

A20471
BERESFORD
LAIRD

Do not remove documents from this
folder. Prepared for digitization
project. Ces documents seront
numérisés. Ne pas les déplacer.

Every item of information
should be carefully supplied.
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE
DIVISION REGISTRAR OF THE DIVISION IN WHICH
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of IN THE FIELD (FRANCE) Township of
If in City, Town or Village..... Street..... House No.....
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED BERESFORD Laird Redford
(Family name) (Given name or names in usual order)

RESIDENCE No..... Street..... City, Town, Village or Township Southampton Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>M</u>	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>single</u>
8. BIRTHPLACE <u>Ontario</u> (Province or Country)			
9. DATE OF BIRTH <u>October</u> <u>3</u> <u>1918</u> (Month) (Day) (Year)			
10. AGE in Years <u>25</u> Months Days If less than one day old hrs. or min.			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Labourer</u>			
12. Kind of industry or business, as cotton- mill, lumbering, bank, etc.			
13. Date deceased last worked at this occupation.			
14. Total years spent in this occupation.			
15. If married give name of wife or husband of deceased.			
16. NAME <u>BERESFORD, John</u>			
17. BIRTHPLACE (Province or Country)			
18. MAIDEN NAME			
19. BIRTHPLACE (Province or Country)			
20. Person giving information sign here. <u>G. S.</u> Address <u>Director of Records,</u> <u>Dept. of National Defence,</u> Relationship to deceased <u>France.</u>			
21. Place of Burial, Cremation or Removal Date of burial or removal.			
22. Burial Permit was issued by Address			
23. UNDERTAKER (Name and address)			

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH July 4th 19 44
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:

19..... to 19.....
and last saw h..... alive on 19.....

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
due to
(a) Killed in action
(b).....
(c).....
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
II. Other morbidity conditions (if important) contributing to death but not causally related to immediate cause.
due to
(a).....
(b).....
(c).....

PHYSICIAN

Underline
the cause
to which
death
should be
charged
statistically

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

27. If a woman, was the death associated with pregnancy?.....

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

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)

Manner of injury..... (How sustained)

Nature of injury.....

Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.

Address..... Date..... 19.....

30. Division Registrar's Record No.....

31. Filed..... 19..... (Division Registrar)

NOV 9 1944

INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver**, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store, soap factory, cotton mill**, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist**, etc. A careful distinction should be made between **retail merchants** and **wholesale merchants**. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (See Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., **puerperal septicaemia**. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide or homicide**, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) —	due to (b) —	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) —	due to (c) —	due to (c) —	due to (c) Strangulated inguinal hernia	due to (c) —
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **A20471**

RANK **Sapper**

SERVICE UNIT **16th Field
Company RCE (CA)**

NAME **BERESFORD, Laird Redford**

DATE OF BIRTH
DAY

3rd

MONTH

October

YEAR

1918

date enlisted: **6-8-40**

MARITAL STATUS

Single

Religion: **Presbyterian**

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

**Mother
Southampton,
Ontario.**

NAME
ADDRESS
D.A.B.

Mrs. Winnifred Beresford

ADDRESS

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

7867

Killed in action

H.Q. 405-B29,368

DATE

4-7-44

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

YES/NO

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

YES/NO

DATE **18-7-44**

LP

5

COPY FOR C.R. FILE

OFFICER I/C RECORDS

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

Mrs. Winnifred Beresford

Southampton, Ontario.

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

and the following number quoted:—

H.Q. 405-B-29,368 FD 185

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

AUGUST 12 1944

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

BERESFORD Laird Redford Sapper A-20471

16th Field Company RCE (CA)

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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



[Signature]
Director of Estates

J/L.

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.....	John Beresford	79	Southampton	
4	Mother of the Deceased.....	Winifred Beresford	68	Southampton	
5	Brothers of the Deceased	Full Blood	Edward Beresford William Beresford John Beresford Arthur Beresford	44 41 39 36	Camp Borden Hanover Ont- Southampton British Army.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ladie Muncie married Alice Longmuir " Amy Pollock " Edith Stoddart " Eva Williams " Lillian Connor "	39 35 32 31 30 28	Deceased. Southampton Southampton South Paisley Rd Southampton Southampton
		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		
		Edda Beresford Gordon "	November 1917. March 1921		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Laurie Wedford Beresford
9	Date of his birth.	3 rd October 1918
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	3 rd June 1899 Toronto

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Southampton
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Southampton (b) (c) (d)
14	Nature of employment before enlistment.	Factory Hand
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Southampton

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. but I never have seen it
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?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Not known
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Not known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Not known

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.	No
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 of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Winnifred Beresford { Signature of Informant
Southampton Address

CERTIFICATE

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

See above. Beresford { Name of informant } is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Southampton this 16th day of August 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Rev. J.E. Kennedy Qualification Clergyman

Address Southampton, Ont.

