

V33190
COLE
DAVID

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

D OF D 20-9-43

AWARDS NAVY

D.D.

COLE

David

V-33190

Sto.1

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star

Africa Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

~~150 CANCELLED 3-10-49~~

453 3/11/49

02-71514 M



P

(THE REVERSE TO

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Henry Cole - Father

9011 Clark St.,

ADDRESS:

MONTREAL, Que.

Same address

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Emily Cole

1885 Church Ave., Cote St. Paul,
Montreal, Que.

ADDRESS:

MEMORIAL BAR

DATE DESP

REGN. ~~CANCELLED~~ 565

(2)

(3)

3-1-44

V33190 OFFICIAL NUMBER NAME COLE David (Surname) (Given Names) OFFICIAL NUMBER V33190

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Revised		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Montreal	Stoker II	22	8	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqs.	"	1	10	41		V.G.		20	9	43							
Stadacona	"	9	12	41	Swift Current 8-13/2/42 S.C.	V.G.	Sat.	31	12	42							
St. Croix	"	30	4	42													
"	Stoker 1	1	10	42	Rated (249A #22370)												
DISCHARGED	"	20	9	43	Missing on Active Service Per Casualty List.												

GENERAL REMARKS

90171 app.
hosp. appendicitis. 18-1-42--28/1/42
Hosp. 10--13/3/42.
Hosp. 28/3/42--27/4/42.

Awarded Canadian Memorial Cross to:
Mother: Mrs. Emily Cole,
1182 Soulages St.,
MONTREAL, Que.

DATE OF BIRTH		PLACE	CIVIL	CCM	REL	FORM	RESIDENCE	PREV	ENL.	RANK OR RATE ON ENLISTMENT			
BY	MO	YR	BIRTH	MAIN	SUB	SIGN	CTV	TOTAL	SRV	DRV	A	BR	
25	X	21	12	900	0	400	2	2302	0	09	0	1595	
ENLIST. DATE		ACT. SERV. DATE		STR.		ACT. SERV. DATE		SNP		CR		RANK OR RATE	
BY	MO	YR	BY	MO	YR	CAT.	BY	MO	YR	ESTAB	A	BR	RANK
02	08	41	01	10	41					03800	0	1595	
SENIORITY		STR.		NON-SUB		M		CODED		CHECKED			
BY	MO	YR	CAT.	A	B	ST.			95				
01	10	42	09				20	40-09-43					

V33190

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1673 Champigny Street Town Montreal Province, etc Que

NEXT OF KIN, RELATIONSHIP (in pencil) 10/1/44
 ADDRESS (in pencil): Street and No. 1885 - Church - 2nd
 NAME (in pencil) Mrs. E. E. E. E. E.
 Town St. Paul Province, etc. West

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

FILM NO. *WMP 5549-1*



MEMORANDUM FOR

1.

P. 64

Mrs. Emily Cole

~~1182 Soulangee Street~~

~~Point St. Charles,~~

Montreal, Quebec

1885 Church
Cote St Paul
Montreal

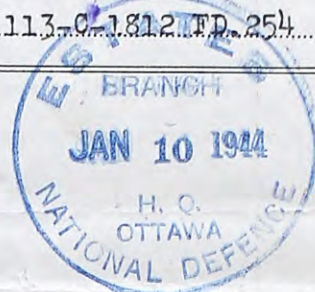
Any further communication on this subject should be addressed to:—

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

and the following number quoted:—

H.Q.N.S. 113-C-1812 FD 254

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.



January 4, 1943

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

COLE, David, Sto. 1

No. V. 33190, R.C.N.V.R.

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

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

H.R. Wade
for (H.R. Wade) Cdr. RCNVR,
(L.M. Firth) Lt.-Col.
Administrator of Estates.

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Henry Cole 1885		Churchare 53 years.
4	Mother of the Deceased.....	Emily Cole 1885		Churchare 44 years.
5	Brothers of the Deceased	Full Blood		Harold Cole 1885 Churchare 16 years Frank Cole " " " 12 " Henry Cole " " " 10 " Peter Cole " " " 9 " 1885 Churchare Cote St Paul.
		Half Blood		
6	Sisters of the Deceased	Full Blood		Olivia Cole 1885 Churchare age 21 years Cote St Paul Eileen Cole Wren H.M.C.S. Conestoga Galt Out age 18 " Mary Cole 1885 Churchare age 14 " Marlene Cole " " " " 7 "
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	David Charles Cole
9	Date of his birth	25 th Nov. 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal Sept 23 rd 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Bro 2ue. Montreal city all his life
14	Nature of employment before enlistment.	Gardener's Helper in Dorval. Dorval faith Club.
15	State whether he owned the premises in which he lived and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will?	yes. when he joined the Navy he made a will.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	Naming his mother as beneficiary. Mrs Emily Cole.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	none
20	Amount of War Savings Certificates held by deceased.	none
21	Amount of Victory Loan Bonds held by deceased.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	The Great west life assurance Co. mother
23	Is application for Probate or Letters of Administration necessary (see page 1)?	Mrs E Cole. 1885 Church ave. Cote St Paul.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother. Mrs Emily Cole of the deceased.

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

Mrs Emily Cole.
1885 Church Ave
Cote St Paul Montreal.

{Signature of Informant

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief

*See above.

