	Date Discharge Effected
Date Station Files Received	Date R. 15 Despatched
Para. Discharged under	Advice to D.P. & N.H.
Correspondence:	

# ROYAL CANADIAN AIR FORCE RECORD OF SERVICE

NAME.....

<b>1 PARTICULARS OF BIRTH</b>			
DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
26-11-20	Quebec P.Q.	British	Birth
<b>2 NEXT OF KIN</b>			
NAME	ADDRESS	RELATIONSHIP	
Henri Guay	90 Crémazie Quebec P.Q.	Brother	
<b>3 ADDRESS PRIOR TO ENLISTMENT</b>			
R.C. 90 Crémazie - Quebec P.Q.			
<b>4 RELIGION</b> M.C.			
<b>5 MARRIED OR SINGLE</b> single			
<b>6 PARTICULARS OF MARRIAGE</b>			
DATE	TO WHOM	PLACE	CLERGYMAN
<b>7 PARTICULARS OF CHILDREN</b>			
CHRISTIAN NAMES	DATE	PLACE OF BIRTH	BAPTISED
<b>8 CIVIL EDUCATION</b>			
SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS	
St Jean Baptiste	1926-34	Primary	
Montcalm	1934-40	Secondary	
Quebec Seminary	1934-40	Secondary	
<b>9 CIVIL EMPLOYMENT</b>			

<b>11 PREVIOUS SERVICE</b>				
UNITS	RANK	FROM	TO	DUTIES
<b>12 PARTICULARS OF DISCHARGE FROM LAST ENGAGEMENT</b>				
REASON FOR DISCHARGE	CHARACTER	TRADE AND ASSESSMENT		
<b>13 HONOURS, AWARDS AND MENTIONS</b>				
AWARD				
<b>14 USEFUL SERVICE EXPERIENCE</b>				
SERVICE	YEARS	DUTIES		

DUTIES

10

USEFUL CIVIL EXPERIENCE

EMPLOYER

YEARS

DUTIES

ASSESSED

15

CAPABILITIES OTHER THAN TRADE CLASSIFIED

16

SPECIALY ADAPTED TO UNITS

NAME GUAY, JOSEPH ALFRED JACQUES  
SURNAME CHRISTIAN NAMES

AIR FORCE No. R55551

NATURALIZATION  RELATIONSHIP <i>Brother</i>  SERGEANT  BAPTISED	11 PREVIOUS SERVICE				17 RANK AND APPOINTMENTS		24 INCREASED RATES OF PAY		
	UNITS	RANK	FROM	TO	DUTIES	RANK	DATE	INCREASE ON RANK	DATE OF EFFECT
						<i>Al 2</i>	<i>30-9-40</i>		
	12 PARTICULARS OF DISCHARGE FROM LAST ENGAGEMENT				18 TRADE AND CLASSIFICATION		25 ENGAGEMENTS		
	REASON FOR DISCHARGE	CHARACTER	TRADE AND ASSESSMENT	PENSION	TRADE	DATE	ENGAGEMENT	FROM	TO
					<i>Aircrew</i>	<i>30-9-40</i>	<i>Duration of war</i>	<i>30-9-40</i>	
	13 HONOURS, AWARDS AND MENTIONS				19 MEDICAL CATEGORIES		26 OFFENCES WHILE SERVING		
	AWARD	AUTHORITY			CATEGORY	DATE	OFFENCE	DATE	PUNISHMENT
					<i>A</i> <i>A.B d3B</i>	<i>26-9-40</i> <i>16-10-40</i>			
	14 USEFUL SERVICE EXPERIENCE				20 CHARACTER ASSESSMENT				
SERVICE	YEARS	DUTIES	ASSESSED	ASSESSMENT	DATE				

ASSESSED	
15	CAPABILITIES OTHER THAN TRADE CLASSIFIED
16	SPECIALLY ADAPTED TO UNITS

21 TRADE PROFICIENCY		
TRADE AND ASSESSMENT	DATE	
22 COURSES OF INSTRUCTION		
COURSE	FROM	TO
23 EXAMINATIONS AND TESTS		
SUBJECT	RESULTS	DATE

PLACED ON OR REMOVED FROM		RANK	DATE
28 FLYING TIME			
UNIT	DATE	HOURS	
		PILOT	PASS

R60 *m.o.*

*72*

*A.F.*

*KX*

AUTHORITY	CASUALTY	DATE OF EFFECT	AUTHORITY
BMP:25	SOS eff. 14-10-40 on being posted to #2 I.T.S. Regina Sask.	14-10-40 ✓	1

DATE OF EFFECT	AUTHORITY	CASUALTY	DATE OF EFFECT
ask. 14-10-40 ✓		1	







H.Q.

M.F.B. 387

425M-7-40 (5985-6-7,  
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—CANADA

CROSS REFERENCE

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")							

DO NOT WRITE BELOW THIS LINE

H.Q.

NAME GUAY, J. J. A.

RANK AC2

AGE 19

REG. No. R 55551 1 2

UNIT RCAF

DATE oct 4 1940

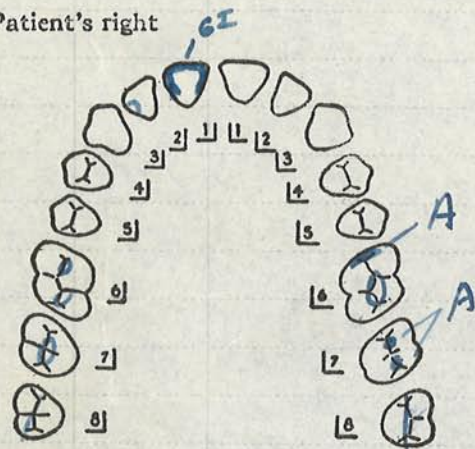
Strike out inapplicable number and words.

ORAL HYGIENE { Good  
~~Fair~~  
Neglected

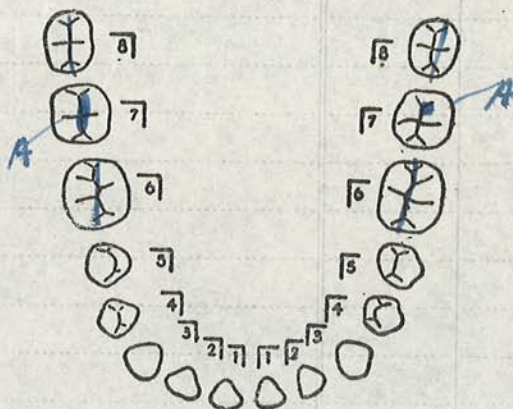
PROPHYLAXIS required { ~~Yes~~  
No

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.



R.C.A.F. A. 47  
1974 - Jan. to Dec. 1975  
C.O. 55447

ROYAL CANADIAN AIR FORCE



SERVICE  
AND  
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE  
ROYAL CANADIAN AIR FORCE, AND  
MUST BE RETURNED ON DEMAND

*Missing  
16.4.47*

R.C.A.F. A.47  
Part 1.

# ROYAL CANADIAN AIR FORCE SERVICE BOOK

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## INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. 255551 Surname GUAY

Christian Names (in full) JOSEPH JACQUES ALFRED

Date of Birth 25.11.20 Religion R.C.

Date of Enlistment/Appointment 30.9.40

Married (M), Widower (W) or Single (S) M.

Occupation in Civil Life STUDENT

Signature of Holder

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—

MRS. M. SHAPP <sup>WIFE</sup> WHITE HORSE  
HOTEL COPPERGATE YORK  
YORKSHIRE

Albrow

Certified Correct by AB Woodcock Fln

Date 25/1/43 Place RCAF O/S HQ





**LEAVE RECORD**

(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

**LEAVE RECORD**

(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

**MEDICAL CLASSIFICATION**

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.

**BLOOD GROUP**

Date	International	Initials of M.O.

**NIGHT VISUAL CAPACITY**

Date	Score	Group	Initials of M.O.

**IMMUNIZATION PROCEDURES  
VACCINATION**

Date	Result	Initials of M.O.

Susceptibility Test	Date	Result
Schick Test.....		
Dick Test.....		

**PROTECTIVE INOCULATIONS\***

Nature of Inoculation	Date	Dose	Initials of M.O.

**IMMUNIZATION PROCEDURES—Con.**

Nature of Inoculation	Date	Dose	Initials of M.O.

\* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.



**MISCELLANEOUS MEDICAL ENTRIES**

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

**MEDICAL INSTRUCTIONS TO PERSONNEL  
ON LEAVE IN CANADA**

1. Personnel on leave or pass or otherwise absent from their parent unit who require medical attention are to report to the nearest R.C.A.F. Medical Officer. In cases of urgency when the services of an R.C.A.F. Medical Officer are not available, report to:

- (a) An R.C.A.M.C. Medical Officer,
- (b) A Medical Officer of the Dept. of Pensions and National Health, or
- (c) A civilian medical practitioner, in that order.

2. When it is necessary to call in other than an R.C.A.F. Medical Officer, arrangements are to be made to notify the R.C.A.F. Medical Officer, if one is located in the vicinity, in order that he may assume charge of the case. Immediate action is also to be taken to notify the individual's Commanding Officer in the event that the illness is of serious nature and likely to delay reporting to the unit on termination of leave.

3. All accounts for attendance upon personnel on leave rendered by civilian hospitals or civilian practitioners are to be forwarded in triplicate to the nearest administrative centre of the Dept. of Pensions and National Health for payment.

4. Personnel who, while on leave, are in contact with a case of infectious disease are, on the termination of their leave, to report to their Station Medical Officer before they enter any barrack block, mess or other building on the station.

## WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with 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 an Officer or Airman 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 Records 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 Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (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 R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman 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 Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

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

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

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, 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 an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman 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 R.C.A.F. Records Officer.

No. .... Rank ..... Name .....  
states that he has executed a Will and that the same has been deposited with .....  
at .....  
Signature of Officer .....  
Rank or Appointment .....  
Date .....

Before embarkation, each Officer or Airman 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 R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

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

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer .....  
Rank or Appointment .....  
Date .....

Date Certificate extracted .....  
Signature of Officer .....  
Unit .....  
To Whom sent .....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

### SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

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

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,  
Sgt., R. 12345,  
R.C.A.F.

Date October 10th, 1942.

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

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,  
Sgt., R. 12345,  
R.C.A.F.

Date October 10th, 1942.

To Whom sent .....  
Unit .....  
Date Will extracted .....  
Signature of Officer .....

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

### WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

FORM 84  
GENERAL BOOK 641

ROYAL AIR FORCE.

---

AIRMAN'S SERVICE

AND

PAY BOOK.

THIS BOOK IS THE PROPERTY  
OF THE AIR MINISTRY, AND  
MUST BE SURRENDERED ON  
DEMAND.



Troops LUGA  
3rd Mach and  
FJ MIZ 2nd PLOT  
WRIGHT

7154

BILBES EGYPT

# ALL RANKS

**"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."**

700/5355

STABLE W.B. R89394  
#1 METS

22 P.T.E. ALMAZAR  
WEARER, No  
6/5/42.

GROUP  
UNIT Copy

Canadian

ROYAL AIR FORCE

1659 C.U.

Form 373

R 55551.

1. Rank W.O. 1-3-42	2. Christian Names JOSEPH, ALFRED, JACQUES	3. Surname QUAY.	4. Decorations
------------------------	---	---------------------	----------------

5. Type and date of commission or engagement, if Airman Pilot  
RCAF, 30-9-40.

Date of expiry

7. Date of award of flying badge.  
Date of qualification as service pilot, % marks, and whether failed and re-examined.

8. Types of service aircraft flown  
Spitfire

6. Branch or Trade  
Pilot

10. Date of birth  
25-11-20

7a. Qualifications, including any symbols; whether Passed Promotion Exam. (with date) and whether Passed Staff College Qualifying Exam. French  
23 O.T.U.  
U.K.

9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed)  
Total 380 hrs  
8 po 63 hrs Wellington  
5 hrs Spitfire

11. Religion  
R.C.

12. If married: Date  
S.

Student

13. Medical classfn.  
A1B.

14. Date and place of last medical Exam.  
28-9-40.

15. \*Date of last vaccination  
/

16. \*Date of last inoculation  
1. T.A.B.  
2. Cholera  
3. Plague  
+ yellow fever 12-8-42

9, 13-19 and 21, to be kept in pencil \* To be inserted in unit copy only 5091B.

17. Permanent Address

18. Next of kin. Relationship and address  
Brother  
Mr G.H. Quay  
195 St Cyrille Street  
Quebec  
Canada.

19. Name and address of person to be notified in case of casualty  
U.V. Berrigan  
Instead of the Next of kin  
In addition to  
59, Hanover Street  
Saint John.  
\* Delete as necessary  
N.B. Canada.