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

10	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, and the amount on deposit. Do you wish it administered with the pay account?
11	Amount of War Savings Certificate held by deceased. Indicate where located.
12	Amount of Victory Loan Bonds held by deceased. Indicate where registered, or where and where located.
13	If deceased had life insurance, name company and amount payable under each policy and the person named as beneficiary.
14	Describe other assets, if any, and estimated value thereof. Give space on page 4 if necessary.
15	Did the deceased after settlement from any other party (a) His own separate bank and lodging while on service (b) Service clothing and equipment (c) Any landed property for each such debt should be attached hereto, and if same is correct you should mark the bill "corrected" and sign same. If believed incorrect, give particulars.
16	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 maximum authorized in the Regulations. If a death occurs and burial is made (except as where burial is authorized in Canada or in the North American zone, and if a relative has already paid those expenses the Government will reimburse the relative in the event of the amount authorized in the Regulations). Any amount of which payment is covered by these authorities in the Regulations is not payable by the Government. It is obligatory upon the informant to see that the above is correctly filled in.)

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 Laird Beresford (b) Reg'l. No. A20471
2. (a) Arm of service Army (b) Unit 1st Canadian Trench Company (c) Rank Private
3. (a) Date of birth 10-1-1911 (b) Have you any dependents? No (c) Place of residence 100 Thompson St
4. (a) Place of enlistment Halifax (b) Date of enlistment 6-8-40

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) 1 year High 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? No (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) Working (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 Wooden Products Co Address 100 Thompson St
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Wooden Products
20. (a) Your specific occupation Wood Worker (b) Number of years' experience at this occupation with any employer 5 years
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 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? None
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 9-5-41 194 SIGNATURE [Signature]

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

If so, state her full name and Postal Address.....NA.....

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

If so, state name and address, occupation John Beresford (Pensioner).....

P.O. Southampton, Ontario, Canada.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO.....

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

NIL.....

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

(14) Is your mother alive?.....Winnifred Beresford.....

If so, state name and address P.O. Southampton, Ontario, Canada.....

(15) If your mother is a widow, are you her sole or partial support?.....NO.....

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....NA.....

Full Name.....NA.....

Postal Address.....NA.....

Amount contributed monthly during the past six months.....NA.....

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

If so, in what Company?.....NA.....

(Give number of policy)

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

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

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

Laurel Redford Beresford
(Signature of officer or man)

Date 6-8-40.....

R. J. Stenning Captain
for Officer Commanding No. 1 District Depot C.A.S.F.

Date 6-8-40.....

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

To be made out in duplicate

M.F.M. 5
100M-6-40 (5453-4)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

(1) Name of Officer of Other Rank BERESFORD LAIRD REDFORD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank A-20471 Spr

(3) Unit 2nd Div. R.C.E. C.A.S.F.

(4) Are you married? NO

(5) If married, state,

(a) Full name of your wife NA

(b) Present postal address of wife NA

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys NA Girls NA

Names and ages NA

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

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

Name NA

Postal Address NA

[SEE OTHER SIDE]

4-7-44

AWARDS—CANADIAN ARMY (ACTIVE) (1648(

M

M.J.A.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-29368

BERESFORD, Laird Redford

A.20471

Spr.

R.C.E.

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
France-Germany Star
Defence Medal
War Medal
CVSM & Clasp

REGISTRATION NUMBER AND DATE DESPATCHED

6835

17.10.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS PERSON

ENTITLED TO Mrs. Winnifred BERESFORD (MOTHER)

ADDRESS: SOUTHAMPTON,
Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Winnifred Beresford, (ENGLISH)

(1648)

ADDRESS: SOUTHAMPTON, Ont.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO.

1580

(2)

DESP. OCT 16 1944

REGN No. 3175

(3)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
15-8-41	O.C.	16 Fd Coy	Landing Leave 5 Days	Field	17-7-41	Sgt.	PH 11# 7 15-8-41
19-8-41	O.C.	"	Granted Trades Pay Carpenter "C"	"	16-7-41	"	- - 8 19-8-41
11-9-41	O.C.	"	S.O.S. to 1. Eng. H.V. on admission to 15 Gen Hosp.	"	9-9-41	"	- - 14 19-9-41
		EHU	T.O.S. from 16 Fd Coy	Hawley	10 Sept 41	"	DO 222 19 Sept 41
			Disch from 15 Gen Hosp.	Hawley	11 Sept 41	"	DO 216 12 Sept 41
		EHU	S.O.S. to 16 Fd Coy	"	14 Sept 41	"	DO 218 15 Sept 41
26 Sep 41	O.C.	16 Fd Coy	T.O.S. from 1. Eng. H.V.	Field	15 Sep 41	"	- - 15 26 Sep 41
30 Nov 41	"	"	Attached to 222 Fd Coy P.C. for Rotation & Quarters	"	24 Nov 41	"	- 26 30 Nov 41
12 Dec 41	"	"	Leaves to be attached to 222 Fd Coy P.C.	"	30 Nov 41	"	- 28 12 Dec 41
6 Jan 42	"	"	7 Days Leave with warrant (P.1)	"	31 Dec 41	"	- 3 16 Jan 42
3 Mar 42	"	"	P.2 7 days Leave with warrant	"	3 Mar 42	"	- 12 20 Mar 42
	"	"	(P.3) 7 days Leave FTW	"	18 Jan 42	"	28 30 Jan 42
11 Dec 42	"	"	7 days P.L. to 10 Dec 42 with m.a.	"	3 Dec 42	"	54 - 24 Dec 42
27 Jan 43	"	"	7 days P.L. to 3 Feb 43 with m.a.	"	27 Jan 43	"	5 - 4 Feb 43
			Granted Daily Rates of Pay £ 1.75 per diem	"	Jan 43	"	13 - 29 Mar 43
		31 Mar 43	Trades Qualifications certified as satisfactory by C.C. and under O.P.C. 1.05	"		"	
29 Apr 43	"	"	9 days P.L.	"	28 Apr 43	"	20 13 May 43
11 May 43	"	"	Awarded one Good Conduct Badge	"	10 Sep 42	"	21 20 May 43
	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5 - 28 Jan 44
15 Jul 44	Asp Sec	16 Fd Coy	S.O.S. deceased. Killed in action. Carpenter "C"	Field	4 Jul 44	"	33 - 18 Jul 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

