

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 FRYDAY, George Albert (b) Reg'l. No. B. 136751
2. (a) Arm of service ARMY (b) Unit No. 2 V.I.B. (c) Rank BOY
3. (a) Date of birth 1 Nov 25 (b) Have you any dependents? No (c) Place of residence at time of enlistment Toronto, Ont.
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 11 Jan 43

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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 Technical School
7. If you attended a university, give name of university and standing or degree secured na
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? Steam fitting (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 9 wks.
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? na

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

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

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

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

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

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

18. Name of employer Flexible Shaft Co. Address Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Machine shop work.
20. (a) Your specific occupation Labourer (b) Number of years' experience at this occupation with any employer 2 months
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..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? 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? na
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.) na
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Join Navy as Engine Room Artificer

DATE 21 Mar 43 194..... SIGNATURE George Fryday

Mrs. Frances Payton,
 264 Weston Road South,
 Toronto, Ont.

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

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

and the following number quoted:—

H.Q. 405-F-9697 FD 363

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

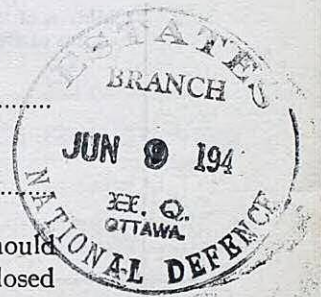
May 28 1945

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

FRYDAY, George Albert, Rfn.

B.136751

C.A. O/S



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

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

Robert Smith
 Col.

GEB/JL

Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	n. a.		
2	Children of the Deceased and dates of their Births.....	n. a.		
3	Father of the Deceased.....	Thomas Fryday	41	unknown-presumed dead
4	Mother of the Deceased.....	Millicent I. (Payton) Fryday	38	
5	Brothers of the Deceased	Full Blood	Thomas Wm. Fryday	died June 27, 1937
		Half Blood	n.a.	
6	Sisters of the Deceased	Full Blood	n. a.	
		Half Blood	n.a.	
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	
	n.a.			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Geo. Albert Fryday
9	Date of his birth.	Nov. 1, 1925
10	Place and date of his marriage.	n. a.
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	military only known of
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?	n. a.
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?	n. a.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	n. a.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	n. a.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life about \$300
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	n. a.

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.	n. a.
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.	n. a.

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

DECLARATION

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

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

Frances Payton

{ Signature of Informant

264 Weston Rd. South, Toronto

Address

CERTIFICATE

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

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

Dated at Toronto this 7th day of June 19 45

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

[Signature]

Qualification

[Signature]
Officer

Address

96 Annette St Toronto 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

This boy was given to his grandmother to raise by his late father at the time that his mother left the home to live with another man. She raised him from a small child and his plans for the future included no one but her and did not at any time include his mother who is not morally and probably legally entitled to any consideration.

Received

Checked

Card

Observations

01
PTE

ORIGINAL
DUPLICATE
TRIPPLICATE

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

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

Unit #2 DISTRICT DEPOT (AF)
R.C.A.S.C. R. WING #3 COY. Regimental Number B.136751

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

WSG
COMPLETED

- Surname: FRYDAY
- Christian Names: George Albert
- Present address: 264 Weston Road South, Toronto, Ontario, Canada
- Date of birth: 1st November 1925
- Place of birth: Canada, Ontario, Toronto
(Country) (County or Province) (Town or Township)
- Citizenship: Canada
(Of What Country are You Now a Citizen)
- Religion (state denomination): Church of England
- Trade or Calling: Machine shop work
- Married, Widower or Single: Single
- Name of next of kin: Mrs. Frances Millicent PAYTON
- Relationship: Grandmother
- Address of next of kin: 264 Weston Road, South, Toronto, Ontario, Canada
- Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?
no
(If Yes, Give Unit and Dates of Service)
- Have you served in (a) an Active Formation or Unit of The Canadian Army?
no
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force?
Yes, R.C.N.V.R., April 1942 to September 1942
(Yes or No) (If Yes, specify Unit and Period of Service)
- Did you serve during the Great War 1914-1918?
no
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date: 11th January 1943

George Fryday
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness: George Fryday etc.
(Name) (Rank)

George Fryday
(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 Toronto, Ontario this 11th day of January 1943
Canada

G.O. Gordon
Sheriff

Signature of Magistrate, Justice or Attesting Officer.

Officer or Rank and Unit or appointment.

#2 DISTRICT DEPOT (AF)
TORONTO

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

M.D. 2 NOM. ROLL

JAN 13 1943

5092
10 DEC 44
4
DEC 44
111111

Record of Service of

FRYDAY
(Surname)

George Albert
(Christian Names)

Regimental Number B.136751

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... nil
 Business or Professional..... nil
 Trade or Civil..... Year & half, Machine shop experience
 Technical..... nil
 Languages..... English

High School }
 or } One year Technical school } Graduation } nil
 Collegiate } (years completed) } or }
 *College..... Five months, night school, } Matriculation } (specify)
 *University..... nil } Machine shop }
 *(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment T.O.S. #2 DISTRICT DEPOT (AF)	Boy.	11-1-43	R.C.A.S.C. R.Wing #3 Coy	Toronto Canada	Pt. 2 D.O.# 11	14-1-43
Posted to #2 Coy SOS ON TRANS TO ALLENBY BKS	"	5-3-43	"	"	D.O. 54	5-3-43
TOS #2 VTS on transfer from #2DD Toronto and is posted to the Hamilton Wing.	"	19-3-43	"	"	D.O. 65B	18 MAR 1943
Having attained the age of 17 years 6 months is remustered as a Private to draw pay at \$1.30 p.d.	Private	20-3-43	#2 VTS	TORONTO	D.O. #88A	20-3-43
Granted furlough from 14-6-43 to 27-6-43 and is entitled to draw rat. all. of 50¢ per day for the 14 days	"	1-5-43	"	"	D.O. #108	6-5-43
Returned to duty from furlough	"	14-6-43	"	"	D.O.#141	14-6-43
Granted new rate of pay at \$1.40 per day	"	27-6-43	"	"	D.O.#154	29-6-43
Granted new rate of pay at \$1.50 per day	"	1-9-43	"	"	D.O.#240	7-10-43
Granted Christmas leave from 22-12-43 to 26-12-43 draw rat. all. 50¢ per diem.	"	1-11-43	"	"	D.O.#265	5-11-43
Attached to C.A.T.S. Hamilton, Ont. for rations and quarters, whilst under quarantine.	"	22-12-43	"	"	304	21-12-43
	"	Pte, 8-1-44	"	"	8	10-1-44

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full George Albert Fryday Place Toronto 11th Jan-43

Part 1. Information obtained from the recruit.