20. Periods in hospital, or sick quarters, or sick at home

21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.

23.

Postings and Attachments

Postings and Attachments

To	Duty	'P' or 'A'	Date	Authy.	To	Duty	'P' or 'A'	Date	Authy.
EX Canada.			6/4/41						
ARR Malta			2/6/42						
EX Malta			5/8/42						
ARR M.E.			6/8/42						
Ex. U.K. - 603 Sqn.	FLYING	P.	3/6/42	11/15/42					
R.H.Q. Malta - 1625 Sqn	FLYING	P.	5/8/42	10802					

22 P.T.C.		A.	5/11/42	10802
1625 Sqn - 22 P.T.C.	Av. Pass. U.K.	P.	6/9/42	11999
U.K.	DISposal.	P.	1/10/42	13506
408 SQUAD		P.	35/2/43	

24. Attendances at Courts Martial

Date	Under Instruction	As P. or M.	Date	Under Instruction	As P. or M.

# ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45  
40M-8-40 (6622)  
H.Q. 1002-2-128

## Individual Record of Flying

RANK W/O No. R. 55551 NAME Gray, J.J.A.

UNIT	Month ending	SINGLE-ENGINE AIRCRAFT									MULTI-ENGINE AIRCRAFT						CREW DUTIES						TOTAL				
		DAY			NIGHT			DAY			NIGHT			Observer			Air Gunner			Other							
		Captain of Aircraft	2nd Pilot	Dual	Captain of Aircraft	2nd Pilot	Dual	Captain of Aircraft	2nd Pilot	Dual	Captain of Aircraft	2nd Pilot	Dual	Observer	Air Gunner	Other	Passenger										
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)									
Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins	
	402. 31/3/42	3.25																				3.25					

## ROYAL AIR FORCE AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. R55551 Name GUAY J. A. J. Rank W/O  
 (In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Pilot Special Qualifications  
 (e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 25/11/20 Religion R.C. Occupation in Civil Life Student

Last Enlisted 30/9/40 Current Engagement D of PE

If a member of the Auxiliary Air Force.....

If Reservist, which Class ("E," "F," V.R.)..... Whether Married, Single, or Widower S

Name, address and relationship of legal next of kin (to be entered in pencil):

(Brother) Mr G. H. Guay 195 Saint Guyville St Quebec PQ Canada

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).

(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

SECTION 1.—MOVEMENTS AND CASUALTIES.

SECTION 2.—  
PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID),  
REDUCTIONS, REMUSTERINGS.

Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
<u>AHQ Malta</u>	<u>162 Squadron</u>	<u>12.8.42</u>			
<u>162 Sqdn</u>	<u>22 P.T.C.</u>	<u>6.9.42</u>			
<u>22 P.T.C.</u>	<u>V K</u>	<u>1.10.42</u>			
	<u>23.0.T.U.</u>	<u>1.11.42</u>			
<u>23.OTU</u>	<u>1659. C.U.</u>	<u>20.8.43</u>			
<u>1659 C.U.</u>	<u>408 SQUAD</u>	<u>25.3.43</u>			
<u>408 Squadron</u>	<u>#1 Star Casualty Dept</u>				
	<u>Uxbridge</u>	<u>17.4.43</u>			

SECTION 3.—GOOD CONDUCT BADGES.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date Eff.

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency.			Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.	
			A	B	C				
w/o	VG	Pilot	On strength of unit for less than 1 month.				19/12.20.42		
w/o	V.G.	Pilot (1)	SAT STRENGTH FOR DISPOSAL ONLY				1.10.42	Glynn P/O	
w/o	VG	Pilot	ON STRENGTH FOR TRAINING ONLY				10.2.43	S. J. Baker M. S/L	
w/o	VG	Pilot	On Strength for Training only				25.3.43	W. J. ... w/c	
w/o	V.G.	Pilot	Sat				17.4.43	W. J. ... w/c	
POR 12/43 Prio Leave 15 days 5.2.43 - 19.2.43 R.W 320127 RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS									Stannington P/O

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.O.S.C., ETC.

Authority.	Nature.	Date of Effect.

Temporary Home K147.

1659 BU

W/O Gray. R 55551.

Boats Rainproof Canadian 1. Purchase IV 27404. 19<sup>12</sup>/42.





# ROYAL CANADIAN AIR FORCE

## SERVICE CONDUCT SHEET - CANADA

*C. W. James F.O.*  
Commanding Officer

Official No. R55551 Name and Initials GUAY J.J.A. Date of Enlistment 30-9-40 Sheet No. one Signature No. 2 Manning Depot, Date 12-10-40  
(IN BLOCK CAPITALS) (IN WORDS) and Rank of C.O.

Brandon, Manitoba.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
To be carried over											



AIR FORCE No.

R 5551

QUAY

SURNAME

JOSEPH ALFRED JACQUES

FULL CHRISTIAN NAME

PLACE

Quebec

DATE

30-9-40

ENLISTMENT/APPOINTMENT

RELIGION

P.C.

ROYAL CANADIAN AIR FORCE  
**RECORD OF SERVICE**  
 OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230  
 100M-5-43 (3287)  
 H.O. 885-R-230  
 K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
25. 11. 20.	Quebec. P.Q.	Can.	British		SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>			

CIVIL EDUCATION		CIVIL OCCUPATIONS AND EXPERIENCE		WIFE (FULL MAIDEN NAME) OR HUSBAND		PRESENT ADDRESS (IN PENCIL)		PLACE OF MARRIAGE		DATE	
PUBLIC SCHOOL	JUNIOR MATRICULATION <i>x</i>	9500	Student								
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION <i>x</i>										
TECHNICAL SCHOOL	UNIVERSITY										
CORR./BUSINESS COURSES	LANGUAGES SPOKEN <i>Fr. Can.</i>										

PREVIOUS SERVICE				EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN			
<i>COTC FIE</i>							

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)			
<i>G. Henrie Quay (Tsootho) 195 St Anville St Quebec P.Q.</i>			

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>16. 10. 40</i>	<i>AIS A3B</i>		

OFFICERS				AIRMEN AND AIRWOMEN				OFFICERS, AIRMEN/AIRWOMEN						
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.	RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
				<i>A/c</i>	<i>30 9 40</i>	<i>2M0125</i>	<i>Aircraft Pilot</i>	<i>30 9 40</i>	<i>2M0125</i>	<i>pupils Pts Cse 17.</i>				<i>1883 P 11 3 41</i>
				<i>hac</i>	<i>4 11 40</i>	<i>215518</i>	<i>Pilot S. 1st</i>	<i>9 11 40</i>	<i>1000</i>					
				<i>Sgt T Pd</i>	<i>17 3 41</i>	<i>45F59</i>	<i>Airman Pilot</i>	<i>17 3 41</i>	<i>45F59</i>					
				<i>T/F Sgt</i>	<i>1 10 41</i>	<i>RAF10</i>								
				<i>A/WO Pd</i>	<i>1 4 42</i>	<i>RAF11</i>								

COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)			

AIR FORCE No.

R55551.

**QUAY**  
SURNAME

**JOSEPH ALFRED JACQUES**  
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

RELIGION

PLACE **Quebec.**

**R.C.**

DATE **30.9.40.**

R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES					
FROM	TO	NO. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY		
						SOS		45FTS Soc Baloon		24 3 41	45F b7.	Stepinifajels idgrs Prg RVL	32.40 TIAF 10.		
						SOS		En Dep to elevator		9 4 41	En M				
								Disembarked UK							
						TOS		408 Sqd		9 4 42	51/4.				
						SOS		408 Sqdn		15 4 42	23/15				
						AIT		RDC Unit Kitty			11 5 42	27/4			
						SOS		to HQ TIAF Med			13 5 42	53/8.			
						SOS		to 162 Sqd			6 8 42	14/9			
						SOS		to 22 P.T.C.			6 9 42	15/4.			
						SOS		to UK			1 10 42	15/21			
						TOS		2 POC			1 10 42	93/3			
					SERVICE MACHINES FLOWN	SOS		to 23 OTY			1 11 42	34/24			
						SOS		to 1659 CU			20 2 43	43/39			
						SOS		from 1659 CU to 408 Sqd			25 3 43	2/43			
						F/B		Phuong 408 Sqd			16 4 43	CR 899			
								Missing as a result of operations			16 11 43	7/43 AFRO			
						T.O.S		TIAF NIE UNIT			1 5 43	1/25/43 NIE 4.			
								PRESUMED DEAD			17 4 43	CR 420.			
						CHARACTER AND TRADE ASSESSMENT									
						DATE	CHARACTER	TRADE ASSESSMENT							
HONOURS, AWARDS AND MENTIONS															
DATE	AWARD	AUTHORITY													

Emb. 6.4.41

Date of Birth 25.11.20 Religion R.C. Occupation in Civil Life Student  
 Last Enlisted 30 September 1940 Current Engagement D. of War  
 If a member of the Auxiliary Air Force Attached to RAF from RCAF  
 If Reservist, which Class ("E," "F," V.R.) ---- Whether Married, Single, or Widower S  
 Name, address and relationship of legal next of kin (to be entered in pencil):  
Not stated.

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).  
 (If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")  
Mr C. H. Guay, 195 St. Amille St., Quebec, P.Q. Canada (Brother)

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

SECTION 1.—MOVEMENTS AND CASUALTIES.			SECTION 2.— PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID), REDUCTIONS, REMUSTERINGS.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
	RC Quebec	30.9.40		Ag2 Pilot "Std"	30.9.40
RC Quebec	2 Mng Dpt	30.9.40		IAC	4.11.40
2 Mng Dpt	2 ITS	14.10.40		T/Sgt(Pd) Pilot "Spl"	17.3.41
2 ITS	6 EFTS	4.11.40	FOR 89/42	<del>Remustered to EFTS</del>	
6 EFTS	4 SFTS	3.1.41		<del>Reclassified Ag2</del>	<del>27.3.41</del>
4 SFTS	Emb. Dpt. Debert	27.3.41	FOR 24/42	Promoted T/Sgt	1-10-41
Debert	Overseas	5.4.41	" 63/42	" A/W/O (Act)	1.4.42
CANADA	UK	19-4-41			
U.K.	3 PRC	20-4-41			
3 PRC	21 ATU	26.5.41			
210-T.U.	No 405 Sqdn Driffield	14.7.41			
405 (RCAF) Sqdn:	<del>53 O.T.U.</del>	23.12.41			
Usebridge N.E.	53 O.T.U.	11-1-42			
53 O.T.U.	402 SQDN	9.4.42			
402 Squadron PDC	West Kirby	11.5.42			
	4339	12.5.42			
	603 Squadron Malta.				
	Death presumed	17.4.43			
AMK RCX 716 01241.42					

SECTION 3.—GOOD CONDUCT BADGES.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

\* The authority to be quoted will be the serial number of the relevant P.O.R.

Sgt. V.G.	do	Sat	-	31/12/41	air pilot S/L.
Sgt. V.G.	do	On strength for disposal only		11-1-42	cert pilot S/L.
A/W/O. V.G.	do	On strength for transport only		9-1-42	W.I.L. S/L
A/W/O. V.G.	do	Sat	-	18-9-45	M. Brett S/L

POR 49/41	9 days priv. leave	22/11 - 30/11	Warrant No: 179254	M. E. Jones S/L.
POR 41	12 days priv. leave	15-9 - 26-9-41	Warrant No: 889574	W. H. Parman S/L.
POR 104	6.7.41	13.7.41	Warrant No: 715707	W. H. Parman S/L.

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

First entry to be made at bottom of above section ; subsequent entries to be made directly above in sequence.

**SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.O.S.C., ETC.**

Authority.	Nature.	Date of Effect.