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

Dated at

Montreal this 7th day of January

1944

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

[Signature]
Commissioner of the Superior
District of Montreal

Qualification

Address 1100 Bond St

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

N.V. 17
60M-11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

David COLE

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
R.C.N.B. HALIFAX.	MONTREAL	V-33190

Date of Birth	25th., November 1921.	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	Montreal, Quebec.	MOTHER
Place of Residence	1673 CHAMPLAIN ST. MONTREAL, QUE.	MRS. E. COLE
Trade brought up to	Groundsman.	422 Sebastopol St
Religion	United Church of Canada.	Pointe St Charles Montreal
Can Swim:—P.P.T.	Date 19	Signature Rank
P.S.T.	Date 19	Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	22 Aug '41	DURATION	sto-11			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	8	36	145	Brown	Blue	Fair.	Scar on left leg.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	H.M.C.S. "Montreal"			Stoker II	22 August	30 Sept.	
				<u>Active Service</u>			
1941	H.M.C.S. "Montreal"			Stoker II	1 October	8 December	To Stadacona
1941	Stadacona			Sto II	9 Dec.	7 Feb. '42	
1942	— (Swift Current)			—	8 Feb. '42	13 Feb. '42	High Seas
—	Stadacona			—	14 Feb. '42	28 Apr. '42	10. 8 Feb. '42 to 13. 1
	Avalon (St. Croix)			—	29 Apr. '42	30 Sep. '42	
	—			Sto. I	1 Oct. '42	30 Jan. '43	
	Niobe (St. Croix)			—	31 Jan. '43	30 Apr. '43	
	Avalon (St. Croix)			—	1 May '43	20 Sep. '43	"D.D."

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

David COLE

Conduct

[illegible]



ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME COLE OFFICIAL NO. V-33190
CHRISTIAN NAMES David MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>1673 Champigny Street Montreal Quebec.</u>	<u>United Church of Can.</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>25 Nov. 1921</u>	Town <u>Montreal</u>	Mother: <u>Mrs. E. COLE</u> <u>1673 Champigny St.,</u> <u>Montreal Que.</u>
*Original Nationality of: Father <u>Canadian</u> Mother <u>Canadian</u>		County Province <u>Quebec.</u>

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36½</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on left leg.</u>
Inches <u>8</u>	Deflated <u>35</u>				
<u>145</u>	Mean <u>36</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Sixth Year Public School</u>	<u>Royal St. Lawrence YATCH Club.</u> <u>Groundsman.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>22 August 1941</u>	<u>Stoker 11</u>	<u>Montreal</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I ~~XXXXXXX~~ served in ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ for the period shown, and attach my ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ record of service, in corroboration of this statement. **DG**

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>-----NIL-----</u>			

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the.....~~Montreal~~.....Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....22nd.....day of.....August.....1941.....

Signature of applicant.....*David Cole*.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....22nd.....day of.....August.....1941.....

Cole
Signature of and rank of Attesting Officer.

SUB/LIEUTENANT R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, David COLE.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant.....*David Cole*.....

Witness.....*Cole*.....

Date.....22 August 1941.....Rank.....SUB/LIEUTENANT R.C.N.V.R.....

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF ATTESTING OFFICER

David COLE.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....~~Montreal~~.....Division of the R.C.N.V.R. or in the appropriate official documents.

Cole
SUB/LIEUTENANT R.C.N.V.R. Attesting Officer.
R.C.N.V.R. Division MONTREAL.
(or other establishment)

22 August 1941

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full DAVID CHARLES COLE (b) Reg'l. No. 115984
 2. (a) Arm of service 133190 (b) Unit STO (c) Rank STO
 3. (a) Date of birth 1/1/20 (b) Have you any dependents? No (c) Place of residence at time of enlistment 1111 CHADWICK ST
 4. (a) Place of enlistment MEMPHIS (b) Date of enlistment 22 AUG 1947

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 12 YEARS (b) Were you attending school or college up to the time of enlistment? No
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 YEARS PUBLIC SCHOOL
 7. If you attended a university, give name of university and standing or degree secured None
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? None (c) Did you finish it? None (d) If you did not finish it, how long did you serve at it? None
 9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

11. Had you ever been employed fairly regularly since leaving school? No
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked None (b) State how long you had worked at this trade or occupation None
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified None
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment None
 15. Give details of last employer, if any: Name None Address None
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
 17. (a) If your last employment was in a business of your own, state nature and address of business None (b) Date of discontinuing it None

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

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

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

18. Name of employer None Address None
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
 20. (a) Your specific occupation None (b) Number of years' experience at this occupation with any employer None
 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? Yes (c) Do you wish to return to your former employment? No

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

22. (a) State nature of business, or professional practice None (b) Where was it located? None
 23. (a) Number of years engaged in this business None (b) Have you made, or will you make plans to return to the same or a similar business on discharge? None

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) None
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 1/1/48 1948 SIGNATURE David Cole

025685

C.S.L.
ORIGINAL

2992-B

8

H.Q. File No. DEFENCE

DECLARATION OF ALLOTMENT

FEB 12 1942

NS. 113-C-1812

CANADA

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
ST ADACONA 5A2 2870	Surname..... <u>COLE</u> Christian } Names } <u>David</u>	<u>176003</u> X Sto. 2	V-33190	\$1.35

Section A

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname <u>Great West Life</u> Christian } Names } <u>Assurance</u>		<u>Head Office</u> Winnipeg, Manitoba	\$5.00 F	New February 1942

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
\$20.00	Cole Emilie	1169 LaPriarie Pointe St Charles Montreal, Que.	To be continued. ✓ Initials Date R.H. 13/2/42

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to...)" ; "To be continued," etc.

