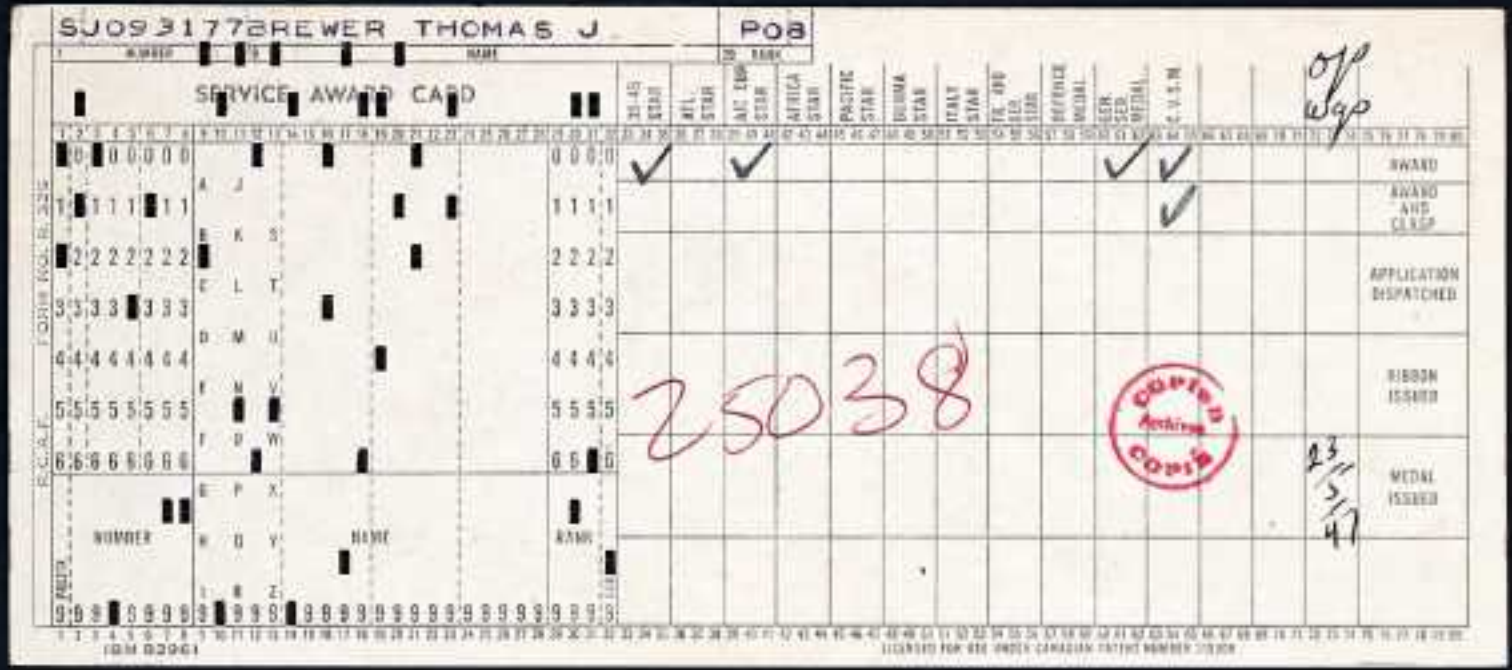
J93177
BREWER
THOMAS JAMES


SJ093177 BREWER THOMAS J
P08
SERVICE AWARD CARD
NUMBER
NAME
RANK
2-45 STAR
ATL. STAR
AFR. EMP. STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. GER. LIB. STAR
DEFENCE MEDAL
WAR SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
25038
Canada Archives COPIE
23/11/47
OP Sap

5478 15/3/50

Mrs. Ella Brewer (mother)
Shawnigan Lake,
B.C.

Sept.-45.

CONFIDENTIAL

(6)

R.C.A.F. M.3
150M—8-40 (8421)
H.Q. 1002-10-8

ROYAL CANADIAN AIR FORCE

Medical Board held at #7 S.F.T.S. MACLEOD ALTA. *Date* 24/11/42.