1. Age 17 2. Have you ever suffered from any of the following diseases?
- | | |
|--|--|
| a. Rheumatism <u>no</u> | k. Ear disease <u>no</u> |
| b. Tuberculosis or pleurisy <u>no</u> | l. Eye disease <u>no</u> |
| c. Bronchitis or asthma <u>no</u> | m. Fits <u>no</u> |
| d. Heart disease <u>no</u> | n. Nervous or mental disease <u>no</u> |
| e. Kidney or bladder disease <u>no</u> | o. Syphilis <u>no</u> |
| f. Stomach or bowel trouble <u>no</u> | p. Gonorrhoea <u>no</u> |
| g. Rupture <u>no</u> | q. Have you ever worn glasses? <u>yes</u> |
| h. Varicose veins <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details <u>yes</u> |
| i. Foot trouble <u>no</u> | |
| j. Nasal trouble <u>no</u> | |

no Infection over right elbow 1 1/2 yrs. ago.
all right now.

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

George Fryday
Signature of Applicant

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

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

1. Identification marks or scars 2 scars just above right hip joint.
2. Height 5 feet 9 inches. 3. Weight 166 pounds. Good
Fair
Poor
4. Complexion fair Eyes brown 5. Development good
- Hair fair
6. Chest measurement—Girth on full expansion 37 1/2 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
With Glasses— right _____ left _____ 8. Hearing, right vw 20 left vw 20
9. Condition of mouth and teeth good
10. Blood Pressure:—S. _____ D. _____ (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis neg ears normal reflexes normal.
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Circular skin over scrota left, no disability.

RECRUITING CENTRE

13. Chest X-Ray NEGATIVE No. F-8707 Laboratory at which taken M. D. No 2

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 _____

[Signature] rank _____ [Signature] rank _____
President Member Member

Date 11th Jan-43

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
<u>13-11-42</u>	<u>S.P. VACC. [Signature]</u>	<u>4-8-44</u>	<u>TYPHUS (1) [Signature]</u>
<u>1-3-43</u>	<u>T.A.B.T. 1 [Signature]</u>	<u>1-8-44</u>	<u>" (2) [Signature]</u>
<u>20-11-43</u>	<u>T.A.B.T. 2 [Signature]</u>	<u>8-8-44</u>	<u>" (3) [Signature]</u>
<u>4-8-44</u>	<u>T.A.B.T. 3 [Signature]</u>	<u>30-8-44</u>	<u>25' 1 1 1 1 1 1 [Signature]</u>
<u>8-8-44</u>	<u>Shub [Signature]</u>	<u>NOV 9 1944</u>	<u>[Signature]</u>
<u>8-8-44</u>	<u>APT 1 [Signature]</u>		
<u>11-9-44</u>	<u>" 2 [Signature]</u>		

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

Regtl. No. B.136751

Rank Boy

Surname FRYDAY

Christian Name George Albert

fgm

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
C.P.M.H.		22	1	43	26	1	43	Cellulitis Left Eye	4	Duty	J. W. Brunner Major
#200 STANLEY BARRACKS SICK BAY		23	2	43	24	2	43	Food poisoning	1	Cured	J. Jackson Capt.

Date	Brief details and signature	Date	Brief details and signature
13-1-43	S.P. VACC. } <i>W. R. ...</i>	4-8-44	TYPHUS (1) <i>Guid</i>
13-1-43	T.A.B.T. 1	1-9-44	" (2)
20-11-43	T.A.B.T. 2 } <i>J. ...</i>	8-9-44	" (3)
4-8-44	T.A.B.T. 3 } <i>Guid</i>	8-8-44	Shank Pos } <i>Guid</i>
	Y O B P U L H E M S	8-8-44	APT (1)
17/7/43	25 1 1 1 1 1 1	11-9-44	" (2)
		30-8-44	Y O B P U L H E M S } <i>W. ...</i>
			25 1 1 1 1 1 1

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

Regimental No. B.136751 Rank Pte.

Sheet No. 2

Name FRYDAY G.A.

M.F.M. 1 & 2 (a)
300M-5-43 (154)
H.Q. 1772-39-1046

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
✓ Auth. to wear The Mars Badge	Pte.	15-12-43	#2 VTS	Toronto	#16	19-1-44
✓ Ceases to be attached to C.A.T.S., Hamilton, Ont. formations quarters and whilst under quarantine.	"	10-1-44	"	"	11	13-1-44
Admitted to hospital H.M.H.	"	22-4-44	"	"	100	26-4-44
Discharged from hospital H.M.H.	"	28-4-44	"	"	104	1-5-44
Granted furlough with pay from 29-5-44 until 11-6-44 and to draw Rat. All. 50¢ per diem	"	29-5-44	"	"	130	30-5-44
Att. f.a.p. ### to S-8 C.A.T.S. Hamilton	"	15-6-44	"	"	144	15-6-44
Attached f.a.p. from No.2 V.T.S.	"	16 Jun. 44	CATS	Hamilton	193	27 Jun. 44
Transferred to Inf.	"	17 July 44	"	"	217	17 July 44
Ceases to be att. f.a.p. from No. 2 V.T.S. (Proceeding to No A-10 C.I.T.C.)	"	17 July 44	"	"	217	17 July 44
TOS from C.A.T.S. Hamilton Ont.	"	20 Jul 44	A10 CITC	C.BORDEN	172	20 Jul 44
SOS to No 20 B.T.C. Brantford Ont.	"	20 Jul 44	"	"	172	20 Jul 44
TOS from A.10 C.I.T.C.	"	21 Jul 44	20 BTC	Brantford	203	24 Jul 44
Awarded the Cdn Volunteer Service Medal Ribbon	"	11 Jul 44	"	"	213	2 Aug 44
S.O.S. TO A.10. C.I.T.C.	Private	SEP 18 1944	#20 BTC	BRANTFORD	254	SEP 18 1944
TOS from No.20 CI(B)TC Brantford	"	19 Sep 44	A10 CITC	C.Borden	225	20 Sep 44
Granted 4 days special leave from 17 Nov 44 to 20 Nov 44 and is to draw .50¢ per diem ration allowance Transport Warrant # 842570	"	17 Nov 44	"	"	275	17 Nov 44
SOS to Serial 2588 F.A.P. exc. pay	"	28 Nov 44	"	"	285	29 Nov 44
SOS for pay purposes	"	30 Nov 44	"	"	285	29 Nov 44
Embarked in Canada		29 Nov 44	2 CITR	U.K.	36	13 Dec 44
Disembarked in U.K.		9 Dec 44	2 CITR	U.K.	36	13 Dec 44
TOS Cdn. Army Overseas on transfer		30 Nov 44	2 CITR	U.K.	36	13 Dec 44
Reported for duty		10 Dec 44	2 CITR	U.K.	36	13 Dec 44