Allotter's Signature authorizing charges. ✓ David Cole

Sto. 2

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

ed Pay to Wives
ed Pay to other Dependents
age Allowance
ents Allowance
Allotments

Total

Object No. 111 \$.....
" " 113.....
" " 116.....
" " 119.....
" " 128XX 5.00
\$ 5.00

Pay. Lieut. RCNVR. Accountant Officer

H.M.C.S. ST ADACONA

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)

Ottawa, Ont.

S. 63

100M-2-41 (9291)
H.Q. 815-9-63

Forwarded.....

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

5.00

7/15/14
V-33190
DAVID, DAVID
WINNIPEG, MAN.
HEAD OFFICE,
GREAT WEST LIFE ASSURANCE.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

23

23. September, 1943
(Date.)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
COLE David	Stoker 1/c	V33190 R.C.N.V.R.

DATE OF ENLISTMENT - 22 August, 1941. Active Service: 1 October, 1941.

DATE OF DISCHARGE -

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada & High Seas

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and -
when and where any disability
was incurred, or where death
occurred."Missing" on war service. This rating is listed
as missing due to enemy action, while serving onConvoy duty in the Atlantic. When official presumption of death has been made, you
will be notified.(Show clearly whether death or disability due to enemy
action, accident or disease, and whether it occurred in Canada, or
on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother

NAME Mrs. Emily Cole,

ADDRESS 1182 Soulanges St., Montreal, Que.

NOTE: If records indicate that rating was separated from his
wife, legally or otherwise, details to be furnished and
copy of any Court Order, the separation Agreement, etc.,
to be furnished.

H.B. Money

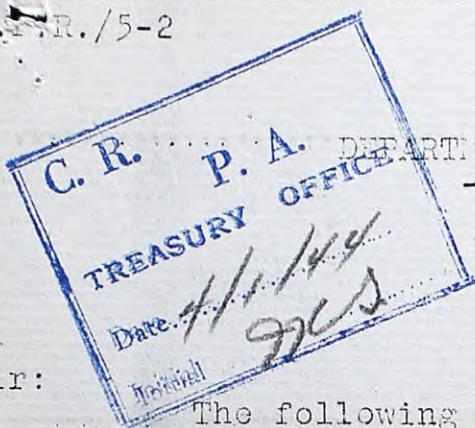
for
SECRETARY, NAVAL BOARD. C.Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.NOTE: Duplicate copies of this Form (Form "B") have been
forwarded to the Chief Treasury Officer (Allotment Section)
Department of National Defence, Naval Service, for
completion respecting the details of Marriage Allowance,
Dependents Allowance, etc., and subsequent transmission
to you.

(See reverse side for further instructions.)

REMARKS:

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

DEC 29 1943

(Date.)

Sir:

The following casualty has been reported:

NAME	RANK or RATING	NAVAL NO.
COLE, David	Stoker 1st Class	V-33190, R.C.N.V.R.

DATE OF ENLISTMENT - 22nd August, 1941. Active Service: 1st October, 1941.

DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.F. & M.E.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead. He was serving in
when and where any disability H.M.C.S. "ST. CROIX", which was lost while
was incurred, or where death occurred.

serving on convoy duty in the Atlantic, due to enemy action.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Emily Cole,

ADDRESS 1182 Soulanges Street, MONTREAL, Que.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE
ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS:

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Emily Cole, 1182 Soulanges St., Montreal, P.Q.	Mother.		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly Rate:		\$20.00	\$20.00
To whom Paid:	Mrs. Emily Cole.	ADDRESS	1182 Soulanges St., Montreal, PQ
Date of Enlistment:			
Date of Discharge:			
Inclusive date to which D.A. and/or A.P. was Paid:			September 30, 1943.
The final deduction of Assigned Pay for	20.00		has been made for the period
from 1st to	30th	of	September 1943.
Remarks:			

Computed by *m w.*

Checked by *R. Labochelle*

Alec L. Boswell
for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

STATEMENT OF ACCOUNT

37

True extract from the ledger of H.M.C.S. " St. Croix " ending 30
Sep. 1943

List 5A-2 No. 3 (Name) COLE, David Rank Rating Spa-1 No. V. 331-90

When entered F.B. Date of appearance 1 July Whither discharged
D.D.

CREDIT from former account.....\$.....66.06
Pay as Sto 1 from 1 July to 30 Sep (92 days @ 2.00 per day) \$.....184.00
Pay as L.A. from 1 July to 24 July (24 days @ .50 per day) \$.....12.00
Pay as H.L.M. from 25 July to 20 Sep (58 days @ .25 per day) \$.....14.50
Pay as G.M. from 1 July to 20 Sep (82 days @ .06 per day) \$.....4.92
Kit Upkeep Allowance 1 July.....\$.....10.00
OTHER CREDITS.....\$.....
.....\$.....
Total Credits.....\$.....291.48

DEBT from former account.....\$.....
PAYMENTS 1st 2nd 3rd 4th 5th
1st Month 35.00.....Total.....\$.....
2nd Month 31.00 35.76.....Total.....\$.....151.76
3rd Month 50.00.....Total.....\$.....
Allotment 20.00, 5.00 July, Aug. and Sept.\$.....75.00
Pension deduction (Officers) charged to.....of.....\$.....
Hospital stoppages.....\$.....
Mulcts.....\$.....
OTHER CHARGES.....\$.....
.....\$.....
.....\$.....
Total debits.....\$.....226.76

Note: Balance Dr. to be shown in RED. Balance Cr. ~~xxxx~~ Dr. \$.....64.72

Number of days actually victualled during period mentioned above 58.....