FILE NUMBER R. 133415

Surname BREWER *Chr. Names* THOMAS JAMES.
Nature of Commission SPEC. RESERVE *Date of Birth* 9/12/22. *Married or Single* SINGLE
Branch A.E.M → AIRCREW *Hours Flown* 10 HRS. AS PASSENGER
Address SHAWNIGAN LAKE, VANCOUVER ISLAND, B.C.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown — No.
Severe or "Sick" Headaches, Migraine — No.
Fits or Convulsions of any kind — No
Sun or Heat Stroke — No.
Head Injury or Concussion (including "knock-out") — No.
Insomnia; Nightmares, Sleep-walking, or Bed-wetting — No.
(ii) LUNG TROUBLE or Consumption — No
Bronchitis, Pneumonia or Pleurisy — No.
Asthma or Hay Fever — No.
(iii) HEART DISEASE, "Weak or Strained Heart" — No.
Fainting Attacks or Giddiness — No.
Rheumatism, Rheumatic Fever or "Growing Pains" — No.
Frequent Sore Throats or Tonsillitis — OCCASIONAL ATTACK OF TONSILLITIS
Diphtheria, Scarlet Fever or Scarlatina — No.
(iv) STOMACH or BOWEL TROUBLE — No.
Chronic Indigestion or Pain after Food — No.
(v) KIDNEY or BLADDER TROUBLE — No.
Syphilis or Gonorrhœa — No.
(vi) TROPICAL DISEASE — No.
Malaria — No
Dysentery — No.
(vii) EYE TROUBLE or Inflammation of Eyelids — No.
Wearing of Glasses — No.
Colour or Night Blindness — No.
(viii) EAR TROUBLE, Earache or Discharge from Ears — No.
Deafness, Noises in the Ears, or Dizziness — No.
Frequent Colds in Head, Catarrh or Obstruction — No.
Prolonged Hoarseness or Loss of Voice — No.
Sea, Car or Train Sickness — No.
Discomfort on Swings, Roundabouts, Switchbacks — No.
(ix) OPERATIONS — -NONE-
(x) Any Illness or Injury not mentioned above — MEASLES., ONE ATTACK OF TONSILLITIS

Education GRADE XI (COMPLETE) IN B.C.
Present Occupation A.E.M. Hobbies NONE. (COLLECTED STAMPS AS A CHILD)
Previous Service —
Athletics PLAYED ALL SPORTS.
Habits—Smoking NON-SMOKER Alcohol NON-DRINKER.
FAMILY HISTORY—Consumption -No.
Nervous Ailments, Mental Trouble, or "Fits" No.
Father Alive—Health GOOD Dead—Cause
Mother Alive—Health GOOD Dead—Cause
Brothers (1) Alive—Health GOOD (...) Dead—Cause
Sisters (3) Alive—Health GOOD (...) Dead—Cause

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

Date 24/11/42. *Signature* J. J Brewer *Witness* W. McInnis F/L.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ATHLETIC. *(b)* Mentality ALERT.
Body Marks, Scars, Deformities NONE.
Size of Thyroid Gland NORMAL.
Surgical Abnormalities NONE.
Results of Wounds, Injuries, Operations NONE.

	Date 24/11/42. Assessing Room	Date No. 4 U.S. Assessing Room	Date Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	69"	68		
Weight (lbs.)	150#	145		Date
Chest Circumference (ins.)	35"	35		
Body Build (lbs.)	45"	46		
Leg Length (ins.)	40"	43		
Pulse Rate — Sitting	72	72		
Pulse Rate — Standing 1st	84			
Pulse Rate — Standing 2nd	72			
Pulse Rate — After Exercise	108			
Pulse Rate — Time to Normal	15 Sec.			
Arterial Walls	N.			
Blood Pressure — Systolic	122	120		
Blood Pressure — Diastolic	82.	90		
Heart — Size	NORMAL	N		
Heart — Sounds	"	N		
Heart — Rhythm	NORMAL	N		
Lungs	NORMAL	N		
Breath held	"			
Expiratory Force	120 Lbs.			
Vital Capacity (Best of 5)	-			Date
Reflexes — Knee	EQUAL ACTION	N		
Reflexes — Ankle	"	N		
Reflexes — Triceps	"	N		
Reflexes — Abdominal	"	N		
Reflexes — Plantar	FLEXION	N		
Cranial Nerves	NORMAL	INTACT		
Balancing Rod	R. L.	R. L.	R. L.	R. L. R. L. R. L.	
Self Balancing	R. L.	R. L.	R. L.	R. L. R. L. R. L.	
	I.S. I.S.		IS IS	
Tremors — Fingers	SL. FINE		NONE	
Tremors — Eyelids	SL. COARSE		NONE	Date
Abdomen — Liver	NOT PALPABLE		N	
Abdomen — Spleen	"		N	
Abdomen — Muscular Tone	GOOD.		GOOD	
Urine — Albumen	neg		NEG.	
Urine — Sugar	neg		NEG	
Initials of M.O.	[illegible]		S.A.C.	