Regimental No. B.136751 Rank Pte.

Sheet No. 2

Name FRYDAY G.A.

M.F.M. 1 & 2 (a)
300M-5-43 (154)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
✓ Auth. to wear The Mars Badge	Pte.	15-12-43	#2 VTS	Toronto	#16	19-1-44
✓ Ceases to be attached to C.A.T.S., Hamilton, Ont. formations quarters and whilst under quarantine.	"	10-1-44	"	"	11	13-1-44
Admitted to hospital H.M.H.	"	22-4-44	"	"	100	26-4-44
Discharged from hospital H.M.H.	"	28-4-44	"	"	104	1-5-44
Granted furlough with pay from 29-5-44 until 11-6-44 and to draw Rat. All. 50¢ per diem	"	29-5-44	"	"	130	30-5-44
Att. f.a.p. ### to S-8 C.A.T.S. Hamilton	"	15-6-44	"	"	144	15-6-44
Attached f.a.p. from No. 2 V.T.S.	"	16 Jun. 44	CATS	Hamilton	193	27 Jun. 44
Transferred to Inf.	"	17 July 44	"	"	217	17 July 44
Ceases to be att. f.a.p. from No. 2 V.T.S. (Proceeding to No A-10 C.I.T.C.)	"	17 July 44	"	"	217	17 July 44
TOS from C.A.T.S. Hamilton Ont.	"	20 Jul 44	A10 CITC	C. BORDEN	172	20 Jul 44
SOS to No 20 B.T.C. Brantford Ont.	"	20 Jul 44	"	"	172	20 Jul 44
TOS from A.10 C.I.T.C.	"	21 Jul 44	20 BTC	Brantford	203	24 Jul 44
Awarded the Cdn Volunteer Service Medal Ribbon	"	11 Jul 44	"	"	213	2 Aug 44
S.O.S. TO A.10. C.I.T.C.	Private	SEP 18 1944	#20 BTC	BRANTFORD	254	SEP 18 1944
TOS from No. 20 CI(B)TC Brantford	"	19 Sep 44	A10 CITC	C. Borden	225	20 Sep 44
Granted 4 days special leave from 17 Nov 44 to 20 Nov 44 and is to draw .50¢ per diem ration allowance Transport Warrant # 842570	"	17 Nov 44	"	"	275	17 Nov 44
SOS to Serial 2588 F.A.P. exc. pay	"	28 Nov 44	"	"	285	29 Nov 44
SOS for pay purposes	"	30 Nov 44	"	"	285	29 Nov 44
Embarked in Canada		29 Nov 44	2 CTR	U.K.	36	13 Dec 44
Disembarked in U.K.		9 Dec 44	2 CTR	U.K.	36	13 Dec 44
TOS Cdn. Army Overseas on transfer		30 Nov 44	2 CTR	U.K.	36	13 Dec 44
Reported for duty		10 Dec 44	2 CTR	U.K.	36	13 Dec 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

62-13

Unit # 2 D.D. (AF) R.C.A.S.C. R WING # 3 Coy.

Regimental Number B.136751

<p>1. Surname <u>FRYDAY</u></p> <p>2. Christian Names <u>George Albert</u></p> <p>3. *Substantive Rank and Appointment</p> <p>*Acting Temporary or Local Rank</p> <p>giving date</p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth <u>Toronto, Ontario, Canada.</u></p> <p>5. Date of birth as declared on attestation <u>November 1, 1925.</u></p> <p>(A)</p> <p>6. Date of enlistment <u>11-1-43.</u></p> <p>7. Place of enlistment <u>Toronto, Ontario, Canada.</u></p> <p>8. Residence at time of enlistment <u>264 Weston Road South, Toronto, Ontario, Canada.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay</p> <p>.....</p> <p>10. (C) Any subsequent variations of conditions of service</p> <p>.....</p> <p>11. Religion <u>Church of England.</u></p> <p>12. If married, state date</p> <p>13. Trade on enlistment <u>Machine shop work.</u></p> <p>14. Corps, trade and grade</p> <p>15. (D) Qualifications</p> <p>16. (E) Miscellaneous entries</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>(17) Regiment or Corps</p> <p style="text-align: center;"><u>R.C.A.S.C. R Wing #3 Coy.</u></p> <p>Unit (Battn., etc)</p> <p>.....</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 30%;">Date</th> <th style="width: 40%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A-1</td> <td style="text-align: center;">11-1-43.</td> <td style="text-align: center;">MFM2</td> </tr> <tr> <td></td> <td style="text-align: center;">30-8-44</td> <td></td> </tr> <tr> <td style="text-align: center;">1111 111</td> <td style="text-align: center;">9 Nov 44</td> <td style="text-align: center;">M.F.M. 2</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)</p> <p style="text-align: center;"><u>Grandmother</u> <u>Mrs. Frances Mellicent</u> <u>Payton</u> <u>264 Weston Road South,</u> <u>Toronto, Ontario,</u> <u>Canada.</u></p> <p>(20) E</p> <p>(21) E</p> <p>(22) E</p>	Category	Date	Authority	A-1	11-1-43.	MFM2		30-8-44		1111 111	9 Nov 44	M.F.M. 2
Category	Date	Authority											
A-1	11-1-43.	MFM2											
	30-8-44												
1111 111	9 Nov 44	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.