# ROYAL CANADIAN AIR FORCE

## GENERAL CONDUCT SHEET

OFFICIAL No. R55551 NAME AND INITIALS GUAY J.J.A. (IN BLOCK LETTERS) DATE OF ENLISTMENT 30-9-40

SHEET No. 1 on J.A.T.P. - 6000000 SIGNATURE AND RANK OF C.O. W. James F.O. DATE 12-10-40  
 (IN WORDS) For Commanding Officer, No. 2 Manning Depot, Brandon, Man.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
				CERTIFIED NO FURTHER ENTRY	<i>C. Compton</i>				
				CERTIFIED NO ENTRY.	<i>W.F.E.</i>	<i>P/O A/Adj</i>		<i>7/10 for 7/81 Adj. 3 P.R.C.</i>	<i>27 JUL 1941</i>
				CERTIFIED NO ENTRY.		<b>MORETON IN MARCH</b>		<b>R.A.F.</b>	<i>14.7.41</i>
				<b>CERTIFIED NO ENTRY.</b> <i>certified no entry</i>	<i>W.S. Jones</i>		<i>5/L. Adj't. 405 (RCAF) Sqdn.</i>		<i>Packington 28/4/41</i>
				CERTIFIED NO FURTHER ENTRY	<i>W.S. Jones</i>		<i>Squadron H.C. Macbride</i>		<i>11-1-42</i>
				CERTIFIED NO ENTRY	<i>W.S. Jones</i>	<i>P/O NO 53 OPERATIONAL TRAINING UNIT</i>			<i>9.4.42</i>
					<i>W.S. Jones</i>	<i>(H.R. YEANDLE) Flying Officer, Adjutant, No. 402 Sqdn.</i>			<i>18.9.42.</i>
				To be carried over					

Brought forward



# ROYAL CANADIAN AIR FORCE

## CERTIFICATE OF THE SERVICE AND DISCHARGE OF

The corner of this Certificate to be cut off if the man is discharged with a "Bad" Character or with disgrace, or if specially directed by N.D.H.Q.

NAME GUAY, Jos. Jacques Alfred OFFICIAL NO. R 55 551  
(in full, Surname first)

(1) DATE OF BIRTH 25-11-1920 AGE ON ENTRY INTO R.C.A.F. 19 years 310 days.  
 PLACE OF BIRTH (Parish) St Jean Baptiste (Town and County) Quebec City  
 OCCUPATION IN CIVIL LIFE Student  
 TRADE IN ROYAL CANADIAN AIR FORCE (Pilot or Observer)  
 RELIGIOUS DENOMINATION P.C.  
 SIGNATURE ON TRANSFER TO THE RESERVE OR DISCHARGE.....

(2) CURRENT ENGAGEMENT IN R.C.A.F.:-

(a) State whether in Perm. or A.A.A.F.  
 R.C.A.F. Special Reserve

(b) Period

Date current engagement commenced	Age at that date	Terms of Enlistment
<u>30.9.40</u>	<u>19</u>	<u>Duration of war</u>

(c) Date of actual entry into { years Perm. R.C.A.F. Service  
 years A.A.A. Force Service

(d) Period re-engaged for.....

(3) PRIOR ENGAGEMENT IN H.M. FORCES

Service (Navy, Army, R.A.F., C.A.F., A.A.A.F. or R.C.A.F.)	Period		Rank on Discharge
	From	To	
<u>N.A.</u>	<u>—</u>	<u>—</u>	<u>—</u>

(4) NAME, ADDRESS and RELATIONSHIP of person to be informed of casualties (to be entered in pencil). 30  
Brother) Mr CH Guay, 195 St Cyrille St Quebec P.Q.

PARTICULARS AS TO MARRIAGE

(5) Full Christian Names and Surname of Woman and whether Spinster or Widow	Place and Date of Marriage	Present Address of Wife	No. and Date of C.F. Promulgating	Initials of Officer verifying entry

(6) DESCRIPTION OF PERSON	Height		Chest Inches	Colour of			Marks, Wounds or Scars
	Feet	Inches		Hair	Eyes	Complexion	
On entry as a boy.....							<u>Scar forehead 1920 - Medication for unguinal hernia and right knee (Scar) Scar above left eye.</u>
On mustering as a man at age of 18 years Or on entry at 18 years or over.....	<u>5</u>	<u>8 1/2</u>	<u>33</u>	<u>Black</u>	<u>Brown</u>		
On extension of service.....							
On re-engagement.....							
Further description if necessary.....							

DISCHARGE PARTICULARS:-

Date..... Address on Discharge.....  
 Total Service { towards engagement.....(years).....(days)  
 towards pension.....(years).....(days)

DRD 35/40	No 6 SFTS Pines Abund	No. 4 SFTS Saskatoon	3/1/41	DRD 4/41
DRD 67/41	#4 SFTS Saskatoon	8 Depot Oshawa	27-3-41	" 40
DRD 47	Delort, N.S. Canada	D. S. 3 PRP OK	5-4-41 20.4.41	19/41
21/41		21 OTU	26.4.41	
10 <sup>3</sup> /41		405 Sqdn	11.7.41	10
		1 Depot (Super = NE)	29.11.41	54/156/41
3		58 OTU	23.12.41	
17/41	53 OTU	1 Depot N.E.	11-1-42	17/42 (8)
	405 Sqdn	53 OTU	15.1.42	6/42 (8)
65/42 (14)	1 Utteridge	58 OTU	23.12.41	
	53 OTU	402 Sqdn	15.4.42	25/42 (13/22)
25/42 (1/2)	402 Sqdn	Robert Kirby	11.5.42	

(9) PROMOTIONS, REDUCTIONS, REMUSTERINGS

Authority	Description	Date of effect
M. O.		
R. 13.	Pilot 570:	30-9-40
DRD 118	LAC	4-11-40
DRD 59/41	Sgt. (Lempka)	17-3-41
53 OTU 24/42	Prom. T/F/sgt	1-10-41
53 OTU <sup>29/21</sup> <sub>63/42</sub>	Appntd. A/WO (pd)	1-4-42



Type of Air-Craft	DAY				NIGHT			INST. Fly- ing	Form- ation Flying	Link Trainer
	DUAL	2nd Pilot.	SOLO	Crew Trg.	DUAL	2nd Pilot	SOLO			
Previous Flying	68.45	87.25	76.45	-	4.30	82.05	11.15	53.00	14.00	34.00
At OTU	6.40	-	30.10	-	-	-	-	.50	6.50	5.30
TOTAL	74.25	87.25	106.55	-	4.30	82.05	11.15	53.50	20.30	39.30

FLYING APTITUDE (On conclusion of Course)

	Ex.	A/A	A.	B/A	Poor
1. Natural Aptitude.....			X		
2. Skill in Landing.....				X	
3. Airmanship.....			X		
4. Aerobatics & Dog Fighting.....			X		
5. Cockpit Drill.....			X		
6. Instrument Flying.....			X		
7. Formation Flying.....			X		
8. Map Reading.....			X		
10. Air Firing.....			X		

DISTINCTIVE QUALITIES

	Ex.	A/A	A.	B/A	Poor
1. <u>PERSISTENCE</u> (Does he keep on trying or is he easily discouraged)			X		
2. <u>SENSE OF RESPONSIBILITY</u> (Has he common-sense, or over-confident)			X		
3. <u>ENDURANCE</u> (Does he put up a consistently satisfactory performance under strain)			X		
4. <u>LEADERSHIP</u> (Has he taken the lead in any activities)			X		
5. <u>METHOD</u> (Does he work systematically to a plan)			X		
6. <u>DELIBERATION</u> (Does he act decisively for reasons, or on impulse)			X		
7. <u>INITIATIVE</u> (Does he want to try things on his own)			X		
8. <u>DASH</u> (Is he quick & decisive in action)			X		
9. <u>DISTRIBUTION OF ATTENTION</u> (Does he find it difficult to do more than one thing at a time)			X		
10. <u>SELF-CONTROL</u> (Does he get flustered)			X		
11. <u>GENERAL ASSESSMENT</u> (Suitability as Operational Pilot)			X		

Exercises not carried out:.....  
 Number of rounds fired (i) Air to Air..... 1,600..... (ii) Air to Ground..... 800.....  
GENERAL REMARKS (If any required)

Average ability as a pilot. Rather slow to learn and his landings need improvement.

Date..... 4.4.42..... Signature..... B. P. Sanovan..... W/Cdr. Training Wing No. 53. O.T.U.

INSTRUCTIONS ON REVERSE SIDE

*Baker 23hr*

PUPIL'S TEST CARD

R.C.A.F. T. 44  
10M-9-39 (1887)  
H.Q. 1062-13-42

Pupil: *Quay*  
Flying Club:  
Date: *4/12/40*

Weather: *clear smooth*

Test: *20hr*  
Marks: *113*  
Percentage Basis: *70%*

TAXYING  
Use of Throttle *good*  
Use of Controls *not*  
Ground Speed *good*  
Airmanship *fair*

15

STEEP TURNS  
Throttle *yes*  
Height *-350'*  
Skid *no*  
Slip *no*  
Bank *OK*

10

FORCED LANDING  
Field *OK*  
Method *good*  
Airspeed *varying*  
Turns *fair*  
Undershooting ✓  
Overshooting ✓  
Landing ✓

45

TAKING-OFF  
Clear Ahead *yes*  
Cockpit *fair*  
Pump handling *yes*  
Direction *not stalled off point of*  
Other Faults *took off wing*

20

GLIDING TURNS  
Airspeed *varying*  
Degree of Bank *OK*  
Holding off Bank *no*

10

Remarks on Forced Landings  
*39' out of wind on both landings with smoke two fields over as guard.*

LANDING  
Height and Distance *good*  
Gliding Speed *slow near ground*  
Pump handling *slight*  
Drift *yes*  
Wheel or Tail *upset*  
Heavy *slightly*  
Lateral Level

25

SIDESLIPPING  
Going In  
Airspeed  
Angle of Bank  
Line  
Coming Out

15

*NA*

CLIMBING TURNS *didn't look*  
Throttle ✓  
Bank ✓

10

SPINNING  
Going In *OK*  
Staying In *OK*  
Coming Out *rough*

15

MEDIUM TURNS  
Height *OK*  
Airspeed *varying*  
Skid *no*  
Slip *no*  
Bank *OK*

10

AEROBATICS  
Loop  
Half Roll  
Slow Roll

5

10

10

GENERAL REMARKS ON TEST  
  
*D B Gardner F/O*  
R.C.A.F. EXAMINING OFFICER  
UNIT: *#6 E.F.T.S.*

## INSTRUCTIONS COVERING TEST CARD

---

1. Record name of pupil in **BLOCK LETTERS**  
Thus: "P.O. (P) JONES, H.M."
2. All data on the card heading must be filled in and the card signed by the R. C. A. F. Examining Officer.
3. Indelible pencil will be used.
4. A pupil at the beginning of the test is to be considered capable of doing each manoeuvre correctly. For each mistake one or more marks will be deducted and the balance entered into the second column opposite the manoeuvre under test, e.g., if a pupil is very rough with the throttle in taxiing write "Very Rough — 3", after "Use of Throttle". The balance of marks will then be "12".
- 5 **DISPOSITION**
  - (a) 20 and 50 hour test—Two copies of each forwarded to Officer Commanding, Air Command:
    - (i) Original to be placed on pupil's file.
    - (ii) Duplicate to be forwarded direct to Officer Commanding, Camp Borden, on completion of elementary training.
  - (b) Progress Test—Two copies forwarded to Officer Commanding, Air Command:
    - (i) Original to be placed on pupil's file.
    - (ii) Duplicate to be forwarded direct to Officer Commanding, Camp Borden, on completion of elementary training, if test is successful.
    - (iii) Duplicate to be forwarded to Air Force Headquarters, if test is unsuccessful.
  - (c) If the training of an R.C.A.F. pupil on the 20 or 50 hour test is recommended to be discontinued, two copies will be made and forwarded to Officer Commanding, Air Command:
    - (i) Original to be placed on pupil's file.
    - (ii) Duplicate to be forwarded to Air Force Headquarters.