16 Fed. Coy. R.C.E.
Unit ~~2nd~~ DIV. R.C.E. C.A.S.F.

Regimental Number **A20471**

1. Surname BERESFORD 2. Christian Names LAIRD REDFORD 3. *Substantive Rank and Appointment..... *Acting Temporary or Local Rank..... <i>Sgt.</i> giving date..... *To be entered in pencil to facilitate alteration. 4. Place of birth SOUTHAMPTON, ONT. 5. Date of birth as declared on attestation OCT. 3, 1918 (A)..... 6. Date of enlistment 6-8-40 7. Place of enlistment LONDON, ONT. 8. Residence at time of enlistment P.O. SOUTHAMPTON, ONT. 9. (B) Special conditions (if any) of enlistment or rate of pay..... 10. (C) Any subsequent variations of conditions of service..... 11. Religion PRES. 12. If married, state date..... <i>single</i> 13. Trade on enlistment LABOURER 14. Corps, trade and grade CARPENTER C. R.C.E. D.O. 47 15. (D) Qualifications..... <i>Pioneer "C"</i> 16. (E) Miscellaneous entries.....	(17) Regiment or Corps R.C.E. Unit (Battn., etc) 16th Field Coy. (18) Medical <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Category</th> <th style="width: 33%;">Date</th> <th style="width: 33%;">Authority</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>6-8-40</td> <td></td> </tr> <tr> <td>A</td> <td>31-5-41</td> <td>M.F.M. 2</td> </tr> </tbody> </table> (19) Next of kin (entries to be made in pencil) <i>John Beresford (Father)</i> <i>P.O. Southampton, R.S. Can</i> (20) E..... (21) E..... (22) E.....	Category	Date	Authority	A	6-8-40		A	31-5-41	M.F.M. 2
Category	Date	Authority								
A	6-8-40									
A	31-5-41	M.F.M. 2								

NOTES—

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

Rank.....

Sheet No.....

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

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		✓ Embarked at... <u>UK</u> ... on.....		4 June 44				
		✓ Disembarked at. <u>France</u> ... on.....	Spr.	6 June 44	16th B Coy	UK.	32.	14 July 44
		✓ Killed	Spr	4 July 44		ACF	7-469	
10	SOS	✓ SOS Deceased. Killed in Action. Casualty	Spr.	4 July 44	16th B Coy	21 A Gp.	33	18 July 44

Statement of the Service of No.

A 20471

Rank

Spr

Sheet No.