CRE	P	P	Mor S	Score
			5	58
MD	MD	MD	YOB	Disp
			25	

(a) Report		(b)	(c)	(d)	(e)	(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
		A10 C.I.T.C	2nd Order tradesman	C. Borstein	28 Nov 44	
			Awarded rate of pay 1.50 per diem	"	1 Nov 43	Pte 265 - 5 Nov 43
		2 C.I.T.R.	Embarked in Canada	U.K.	29 Nov 44	36 13 Dec 44
		2 C.I.T.R.	Disembarked in U.K.	U.K.	9 Dec 44	36 13 Dec rr
		2 C.I.T.R.	T.O.C. C.A. O/S on transfer	U.K.	30 Nov 44	36 13 Dec 44
		2 C.I.T.R.	Reported for duty	U.K.	10 Dec 44	36 13 Dec 44
		2 C.I.T.R.	S.O.S. to X-4 List (CIC)	U/K	20 Jan 45	17/20 Jan 45
			EMBARKED U.K. 22 Jan 45		23 Jan 45	
			DISSEMBARKED N.W.E		21 Jan 45	Pte 27
			T.O.C. X-4 LIST (Infantry all to BN.)		26/1/45	PLi 29
X4	10 Bn	CIC	SOS to X4 (13 Bn) QOR/C		27/1/45	PLi 13
X4	13 Bn	QOR/C	T.O.S. from X4 (10 Bn) Inf Small		30 Jan 45	14/1/45
			SOS to G.O.R. C		20 Jan 45	10 - 20/1/45
1/2/45		QOR	T.O.S. from X-4		21 Jan 45	22 - 22/1/45
2/2/45			SOS to X-3 list QOR/C (wounded)		30/1/45	40/1/45
	X3		T.O.S. from G.O.R.		15/2/45	48/1/5
			Port to X-4 - 11 Bn		24/2/45	66/1/5
X4	11 Bn		SOS to G.O.R. of Can		25/2/45	31 - Jan 45
25/2/45		QOR	T.O.S. from X-4 QOR/C	Field	4 May 45	31 - Jan 45
4 May 45			SOS killed in action			

4-5-45

AWARDS—CANADIAN ARMY (ACTIVE)

M

CB.

500M-1-44 (3467)
H.Q. 1772-45-8

			FILE NO. 405-F-9697
FRYDAY George Albert		B-136751	Rfmn.
<small>SURNAME (IN BLOCK LETTERS)</small>	<small>CHRISTIAN NAMES</small>	<small>REG. No.</small>	<small>RANK ON DISCHARGE</small>
			Q.O.Rifles of C.
			<small>C.A.S.F. UNIT</small>

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4705 23/3/50
France & Germany Star	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Millicent I. CROSS (MOTHER)

ADDRESS: 264 Weston Rd. S., (7-10-49)
Toronto 9, Ont.

(2) MEMORIAL CROSS

WIDOW (SINGLE)

ADDRESS:

(3) MEMORIAL CROSS

, Mrs. M. Cross (7-12-45) (ENGLISH)
MOTHER (UNKNOWN) A2-70A

ADDRESS: TORONTO, Ontario.
Room 227, North Annex, Christie St., Hospital,

MEMORIAL BAR
(1)

DATE DESP.....

REGN. NO. 4587

(2)

DESP. DEC 17 1945

REGN No. 21747

(3)

CLINICAL NOTES AND TREATMENT.

(Dates and Units in which treated must be stated.)

C.C.P. # 22 Cdn Fld Amb. 2 Apr '45
1645 hrs. General condition good,
comfortable. Evac to A.P.S.

*W. Randall
Capt.*

1HADS 02 17H5B

Wound packet Dress not changed.
General wound good - extremely cold
due to 4 hr exposure in slit trench
full of water. Evac to 3 CCS west.

ADM TO 3 ODN CCS

HRS 1700 DATE 2 Apr

A-B No GAS LIST

To Hqs
6 Cdn C.C.S. 2 APR 45

To surgical unit

*W. Randall
Capt.*

ampoules 3 capsules of 0200
IV.

April 3/45 - 0300 H.
Small superficial wound
abrasion over (R) eye.
trochanters - S. Pen Pdt -
cleared.

① Evac to ANNEX -
in AM -

*W. Randall
Capt.*

12 Apr 45 sealed wound. Description
discharge.

*W. Randall
Capt.*

RECORD OF DRUGS ADMINISTERED.

DRUG	DOSE	TIME AND DATE GIVEN
A.T. Serum	1 C.S.	3/4/45 0200 hrs
A.T. Serum		
MORPHIA		
MORPHIA		

MALARIA TREATMENT.

Date							
Atebrin (grms.)							
Quinine (grains)							
Other Drugs. Date and dosage							

MALARIA:— B.T. M.T. Q. Clinical

DYSENTERY:— B.Ex. E. Hyst. Indef. Ex.

SULPHONAMIDES:—If drugs of the sulphonamide group are given, A.F. W3211 "Sulphanilamide label" must be used to record dosages.

No further entries will be made on this form when A.F. I 1220 is taken into use.

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

FIELD MEDICAL CARD.