## INSTRUCTIONS ON REVERSE SIDE

Pupil: *Guay*  
 Flying Club: *6 E F T S*  
 Date: *14/12/40*

*Sgt Boffa*  
*46 35*

Weather: *clear*  
*wind S*

## PUPIL'S TEST CARD

Test: *50h*  
 Marks: *150*  
 Percentage Basis: *75*

R.C.A.F. T. 44  
 18M-3-40 (4300)  
 H.Q. 1062-13-42

## TAXYING

Use of Throttle ✓  
 Use of Controls ✓  
 Ground Speed ✓  
 Airmanship *poor takes too draught*  
*does not watch A/C on air*

15

## STEEP TURNS

Throttle  
 Height  
 Skid  
 Slip  
 Bank

7

15

## FORCED LANDING

Field *poor*  
 Method *OK*  
 Airspeed *high*  
 Turns  
 Undershooting  
 Overshooting  
 Landing

15

45

## TAKING-OFF

Clear Ahead  
 Cockpit *poor*  
 Pumphandling  
 Direction  
 Other Faults *tail high*

20

## GLIDING TURNS

Airspeed *high slip*  
 Degree of Bank  
 Holding off Bank

15

10

## SIDESLIPPING

Going In  
 Airspeed *high*  
 Angle of Bank  
 Line  
 Coming Out

25

15

## Remarks on Forced Landings

*did not repeat open hood*  
*look for trouble, cut switches*  
*did not warm engine*

## LANDING

Height and Distance  
 Gliding Speed  
 Pumphandling  
 Drift  
 Wheel or Tail *wheel*  
 Heavy  
 Lateral Level

10

6

## GENERAL REMARKS ON TEST

*fighter preference*  
*slight on controls*  
*gliding poor A/C high*  
*S/S poor*  
*circuits poor*

## CLIMBING TURNS

Throttle  
 Bank

10

10

## AEROBATICS

Loop *slight*  
 Half Roll  
 Slow Roll *off line*

15

13

## MEDIUM TURNS

Height  
 Airspeed  
 Skid  
 Slip  
 Bank

10

10

5

4

10

8

10

7

R.C.A.F. EXAMINING OFFICER

UNIT

*6 E F T S*

## INSTRUCTIONS COVERING TEST CARD

---

1. Record name of pupil in **BLOCK LETTERS**  
Thus: "P.O. (P) JONES, H.M."
2. All data on the card heading must be filled in and the card signed by the R. C. A. F. Examining Officer.
3. Indelible pencil will be used.
4. A pupil at the beginning of the test is to be considered capable of doing each manoeuvre correctly. For each mistake one or more marks will be deducted and the balance entered into the second column opposite the manoeuvre under test, e.g., if a pupil is very rough with the throttle in taxiing write "Very Rough — 3", after "Use of Throttle". The balance of marks will then be "12".
5. **DISPOSITION**
  - (a) 20 and 50 hour test—Two copies of each forwarded to Officer Commanding, Air Command:
    - (i) Original to be placed on pupil's file.
    - (ii) Duplicate to be forwarded to unit to which pupil is proceeding at completion of Elementary Training.
  - (b) Progress Test—Two copies forwarded to Officer Commanding, Air Command:
    - (i) Original to be placed on pupil's file.
    - (ii) Duplicate to be forwarded to unit to which pupil is proceeding at completion of Elementary Training.
    - (iii) Duplicate to be forwarded to Air Force Headquarters, if test is unsuccessful.
  - (c) If the training of an R.C.A.F. pupil on the 20 or 50 hour test is recommended to be discontinued, two copies will be made and forwarded to Officer Commanding, Air Command:
    - (i) Original to be placed on pupil's file.
    - (ii) Duplicate to be forwarded to Air Force Headquarters.



PUPIL *Sway*  
FLYING CLUB *6 EFTS*  
DATE *14/12/40*WEATHER *clear*  
*wind 5*

INSTRUMENT FLYING TEST

MARKS *79%*

—	POSSIBLE	LATERAL ERRORS	LONGITUDINAL ERRORS	OBT'D
CLIMBING.....	10	<i>swings R</i>		<i>7</i>
CHANGE TO LEVEL FLIGHT.....	5	<i>swings R</i>		<i>4</i>
GLIDE.....	10	<i>swings L</i>	<i>speed high</i>	<i>6</i>
CHANGE TO LEVEL FLIGHT.....	5	<i>swings R</i>		<i>3</i>
STRAIGHT AND LEVEL FLYING.....	10	<i>✓</i>	<i>✓</i>	<i>8</i>
TURNS ON LEVEL.....	10	<i>✓</i>	<i>✓</i>	<i>10</i>
RECOVERY.....	5	<i>✓</i>	<i>✓</i>	<i>5</i>
CLIMBING TURNS.....	10	<i>✓</i>	<i>✓</i>	<i>10</i>
RECOVERY.....	5	<i>swings opposite</i>	<i>✓</i>	<i>4</i>
GLIDING TURNS.....	10			<i>7</i>
RECOVERY.....	5	<i>swings R</i>		<i>3</i>
TOTAL	85		TOTAL	<i>67</i>

REMARKS:

*B.P. Bouchie F/lt*  
R.C.A.F. EXAMINING OFFICER  
UNIT *#6 EFTS*

## INSTRUCTIONS COVERING TEST CARD

---

1. Record name of pupil in **BLOCK LETTERS**  
Thus: "P.O.(P) JONES, H.M."
2. All data on the card heading must be filled in and the card signed by the R. C. A. F. Examining Officer.
3. Indelible pencil will be used.
4. A pupil at the beginning of the test is to be considered capable of doing each manoeuvre correctly. For each mistake one or more marks will be deducted and the balance entered in the column "Obtained" opposite the manoeuvre under test, e.g., if a pupil, while climbing, has his left wing down and the airspeed is varying write "Left Wing Down—1" under "Lateral Errors." "Air-speed Varying 10 m.p.h.—3" under "Longitudinal Errors." The balance of marks will then be "6".
5. **DISPOSITION**  
Copies to be attached to "50 hour" test cards (R.C.A.F. T. 44) and disposed of in the same manner as the "50 hour" test card.



FROM

TO

DESCRIPTION OF  
LEAVE--ANNUAL RE-  
ENGAGEMENT, ETC.

FROM

TO

DESCRIPTION OF  
LEAVE--ANNUAL RE-  
ENGAGEMENT, ETC.

APPROXIMATE DATE DUE FOR:—

AWARD OF L.S. OR G.C. MEDAL

INCREASED RATE OF PAY

DISCHARGE



### INSTRUCTIONS

1. The report is to be forwarded so as to arrive on or before the reporting date of the pupil as follows:—

#### ORIGINAL AND DUPLICATE

- From Initial Training School to Elementary Flying Training School (or Flying Club)
- From Elementary Flying Training School (or Flying Club) to Intermediate Training Squadron (Service Flying Training School)
- From Intermediate Training Squadron to Advanced Training Squadron.

#### DUPLICATE

To be available on demand by the Training Command concerned.

- 2. On completion of Advanced Training, the duplicate is to be forwarded to Air Force Headquarters through Command Headquarters and the original placed on the pupil's personal file.
- 3. In the event of discontinuance of training at any stage: one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.
- 4. A pupil pilot will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each subject, each stage.

#### PART I

#### INITIAL TRAINING

1. No. 2 Initial Training School. Course No. 8 From Oct 14 To Oct 31

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	61	Drill.....	100	59
Armament (P & O).....	100	66	Law and Disc., etc.....	100	59
Visual L. Tr.....	100	A	<b>TOTAL.....</b>	<b>500</b>	<b>245</b>

3. Maximum Marks ~~500~~ 400 Marks Obtained 245 Percentage 61 Passed or Failed P

Position in Class 25th group No. in Pilot's Class 105

4. Remarks.....

*A little nervous and high strung but has plenty of zip.*

Alternative Gunner

*[Signature]*  
Commanding Officer Wg. Comdr.

No. 2 I.T.S. Regina

To be passed to No. 6 E.F.T.S.

Date October 31, 1940

PART II  
ELEMENTARY TRAINING

1. No. 6 Elementary Flying Training School. Course No. 11 From 5/11/40 To 23/12/40.

FLYING TRAINING

2. Flying Time:—

Aircraft	Dual	Solo	Passenger	Total	Link Trainer
Tiger Moth	25:45	31:15	NIL	57:00	5:00

3. Results of Flying Tests:—20 hour 70 % 50 hour 75 % Instr. Fly 79 %

4. Ability as a Pilot Average Pass or Fail Pass

5. Recommended for training on T.E. or S.E. Aircraft S.E.

6. Remarks on Flying Progress and points which require special consideration

Landings, forced landings, sideslips and precautionary landings weak.

*B. J. Bouchier S/C*  
Chief Flying Instructor

Date December 20th, 1940.

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	<u>140</u>	Th. of Flight.....	100	<u>135</u>
Airframes.....	200	<u>171</u>	Air Nav.....	200	<u>193</u>
Aero Engines.....	200	<u>148</u>	Arm. (Oral).....	200	<u>140</u>
Signals (Prac.).....	50	<u>46</u>	Quals. as an { Officer N.C.O. ....	200	

Maximum Marks 1350. Marks Obtained 973 Percentage 78 Pass or Fail Pass

Position in Class 22 No. in Class 33

8. Commissioned Rank (appears suitable or unsuitable) Unsuitable

9. General Remarks (Ability, Conduct, etc.) Fr. Can. with poor command of English;

otherwise average, steady type. Hard worker.

*B. J. Bouchier* Squadron Leader  
Commanding Officer

No. 6 E.F.T.S. Prince Albert, Sask.

To be passed to No. 4 S.F.T.S.

Date January 3rd, 1940.

**PART III  
INTERMEDIATE TRAINING**

1. No. <sup>4</sup> S.F.T.S. Course No. <sup>17</sup> From Jan. 4/41 To March 17/41

2. Flying Time:— **FLYING TRAINING**

Aircraft	S.E. Aircraft				T.E. Aircraft				Passenger	Link Trainer
	Day		Night		Day		Night			
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo		
Harvard	4.20	.55								
Anson					31.55	31.35	3.45	6.25	9.25	20.00
Total										
Brought Forward	25.45	31.15								5.00
Grand Totals	30.05	32.10			31.55	31.35	3.45	6.25	9.25	25.00

3. Qualities as a Pilot, 450. Marks obtained 315

4. Remarks on Flying Progress, Navigation, and points which require special consideration

Average ability. No faults.

*A.D. Bell-Irving*  
Chief Flying Instructor  
A.D. Bell-Irving, Group Captain.  
Date 23.3.41.

5. **GROUND TRAINING**

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200	131	Air Nav.	200	139
Armament (W.)	100	62	Signals	150	115
Armament (P)	100	65	TOTAL	550	511

6. Remarks of C.G.I. Average student. Hard worker.

*J. Hurwood*  
Chief Ground Instructor S/L

Date 20-3-41

7. Qualities as an ~~Officer~~ <sup>Officer</sup> (Marks possible) 700 Marks Obtained N.A.

8. Total Assessment <sup>1200</sup> ~~1550~~ Mark Obtained 826 Percentage 68.83 Pass or Fail Pass

9. Position in Class 32 No. in Class 52

10. Commissioned Rank (appears suitable or unsuitable) Unsuitable.

11. General Remarks Poor command of English, but is keen and eager.

Recommended Fighter.

Certified that pupil pilot has passed all tests required for Pilot's Flying Badge, as laid down by A.O. A. 51/2. Yes.  
(Yes or No)

*[Signature]*  
S/L Squadron Leader  
Officer Commanding  
No. 4 S.F.T.S. R.C.A.F. See S.F.T.S. Sketchbook

12. Awarded Pilot's Flying Badge.

Date 23-3-41 17.3.41.

Officer Commanding

Date



## R.A.F.—TRAINING REPORT

PILOTNo. 23 OPERATION TRAINING UNIT

Christian  
 1. Surname GUAY Names JOSEPH ALFRED JACQUES  
 2. Number R.55551 3. Rank W/O 4. Course No. 47  
 Posted 6. Date course com- 7. Date course 8. Posted  
 to 23 O.T.U. menced 3.11.42. ended 4.2.43 to 1659 Con.Unit

## 9. Ground Examinations

Subject	Marks Allotted	Marks Obtained
(a) Airmanship ... ..	300	215
(b) Armament ... ..	300	Sat
(c) Meteorology ... ..	100	Sat
(d) Navigation ... ..	200	150
(e) Signals ... ..	100	59
Total ... ..	1,000	
PER CENT.		

## 10. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying ... ..	400	300
(b) Applied Flying ... ..	200	150
(c) Instrument Flying ... ..	250	200
(d) Night Flying ... ..	100	80
(e) Link Trainer ... ..	50	30
Total ... ..	1,000	760
PER CENT.		76

11. Assessment of qualities of Character and Leadership ... ..	Marks Allotted	Marks Obtained
	100	60

## 12. Remarks :

This pilot seemed indifferent and difficult under training, probably because of previous O.T.U. and operational experience on Wellingtons and Spitfires. He needs constant watching, and although he can fly well, his flying during the course has been nothing more than average. His ability as a captain was not outstanding. He has completed 7 operations as 2nd Pilot on Wellington II's and 6 scrambles on Spitfires.

Date 6.2.1943.Signed J.A.Roncoroni W/Cdr.  
Officer Commanding.

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instru-ment	Link Trainer
Wellington III	Day ...	2.55	17.00	27.10	-	-	4.30	15.05
	Night...	2.20	11.05	28.15				

14. Flying Accidents.—All flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in "None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. "Taxying", "Heavy Landing", "Over-shooting", etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
			N O N E				

\* Column (6) above : " R.U." —Repairable at Unit.  
" R.X.U." —Repairable away from Unit.  
" W.O." —Write off.