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
	<u>1 July</u>	<u>24 July</u>	<u>24</u>	<u>Leave</u>	

Date: Oct. 26 43 for Accountant Officer.

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name COLE, David. Rating Stc.I.
Official No. V-33190 H.M.C.S. St.Croix. List 5A/2-3
Who* D. D. on the 20th September. 19 43

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
<u>Twenty dollars and Five dollars</u>		
Rate of allotment (in words).....		
Name of ship from which transferred..... <u>St.Croix</u>		
Total†.....		
		<u>Creditor</u>
		<u>64.72</u>

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS "AVALON" for St.Croix. amounting to a net balance† Creditor of Sixty four dollars seventy two cents.

Dated on board H.M.C.S. AVALON at St. John's,
Newfoundland this 26th day of October, 19 43

Approved

A/Paymaster Lieut. Cmdr. R.C.N.V.R. Accountant Officer
Initials of the Assistant Accountant Officer

COMMANDER, R.C.N. (Temp) Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
‡Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

HMCS "AVALON" Alt. Sheet #43650 of 16th Oct '43

10M-10-40 (7450)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

..... Signature Rank	 Signature Rank
-------------------------------	-------------------------------

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

41

- NAVAL SERVICE -

N.S. 113-C-1812, PERS.(N)

MEMORANDUM TO D.N.I.,
&
V.C.N.S.

This is to certify that -

COLE, David, Stoker 1st Class,
V-33190, R.C.N.V.R.
was serving in ... H.M.C.S. "ST. CROIX" as at 20th..
September, 1943.

.....
Chief of Naval Personnel

This rating was reported missing when H.M.C.S. "ST. CROIX" and/or
H.M.S. "ITCHEN" was lost on the high seas due to enemy action.

The above mentioned rating is, therefore,

..... Missing, Presumed Dead.

Concurred:-

D. W. Jackson
.....
for Dir. Naval Intelligence.

[Signature]
.....
Commander, ...
~~Assistant~~ R.C.N.,
DIRECTOR OF OPERATIONS DIVISION.

[Signature]
.....
Approved for Staff.

O t t a w a, ..24th December, 1943.

SUPPLEMENTARY INFORMATION

ORIGINAL FORM FORWARDED ON 5TH. MARCH, 1945

B-44

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

File No. S. V-33190

Date 26/4/45

DATE OF CASUALTY: 20 September, 1943

Re: Late DAVID COLE

O.N. V-33190

An application for War Service Gratuity in respect to the above person has been received from

Mrs. Emily Cole (Mother)
1885 Church Street,
Cote St. Paul, Montreal, P.Q.

to whom Assigned Pay in the amount of \$20.00 was in issue at the date of the Service man's death or discharge. There is no record of an award of Dependents' Allowance or pension in favour of the applicant.

2. It is requested that a decision may be given concerning whether the applicant is eligible to receive the War Service Gratuity within Group B/~~Group C~~ of the Directive dated 16th December, 1944, issued by the Minister of Veterans Affairs.

3. The following information was furnished by the applicant, namely -See attached copy of letter dated 20th. April, 1945.

(R.W. Underhill)

A/Pay. Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

N.C.R.

CANADA

PLEASE MAKE OUT FALSE DOCKET
AND FORWARD WITH THE ATTACHED
LETTER TO ADMINISTRATOR OF
ESTATES.

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. 113-C-1812.
PERS. (N)

Ottawa, Canada.

DEC 29 1943



Sir:

In accordance with Naval Order
No. 839, it is notified for your
information that the following casualty
in the Naval Forces of Canada has been
reported:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
COLE, David Stoker 1st Class, O.N. V-33190, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST. CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Mother: Mrs. Emily Cole, 1182 Soulanges St., Point St. Charles, MONTREAL, Quebec.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Emily Cole, 1169 Laprairie St., Pt. St. Charles, Montreal, P.Q.	\$20.00 Stopped Sept. 30/43	
Great West Life Ass. Co., Head Office, Winnipeg, Man.	5.00 Stopped Sept. 30/43. ✓	

WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

Six copies to be rendered to Naval Service Headquarters

45

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. at

NAME..... DAVID COLE
(Christian names in full)

Rank or Rating Stoker 1/c Official No. V-33190 RCNVR
(If unknown, date of first entry)

Place of Birth Montreal, Que. Date of Birth 25th Nov. 1921.

Occupation in Civil Life Groundsman Religion..... U.C.C.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.

(Temporary of Reserve ratings)..... 1 year 355 days

Date of Death..... 20th SEPT. 1943. Place of Death..... AT SEA

Cause of Death LOSS OF H.M.C. SHIP
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known (Name..... MRS. E. COLE Relationship..... MOTHER
relative or (Address..... 1182 Soudan St., ...
friend (422 SOUTHERN ST., ...
POINTE ST. CHARLES,
MONTREAL.