*Army No. B136751 Rank Rm Service 224
 Surname ^{BLOCK LETTERS} FRYDAY Initials GA
 Unit 22 CCP Religion CE Age 19

*In the case of P's.O.W., write Serial No. allotted by A.F. W3000. 3
 Insert X in square alongside CORRECT answer. DO NOT CROSS OUT.
 Battle casualty Battle accident Injury Sick

R.A.P. Unit 22 CCP Date first seen 2 Apr 45

Date of wound or onset of illness 2 Apr 45
1600 hrs

Diagnosis of Unit M.O.:—
SHELL WOUND (HE) - LEFT HIP

one wound

Transferred to 22 CCP
 Date 2-4-45 M.O.'s Signature [Signature]

Admitted to No.	Diagnosis:—	Date:—
<u>14 Cdn</u>	<u>S.W. (HE) LEFT HIP (K022)</u>	<u>2/9/45</u>
<u>6 C.C.S.</u>	<u>slight SW (HE) Lt Hospital R.A.</u>	<u>12/4/45</u>

No. B-136757 RANK... Pte. NAME... Fryday, George Albert. * Married
* Widower
* Single

Place of Appointment Enlistment Toronto Ont. Date of Appointment Enlistment 11-1-43

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
264.	5-11-43	Pte.		A.S.	1.50	1-11-43		Next of Kin Payton George 264 Weston Rd. S. Toronto
<i>Killed *</i>								

ASSIGNMENTS

DEPENDENTS' ALLCES.

No. Deps.....

Name and Address of Assignees	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date
714 V.L. Bond NRB 2077	1-11-44	40				
Francis Payton (Smith) 264 Weston Rd. S. Toronto Ont	1-12-44	25.00	NRB 2089			
Total.....						

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

M. F. M. 14
250M-7-43 (1001)
H. Q. 1772-39-1662
K. P. 85489

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

M.F.M. 14A
200M-9-43 (2049)
H.Q. 1772-39-1862
K.P. 90813

CARD SEQUENCE No. 7

No. B136751 RANK Plt NAME Grayday George Albert
CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL	NOTE	NAME
No.	DATE				
285	29-11-44	S.O.S. A. 10 C.I.T.C., w.e.f. 28-11-44 on proceeding to Serial 2888 - Pay Papers 30-11-44			
36	13-12-44	SOS 2 C.I.T.R. from A 10 C.I.T.C. w/f 29-11-44			
17	20-1-45	SOS 2 C.I.T.R. to UKAC w/f 20-1-45 SOS (X4 List Det. 10 CBR Bn) to 13 Bn w/f 20 Jan 45			
		To 5th List (13 Bn) from 10 Bn w/f 27-1-45			
10	8-FEB-45	Sos 13 on C QOR AC w/f 30-1-45 T.O.S. QOR of C EFF 31 JAN-45			
		S.O.S. to "X3" LIST EFF 2 APR 45. (WOUNDED IN ACTION)			
48/45		Post to X4-11 Bn w/f 15 Apr 45			

CASUALTIES, ETC.

NATURE E.G. Absence, Promotions, Etc	PART II, DO		REMARKS If in Hospital, Note Name, Etc
	No.	Date	
Loss X-411 Bn from X-3 list			(6 CCS) wef 15 Apr 45
SOS X-411 Bn to 13 Bn 3 dw (QOR of C)			wef 22 Apr 45
SOS 13 Bn to QOR of C			wef 24.4.45
T.O.S. QOR of C			EFF 25 APR. 45
KILLED IN ACTION			EFF 4 May. 45

NAME

Fryday

G A

REGIMENTAL NO.

B-136751

RANK

Rfn

ENLISTED AT

PROMOTIONS,
ETC AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY, \$

C

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

3/20

MFM 14
40/P & S/67 (4473)

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
11	11-1-43	O. S. No. 2 D. D. EFF. 11-1-43	
23	28-1-43	G.P.M. H. Alm. 22-1-43. Discharged 26-1-43	
65	B 18	43 S.O.S 2 D D EFF. 19 3 43 TO 2 V.T'S	
68	A	TOS VTS 20-3-43	
141	14-6-43	Truro with ration allowance.	
240	7-10-43	Dismissed 1440 P.D. Eff. 1-9-43	
265	5-11-43	Quoted 150 p.d. eff 1-11-43	
130	20-5-44	Frederick 29.5 to 11.6.44 Retiree allow.	
151	22-6-44	SOS #2 VTS eff. 15.6.44 to S.8 CATS Hamilton	
193	27-6-44	Att. CATS. Hamilton, Ont. Eff. 2 16-6-44	
219	17-7-44	SRS. CATS. on transfer to A-10 C.I.T.C. Campbellton. eff. 19 July 44	
172	20-7-44	TOS 410 C.I.T.C. eff 20-7-44	
192	20-7-44	SOS to No 20 C.I.B) TC Revised eff. 20-7-44	
203	24-7-44	TOS. NO. 20 C.A. BASIC T.C. EFF. JUL 21 1944	
254	18/9/44	S.O.S. NO. 20 C.A. BASIC T.C. EFF. SEP 18 1944	
225	2A-9-44	L.O.S. A. 10 C.I.T.C.; w.e.f. 19 Sept. 44	
275	17-11-44	Vts. 14 days special leave 17-11-44 to 20-11-44 RA 2:00	

No. **B. 136751**RANK. ~~Private~~NAME. **FRYDAY, George Albert***Married
*Widower
*SinglePlace of *Appointment
*Enlistment**Toronto, Ont.**Date of *Appointment
*Enlistment**11-1-43.**

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
		Private Boy	NA	AS	.70 .70		NO	#2
108	6-5-43	Pvt	NA	AS	1.30	1-5-43		
240	7-10-43				1.40	1-9-43		
264	5-11-43	Pvt	NA	AS	1.50	1-11-43		(GRANDMOTHER) 1264 Weston Rd. S., Weston, Ont.

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
PAYTON, GEORGE 264 WESTON RD. S. TORONTO	JUNE 17 1944 CANCELLED	
REG. GEN. MOUTH TO APR 44		16.80
1st Vic Loan May to Oct 44		8.40
2nd Vic Loan May to Oct 44		8.40
Total		37.60

DEPENDENTS' ALLCES.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
17 MAY	GRAND FATHER		

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

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

In Receipt of Pension under Pension
 Act or Militia Pension Act (1910) \$ P.A.

Occupational Form Completed.....

(Boy's Pay)

NO DEPNTS.

NO ASSGNT.