	Attempts	Results
I.R. Practices	8	5

Night Photography

No. of bombs dropped as pilot..... Day...40.....Night...32.....  
 Average error of all bombing exercises Day.....Night.....  
 Exercises not carried out.. ..None.....  
 Whether recommended for four engined aircraft.....<sup>A</sup>.....  
 (Assessment A.B.C.).  
 Whether recommended for Commission.....<sup>No</sup>.....

# ROYAL AIR FORCE

## AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. P. 55551 Name Guay J.J.A. Rank W/O  
 (In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Pilot Special Qualifications.....  
 (e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth..... Religion..... Occupation in Civil Life.....

Last Enlisted..... Current Engagement.....

If a member of the Auxiliary Air Force.....

If Reservist, which Class ("E," "F," V.R.)..... Whether Married, Single, or Widower.....

Name, address and relationship of legal next of kin (to be entered in pencil):

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).

(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

SECTION 1.—MOVEMENTS AND CASUALTIES.

SECTION 2.—  
 PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID),  
 REDUCTIONS, REMUSTERINGS.

Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
<del>254 (15)</del>	<del>55 O.T.U.</del>	<del>Posting to 55 O.T.U.</del>		<del>O.T.U. is cancelled by (35/43) (3/4/43)</del>	
<del>42 (81)</del>	23 O.T.U.	1-11-42			
<del>27/43 (33/42)</del>	23 O.T.U.	20.2.43			
<del>33/43</del>	1659 C.U.	25-3-43			
	408 sqnd.				
Smising	408 SQD	16-4-43			

SECTION 3.—GOOD CONDUCT BADGES.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

\* The authority to be quoted will be the serial number of the relevant P.O.R.





# ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45  
40M-8-40 (6022)  
H.Q. 1062-2-128

## Individual Record of Flying

RANK L.A.C.

No. R55551

NAME GUAY J.J.A.

UNIT	Month ending	SINGLE-ENGINE AIRCRAFT									MULTI-ENGINE AIRCRAFT						CREW DUTIES						Passenger	TOTAL	
		DAY			NIGHT			DAY			NIGHT			Observer		Air Gunner		Other							
		Captain of Aircraft	2nd Pilot	Dual	Captain of Aircraft	2nd Pilot	Dual	Captain of Aircraft	2nd Pilot	Dual	Captain of Aircraft	2nd Pilot	Dual	Observer	Air Gunner	Other	Passenger								
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)							
Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins			
#6 E.F.T.S.	1/19/40	6	05	13		25														19:30					
"	22/12/40	19	40	17		50														57:00					
#4 S.F.T.S.		<i>[Signature]</i> Commanding No. 2 Squadron Saskatoon, Saskatchewan																							
PERIOD		55		42					31	55	6	25	345						9:25		88:20				
Ending Month		<i>Total:</i>																		145:20					

*[Signature]*  
Sgt. Bouchier Sgd/ldr.  
CHIEF SUPERVISORY OFFICER  
NO. 6. E.F.T.S., PRINCE ALBERT



ROYAL CANADIAN AIR FORCE

VERIFICATION OF DECORATIONS AND AWARDS

No R55551 Rank AC2 Name GUAY, Joseph Jacques Alfred

The above stated airman is shown on his Record of Service Form R.C.A.F. R.44 as entitled to the following:

1. Nil
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

The medals have been inspected by me personally and the following state is reported:

<u>In Possession</u>	<u>Missing</u>
1. <u>Nil</u>	1. <u>Nil</u>
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

The explanations offered by the airman regarding the medals shown above as missing are as follows:

No. 2 Manning Depot, Brandon, Man.  
UNIT

11-10-40  
DATE

*R. W. James F.O.*  
Inspecting Officer  
Commanding Officer  
No. 2 Manning Depot,  
Brandon, Manitoba.

5



— PLEASE KEEP THIS BILL FOR REFERENCE —

Bought of

Date, March 17 1941

M 5551

Address L.A. 6

Q. H. Gray

owns one dollar and  
gift (1  $\frac{50}{100}$ )

mess fees for  
Feb and March

Lozano Paul

47

Substitute Form 64.

NO. *TR 55551.*

Name *GUAY. J.S.A.*

Rank *w/o*

Trade *Pilot.*

Gross R.O. <sup>B</sup> incl W.P.	Allotments.		Nett. Rate
	Q.	V.	
<i>17/-</i>	<i>NIL</i>	<i>NIL</i>	<i>17/-</i> <i>Seventeen shillings</i>

Certified paid up to and incl. *7<sup>th</sup> 8/42*

*7<sup>th</sup> August 1942*

*E.L.E. Whitehead*  
Accountant Officer

R.A.F. Station, Ta Kalli  
Malta.

11<sup>8</sup>/<sub>42</sub> 154 — M.D. Lyons P/o.

14<sup>8</sup>/<sub>42</sub> 152. A.V. M. S.

28/8/42 \$12.00 R.B. Beck P/o.

7<sup>9</sup>/<sub>42</sub> 158 — [Signature] P/o.

14<sup>9</sup>/<sub>42</sub> 156 — [Signature] P/o.

21<sup>9</sup>/<sub>42</sub> 156 — [Signature] P/o.

28<sup>9</sup>/<sub>42</sub> 156 — [Signature] P/o.

29<sup>9</sup>/<sub>42</sub> 157.50 (includes \$10.00 advance) [Signature] P/o.

5<sup>7</sup>/<sub>42</sub> 15AA(627) 7-5-18 P/o.

54.80  
1.40

# AIRMAN'S PAY BOOK

Surname GUAY

Christian Names J J A

No. R. 55551

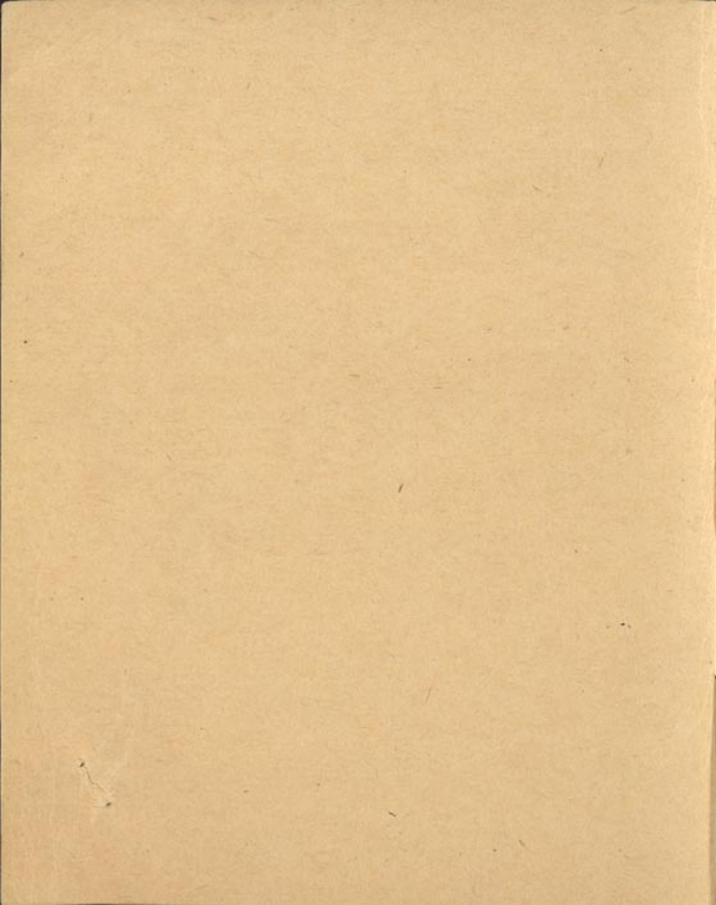
Rank WO

Group I

Trade Classification PILOT

Date of Attestation .....

Date of Reporting for Duty.....





4

**DAILY RATES**  
Promotions, Reductions, Reclassifications and

RATES OF				TOTAL	Deduct Voluntary Allotment Compulsory Allotment Compulsory Stoppage	Net Rate to be issued	
Substantive Pay including Progressive Pay	Good Conduct Pay	Qualification Pay				Figures	Words
16/6. <del>17/6</del>		WSP		17/6	nil	17/6	Seventeen shillings sixpence
		1/-					

Temporary emoluments, e.g., Air Gunners Pay, Crew Pay, etc., etc., should be shown on page 3, not on pages 4 and 5.

5

**OF PAY.**  
Remusterings, and Alterations in Allotment.

Date from which NET RATE OF PAY is issuable	* Reason for changes in Net Rate (e.g., Promotions, Reductions, Alterations in Allotments, etc.)	Officer's Signature, Station and Date
/	Temporary Pay Book	SPDC

\* In addition to the above record, the Officer making the entry will write across the columns for cash payments the nature of the casualty and the amended net rate of pay. He will also record in the same places all sentences of imprisonment and special stoppages, attesting such entries by his signature.

Signature of Airman.....

Book opens on.....19 . (For the Net Daily Rate of Pay see pages 4 and 5, and Note on page 5.)

If the Airman was in debt on the above date, the amount to be recovered from the next pay due to him should be stated.

Debt £.....s.....

.....O.C. Unit, &c.

### Cash Payments.

Date	Place (If on active service enter "Field.")	Amount (State Currency,)	Signature and Unit of Officer.
10.10.42	—	£20	<i>P. H. Dennis</i> 400

Total Cash payments to date

When an Airman serving overseas is granted leave to England, an entry stating period of furlough is to be made in second column (i.e., "Place" Column).



Signature of Airman.....

Date	Place (If on active service enter "Field ")	Amount (State Currency)	Signature and Unit of Officer
Total from last page ... ..			
Total Cash payments to date			

8

Total Cash payments to date			

6

When an Airman serving overseas is granted leave to England, an entry stating period of furlough is to be made in second column (i.e., "Place" Column).

Balances as notified by the { Base Accounts Office.\*  
Central Pay Office,

Date of Balance	Dr.			Cr.			Signature of Officer making entry
	£	s.	d.	£	s.	d.	

\* Delete as necessary.

1. Rank. W/O	2. Christian Names. J A	3. Surname. GUAY	4. Decorations.
-----------------	-------------------------------	---------------------	-----------------

5. Type and date of commission or engagement, if Airman Pilot.  Date of expiry.	7. Date of award of flying badge.  Date of qualification as service pilot, % marks, and whether failed, and re-examined. }	8. Types of service aircraft flown.  9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).
	7a. Qualifications, including any symbols; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.	
6. Branch or Trade. A/P		
10. Date of birth.	12. If married: Date.	
11. Religion.		

13. Medical classfn.	14. Date and place of last medical Exam.	15. *Date of last vaccination.	16. *Date of last inoculation. 1. T.A.B. 2. Cholera. 3. Plague.
----------------------	--	--------------------------------	--

9, 13-19 and 21 to be kept in pencil. \*To be inserted in unit copy only.

A. J. GUAY

17. Permanent Address.	18. Next of kin. Relationship and address.	19. Name and address of person to be notified in case of casualty.  Instead of _____ the Next of kin. *In addition to  *Delete as necessary.
------------------------	--	---

20. Periods in hospital, or sick quarters, or sick at home.	21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.
---	---



## SPECIAL INSTRUCTIONS FOR

### USE IN WAR:

1. On proceeding to a unit where System "C" (equipment accounting) is in operation, this card is to be handed for retention to the Officer or airman concerned.

2. It is to be retained by the individual to whom it is issued and produced on the occasion of all issues and returns of flying clothing. All issues are to be signed by the recipient and all returns by the equipment officer receiving the equipment. Exchanges of flying clothing are *not* to be recorded on the card.

3. In the event of an officer or an airman being unable to produce this card it will be assumed that his flying clothing has been completed to scale and subsequent issues will be on repayment.

4. Articles lost on active service through the exigencies of the campaign, or whilst actually flying, or destroyed in a flying accident, will be replaced free provided a certificate, signed by the officer commanding the unit in which the loss or damage occurred, is produced.

5. When an individual is restored to an establishment where the normal procedure is operating, this card is to be handed to the accountant officer.

F 887 actioned

Form 561 B.

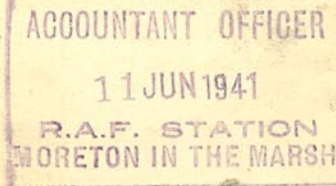
## ROYAL AIR FORCE

### FLYING CLOTHING CARD

NAME Guay J.J.A.

RANK 4/Sgt W/O. R 55551

Date of Issue  
and Unit Stamp.