Date on which the above was informed by Ship..... SEP 27 1943

Date on which death was registered with local Officials..... N.I.

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

Place of Burial..... NO BURIAL Date of Burial..... NOT APPLICABLE
(if known) (if known)

Location, Number, etc., of grave..... NOT APPLICABLE
(if known)

Undertaker employed..... NOT APPLICABLE
(if any)

If borne for discipline only, date D.S.C. or invalid..... NOT APPLICABLE
(S.W. Davis),

Commander, R.C.N.,
Commanding Officer, Sub-Lieut
14th October 1943

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

Distribution: File, Imp., W. G. Com., Dom., Stat., Register.

40

113-6-1812

Name COLE, David. Rating Sto.I.
Official No. V-33190 H.M.C.S. St. Croix. List 5A/2-3
Who* D. D. on the 20th September, 19 43

\$	cts.
64	72

	\$	cts.
1.00		
2.00		
3.00		
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97.00		
98.00		
99.00		
100.00		

$$\overline{64.72}$$

of Sixty four dollars seventy two cents.

Date.....19.....

10M-10-40 (7450)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

..... Signature Signature
 Rank Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

DISTRIBUTION OF SERVICE ESTATES

MMB

Estates Form "P. 4"

NAVY

Name: COLE Surname David Christian Names No.: V33190

Rank Sto. I Unit R.C.N.V.R. Date of Death 20-9-43

AMOUNT W.S.G. 382.03
L.P.C.....\$ 64.72

Date: 3-8-45

Other Credits.....

Total..... 446.75

Prev. dist. 64.72
This dist. 382.03

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>5/8</u>	<u>Father</u>	<u>Henry Cole,</u> <u>1885 Church Avenue,</u> <u>Cote St. Paul,</u> <u>Montrea, Que.</u> <u>(1/4 as next of kin entitled)</u> <u>(3/8 for benefit of six minors, 1/16</u> <u>each.)</u>	<u>238.77</u>
<u>1/4</u>	<u>Mother</u>	<u>Mrs. Emily Cole,</u> <u>(As above)</u>	<u>95.52</u>
<u>1/16</u>	<u>Sister</u>	<u>Miss Olive Cole,</u> <u>(As above)</u>	<u>23.87</u>
<u>1/16</u>	<u>Sister</u>	<u>Mren Eileen Cole,</u> <u>H.M.C.S. "CORNWALLIS"</u> <u>Cornwallis, N.S.</u> <u>(As next of kin entitled)</u>	<u>23.87</u>
<u>P4. TO TREAS.</u> <u>14/8/45</u>			<u>WSG</u>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$382.03
CLASSIFIED BY 			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

VERIFICATION FORM

NAME IN FULL

RANK/RATING

OFF. NO.

• ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.				1915 MEDAL
	1/10/41											1939-45	1	Star
Swift Current	8/2/42	13/2/42	6	atl.								ATLANTIC	1	Star
St Croix	28/4/42	20/4/43	510	atl. Africa								FRANCE G.		
Diseh	"Dead"											AFRICA	1	Star
	20/4/43											PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	Clasp
												" CLASP		

																WAR 1945	1	medal
																WAR 1915		
																VERIFIED BY <i>G. Belanger</i>		
																VERIFIED BY		
																DIR. OF PERSONNEL RECORDS.		

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

2
NAVY

DECEASED
MEMBER'S
NAME

David
(CHRISTIAN NAMES)

COLE
(SURNAME)

REGISTER NO. 1040
FILE NO. NS.V-33190
DATE 11th June '44
SERVICE NO. V-33190
FINAL RANK OR RATING Sto. 1/C
DATE OF DISCHARGE 20 Sep '43

PAYEE
ADDRESS

Director of Estates, for Service Estate of
308 Sparks St., David Cole,
Ottawa, Ont. NS.V-33190

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Sep '43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 720 EQUAL TO 24 COMPLETE PERIODS AT \$7.50

180.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 516 LESS N11 INELIGIBLE DAYS, EQUAL TO 516 DAYS @ 25C. PER DAY

129.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$2.00
SUBSISTENCE OR LODGING \$1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$3.70 X7 = \$ 25.90
NO. OF DAYS 516 X\$ 25.90

73.03

D. WAR SERVICE GRATUITY

382.03

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

382.03

G. YOUR PORTION OF GRATUITY IS—

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

PL 10 = \$ 382.03

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
DHJ

CHECKED BY

CHECKED BY

DATE

TREASURY

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acct.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Member's Name David (Christian Names) COLE (Surname)

Payee Director of Estates for service estate of David COLE
 Address 308, Sparks St. N.S. V33190
Ottawa, Ont.