M.F.M. 5
250M-7-42 (5227)
H.Q. 1772-39-1051

(62-13)

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

- (1) Name of Officer or Other Rank..... FRYDAY
(Surname first—Christian names in full—Block capitals)
George Albert
- (2) Regimental or Official Number and Rank..... B136751 Dvr.
- (3) Unit..... #2 D.D. (AF) RCASC "R" Wing #3 Coy.
- (4) Are you married?..... NO
- (5) If married, state,
(a) Full name of your wife..... THIS MAN
BEING SINGLE
- (b) Present postal address of wife..... QUESTIONS
- (6) If married, have you been regularly supporting your wife? If not—state reasons.....
(5) to (9)
- (7) Are you a widower?..... INCLUSIVE
- (8) Have you any children?..... Number of boys..... Girls.....
Names and ages..... ARE NOT
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... APPLICABLE

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

Name.....

Postal Address.....

RECORDS M. D. 2

[SEE OTHER SIDE]

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

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

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

If so, state name and address, occupation.....NA

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

(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.....NA

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?.....Yes

If so, state name and address.....Mrs. ~~XXXXXXXXXXXXXXXXXX~~ Frances Millicent WRIGHT (re-married) #W2454 CWAC, #23 BTC CA Newmarket, Ontario, Canada.

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

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

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?.....Yes

If so, in what Company?.....Unknown
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

George Fryday
(Signature of officer or man)

Date.....January 11, 1943

J. Brennan

For Officer Commanding.....#2 D.D. (AF)

Date.....January 11, 1943

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.)

NO. B.136751 Rank Rifleman Name FRYDAY, George Albert

Unit Q. O. R. OF C. Date of death 4th May, 1945.

Died at Germany

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-F-9697

N/K Mrs. Frances Payton, Relationship Grandmother

Address 264 Weston Road South, Toronto, Ontario.

Remains buried in Throhove, Germany Temp. burial Cemetery

ground MR 807080 sh 2810 1/25,000 GSGS 4414

plot 1 row B, grave 1

Grave location

CHK

OVER-

BURIAL REPORT TO N.K. JUN 20 1946

RETURN TO BUR. OF STAT. NOV 23 1945

ROYAL MESSAGE DESP'D. JUN 8 1945

CAN. MESSAGE DESP'D. MAY 29 1945

Temp BR sent to NK & Map

REBURIAL

Holten Canadian Military Cemetery,
Holten, Holland.

Grave 12, row F, plot 7.

HI & CR Form Despd. NOV 1 1946

Photographs

Despatched

JUN 18 1948

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **B-136751** RANK **Rifleman**

SERVICE UNIT **The Queen's
Own Rifles of Canada(CA)**

NAME **FRYDAY, George Albert**

DATE OF BIRTH **1-11-25**

DATE OF ENLISTMENT **11-1-43**

MARITAL STATUS

Single

RELIGION

Church of England

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

**Grandmother
264 Weston Road South,
Toronto, Ontario.**

NAME
ADDRESS
D.A.B.

Mrs. Frances Payton,

ADDRESS

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

**Canrecords - 9064A
Killed in action**

H.Q.405-F-9697

DATE **4-5-45**

WESTERN EUROPEAN THEATRE OF WAR

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

YES/NO

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

YES/NO

DATE

12-5-45

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

[Handwritten initials] **O/S with**

[Handwritten signature]
DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
For use of Registrar General only.

NOV 23 1945

1. PLACE OF DEATH
City, Town or Village of IN THE FIELD (GERMANY) Street.....
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of..... County or District of.....

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days).....

3. PRINT FULL NAME OF DECEASED FRIDAY George Albert
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Toronto Street 264 Weston Rd. S.,
Township of..... County or District of..... Province of Ontario

5. SEX M 6. CITIZENSHIP (See marginal note) 7. RACIAL ORIGIN (See marginal note) 8. Single, Married, Widowed or Divorced (Write the word) Single 9. BIRTHPLACE (Province or Country) Ontario

10. Date of Birth November 1 1925 11. AGE 19
(Month by name) (Day) (Year) Years Months Days If less than one day
hrs. or min.

12. (a) Trade, profession, or kind of work as spinner, grader, clerk, etc. Machine shop work
(b) Kind of industry or business, as paper mill, lumber, bank, etc. (If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.....

16. Name of father deceased
(Surname or last name) (Given or Christian names)

17. Maiden name of mother.....
(Surname or last name) (Given or Christian names)

18. Birthplace: Father..... Mother.....
(Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, this 21 day of November 1945
Signature of informant [Signature] Relationship to deceased.....
Address Director of Records, Dept. of National Defence.

20. Burial, Cremation or Removal Germany Date..... 19.....
(Month by name) (Day) (Year)
Place of Burial..... Cemetery.....
(Municipality)
Burial Permit was issued by..... Address.....

21. Funeral Director:
Name..... Address.....

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 4 19 45
(Month by name) (Day) (Year)

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

I Immediate cause Give disease, injury, or complication which caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Morbid conditions, if any, giving rise to immediate cause. (stated in order proceeding backwards from immediate cause).	(a) <u>Killed in action</u> due to			
	(b)..... due to			
	(c).....			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	{.....			

25. If a woman, was the death associated with pregnancy?..... Duration..... weeks Was there a delivery?.....

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

27. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide?..... Date 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..... Designation..... M.D., Coroner, etc.
Address..... Date..... 19.....

Division Registrar's Record No.....
Date of Registration..... 19.....
(For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult the reverse side before making out certificate.

34

MILITIA BOOK M. 1

PART I

100M-3-43 (9189-90)
H.Q. 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. B-136701
Surname (Capitals) FRYDAY
Christian Names in full George Albert

ook M. 1 (Part I) Rev.
43 (9189-90)
2-39-1672

SERVICE BOOK

Militia Book M. 1 (Part II)
for active service.)

(other than those on page 24
of Book M. 1, connected with the
form of Will) is to be made
of the Officer Commanding
company to which the man

entries will be initialled by

NOTES TO SOLDIER

personally responsible for the safe

keeping of this book on your person
during service.

The book whenever called upon to
produce by any authority, viz.: Officer,
Military Policeman.