Guay  
Signature of Accountant Officer

F/LL

I	ITEM.			ISSUES.			RETURNS.	
	Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
22c/165	Boots, flying, knee ... ..	1 pr.	31 <sup>5</sup> / <sub>41</sub>	4187	<i>J. A. Gray</i>	RV. 10535	2/12/41	
22c/50	Socks ... ..	1 pr.	"	"	<i>J. A. Gray</i>			
22c/65	Caps, flying ... ..	1	31 <sup>5</sup> / <sub>41</sub>	4186	<i>J. A. Gray</i>	RV 10535		
	Earpieces, Type B. ... ..							
	Ring, earpiece securing..							
	Caps, blank ... ..							
22c/60	Gauntlets, flying, left hand ...	1	31 <sup>5</sup> / <sub>41</sub>	4186	<i>J. A. Gray</i>	RV. 9534	F664B	
22c/61	" " right hand...	1	"	"	<i>J. A. Gray</i>			
22c/20	Linings, gauntlets ... ..	1 pr.	"	"	<i>J. A. Gray</i>	RV 10535		
22c/9	Gloves, silk ... ..	1 pr.	"	"	<i>J. A. Gray</i>	RV 9534	F664B	
22c/52	Suits, flying, Collars ... ..	1	"	"	<i>J. A. Gray</i>	RV. 10,535		
22c/53	" " Linings, inner ...	1	"	"	<i>J. A. Gray</i>	RV.		
22c/54	" " Suits, outer ...	1	"	"	<i>J. A. Gray</i>	10535.		

Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
22c/62	Goggles .. .. .	1 pr.	31 <sup>5</sup> / <sub>21</sub>	4186	J. A. Quay	R.V. 10 535	
	Glasses, tinted .. .. .						
	.. non-tinted .. .. .						
	Spectacles, anti-glare .. .. .						
	Respirators, complete .. .. .						
32c/285	Helmets, flying, Type B (Without Mask, Oxygen)	1	24 <sup>5</sup> / <sub>22</sub>	15290		Transferred	
6D 106	Masks, Oxygen, Type D .. .. .	1	23 <sup>6</sup> / <sub>21</sub>	14270	X J. A. Quay	14 9354	F604B
	Masks, Microphone, Type E .. (Non-oxygen)						
10A 10999	Masks, Microphone, Type E .. (Oxygen)	1	27 <sup>5</sup> / <sub>21</sub>	3050	J. A. Quay	X	
10A 8543	Receiver, telephone, head, Type C	TWO	27 <sup>5</sup> / <sub>21</sub>	3050	J. A. Quay	X	Transferred
	Pistol, revolver No. ....						
	Brushes, cleaning .. .. .						

## ITEM.

## ISSUES.

## RETURNS.

Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
	Pistol, automatic, '455. No. ....						
	Magazines, '455 ... ..						
	Brushes, cleaning ... ..						
	Rods, cleaning ... ..						
6D 101	Bayonet oxygen	1	27 <sup>5</sup> / <sub>21</sub>	3050	J. A. Gray	RV 10.535	Transferred
6D 80.	Tube oxygen	1	27 <sup>5</sup> / <sub>21</sub>	3050			
22C/ 67	PADS RUBBER	2	31 <sup>5</sup> / <sub>21</sub>	4187	J. A. Gray	RV 10.535	
22C/ 66	COVERS EAR	2	"	"	J. A. Gray	X	
22D/ 63	BOOTS RUBBER	1 pr.	"	"	J. A. Gray	RV 10.535	
317	SUITS T. JACKET	1	10/8/41	3148	J. A. Gray	RV 10.535	
325	" " TROUSERS	1	"	3148			
22C/ 67	Pads Rubber	2	24 <sup>1</sup> / <sub>21</sub>	152910	J. A. Gray	RV 10.535	Transferred
66	Covers Ear	2	---	15290			



Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
21c/68	Protectors Lace	2	24/4/42	15291	} transferred		
22B/77	Kit Bag	1	---	---			
100/10989	Microphone Type D	1	---	15283		X	
22c/215	Boots Flying	1 pr	---	15291	} transferred		
23c	locks Lures	1 pr	---	15291			
26c	Gauntlets L.H.	1	---	15290			
26c	-- R.H.	1	---	15290			
259	Gloves Silk	1 pr	---	---			
303	Suits Flying Lures	1	---	---			
360	" " Outer	1	---	---			
296	" " Collars	1	---	---			
111	Goggles	1 pr	---	---			
60/105	Masks Oxygen type D	1	---	15283			

5

ITEM.

ISSUES.

RETURNS.

Reference  
Number

Description

Quantity  
Issued

Date

I.V.  
NumberReceived by  
(Signature of Recipient)Date and  
R.V.  
NumberConfirmed by  
(Signature of Accountant Officer)

100/8543 Receivers Tele-head

1

24/4/62 15183

Transferred

# SPECIAL INSTRUCTIONS FOR

## USE IN WAR:

1. On proceeding to a unit where System "C" (equipment accounting) is in operation, this card is to be handed for retention to the officer or airman concerned.

2. It is to be retained by the individual to whom it is issued and produced on the occasion of all issues and returns of flying clothing. All issues are to be signed by the recipient and all returns by the equipment officer receiving the equipment. Exchanges of flying clothing are *not* to be recorded on the card.

3. In the event of an officer or an airman being unable to produce this card it will be assumed that his flying clothing has been completed to scale and subsequent issues will be on repayment.

4. Articles lost on active service through the exigencies of the campaign, or whilst actually flying, or destroyed in a flying accident, will be replaced free provided a certificate, signed by the officer commanding the unit in which the loss or damage occurred, is produced.

5. When an individual is restored to an establishment where the normal procedure is operating, this card is to be handed to the accountant officer.

NAME GUAY

RANK & No. SGT. R35551. A/O.

## ROYAL AIR FORCE FLYING CLOTHING CARD

Date of Issue  
and  
Unit Stamp



[Signature]  
Signature of Accountant Officer

I		ITEM.			ISSUES.		RETURNS.	
Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)	
890/225	Boots, flying, knee ... ..	1 pr.	24 <sup>3</sup> / <sub>42</sub>	15183				
234	Socks ... ..	1 pr.	"	15291				
	Caps, flying ... ..							
	Earpieces, Type B... ..							
	Ring, earpiece securing ...							
	Caps, blank ... ..							
890/264	Gauntlets, flying, left hand ...	1	24 <sup>2</sup> / <sub>42</sub>	15290				
264	" " right hand ...	1	"	15290				
	Linings, gauntlets ... ..							
890/259	Gloves, silk ... ..	1 pr.	24 <sup>2</sup> / <sub>42</sub>	15290				
296	Suits, flying, Collars ... ..	1	"	"				
303	" " Linings, inner ...	1	"	"				
360	" " Suits, outer ...	1	"	"				

Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
220/ 111	Goggles ... ..	1 pt.	24 <sup>2</sup> / <sub>42</sub>	15290	J.A.G.		
	Glasses, tinted ... ..						
	„ non-tinted ... ..						
	Spectacles, anti-glare ... ..						
	Respirators, complete ... ..						
220/ 1985 65	Helmets, flying, Type B. ... .. (Without Mask, Oxygen)	1	24 <sup>2</sup> / <sub>42</sub>	15290	J.A.G.		
105	Masks, Oxygen, Type D. ... ..	1	5/3/42	15830	J.A.G.	664B IV.617.	W. A. Adams F/O
	Masks, Microphone, Type E. ... .. (Non-Oxygen)						
105/ 10980	Masks, Microphone, Type E. ... .. (Oxygen)	1	24 <sup>5</sup> / <sub>41</sub>	3050			
20 8543	Receiver, telephone, head, Type C. ... ..	2	5/3/42	15830	J.A.G.	664B IV.617.	R. A. Adams F/O
	Pistol, revolver. No. ....						
	Brushes, cleaning ... ..						

Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
	Pistol, automatic, .455. No. ....						
	Magazines, .455 ... ..						
	Brushes, cleaning ... ..						
	Rods, cleaning ... ..						
250/67	Pads Rubber	2	24 <sup>2</sup> / <sub>42</sub>	15291	✓		
66	lovers Ear	2	"	15290	✓ J. P. G.		
68	protectors face	2.	"	15291	✓ J. P. G.		
228/77	kit Bag	1	"	"	✓ J. P. G.		
10989	microphone Type D	1	5/3/42	15830	✓ J. P. G.	6648 I.V. 617.	R.A. Adair P/O
60/105	Marks Oxygen	1	24 <sup>2</sup> / <sub>42</sub>	15185			
108/543	Receiver Tele Head	1	"	15183			
60/101	Bayonet Orion	1	27 <sup>5</sup> / <sub>41</sub>	3050			
60/80	Tube Oxygen	1	"	"			







Transferred to other 667B.

TEMPORARY

Raised in accordance with AMO A624/41

Substitute Form 667B

ROYAL AIR FORCE.

PARENT UNIT

FLYING CLOTHING

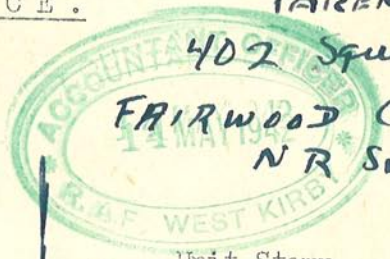
402 Squadron

Name.. GUY J.V.A.

RANK... W.O.....

NUMBER... R55551

~~AGT~~ 402 SQUA



Unit Stamp

*Hampson*

Acct. Officer.

ISSUES.

RETURNS.

Sec. & Refuse	Nomenclature.	Qty.	Vouch. No.	Date.	Signature.	Vouch. No.	Date.	Signature of A.O.
23/73.	Attachment Brace.							
76.	Braces, Right.							
75.	Braces, Left.							
89.	Carriers, W. Bottle.							
158/147 93	Parachute BAG	1	1172	12/5/42	<i>J. Guy</i>			
82.	Parachute BAG	1	1172					
83.	Holster, Pistol.							
91.	Lanyard, Pistol.							
101.	Pouch, Ammunition.							
172.	Belt, Waist.							
102.	Helmet, Steel.							
23B/1.	Cape, Anti-Gas.							
2.	Covers, Cap, A.G.							
12.	Curtains, Helmet.							
107B/1	REVOLVERS 894308	1	1179	12/5/42	<i>J. Guy</i>			
	Parachute.							

**ROYAL AIR FORCE.**

**AIRMAN'S SERVICE BOOK.**

**Instructions to Airman.**

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

2. You will **always carry the book** on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military, or air.

4. You **must not alter or make any entry** in the book, and disobedience of this order will be treated as a **serious offence**.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in Royal Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

6. If an airman wishes to make a short will (for specimens see p. 7) he should do so on p. 8. It must be signed by him in the presence of two witnesses, **both** of whom must sign it in **his** and in **one another's** presence; but if the will is made by an airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

It is also desirable that he should name a person to act as executor.

Official No. B5551 Surname GUAYChristian Names in full JOSEPH ALBERTDate of Birth 28/11/20 Religion RCOccupation in Civil Life —Married or Widower (M), or Single (S) S.Date of (a) Attestation 30/9/40.(b) Calling Up, Mobilisation, or Embodiment } 30/9/40.Terms of Service DupleSignature of Airman [Signature]Name, Address, and Relationship of Person to be informed of casualties— BROTHER.MR. E. H. GUAY.145. ST CYRILLE.QUEBEC.Signature and Rank of Officer at time of making entries } [Signature]Date of making Entries 1/10/40

## RANK AND R.A.F. TRADE.

Rank or Classification.	Date of Effect.	Authority.	Signature and Rank of the Officer making the Entry.

Trade.	Date of Effect.	Authority.	Signature & Rank of the Officer making the Entry.

## Medal, Claps, Decorations, Mentions.

Particulars.	Date and Authority.	Signature and Rank of Officer.



4

Leave granted with Free Railway Warrant.

From (date)	To (date)	Signature of Officer.

5

**MEDICAL CLASSIFICATION.**

Date.	Category.	T.M.B. or other medical authority.	Signature and Rank of M.O.

**PRESCRIPTION FOR SPECTACLES.**

Vision without glasses.	SPH	CYL	Axis Standard Notation.	Vision with glasses.	Opth. Centre.	Date of Exam.
					Frame No. (or Measurements).	Date of Issue.
						Optician's Initials

Signature of M.O. ....

**PROTECTIVE INOCULATION.**

Nature of "T.A.B.," Cholera, Plague, &c.	Date.	Signature and Rank of M.O.
ANN. T.A.B. 5 cc	28/8/42	W. Hall F/LT.
Vaccination.		
<b>BLOOD GROUP</b> (Moss).		