Register No. 1040
 File No. V33190
 Date 8 Jun 45
 Service No. V03190
 Final Rank or Rating STO. 1/c
 Date of Discharge 20 Sep 43

Date of termination of overseas service 20 Sep 43

A. TOTAL QUALIFYING SERVICE

No. of days 720 equal to 24 complete periods at \$7.50
130

\$ 180.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 516 less NIL ineligible days equal to 516 days @ 25¢ per day

\$ 129.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 2.00
 Subsistence or Lodging \$ 1.45
 and Provision Allowance
 Additional Pay H.L.M. \$.25

Dependents' Allowance 1/30 of \$

Total 3.70 x 7 = \$ 25.90

No. of days 516 x \$ 25.90
183

\$ 73.03

D. WAR SERVICE GRATUITY

\$ 382.03

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 382.03

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 382.03
 Total Dependents' Allowance in issue \$

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1 SWG 6
 2 SWG 7
 3 SWG 8
 4 SWG 9
 5 SWG 10

UNIT DOCUMENTS DID NOT INCLUDE M.F.M.23. THIS COPY MADE UP FROM
INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
35M-9-40 (7259-00)
H.Q. 1772-39-1677

CANADIAN ACTIVE SERVICE FORCE
PROCEEDINGS ON DISCHARGE

M.F.

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

Regimental No.	D-502480	Rank	Private
Surname	COLE		
Christian name	David Charles		
NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Unit or Corps	M.T.C. #41 Huntingdon		
Date of discharge	21-3-41		
Place of discharge	Huntingdon	Mil. Dist. No.	4
1. DESCRIPTION AT DATE OF DISCHARGE			
Age	18	years	months
Height	5	feet	6 ³ / ₄ inches
Complexion	Fair		
Eyes	Blue		
Hair	Fair		
Trade	Farm Helper		
Intended place of residence		Descriptive marks	
(To be given as fully as practicable; i.e., mailing address)		1 vaccination left arm.	
Street and Number		Scar left leg.	
P.O., City or Town, etc.			
Province			
2. The above-named man is discharged in consequence of			
"Physically unfit for Military Service under existing standards."			
Authority for discharge.....			
N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.			
3. Conduct while in the service has been, according to the records, etc.			
N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.			
4. Special qualifications for employment in civil life. (Vide 384, K.R. Can.)			

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

(OVER)

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

5A. Service Button (Class and number.....)
(If and when authorized)

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

6. Medals and Decorations.....

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

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

(Place).....

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

8. **Certificate to be signed by the Soldier on Discharge**

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

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

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

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

9. **Statement of Service**

(Date of enlistment—C.A.S.F.).....18-9-40.....

(Date of discharge—C.A.S.F.).....21-3-41.....

(Total Service—C.A.S.F.).....years.....days

10. **Confirmation of Discharge**

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

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

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

Reservations referred to at Para. 8

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

(Date).....

.....
(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).	Form of Will (M.F.M. 10 or 10A).
Certified Copies of Convictions by Civil Power.	Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).
Casualty Form (M.F.M. 4).	Attestation (Duplicate and Triplicate M.F.M. 2).
Proceedings Medical Board (2 copies).	Particulars of Family (M.F.M. 5).
Medical Case History Sheet.	Proceedings on Discharge.
Dental History Sheet.	
Last Pay Certificate.	
Duplicate Discharge Certificate (M.F.M. 7).	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

.....
Officer Commanding

AWARDS—CANADIAN ARMY (ACTIVE)

M

COLE, David Charles		NPAM D-502480	Pte	FILE No. 869-C-605
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
CVSM ?	
War Medal 39-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

271514

MEDALS AND MEMORIALS-DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO	
ADDRESS	(1)
(2) <u>MEMORIAL CROSS</u> WIDOW	
ADDRESS	(2)
(3) <u>MEMORIAL CROSS</u> MOTHER	
ADDRESS	(3)

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
450M-5-40 (5237)
H.Q. 1772-39-1645

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

Unit..... M.T.C. NO. 41 HUNTINGDON (NPAM)

Regimental Number..... NPAM-3009 D-502480

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname..... COLE
2. Christian Names..... DAVID CHARLES
3. Present address..... 1673 Champigny Street, Montreal, Quebec, Canada
4. Date of birth..... 25th November 1921
5. Place of birth..... Canada Quebec Montreal
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... United Church of Canada
7. Trade or Calling..... Farm Helper
8. Married, Widower or Single..... Single
9. Name of next of kin..... Mrs. Emily Cole
10. Relationship..... Mother
11. Address of next of kin..... 1673 Champigny Street, Montreal, Quebec, Canada
12. Do you belong to, or have you served in the Active Militia of Canada?.....
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force?.....
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force?..... (Yes or No)
14. Did you serve during the Great War 1914-1918?.....
(If Yes, specify Unit and Period of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date.....
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

.....(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at.....this.....day of.....19.....

.....{Signature of Magistrate, Justice
or Attesting Officer.
.....{Office or Rank and Unit
or appointment.

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

Record of Service of **COLE**

(Surname)

DAVID CHARLES

(Christian Names)