Do not make any entry in this book
without the form of Will on page 24; see
page 23), and disobedience of this
order is a serious offence.

If at any time an entry is lacking or
the book is lost, you will report the
Officer in charge of the military superior.

Do not retain this book after dis-
charge from services, but should you lose
it it cannot be replaced.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. *B-136751*
 Surname (in capitals) *FRYDAY*
 Christian Names (in full) *George Albert*
 Date of Birth *1st Nov. 1925*
 Place of Birth *Toronto, Ont.*
 Citizenship *Canada*
 Trade on Enlistment *Machine Shop work*

Nationality of Father at Birth *Irish*
 Nationality of Mother at Birth *English*
 Religion *C of E*
 Enlisted at *Toronto*
 Date *11 Jan 43*
 Particulars of former service (if any) i.e. Regt. No., Corps or Regiment and period. *R.C.N.V.R., Apr. 1942 to Sept. 1942*
 Signature of Soldier *George Fryday*
 Signature of Officer *W. H. [unclear]*
 Place *Grantford, Ont.* Date *21 Aug 44*

(IV) NEXT OF KIN

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

Nearest degree of relationship	Names	Date
1st	Wife	
	Children	
2nd	Father	
	Mother	Sgt. M. F. J. Cross 2/8/44 W-2454
3rd	*Brothers and Sisters	
4th	* Other Relations (stating relationship)	Ms. Frances Willicent Payton

*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

264 Weston Road
Lymington

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
11-1-43	Pvt	Substantive	14-1-43 C.O. #11	<i>[Signature]</i>

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

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

PART I INF. TRNG. COMPLETED 15 Sep 44

Completed 3 wks. inf. training CRU, 204TR B Coy.
11 Jan 45
[Signature]

Part II Inf. Trng completed 11 Nov 44
A.I.D. C.I.T.C.O. Camp Pussan Cant
[Signature]

Qualified in addition as under:—

*Machinery shop worker -
Boying & soccer seem to be main
sports but active in all sports
Reading ~~books~~ *books* ~~and~~ *and* collecting
as hobbies*

Date.....

Commanding.....

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

(VII) PARTICULARS OF TRAINING

Courses and Schools, Specialist Qualifications, Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Completed 3 weeks and by #3 CTR, (3 Coy)	11 Jan 45	C.M.D. Performance

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1944	1st	Rifle		M. Linn Lt. Hunt J. M. Smith
1944	2nd	L. M. G.		
1944	1st	Sten		
11 Jan 44	A.	D.I.A.T.	1 B.	J. M. Smith
12 Jan 45	II	Bren		
13 Jan 45	Q.	T.M.C.	30 ROUNDS.	W. J. Smith
22 DEC 44	T.	RIFLE		W. J. Smith
3 Jan 45	Q	Granades	#36 4 "77	J. M. Smith
26 DEC 44	Q	STEN	30 rds.	
3 JAN 45	Q	2" MORTAR	2 B.	

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
Typhus ice	25 Jan 45	W. M. Paul Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
Vacc	13.1.43	J. Hancock Capt.
SABT (1)	13.1.43	
SABT (2)	20.11.43	
SABT (3)	4.8.44	
Typhus (1)	4.8.44	
Typhus (2)	1.9.44	
Typhus (3)	8.9.44	
Typhus ice	11.12.44	C. S. O.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
1st increase pay	1-9-43	J. Hancock Capt.
2nd "	1-11-43	
Mars Badge	15-2-43	
Advanced C.O.S.M. Ribbon	11-Jul-44	
C.A.P.	23.2.44	J. Hancock Capt.
Subst Pos	8.8.44	J. Hancock Capt.
a P.T. (1)	8.8.44	
B.P.T.	11.9.44	
b K Ray F 2207	11.1.43	J. Hancock Capt.
Xmas Medal 1928 Dec 43		J. Hancock Capt.
Barlough to 29 Jun 43	21 Sept 44	
Barlough to 11 Jun 44		
Blister	4 Oct 44	J. Hancock Capt.
N.M.	13 Oct 44	J. Hancock Capt.
Emb leave		J. Hancock Capt.
M12M 182 in possession		J. Hancock Capt.
M13M 1 R 11 issued	11 Dec 44	J. Hancock Capt.
M15 18 522 9586 3rd ed	13 Dec 44	J. Hancock Capt.
N.Y. TEST GOOD	14.12.44	J. Hancock Capt.

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

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

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

No. Rank Name
states that he has executed a Will and that the same has been deposited with

at Signature of Officer.
Rank or Appointment.

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

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

CMA# Certificate M.F.M. 10 received and forwarded to
11 Dec 19 Officer i/c Records at Signature of Officer.
Rank or Appointment

#20 C.V. (B) TC, CA.
Bradford Ontario

Signature of Officer

Date Certificate or Will extracted

Unit or Dept.

To whom sent

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

To whom sent

Unit or Dept.

Date Will extracted

Signature of Officer

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B-156751 Name Fryday George Albert
Rank on Discharge Rfmn. Date of Discharge 4 May 45
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 11 Jan. 43 to 29 Nov. 44
from _____ to _____

United Kingdom from 30 Nov. 44 to 22 Jan. 45
from _____ to _____

Italy from _____ to _____

Northwest Europe from 23 Jan. 45 to 4 May 45
(killed in action)

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~ _____

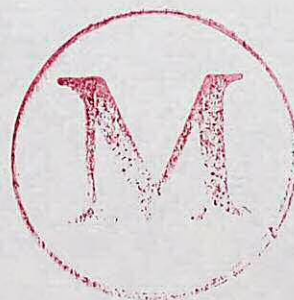
France-Germany Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK



NO RIBBON DESPATCH

Verified by Georgette Patrice

Date 11 July 46

Carded _____ OR

TO BE COMPLETED IN DUPLICATE

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

WILL

MF M10 40/P & S/423 (3767) 3/18B

165

(1) I, George Albert Fryday, of the City (Names in Full) (City, Town, Village, Township)

Address in civil life.

of Toronto, in the County of York District of York

Province of Ontario, Machinist (Civil Occupation)

Regimental No. B-136751, Unit C. I. C., 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, Wesly Sgt. Cross M. F. J. of St. Clair Barracks, 49 Coy. CWAC, Toronto.
and my grandmother, Mrs. Francis Millicent Payton, of 264 Weston Rd. South, Toronto, equal shares in my estate.