To be filled in when the airman is about to leave his unit to proceed on service overseas or afloat.

CERTIFIED that the equipment, clothing and necessaries of the undersigned airman are complete with the following exceptions:—

Date.....  
 .....  
 Signature of Airman.

Station.....  
 Countersigned.....  
 Officer Commanding.

### Short Form of Will.

(See instruction 6 on page 1.)

An airman may make his will on the next page. He must sign it in the presence of two witnesses, both of whom must sign it in his and in one another's presence, unless he is on active service or under orders for active service, in which case provided the will is in his own handwriting and signed by him and dated, it requires no witnesses. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

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

This is the last will and testament of Thomas Brown, A.C. 1, No. 1793, R.A.F. In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Brown, 999, High Street, Aldershot, and I appoint my father, Mr. W. Brown, as my executor. Dated this 1st day of August, 1918.

(Signed) THOMAS BROWN,

A.C. 1, No. 1793,  
 20th Squadron,  
 Royal Air Force.

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

This is the last will and testament of Thomas Brown, A.C. 1, No. 1793, R.A.F. In the event of my death I give £10 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give £5 to my sister, Miss Sarah Brown, 999, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 999, High Street, Aldershot; and I appoint my father, Mr. W. Brown, as my executor. Dated this 1st day of August, 1918.

(Signature) THOMAS BROWN,

A.C. 1, No. 1793,  
 20th Squadron,  
 Royal Air Force.

## SPECIAL INSTRUCTIONS FOR

### USE IN WAR:

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5. When an individual is restored to an establishment where the normal procedure is operating, this card is to be handed to the accountant officer.

*Temporary Card*

Form 667 B.

## ROYAL AIR FORCE

### FLYING CLOTHING CARD

NAME..... *Gray* .....

RANK..... *3 Sgt* *W.O.* .....

Date of Issue  
and Unit Stamp.



.....  
Signature of Accountant Officer

I		ISSUES.			RETURNS.		
Reference Number	Description	Quantity Issued <sup>1</sup>	Date <sup>r</sup>	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
	Boots, flying, knee ... ..						
	Socks ... ..						
	Caps, flying ... ..						
	Earpieces, Type B. ...						
	Ring, earpiece securing...						
	Caps, blank ... ..						
	Gauntlets, flying, left hand ...						
	„ „ right hand...						
	Linings, gauntlets ... ..						
	Gloves, silk ... ..						
296/ 302	Suits, flying, Collars ... ..	1				2577 1.5.42	
53	„ „ Linings, inner ...	1				2577 1.5.42	
310	„ „ Suits, outer ...	1				2577 1.5.42	

Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
	Goggles .. .. .						
	Glasses, tinted .. .. .						
	„ non-tinted .. .. .						
	Spectacles, anti-glare .. .. .						
	Respirators, complete .. .. .						
	Helmets, flying, Type B (Without Mask, Oxygen) .. .. .						
	Masks, Oxygen, Type D .. .. .						
	Masks, Microphone, Type E .. .. . (Non-oxygen)						
	Masks, Microphone, Type E .. .. . (Oxygen)						
	Receiver, telephone, head, Type C .. .. .						
	Pistol, revolver No. ....						
	Brushes, cleaning .. .. .						



Reference Number	Description	Quantity Issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Accountant Officer)
	Pistol, automatic, .455. No. ....						
	Magazines, .455 ... ..						
	Brushes, cleaning ... ..						
	Rods, cleaning ... ..						
220 309	W anton's Rifle	1	10/4/22	2047	J. Gray.		
220 72	Stokes Rifle	1	"	2047			
220 73	Pade bayonet	1	"	2047			
220 74	Lucas Gas	1	"	2047			
220 74	Gas Cylinder	1	"	2047			
220 859	Helmet Flying type C	1	22/4/22	3262 2047	J. Gray.	2879	
220 55	" " "B	1				7.5.42	V/O
66	Bayonet Cat	1				2879	
67	Pade Rubber	1				7.5.42	
68	Protectors Gun	1				2879	

15  
199

Parachute

1  $\frac{12}{2} + 2$  T 1772

w/d

159  
70

Bag

1  $\frac{12}{5} + 2$  ---

w/d



SPECIAL RESERVE

R. C. A. F.

AIR CREW ENLISTMENT AGREEMENT.

1. I, the undersigned, do acknowledge that I have read, understand, and agree to the following conditions of Service in the event of my being accepted for enlistment in the Royal Canadian Air Force as. (Pilot or Observer).....

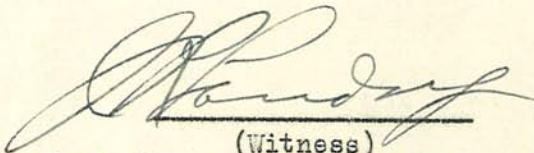
That I will be called upon to perform other than Air Crew duties until the R.C.A.F. is in a position to commence my training as such.

2. If at any time I am found unsuitable for further training in the above category, I understand that:

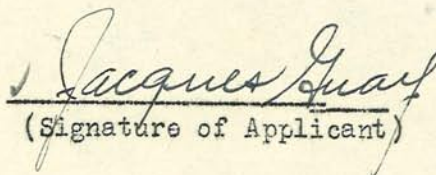
(i) I may be re-mustered to another Air Crew category for which I am found suitable.

or

(ii) If found unsuitable for any flying duties, I may be re-mustered for service in ground duties.



(Witness)  
(J.R. Landry) Flight Lieutenant.  
Commanding Officer  
RCAF Recruiting Centre. Quebec City.



(Signature of Applicant)

September 30th, 1940

(Date)

September 30th, 1940

(Date)

A.F.M.27

29-7-40

ROYAL CANADIAN AIR FORCE

SPECIAL RESERVE

INTERVIEW REPORT

SURNAME... GUAY
CHRISTIAN NAMES... Joseph Jacques Alfred
MARRIED... Single NO. OF CHILDREN...

AGE... 19
HEIGHT... 5'9 1/2"
WEIGHT... 150
ADMINISTRATION...
TECHNICAL...
EQUIP./ACCTS...
GEN. LIST...
PILOT... X
OBSERVER... X
W.O. AIR GUNNER...

EDUCATIONAL STANDING:- Number of years

High School... Technical... Commercial...

University (Name and dates of Attendance)... Universite...

Laval, Quebec, Senior Matriculation...

Standing other Countries...

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo... Dual...

Private " Solo... Dual... Passenger...

No. Hours & Types during last 2 yrs...

MILITARY AND OTHER TRAINING:-

C.O.T.C. Laval, Quebec from 1940 to now...

SPORTS:- (What branches)

Swimming, Football, Sof ball, Skiing, Hockey...

HOBBIES: ... Aeroplane Models...

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:-

Very nice type. Will make a very good Air Crew Pilot.

REFERENCES CHECKED--SATISFACTORY Yes.
--UNSATISFACTORY
NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK?... Yes...

BEST FITTED FOR... Pilot...

DATE 12-9-40 A.F.M.5

RECRUITING CENTRE QUEBEC

(J.R. Landry) Flight Lieutenant, Signature of Officer

APPROACH Confident... X Nervous... Easy... X

CARRIAGE Upright... Medium... X Athletic...

DRESS Neat... X Conservative... X Clean... X Careless...

PHYSIQUE Medium... X Heavy set... Slender...

SPEECH Clear... X Slow... Hesitant...

RESPONSE Quick... X Deliberate... Slow...

MANNER Alert... X Confident... X Sincere... X Reserved... Nervous... Overbearing... Irresponsible...

EXCELLENT... ABOVE AVERAGE... X... AVERAGE... BELOW AVERAGE...

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

# ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Regina, Saskatchewan..... Date 16-10-40.....

Surname GUAY..... Chr. Names Joseph Jacques Alfred.....  
 Nature of Commission Pilot..... Date of Birth 25-11-20 Married or Single Single.....  
 Branch R.C.A.F...... Hours Flown None.....  
 Address 90-Cremazie St., Quebec. (Enlisted at Quebec.)

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown..... No  
 Severe or "Sick" Headaches, Migraine..... No  
 Fits or Convulsions of any kind..... No  
 Sun or Heat Stroke..... No  
 Head Injury or Concussion (including "knock-out")..... No  
 Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... No
- (ii) LUNG TROUBLE or Consumption..... No  
 Bronchitis, Pneumonia or Pleurisy..... Bronchitis mild for 1wk.  
 Asthma or Hay Fever..... No (last yr)
- (iii) HEART DISEASE, "Weak or Strained Heart"..... No  
 Fainting Attacks or Giddiness..... No  
 Rheumatism, Rheumatic Fever or "Growing Pains"..... No  
 Frequent Sore Throats or Tonsillitis..... No  
 Diphtheria, Scarlet Fever or Scarletina..... No
- (iv) STOMACH or BOWEL TROUBLE..... No  
 Chronic Indigestion or Pain after Food..... No
- (v) KIDNEY or BLADDER TROUBLE..... No  
 Syphilis or Gonorrhoea..... No
- (vi) TROPICAL DISEASE..... No  
 Malaria..... No  
 Dysentery..... No
- (vii) EYE TROUBLE or Inflammation of Eyelids..... No  
 Wearing of Glasses..... No  
 Colour or Night Blindness..... No
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... Earache in infancy.  
 Deafness, Noises in the Ears, or Dizziness..... No  
 Frequent Colds in Head, Catarrh or Obstruction..... No  
 Prolonged Hoarseness or Loss of Voice..... No  
 Sea, Car or Train Sickness..... No  
 Discomfort on Swings, Roundabouts, Switchbacks..... No
- (ix) OPERATIONS..... Repair of hernia June 1940.
- (x) Any Illness or Injury not mentioned above..... No

Education Equiv. J.M.  
 Present Occupation Student..... Hobbies Artistic.  
 Previous Service C.O.T.C. Laval 2 months.  
 Athletics Good  
 Habits—Smoking 12 cigs. a day..... Alcohol No  
 FAMILY HISTORY—Consumption Father died of Tbe after 6 months illness.  
 Nervous Ailments, Mental Trouble, or "Fits"..... No  
 Father Alive—Health..... Dead—Cause Tbe.  
 Mother Alive—Health..... Dead—Cause Dead Post Operative.  
 Brothers (6) Alive—Health Good..... Dead—Cause.....  
 Sisters (4.) Alive—Health Good..... Dead—Cause.....

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 16-10-40 Signature Jacques Guay Witness D. J. Dubleay

**GENERAL MEDICAL AND SURGICAL EXAMINATION**

Impression given by (a) Physique..... Athletic..... (b) Mentality..... Standard.....  
 Body Marks, Scars, Deformities..... Scar over rt eye rt. knee & lect knee--rt. inguinal hernia.....  
 Size of Thyroid Gland..... N..... (repair scar)  
 Surgical Abnormalities..... Nil.....  
 Results of Wounds, Injuries, Operations..... Good repair of right inguinal hernia.....

	Date.....		Date.....		Date.....		REMARKS ON ANY ABNORMALITIES FOUND
		Assessing Room		Assessing Room		Assessing Room	
Height (ins.).....	69						Date.....
Weight (lbs.).....	148						
Chest Circumference (ins.).....	36						
Body Build (lbs.).....	Pl. 8						
LEG LENGTH (ins.).....	41						
Pulse Rate {	Sitting.....	90					
	Standing 1st.....	120					
	Standing 2nd.....	120					
	After Exercise.....	120					
	Time to Normal.....	0					
Arterial Walls.....	soft						
Blood Pressure {	Systolic.....	130					
	Diastolic.....	78					
Heart {	Size.....	N					
	Sounds.....	N					
	Rhythm.....	N					
Lungs.....	Mild Bronchitis with productive cough.						
Breath held.....	68						
Expiratory Force.....	115						
Vital Capacity (Best of 5).....	4100						
Reflexes {	Knee.....	N					Date.....
	Ankle.....	N					
	Triceps.....						
	Abdominal.....						
	Plantar.....						
Cranial Nerves.....							
Balancing Rod.....	R. L. R. L. R. L. R. L. R. L. R. L.						
Self Balancing.....	1S 1S 0 0 2S 2S						
Tremors {	Fingers.....	FS FS					Date.....
	Eyelids.....	FS FS					
Abdomen {	Liver.....	N					
	Spleen.....	N					
	Muscular Tone.....	N					
Urine {	Albumen.....	Neg.					
	Sugar.....	Neg.					
Initials of M.O.							

40 mm. Hg. Test.....  
 Date..... 60 secs. 8/7710/997/887/787/ Type 5.  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant.