Name

Beresford Laird Redford

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		✓ Landing leave to 22 July 41 w.w.	Spr	17 July 41	16 th Fld Coy	U.K.	D.O. 7	15 Aug 41
		✓ Granted trades pay "Carpenter helper" C	Spr	16 July 41	16 th Fld Coy	U.K.	Do 8	19 Aug 41
		✓ Admitted 15 th Gen. Hosp.	Spr	9 Sept 41	16 th Fld Coy	U.K.	Casualty	23 Sept 41
S.O.S.		✓ S.O.S. to 1 st Eng. H.Q. on adm. to 15 th Gen. Hosp.	Spr	9 Sept 41	16 th Fld Coy	U.K.	Do 14	19 Sept 41
J.C.S.		✓ J.C.S. from 16 th Fld Coy	Spr	10 Sept 41	E 164	U.K.	222	19 Sept 41
		✓ Disch. from 15 Gen. Hosp.	Spr	11 Sept 41	E 164	U.K.	216	12 Sept 41
S.O.S.		✓ S.O.S. to 16 th Fld Coy R.B.C.	Spr	14 Sept 41	E 164	U.K.	218	15 Sept 41
J.C.S.		✓ J.C.S. from 1 st Eng. H.Q.	Spr	15 Sept 41	16 th Fld Coy	U.K.	Do 15	26 Sept 41
		✓ Adm'd to 222 Fld Coy L.E. for 10 days	Spr	24 Nov 41	16 th Fld Coy	U.K.	Do 26	30 Nov 41
		✓ Ceased to be adm'd to 222 Fld Coy L.E.	Spr	30 Nov 41	16 th Fld Coy	U.K.	Do 28	12 Dec 41
		✓ P/leave w.w. to 7 Jan 42	Spr	31 Dec 41	16 th Fld Coy	U.K.	Do 3	16 Jan 42
		✓ P/leave w/w to 9 Mar 42	Spr	3 Mar 42	16 th Fld Coy	U.K.	Do 12	20 Mar 42
		✓ P/leave to 18 June 42 7.7 W.	Spr	11 June 42	16 th Fld Coy	U.K.	28	30 June 42
		✓ P/leave to 3 Sep 42	Spr	28 Aug 42	16 th Fld Coy	U.K.	38	10 Sept 42
		✓ P/w: leave to 10 Dec 42	Spr	3 Dec 42	16 th Fld Coy	U.K.	54	24 Dec 42
		✓ P/w: leave to 3 Feb 43	Spr	24 Jan 43	16 th Fld Coy	U.K.	5	4 Feb 43
✓		✓ 6 months Prof Ser. Pay. base C \$1.45 per diem	Spr	1 Jan 43	16 th Fld Coy	U.K.	13	29 Mar 43
		✓ Awarded Good Conduct Badge	Spr	10 Sept 42	16 th Fld Coy	U.K.	21	20 Mar 43
		✓ AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						

Received.....JUL 17 1941.....Checked.....Card.....✓.....Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
480 M-8-39 (1896)
H.Q. 1772-45-18

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

Unit.....2nd Div. R.C.E. C.A.S.F......Regimental Number.....A-20471.....

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

01
SPR.

1. Surname.....B E R E S F O R D.....
2. Christian Names.....LAIRD REDFORD.....
3. Present address.....P.O. Southampton Ontario Canada.....
4. Date of birth.....October 3 1918.....
5. Place of birth.....Canada.....Ontario.....Southampton.....
(Country) (County or Province) (Town or Township)
6. Religion (state denomination).....Pres......
7. Trade or Calling.....Labourer.....
8. Married, Widower or Single.....Single.....
9. Name of next of kin.....John Beresford.....
10. Relationship.....Father.....
11. Address of next of kin.....P.O. Southampton Ontario Canada.....
12. Have you served in any Naval, Military or Air Force?.....No.....
13. If previous war service, state arm, force and regimental particulars.....No.....
14. Do you now belong to or have you served in the Active Militia of Canada?.....No.....

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, LAIRD REDFORD BERESFORD L.R.B. either at home or abroad 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.....6-8-40.....

WITNESS

Laird Redford Beresford
Walter E. Cadogan Pte. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, LAIRD REDFORD BERESFORD L.R.B. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Laird Redford Beresford (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.....London, Ontario.....this.....6.....day of.....August.....19.....40.....

H. Hurman Major.....
No. 1 District Depot C.A.S.F. (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

FINGERPRINTED

Record of Service of.....**BERESFORD**.....**LATRD REDFORD**.....Regimental Number **A-20471**
 (Surname) (Christian Names)

QUALIFICATIONS

Military.....**nil**.....
 Business or Professional.....**nil**.....
 Trade or Civil.....**Labourer**.....
 Technical.....**nil**.....
 Languages.....**English**.....

EDUCATIONAL QUALIFICATIONS

High School }**2 yrs**..... Graduation }**nil**.....
 or } (years completed) or } (specify)
 Collegiate }
 *College.....**nil**.....
 *University.....**nil**.....

*(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
9-8-40		Joined on appointment TOS NO. 1 D.D. C.A.S.F.	Spr.	6-8-40	No.1 D.D.	London	222(2)	9-8-40
15-8-40	No.1 D.D.	Proceeding on ^{attachment} Command to R.C.E. Training Centre	Spr.	15-8-40	R.C.E.	Petawawa	228	15-8-40
31/16		T.O.S. Engineer Tr., Centre.	Spr.	16-8-40	E.T.C.	Petawawa	E.T.C. # 185	16-8-40.
		PUN (AWL) Forf. 4 days pay. 7 days C.B.	Spr.	10-9-40	E.T.C.	Petawawa	E.T.C. # 207	10-9-40.
022-3		Qualified Tradesman Class C(Carp.Helper)	Sapper	28-1-41	E.T.C.	Petawawa	D.O.#47	25-2-41
		Granted furlough from 3-3-41 to 16-3-41	Sapper	3-3-41	E.T.C.	Petawawa	D.O.#50	28-2-41
01		Granted special leave from 4-6-41 to Rev. 10-6-41	Sapper	4-6-41	E.T.C.	Petawawa	D.O.#133	5-6-41
4		S.O.S. on transfer to 3rd. Div.Engrs.	Sapper	15-6-41	E.T.C.	Petawawa	D.O.#138	11-6-41
	E.T.C.	E.T.C. 18th. P.L.Coy. R.C.E.		16-8-41			59	27-8-41
		E.T.C. C.A.(C) having embarked at R.L.F. on 21-8-41, disembarked at rock and is					61	8-7-41
		E.T.C. C.A.(C) 22-8-41						

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full LAIRD REDFORD BERESFORD

Date AUGUST 6th., 1940

Part 1. Information obtained from the recruit.