Original Received
N.D.H.Q. JAN 1945
DR363

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Ernest Parks 264 Weston Rd. South, Toronto (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 11 day of Dec 1944.

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

George A. Fryday (Signature of soldier)

First witness sign here.

(5) Signature L.P. Byrne
Civil Address Outremont Rd. Canada
Civil Occupation Student

Second witness sign here.

Signature J. A. Smith
Civil Address Toronto, Ont. Canada
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,"

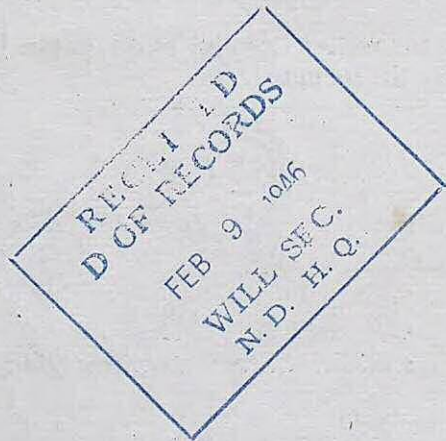
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"

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 (both copies) with Commanding Officer for transmission to the Records Office for safe custody.



FORM No. 1

Register No. II 19093

Nominal Roll No. II 536

To: P.M.G.

H.Q. File No. 405-7-9697

**CANADIAN ARMY (ACTIVE)
Computation of Service**

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>B 136751</u>	<u>Private</u>	<u>FRYDAY</u>	<u>GEORGE ALBERT</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Deceased ✓ CARO..... ()

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>11 JAN 43</u> ✓	T.O.S.	T.O.S.
S.O.S. <u>4 MAY 45</u> MD <u>0/5</u>	S.O.S. MD	S.O.S. MD
Total Days <u>845</u>	Total Days.....	Total Days.....

Total Service 845 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>684</u> ✓	<u>nil</u>	<u>684</u> ✓
Overseas Service.....	<u>156</u> ✓	<u>nil</u>	<u>156</u> ✓
Totals.....	<u>845</u> ✓	<u>-</u>	
Add Non-qualifying Service.....	<u>173</u>		
Total Service	<u>1018</u>		<u>845</u> ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 4 MAY 45 2. Date S.O.S. Overseas.....

REMARKS:

KILLED IN ACTION

Computer's Signature..... [Signature] 4 May 45

Checker's Signature..... [Signature]

Date Computed..... 14 AUG 45

R.C.N.V.A. April 42 - Sep 42

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

[Signature]
C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

HG

Name.....FRYDAY.....George A...... No. B. 136751
Surname Christian Names

Rank.....Rfan......C.A.O/S.....4-5-45
Unit Date of Death

AMOUNT

Date.....8-12-45.....

L.P.C.....\$ 31.99

Other Credits.....

Total..... 31.99

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Mother	Mrs. Millicent I. Cross, Room 227, North Annex, Christie St., Hospital, TORONTO, Ont.	\$16.00
1/2	Grandmother	Mrs. Francis Payton, 264 Weston Rd., S., TORONTO, Ont.	15.99
		(co-beneficiaries under will)	
		P4. TO TREAS. <u>8-1-46, QW</u>	

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$31.99
CLASSIFIED BY <u>D</u>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

P.
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

N.R. 214

EST 5

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-136751 Rfn. FRYDAY George A Dec'd

RECEIVED FROM 2 Ech. 21 AGp

CHECKED BY ... L-27614 Pte. Johanson W.P. DATE 29 June 45

AND F-51900 Pte. Roe H.T.

2	Red Identity Discs Wallet (Leather) Signet Ring (Sterling) Cig Case New Testament Brooch (sterling Silver)		
1	Rel. Picture		
1	Snapshot		

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

QUADRUPPLICATE—with effects.

W.P. Johanson PTE
for OC 1 Cdn KSD

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

4
ARMY

DECEASED
MEMBER'S
NAME

George Albert **FRYDAY**
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

D-19093

FILE NO.

405-F-9697

DATE

9-4-46

SERVICE NO.

B-136751

FINAL RANK OR RATING

Rfn.

DATE OF DISCHARGE

4-5-45

PAYEE **Mrs. Frances PAYTON,**
ADDRESS **264 Weston Rd. S.,**
Toronto, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

4-5-45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1018** EQUAL TO **33** COMPLETE PERIODS AT \$7.50

\$ **247.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **156** LESS **28** INELIGIBLE DAYS, EQUAL TO **128** DAYS @ 25c. PER DAY

\$ **32.00**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **2.75** X7 = \$ **19.25**
NO. OF DAYS **156** X \$ **19.25**

\$ **279.50**

\$ **16.41**

D. WAR SERVICE GRATUITY

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ **17.00**
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

\$ **295.91**

\$ **17.00**

F. TOTAL AMOUNT PAYABLE

\$ **278.91**

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 *[Signature]*

TREASURY
CHECKED BY *G. J. [Signature]* DATE **12/4/46**

SERVICE REPRESENTATIVE

H.Q. 405-F-9697
(D.R. 2(C))

20th June, 1946.


Mrs. Frances Payton,
264 Weston Road South,
Toronto, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your grandson, B136751 Rifleman George Albert Fryday, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row F, plot 7, of Holten Canadian Military Cemetery, Holten, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,


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

/IMA

[Handwritten initials]

16th May, 1945.

Mrs. Frances Payton,
264 Weston Road South,
Toronto, Ontario.

Dear Mrs. Payton:

It was with deep regret that I learned of the death of your grandson, B136751 Rifleman George Albert Fryday, who gave his life in the Service of his Country in the Western European Theatre of War on the 4th day of May, 1945.

From official information we have received, your grandson was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

Memo X - Land

18-5-45

A270 to Grandmother

/SMA

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(A.E. Walford),
Major-General,
Adjutant-General.

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