Fit.

EYE EXAMINATION

History.....	Negative.	
Visual Acuity	R. 20/20 , c̄ 2.25 = 20/200	L. 20/20 , c̄ 2.25 = 20/200
Colour Vision.....	N.	
Red, Green.....	Orthophoria.	
Diaphragm Test (P.D. = .....	58	Ortho at 0.
Convergence	C. = .....	6.5 cms.
	S. C. = .....	14.0 cms.
Accommodation	R.....	7.5
	L.....	7.5
Cover Test.....	No diverg.	
Fundi and Media.....	Normal	
Fields.....	Normal.	
Remarks:	Fit.	
	Initials of M.O.....	Initials of M.O.....
	Date.....	Date.....

EXAMINATION OF EAR, NOSE AND THROAT

History.....	Negative.		
Hearing	R. Ear.....	W. V. 20ft.	
	L. Ear.....	W. V. 20ft.	
External Ear, Meatus Membranes	R. Ear.....	N	
	L. Ear.....	N	
Middle Ear, Eustachian Tubes	R. Ear.....	N	
	L. Ear.....	N	
Cochlear Apparatus	R. Ear.....	N	
	L. Ear.....	N	
Vestibular Apparatus	R. Ear.....	N	
	L. Ear.....	N	
Buccal Cavity.....	N		
Teeth.....	N		
Gums.....	N		
Pharynx.....	N		
Nasopharynx.....	N		
Nose.....	N		
Larynx.....	N		
Remarks:	Fit.		
	Initials of M.O.....	Initials of M.O.....	Initials of M.O.....
	Date.....	Date.....	Date.....



# HISTORY OF PRESENT CONDITION

Date..... 16-10-40 .....

Fit ALB--A3B

Date	Date	Date	Date	Date
Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.

## EXAMINATION OF EAR, NOSE AND THROAT

Date	Date	Date	Date	Date
Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date..... ..

CATEGORY  
APPROVED

*ALB*

OCT 17 1940

*E. Clark*

.....  
..... for D.G.M.S.

Date	Date	Date	Date	Date
Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Recruiting Centre, QUEBEC CITY.

Date L. 12/9/40

Surname GUAY Chr. Names Joseph Alfred Jacques  
Nature of Commission Pilot Obs Date of Birth 25/12/20 Married or Single Single  
Branch R.C.A.F. Hours Flown None  
Address 90. Cremazie St. Quebec City P.Q.

HAVE YOU ANY HISTORY OF:-

- (i) NERVOUS TROUBLE or Nervous Breakdown NO  
Severe or "Sick" Headaches, Migraine NO  
Fits or Convulsions of any kind NO  
Sun or Heat Stroke Two Sun strokes in 1934 and 1936 no severe  
Head Injury or Concussion (including "knock-out") Injury on the left eye, no knock-out  
Insomnia, Nightmares, Sleep-walking, or Bed-wetting Bed wetting to no severe cured age of 10, not since  
(ii) LUNG TROUBLE or Consumption NO  
Bronchitis, Pneumonia or Pleurisy In this moment, Bronchitis  
Asthma or Hay Fever NO  
(iii) HEART DISEASE, "Weak or Strained Heart" NO  
Fainting Attacks or Giddiness NO  
Rheumatism, Rheumatic Fever or "Growing Pains" NO  
Frequent Sore Throats or Tonsillitis NO  
Diphtheria, Scarlet Fever or Scarlatina NO  
(iv) STOMACH or BOWEL TROUBLE NO  
Chronic Indigestion or Pain after Food NO  
(v) KIDNEY or BLADDER TROUBLE NO  
Syphilis or Gonorrhoea NO  
(vi) TROPICAL DISEASE NO  
Malaria NO  
Dysentery NO  
(vii) EYE TROUBLE or Inflammation of Eyelids NO  
Wearing of Glasses NO  
Colour or Night Blindness NO  
(viii) EAR TROUBLE, Earache or Discharge from Ears NO  
Deafness, Noises in the Ears, or Dizziness NO  
Frequent Colds in Head, Catarrh or Obstruction One cold in head, no severe NO  
Prolonged Hoarseness or Loss of Voice N.O.  
Sea, Car or Train Sickness NO  
Discomfort on Swings, Roundabouts, Switchbacks NO  
(ix) OPERATIONS Rithy. herniotomy in June 12th, 1920, no pain since cured  
(x) Any Illness or Injury not mentioned above NO

Education Equivalent to Junior Matriculation plus one year at Seminary

Present Occupation Student Hobbies Aeroplane models

Previous Service C.O.T.C. Level from 1940 to January to now

Athletics Swimming 2 miles, softball, skiing, hockey, football, as a good player

Habits Smoking 15 cigarettes a day Alcohol Never

FAMILY HISTORY Consumption Father dead in 1934, pulmonary tuberculosis

Nervous Ailments, Mental Trouble, or "Fits" Negative

Father Alive-Health Dead-Cause Pulmonary tuberculosis 53, 1934

Mother Alive-Health Dead-Cause 50 after operation for Hysterectomy 1940

Brothers (6.) Alive-Health Good (0.) Dead-Cause

Sisters (4.) Alive-Health Good (0.) Dead-Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 12/9/40 Signature Jacques Guay Witness CC-2 Marcel Mabeau

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Athletic (b) Mentality Alert  
 Body Marks, Scars, Deformities Scar following operation for unguinal Hernia and right knee  
 Size of Thyroid Gland Normal knees, scar above left eye.  
 Surgical Abnormalities None  
 Results of Wounds, Injuries, Operations None

	Date <u>12/9/40</u>	Assessing Room	Date	Assessing Room	Date	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	68½						Date.....
Weight (lbs.)	145						
Chest Circumference (ins.)	34						
Body Build (lbs.)	+8						
LEG LENGTH (ins.)	41						
Pulse Rate	{ Sitting	60					Date.....
	{ Standing 1st	72					
	{ Standing 2nd	60					
	{ After Exercise	84					
	{ Time to Normal	20					
Arterial Walls	Soft						Date.....
Blood Pressure	{ Systolic	140					
	{ Diastolic	80					
Heart	{ Size	N					Date.....
	{ Sounds	N					
	{ Rhythm	N					
Lungs	N						Date.....
Breath held	105						
Expiratory Force	140						
Vital Capacity (Best of 5)	5000						
Reflexes	{ Knee	N					Date.....
	{ Ankle	N					
	{ Triceps	N					
	{ Abdominal	Pres.					
Cranial Nerves	{ Plantar	Abs.					Date.....
		N					
Balancing Rod	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	Date.....
	1/s 1/s						
Self Balancing	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	Date.....
	1/FS 1/FS						
Tremors	{ Fingers	Fine					Date.....
	{ Eyelids	Nil					
Abdomen	{ Liver	N					Date.....
	{ Spleen	N					
	{ Muscular Tone	Good					
Urine	{ Albumen	Nil					Date.....
	{ Sugar	Nil					
Initials of M.O.	<u>H.P</u>						

40 mm. Hg. Test. 16/9/40 6/787/766/666/656 60 secs. Type I  
 Date.....  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant.

B.P. Before: 140/80 Before: 72  
 Ration test: Pulse Rate:  
 B.P. After: 150/100 After: 84

## EYE EXAMINATION

History..... Nil.		
Visual Acuity { R. 20/20 , $+c-2.25 = 20/200$ L. 20/20 , $+c-2.25 = 20/200$		
Colour Vision Normal. (Ishihara 8th. Edition test)		
Red, Green..... Normal tendency to eso. $\frac{1}{4}$ "		
Diaphragm Test (P.D. = 57mm.....) Line appears between 4. & 5. at 0mm.		
Convergence { C. = 7..... cms. S. C. = $10\frac{1}{2}$ ..... cms.		
Accommodation { R..... 8 L..... $8\frac{1}{2}$		
Cover Test Div. both eyes R, R.		
Fundi and Media Normal		
Fields..... Wide.		
Remarks:		
Fit.		
Initials of M.O..... <i>H.P.</i>	Initials of M.O.....	Initials of M.O.....
Date.. 12/9/40	Date.....	Date.....

## EXAMINATION OF EAR, NOSE AND THROAT

History.....		
Hearing { R. Ear..... WV. 20 L. Ear..... WV. 20		
External Ear, Meatus Membranes { R. Ear..... Clear & Healthy L. Ear..... Clear & Healthy		
Middle Ear, Eustachian Tubes { R. Ear..... Patent L. Ear..... Patent		
Cochlear Apparatus { R. Ear..... Normal L. Ear..... Normal		
Vestibular Apparatus { R. Ear..... Normal L. Ear..... Normal		
Buccal Cavity..... Healthy		
Teeth..... 34 Points Good Condition		
Gums..... Normal		
Pharynx..... Normal Tonsils Present		
Nasopharynx..... Normal		
Nose..... Normal		
Larynx..... Normal		
Remarks:		
<i>F.I</i>	Initials of M.O..... <i>H.P.</i>	Initials of M.O.....
	Date.. 12/9/40	Date.....
		Initials of M.O.....
		Date.....

HISTORY OF PRESENT CONDITION

Date.....12/9/40.....

16/9/40 In this moment he has an Acute Bronchitis.

He is assessed A t B t.

*H.P.*

26/9/40

No clinical symptoms of Bronchitis.

The candidate presents a fair appearance, athletic, alert, and quite eager, responds readily.

History.

Education equivalent to Junior Matric plus one year at Seminary. He is a fair athlete and seems resistant.

Physical examination.

Ears, nose, eyes are healthy.

The other tests are fairly good except the B.P. after rotary test, no giddiness, no systogenus.

*H.P.*

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OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....26/9/40.....

The Board concur in assessing the candidate as a Border Line case.

Cat: A 1 B

*H. H. Reynolds*  
*President P. e. A. M. e.*

*Dr. Reinhold*      *Paul R. h. e. Rochelle*

MEDICAL HISTORY OF

SURNAME GUAY CHRISTIAN NAMES Joseph Alfred Jacques

TABLE I.—General Table

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

Birthplace { Town. Quebec City Province. Quebec
Examined { on. 12th day of Sept 1940 at. Quebec City
Declared age. 19 years 292 days
Apparent age. 19 years
Trade or occupation. Student
Height. 5 feet 8 1/2 inches. Weight, stripped. 145 lbs.
Colour of Hair. Black Complexion. Medium
Eyes. Brown
Chest Measurement { Girth when fully expanded. 33 inches Range of expansion. 3 inches
Physical development. Good
Vaccination marks { Arm Right Left
When vaccinated. 1926 Successful
Vision { R.E.-V 20/20 With Glasses R. L.E.-V 20/20 L.
Hearing, R. ear. W.V. 20 ft L. ear. W.V. 20 ft
Identification marks, such as Tattoo, Moles, Scars, etc.—
Defects or ailments:— Rales de bronchite

Table with columns: DATE, BRIEF DETAILS AND SIGNATURES. Entries include medical examinations (12/9/40), vaccinations (26/9/40, 27/9/40, 4-10-40, 4.10.40, 11-10-40, 26.9.40, 23-10-40, 16-10-40, 8-11-40, 19-11-40, 19-12-40), and a Dick Test (13.3.41).

Examined and found—

FIT FOR CATEGORY A T B F H.P. B A I B H.P.

Signature. [Signature] (Rank). Capt. R.C.A.F.

Enlisted or appointed { at RCAF Recruiting Centre, Quebec. on 30th day of September 1940

Table with columns: CORPS, REGTL. No. Entries: No. 2 Manning Depot, Brandon, Manitoba.

TABLE IV.—Service Table

Table with columns: Station or Troopship, Date of Arrival or Embarkation, Date of Departure or Disembarkation. Includes entry: Became non-effective by...



SECTION 1

A radiograph of the chest of

Film No. 2830

Rank AC.2 Name GUAY Jacques

Reg. No. R55.551 Unit R. C. A. F. (R. C.)

Age 19

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Active Service Force, except as stated below.
- (b) The transverse diameter of the heart is.....cms. as compared with a transverse diameter of the chest of.....cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

NEGATIVE.

COPY

NEGATIVE  
 APPROVED

J. M. E.



Place JEFFERY HALE'S HOSPITAL W. H. DELANEY Radiologist.

Date 26-9-40

If a pathological condition or congenital abnormality is not observed by this method of examination after (c) record "negative."

(OVER)



SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

COPY

SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

NEGATIVE  
APPROVED  
J. M. ELLIOTT

Conclusion.

Date..... 27-9-40 .....

Place..... M. D. # 5 .....

Sig..... Sig. ....