1. Age 21
2. Have you ever suffered from any of the following diseases?
 - a. Rheumatism NO
 - b. Tuberculosis NO
 - c. Bronchitis or asthma NO
 - d. Heart disease NO
 - e. Kidney or bladder disease NO
 - f. Gastro-intestinal YES
 - g. Rupture NO
 - h. Varicose veins NO
 - i. Flat or deformed feet NO
 - j. Nasal trouble NO
 - k. Ear disease NO
 - l. Eye disease NO
 - m. Epilepsy NO
 - n. Nervous or mental disease NO
 - o. Syphilis NO
 - p. Gonorrhoea NO
 - q. Have you ever worn glasses? NO

LaIRD Redford Beresford
(Signature of Recruit)

Examiner's remarks re above Appendectomy 1931- an attack of catarrhal jaundice lasting a week- no recurrence 1939.

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

1. Identification marks or scars. (If operative obtain history.)
None
2. Height 5 feet 7 inches.
3. Weight 118 pounds.
4. Complexion Medium Eyes Brown
5. Development Fair Good Fair Poor
6. Chest measurement—Girth on full expansion 34 inches.
- Range of expansion 3 inches. Drums clear
7. Vision, right 20/20 left 20/20
8. Hearing, right 20' w.v. left 20' w.v.
9. Condition of mouth and teeth 20 pts.
10. The abnormalities (congenital and pathological) found on examination are as follows.
Should develop with training-somewhat bow legged.

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.

T.L. Towers President *Major* *W. H. Smith* Member *A. Capt* *R.A. Johnston* Member
VACCINATIONS INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
6-8-40	Re-examine ears reflexes normal	31/5/41	Capt. unchanged
6-8-40	cat A		
13-8-40	TA-B		
24-8-40	T A B 2		
11-9-40	T A B 3		
13-8-40	T & T. T. 1		
2-10-40	T & T. 2		
13-8-40	face		

Regtl. No.

[illegible]

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

MILITIA BOOK M. 1

40/P & 5/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

1. You will be held personally responsible for the custody of this book.
2. You will always carry this book on your person when on duty, and on active service.
3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.
4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

[illegible]

Regtl. No. A - 20471

Surname (in capitals).....BERESFORD.....

Christian Names (in full).....LAIRD REPFORD

Date of Birth..... OCT. 3. 1918

Place of Birth.....SOUTHAMPTON .ONT. CANADA

Trade on Enlistment.....LABOURER

Nationality of Father at birth..... *ENGLISH*

Nationality of Mother at birth.....AMERICAN.....

Religion.....PRES.

Enlisted at LONDON, ONT. CANADA

Date..... 6-8-40

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

Signature of Soldier..... *SP4 T R Bernick*

Signature of Officer.....*James R. [illegible]*.....

Place. 1-T-F. Date. 27-2-43

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	JOHN BERESFORD	
	Mother	WINNIFRED BERESFORD	
3rd	*Brothers and Sisters	EDWARD BERESFORD WILLIAM BERESFORD	
	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

Latest known Address in full
P.O. South Hampton Ont Canada
" " " "
" " " "
P.O. Hanover Ont Canada
" " " "
" " " "

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
6-8-40	Sgt.		100 222	<i>[Signature]</i>

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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

Bridgman - Class III - Dec 52
Demolition - Class II - Jan 43.

Qualified in addition as under :—

Date.....

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

10

[illegible][illegible]

11

DUPLICATE

(XI) PRESCRIPTION FOR GLASSES

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

Signature of M.O.

14

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

Signature of M.O.

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

15

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
A.B. 1	15-8-40	embled S.
2	28-8-40	emb.
3	11-9-40	emb.
T.T. I	15-8-40	emb.
TET TOX II	2-10-40	emb.
TAB 4	13-9-41	emb.
TET 3	13-9-41	emb.
TART II	11-10-41	emb.
TABT (3)	22-10-42	emb.
T.A.B.T.	8-11-43	Portugal
1-gphus V 4.c.c.	31-12-43	T.W. Borkowski Capt.
" 2.c.c.	6-1-44	Portugal
" 1.c.c.	13-1-44	Portugal
" 1.c.c.	24-4-44	Portugal

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
15-8-40	embled S.
10-2-44 I.R.	Portugal

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X Ray Neg.	6-8-40	embled S.
M. TEST COMPLETE		emb.
9 " "		emb.
TO ET RIFLE	23-2-42	emb.
" GAS	23-2-42	emb.
6 Priv Leave W/TN	27-1-43	emb.
Gas Chamber Test	7-3-43	embled S.
7th Priv Leave W/TN	30-4-43	embled S.
PRIV LEAVE	6-8-43	U.C. U.C.
WASHINGTON RESTORATION	30-8-43	embled S.
FINGERPRINTED—CAIB		
PRIV. LEAVE T.W.	28/10/43	embled S.
AWARDED CON. VOLUNTEER SERVICE		
MEDAL & CASP	27/1/44	embled S.
Priv. Leave T.W.	28/2/44	embled S.
Gas Chamber Test	18-4-45	embled S.
Qued. 1 Silver Chev. wgs	6-8-41	embled S.
Qued. 2 Red Chev. wgs	6-8-43	embled S.

(XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. The next-of-kin entries have no legal effect, and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M. 10 received and forwarded to the Officer i/c Records at N.D.H.Q.

Signature of Officer.
Rank or Appointment.

Signature of Officer

Date Certificate or Will extracted

To whom sent

Dept.

Dept.

To whom sent

Date Certificate or Will extracted

Signature of Officer

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature)

GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature)

GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

WILL

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

Signature.....
Rank, Regt'l Number.....
Date.....

4
MILITIA BOOK M. 1

PART III
40/P&S/1894(3620)

CANADIAN ARMY

Clothing and Equipment
StatementNo. 1. PAT.

Regt No.....

20471
A ~~2471~~

Rank.....

SAPPER.

Name

BERESFORD. A.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)
2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.
3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.
4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.
2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.
3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.
4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.
5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.
6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.
7. See instructions re kit inspections on inside of back cover

ARTICLE	QUANTITY			
Ankle, web, prs.....	1	1		
Blouses, Battle-dress	2	2		
Bonnet, tam-o'-shanter.....	/	/		
Boots, ankle, prs.....	1	1		
Boots, rubber, high, prs.....	X	/		
Boots, leather, high, prs.....	1	1		
Bonnet, drab, Irish	/	/		
Cap, field service.....	1	1		
Cap, mechanic.....	/	/		
Cap, tank battalion..	/	/		
Drawers, Cellular short, prs.....	2	2		
Drawers, Woollen, prs.....	2	/		
Gloves, knitted, drab, prs.....	1	1		
Greatcoat, drab.....	1	/		
Initials of Soldier.....	LRB			
Initials of QM or Rep.....	Jm			

ARTICLE	QUANTITY				
Jacket sweater, or jersey pullover.....	1	1			
<i>Coates Jerkin</i> Overalls, combination.....	1	1			
Overalls, blouses, denim.....	1	1			
Overalls, trousers, denim.....	1	1			
Shirts, Angola, drab.....	2	2			
Shoes, canvas, prs.....	1	1			
Socks, prs.....	4	4			
Trousers, battle-dress, prs.....	2	2			
Vests, woollen.....	2	2			
Badges, cap.....	1	1			
Badges, arm, drab, crowns.....	1	1			
Badges, arm, drab, crown in wreath.....	1	1			
Badges, arm, Tank Bn.....	1	1			
Badges, shoulder, "CANADA", prs.....	3	2			
Initials of Soldier.....	IRB				
Initials of QM or Rep.....	FM				

ARTICLE	QUANTITY				
Badges, arm, drab, Royal Arms.....	1	1			
Badges, arm, drab, Royal Arms in Wreath.....	1	1			
Bags, kit, universal.....	1	1			
Braces.....	1	1			
Brass, cleaning.....	1	1			
Brush, button, brass.....	1	1			
Brush, clothes.....	1	1			
Brush, hair.....	1	1			
Brush, shaving.....	1	1			
Brush, shoe, blacking.....	1	1			
Brush, shoe, polishing.....	1	1			
Brush, tooth.....	1	1			
Cap, comforter.....	1	1			
Chevrons.....	1	1			
Initials of Soldier.....	IRB				
Initials of QM or Rep.....	FM				

ARTICLE	QUANTITY				
Combs, hair.....	1	1			
Discs, identity, sets, with cord.....	1	1			
Dressing, field.....	1	1			
Fork, NS Table.....	1	1			
Holdall.....	1	1			
Housewife, complete.....	1	1			
Knife, clasp.....	1	1			
Knife, table.....	1	1			
Lanyard, knife.....	1	1			
Razor, safety, with blade.....	1	1			
Patches, distinguishing, prs.....	3	2			
Shorts, gymnasium.....	2	1			
Spoon, NS dessert.....	1	1			
Vest, cotton, gym.....	2	1			
Initials of Soldier.....	LRB				
Initials of QM or Rep.....	LM				

ARTICLE	QUANTITY				
Towels, hand.....	2	2			
Unit or Corps titles, prs.....	1	1			
V. service Ribbon.....	1	1			
Attachments, brace.....	1	1			
Bag, ration.....	2	2			
Belts, waist.....	2	1			
Bottles, water.....	1	1			
Braces, WE Right.....	1	1			
Left.....	1	1			
Carriers, cartridge.....	2	2			
Carriers, waterbottle.....	2	2			
Cases, binoculars.....	1	1			
Cases, pistol.....	1	1			
Covers, breech, rifle.....	1	1			
Initials of Soldier.....	LRB				
Initials of QM or Rep.....	LM				