Regimental Number **IPM-3009 D-502480**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... **M11** High School } **M11** Graduation } **M11**
 Business or Professional..... **M11** or } (years completed) or } (specify)
 Collegiate }
 Trade or Civil..... **Farm Helper** *College..... **M11**
 Technical..... **M11** *University..... **M11**
 Languages..... **English** **6 years Public Schooling**
 *(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
18 th Sep. 40	DEO	Joined on appointment No. 4 DISTRICT DEPOT CASE 90139/39	Pte	18 Sep. 40	4 DD	Montreal	4 DD Pt. II 236	18 Sep. 40
27 Sep. 40	4 DD	Transferred to his Unit Huntingdon Que	"	27 Sep. 40	"	"	" " " 245	27 Sep. 40.
30 Sept 40	TC 41	T.O.S. ^{for all purposes} TC 41 Huntingdon, Que.	"	28 Sept 40	TC 41	Huntingdon	TC 41 Pt II-la	30 Sept 40
12 Nov 40	"	Allotted New Reg No. D-502480	"	12 Nov 40	"	"	" " 30	12 Nov 40
13 Nov 40	"	Admitted to Camp Hoop TCH Huntingdon	"	12 Nov 40	"	"	" " 31	13 Nov 40
15 Nov 40	"	Attached for Hrs. Nations TCH Huntingdon	"	27/9/40 to	"	"	" " 33	15 Nov 40
15 Nov 40	"	discharged from Camp Hoop. TCH Huntingdon	"	15 Nov 40	"	"	" " 33	15 Nov 40
7 Jan 41	"	Proceeded on Command to Med Report Centre	"	7 Jan 41	"	"	" " 5	7 Jan 41
17 Jan. 41	"	Admitted to Montreal Gen Hoop.	"	15 Jan. 41	"	"	" " 12	17 Jan. 41.
3 Feb 41	"	admitted to St. Annes Hoop.	"	1 Feb 41	"	"	" " 20	3 Feb 41
26 Feb 41	"	Dischd from Mont. Gen. Hoop.	"	1 Feb 41	"	"	" " 36	26 Feb 41
26 Feb 41	"	Returned from on Command to Med Rep Centre	"	15 Jan 41	"	"	" " 36	26 Feb 41
20 Mar 41	"	" " St Annes Gen Hoop.	"	15/3/41	"	"	" " 52	20 Mar 41

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

Statement of the Service of No. D-502480 Rank Pte.

Sheet No.....2.....

M.F.M. 1 & 2 (a)
700 M-8-39 (1697)
H.Q. 1772-45-18

Name.....COLE, David Charles.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
21.3.41	TC 41	Ceases to be employed under G.O. 139 of 1939, and discharged "Medically Unfit for Military Service" under provisions of R.O. 37 Para 10, as S.O.S. TC 41 Htingdon Authority, A.A.& Q.M.G., M.D. 4 No. M.I-C-1869, dated 10.3.41 and M.F.B. 227 dated 5.3.41, Address on discharge, 1673 Champigny St. Montreal, Que.	)))) Pte.)))	21.3.41	TC 41	Htingdon	TC 41 Pt II-53	21.3.41
21.3.41	TG.41	Having served a continuous period of 183 days or more is authorized to receive Rehabilitation Grant of 30 days pay, (Regimental Pay) of Rank on discharge, under provisions of R.O. 872 dated 11/1/41	)))) Pte.)	21.3.41	TC 41	Htingdon	TC 41 Pt II-53	21.3.41

Name in full. Gole David CHARLES Date Sept. 16, 1940

1. Age.....18

1. Age.....18.....

2. Have you ever suffered from any of the following diseases?

- | | | | |
|-----------------------------------|---------------------------|--|----|
| a. Rheumatism..... | no | k. Ear disease..... | no |
| b. Tuberculosis..... | no | l. Eye disease..... | no |
| c. Bronchitis or asthma..... | no | m. Epilepsy..... | no |
| d. Heart disease..... | Leaking Valve-8 years ago | n. Nervous or mental disease..... | no |
| e. Kidney or bladder disease..... | no | o. Syphilis..... | no |
| f. Gastro-intestinal..... | no | p. Gonorrhoea..... | no |
| g. Rupture..... | no | q. Have you ever worn glasses?..... | no |
| h. Varicose veins..... | no | r. Are you now or have you in the past
received disability pension or com-
pensation? If so, give details..... | no |
| i. Flat or deformed feet..... | no | | |
| j. Nasal trouble..... | no | | |

Col vis shihara CN G.E.Scharfe Capt.

David Cole

Signature of Applicant

Signature of
JURINE

EXRAY

1. Identification marks or scars. (If operative obtain history.)

1 vaco left arm. Scar left leg.

2. Height.....5.....feet.....6 $\frac{1}{2}$ inches. 3. Weight.....133.....143.....pounds. Good
4. Complexion.....fair.....Eyes.....blue.....5. Development.....good.....Fair
- Hair.....fair.....Poor
6. Chest measurement—Girth on full expansion.....33 $\frac{1}{2}$ inches.
- Range of expansion.....2.....inches.
7. Vision, right.....20-20.....left.....20-20.....8. Hearing, right.....cv20.....left.....cv20
9. Condition of mouth and teeth.....good, few missing.
10. The abnormalities (congenital and pathological) found on examination are as follows.....
- No sign of valvular disease. Scar in left leg. No disability.

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category.....A.....
Special remarks when category lower than A.....

H. Aubry Maj.

J. Racicot M.D.

G. A. Seguin MD

President

Member

Members

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

[illegible]

COPY FOR DISTRICT RECORDS OFFICER

CATEGORY "E" MEDICALLY UNFIT
FOR ACTIVE SERVICE

NON-PERMANENT ACTIVE MILITIA OF CANADA

CERTIFICATE OF DISCHARGE

This Certifies that D. 502480 Private COLE, D. 2nd V.R.C.
(Rank and Name)

of 1673 Champigny St. County of Montreal

Province of Q u e b e c served continuously in the

2nd Bn. of Victoria Rifles of Can. of the Non-Permanent Active Militia of
(Regt. or Corps)

Canada, from the eighteenth day of September 1940, to

the twenty-first day of March 1941, and is now discharged

therefrom, and that he attended and completed Annual Training for the years

N/A

(Each year separately, in figures)

(Total number of years, in words)

(Signature of Soldier)

Commanding

Capt. & Adjutant

(Sqn., Bty. or Coy.)

Place Huntingdon, Que.

Canadian Army (R) Training Centre #41

Date 21st March 1941

† Commanding

Lieut. Col.

(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

25M-9-40 (7052)

H.Q. 1772-39-62

INSTRUCTIONS

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

- (1) (Exemple) Je, Jean-Baptiste Duval, de la cité de Québec, dans le comté de Québec-Centre, Province de Québec, mécanicien, N° matricule 1234, Royal 22ème Régiment, par les présentes.....
- (2) Si vous ne désirez nommer qu'un seul bénéficiaire, remplissez la formule comme suit: Je lègue à "mon épouse, Marie Duval: tous mes biens",— et dans ce cas, retranchez la clause (3).—Si vous désirez nommer plus d'un bénéficiaire, dites ce que vous voulez donner à chacun, ainsi par exemple

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

et tout cadeau personnel que vous désirez faire.

- (3) Si vous voulez léguer le reste de vos biens à une seule personne, nommez cette personne, comme "mon épouse, Marie Duval". Si vous voulez léguer le reste de vos biens à plusieurs personnes, nommez ces personnes, comme "ma mère et mon père, en parts égales". (Vous pouvez répartir les parts inégalement et de la façon que vous désirez.)
- (4) Inscrivez le nom de l'exécuteur ou de l'exécutrice, comme "Jean Caron, 24 rue St-Jean, Québec, Province de Québec", ou, si c'est une femme, comme "Jeanne Caron", et donnez son adresse. (Le bénéficiaire ou le légataire peut être valablement nommé exécuteur testamentaire.) Il n'est pas nécessaire de nommer un exécuteur ou une exécutrice si vos biens ne comprennent que votre solde (salaire), vos allocations ("allocances"), votre équipement et vos effets personnels.
- (5) Deux témoins doivent signer en présence du soldat, et chaque témoin doit donner son adresse au long.—Voyez à ce que le soldat inscrive la date et signe de sa signature ordinaire.
- (6) Ne nommez pas un soldat comme votre exécuteur testamentaire.

AMENDED COPY

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

M. F. D. 930 A
350M-8-40 (6594-5)
H.Q. 1772-39-1548

Regtl. No. D.502480 Rank and Name Pte. COLE, D.C. 2nd Bn. VRG, RF
of C.A.(R) T.C. # 41, Huntingdon, Que. Regiment, etc., on
Ceasing to be employed under G.O.139 as Medically unfit
(Transfer, Posting or Discharge) and reverts to R.F. status and unit on 21st March, 1941
(Unit and Station)
Reason for discharge D.O.# 53 Authority: D.O.# 53

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$..... has been paid by the Treasury Officer, Military District
No..... or..... Air Command.

REMARKS:

- State (1) Date of appointment or enlistment 18th September, 1940
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? N/A
(3) Has assignment of pay been made? Yes If so, amount 20.00 effective date October, 1940
(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction \$.....

The following is a statement of the account of the above named from 1-3-41 to 21-3-41 194.....
the inclusive date of transfer, posting or discharge.

DR.		CR.	
PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	25.21
First Monthly Payment		Regimental Pay <u>21</u> days at <u>1.30</u> \$.....	27.30
Casual Payments <u>A.R.# 70</u>	35.13	Trademen's Pay days at\$.....	
Payment on Transfer, Posting or Discharge.....		Additional Pay (Give particulars) days at\$.....	
Assigned Pay <u>21/30 of \$20.00</u>	14.00	Allowances (Give particulars) days at\$.....	
Regimental Charges		Rehabilitation Grant entitled; served under provisions of G.O.139 from 18-9-40 until 21-3-41 - D.O.# 53. Reverts to RF status and SOS medically unfit.....	39.00
Public Stoppages (Give particulars): <u>Deficiencies in kit</u>	2.45		
<u>N.D.Tax. March, A.R.# 75</u>	.90		
<u>Rehabilitation Grant paid, over 183 days service, A.R.#72</u>	38.22		
<u>N.D.Tax on payment of Grant</u>	.78		
To Balance Cr. (To be paid by new unit)	.03	By Balance Dr. (To be deducted by new unit)	
Total	91.51	Total	91.51

I certify that the above is a true and correct statement of the
account of the above named on transfer, posting or discharge.

Huntingdon, Quebec

(Place)

25 18th April, 1941

(Date)

Lieut.

Paymaster.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full COLE, DAVID CHARLES (b) Reg'l. No. D-5 2480
2. (a) Arm of service Army (b) Unit 2nd Can. VRC (c) Rank Private
3. (a) Date of birth 25-11-21 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal (b) Date of enlistment 18-7-40

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 12 years (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 5 years Public School
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? Both

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer NO Address NO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO
20. (a) Your specific occupation NO (b) Number of years' experience at this occupation with any employer NO
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

22. (a) State nature of business, or professional practice NO (b) Where was it located? NO
23. (a) Number of years engaged in this business NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NO
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NO

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NO
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NO

DATE

194

SIGNATURE

D. Cole