ARTICLE	QUANTITY				
Cover, mess tin.....	/				
Frogs, web, bayonet.....	/				
Haversack.....	1				
Helmet, steel.....	1				
Net camouflage helmet.....	1				
Packs.....	1				
Pockets Compass.....	/				
Pouches, amm, pistol.....	/				
Pouches, basic.....	2				
Pouches, utility { Front	2				
Rear.....	2				
Slings, ^{Bren} ~~etc~~ , web.....	1				
Straps, shoulder, haversack { left	1				
right.....	1				
Straps, web supporting.....	2				
Tins, mess, TP.....	1				
Initials of Soldier.....	IRB				
Initials of QM or Rep.....	IRB				

ARTICLE	QUANTITY				
Veil, face, camouflage.....	/				
Yoke.....	2				
.....					
.....					
Capes, A/G.....	1				
Respirators, A/G, complete with haversack.....	1				
Outfits, A/D.....	1				
Ointment, A/G.....	2				
Eyeshields, A/G, pk of 6.....	1				
Detectors, Individual, prs.....	2				
Wallet, A/G.....	1				
Blanket.....	1				
Mug, drinking.....	1				
Sheet, ground.....	1				
Initials of Soldier.....	IRB				
Initials of QM or Rep.....	IRB				

ARTICLE	QUANTITY
Reg't'd No.	
Rifle No.	1
Bayonet No. w/scabbard	1
Bottles, oil.....	1
Pullthroughs, <i>double</i> single.....	1
Rods, cleaning, pistol.....	1
Reg't'd No.	
Carbine, Mach.	1
Magazines, Carbine.....	1
Reg't'd No.	
~~Pistol Revolver~~ <i>303 TRACER</i>	50
~~No. CARTRIDGE~~ <i>303 TRACER</i>	150
Ctges, SA, revolver ~~.380 in~~	306 550
Ctges, SA, .303 in Mk VII.....	1
<i>hold all Bren</i>	1
<i>spare tank Bren</i>	1
<i>working gloves</i>	1
<i>MAGS BREN</i>	25
Initials of Soldier.....	203
Initials of QM or Rep.....	PM

DUPLICATE

16
1/10/12
1/10/12

H.Q. 405-B-29638
R. 4 (B).

14th August, 1947.

Mrs. Winnifred Beresford,
Southampton, Ontario.

Dear Mrs. Beresford:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, A20471 Sapper Laird Redford Beresford, the location of which is grave 8, row H, plot 3, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

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

Yours faithfully,

Encl.

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

/HMA

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME A-20471 Spr Beresford L R. Dec'd
RECEIVED FROM Cdn 2nd Ech ~~AAF~~ 21 Afe
CHECKED BY H-195540 Pte MacKinnon A E.
B-81759 Sgt Graves J G. DATE 18 Nov 44

I	Fountain Pen "Mentmore".
I	" " " " "Ringshlitz".
I	Propelling Pencil.
2	Snapshots.
I	Red Identity Disc.
I	Brown Leather Wallet.
I	Address Book.
I	Receipt \$50 V Loan to O i/c Estates.
I	Zipper Pen case.
I	Calendar.
I	Religious Card.

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

J. Graves SGT
for OC 1 Cdn KSD

405-B-29638

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BERESFORD, Laird Redford. PLACE & DATE OF BIRTH Ontario, CANADA.
3 October 1918
RANK SPR. REGIMENTAL NO A.20471
UNIT 16 CDN FIELD COY., RCE. NEXT OF KIN & ADDRESS FATHER
Mr John Beresford,
P.O. Southampton,
Ontario, CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF
DIAGNOSIS _____ HOSPITAL _____

PARTICULARS OF DEATH

DATE OF DEATH 4 JULY 1944. PLACE OF DEATH FRANCE
HRS _____
CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 6 Jul 44. CEMETERY Carpiquet Air field Side (N)
of Caen 7F/1. MR 051699
PLOT NO _____ ROW _____ GRAVE 16 Main road and half way to rail-
way track on Track
DEATH CERTIFICATE NO. _____
RELIGION PRESBYTERIAN.

DATE 22 Sep 45.

[Signature]
(M. BLUTEAU) Capt.,
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

SERIOUSLY WOUNDED
*****SASKATCHEWAN REGIMENT

10. TUBB, CHARLES STUART THORNE, MAJOR, CHARLES TUBB (FATHER),
1122 HENRY ST., NORTH BATTLEFORD,

SEVERELY WOUNDED
*****WESTERN ONTARIO REGIMENT

11. TODD, DONALD ROBERT, LIEUT., ROBERT GILHOLM TODD (FATHER),
32 MACKENZIE ST., GALT, ONT.

NOVA SCOTIA AND P.E.I. REGIMENT

12. KENNEDY, CYRIL FROST, MAJOR, MRS. BESSIE JEAN KENNEDY (MOTHER),
HILDEN, N.S.

WOUNDED
*****WESTERN ONTARIO REGIMENT

13. FAWCETT, JAMES, CAPT., MRS. BEATRICE VIOLA FAWCETT (WIFE),
583 GROSVENOR ST., LONDON, ONT.

BRITISH COLUMBIA REGIMENT

14. CORRY, GEOFFREY DONALD, LIEUT., FREDERICK DONALD CORRY (FATHER),
335 ECKHART AVE., PENTICTON, B.C.

SASKATCHEWAN REGIMENT

15. BRUNDIGE, JAMES JEREMIAH, LIEUT., JOHN STEPHEN BRUNDIGE (FATHER),
R.R. #1, ABBOTSFORD, B.C.

SLIGHTLY WOUNDED
*****QUEBEC REGIMENT

16. SMITH, DONALD MCCUTCHEON, LIEUT., ALBERT SMITH (FATHER),
125 BENSON AVE., TORONTO 10, ONT.

BRITISH COLUMBIA REGIMENT

17. LORIMER, JOHN DUNCAN, LIEUT., MRS. BETTY B. LORIMER (WIFE),
1497 MYRTLE AVE., VICTORIA, B.C.

WARRANT OFFICERS, N.C.O.s AND MEN**KILLED IN ACTION**
*****ROYAL CANADIAN CORPS OF ENGINEERS

18. BERESFORD, LAIRD REDFORD, SPR., A20471, MRS. WINNIFRED BERESFORD
(MOTHER), SOUTHAMPTON, ONT.
19. WHYTE, WILLIAM GERALD, SPR., C101521, MRS. BERTHA WHYTE (MOTHER),
R.R. #2, RAMSAYVILLE, ONT.

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

WILL

M.F.M. 10
75M-5-40 (5241)
H.Q. 1772-39-1656

(1) I, LAIRD REDFORD BERESFORD, of the town
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Southampton, in the County of Bruce
District of

Province of Ontario, Labourer
(Civil Occupation)

2nd Div.

Regimental No. A-20471, Unit R.C.E. C.A.S.F., do hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

my mother

Winnifred Beresford

P.O. SOUTHAMPTON, Ontario, Canada

my full estate

Relationship,
names and
address of
residuary
beneficiaries.

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

(4) I appoint Winnifred Beresford (mother) P.O. Southampton, Ontario, Canada
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 6 day of August
19 48

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

Laird Redford Beresford
(Signature of soldier)

First witness
sign here.

(5) Signature Arthur Loeu Pte
Civil Address 42 Bay St Woodstock
Civil Occupation Clerk

Second witness
sign here.

Signature Wilfred E. Ladogan Pte
Civil Address 53 Bay St Woodstock Ont.
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

Director of Estates

Regimental No. A.20471 Rank Sapper

BERESFORD Laird Redford
Surname Christian Names

Unit 16th Field Company RCE (CA)

Date of Death 4-7-44 Place of Death Overseas (France)

Next-of-kin Mrs. Winnifred Beresford Relationship Mother

Address Southampton, Ontario.

M.F.M. 5 Copy Herewith.

Will Will d/20-2-41 Herewith.

Date 27-7-44



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

HMG/GSM

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: BERESFORD Laird R. No.: A. 20471
Surname Christian Names

Spr. C.A. O/S 1-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. \$ 308.51

Date: 30-4-45

Other Credits

Total 308.51

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Winnifred Beresford, Southampton, Ont. (sole beneficiary under will)	\$308.51

TO BE FORWARDED BY REG. MAIL DIRECT.
P4. TO TREAS. 27-6-45 QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$308.51
CLASSIFIED BY			EXAMINED BY		
Original Signed by K. L. McCUAIG			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

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

4
ARMY

DEFENSE
M9

Laird Redford
(CHRISTIAN NAMES)

BERESFORD
(SURNAME)

REGISTER NO. D-2719
FILE NO. 405-B-29368
DATE 18-4-45
SERVICE NO. A-20471
FINAL RANK OR RATING Spr.
DATE OF DISCHARGE 4-7-44

PAYEE Mrs. Winnifred BERESFORD,
ADDRESS Southampton,
Ontario

DATE OF TERMINATION OF OVERSEAS SERVICE 4-7-44

A. TOTAL QUALIFYING SERVICE

1410

NO. OF DAYS 1425 EQUAL TO 47 COMPLETE PERIODS AT \$7.50

\$ 352.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1109 LESS 15 INELIGIBLE DAYS, EQUAL TO 1094 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

273.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

RECEIVED
SUSPENSE OR LODGING
AND PROVISION ALLOWANCE
ADDITIONAL PAY
APR 25 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

\$ 1.50

\$ 1.25

\$.25

\$

\$

\$

TOTAL \$ 3.00 X7 = \$ 21.00

NO. OF DAYS 1109 X\$ 21.00

183

127.26

D. WAR SERVICE GRATUITY

753.26

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

753.26

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY
KRM

CHECKED BY
10

TREASURY
CHECKED BY
DATE
5

SERVICE REPRESENTATIVE

Date of Discharge. 4-7-44

REMARKS *Please refer to S. A. S. form. 14*