40 mm. Hg. Test 6/6 7 7/6 6 5/6 6 6/6 5 5 (60 sec.) [illegible]
Date
Date
Date
Date

Remarks by Consultant.

EYE EXAMINATION

History	NORMAL.		
Visual Acuity	R. 20/20 , c 2.50 D = 20/20	20/20 2.50 Blur	
	L. 20/20 , c 2.50 D = 20/20	20/20	
Colour Vision	NORMAL / ISHIHARA	Normal Ish.	
~~Red, Green~~ M.R.	= EXOPHORIA (I II)	Exo. 1" R.H. ½	
Diaphragm Test (P.D. = 6.0)	Base at	21 Exo. 2	
Convergence C. = 6 cms.		6.5	
Convergence S. C. = 7.5 cms.		8	
Accommodation R. 7 cms.		8	
Accommodation L.		8	
Cover Test	SL. EXOPHORIA.	Sl. lat. div. R.E.	
Fundi and Media	NORMAL.	n	
Fields	NORMAL.	n	
Remarks: A, B - A, B (TURRET)		A1B A3B	
	Initials of M.O.	Initials of M.O.A.	Initials of M.O.
	Date 24/11/42.	Date 4-1-43	Date

EXAMINATION OF EAR, NOSE AND THROAT

History	NORMAL.		
Hearing R. Ear	W.V. = 20'	W.V. 20'	
Hearing L. Ear	W.V. = 20'	W.V. 20'	
External Ear, Meatus Membranes R. Ear	NORMAL.	N	
External Ear, Meatus Membranes L. Ear	NORMAL	N	
Middle Ear, Eustachian Tubes R. Ear	PATENT.	N	
Middle Ear, Eustachian Tubes L. Ear	PATENT.	N	
Cochlear Apparatus R. Ear	A.C. > B.C.	N	
Cochlear Apparatus L. Ear	A.C. > B.C.	N	
Vestibular Apparatus R. Ear	NORMAL.	N	
Vestibular Apparatus L. Ear	NORMAL.	N	
Buccal Cavity	HEALTHY	N	
Teeth	GOOD.	N	
Gums	CLEAN.	N	
Pharynx	NORMAL	N	
Nasopharynx	-	N	
Nose	NORMAL.	N	
Larynx	-	N	
Remarks: A. B - A3 B (TURRET.)			
	Initials of M.O.	Initials of M.O.A.	Initials of M.O.
	Date 24/11/42.	Date 4-1-43	Date

HISTORY OF PRESENT CONDITION

Date 27/11/42.

CATEGORY: A.B - A3B (TURRET.)

- A good candidate for air-crew. Alert, in excellent physical condition, and keen to be air-crew.
F/L Mc Lure F/L.

A1B		Lit
A3B	Tu...	...V... 23
A3B		...V...
A3B	Vision	
A3B	Radio	
Sig:		
Date	4	7 43

Night Vision Test B'Mth. 27/32

Low Pressure Chamber - Normal (2)

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

CATEGORY

A1B
A3B - Turret
A3B
A3E - Vision

DATE Jan 4. 43
C F Burt S/L
(C.F. BURT) S/L
President,
No. 4 M.S.B.
Edmonton, Alta.

(N.V.C. - 13)
E.C.G.: Cat. #4, Abnormal Normal.

4-1-43: Young, alert, keen to fly, cool.
Remustered A.E.M.
Cat. A1B A3B Turret
Above Average Pilot Material.
Average Observer Material.

S.A. Carlen F/L

A3B (b)
A3B
CATEGORY: A3B (V) ...APPROVED
DATE.....19 43
No. 3 [illegible] F/L M.O.
[illegible], or B. and G.

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs Thomas Richard Brewer,
Shawnigan Lake,
B.C.

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. 1022-B-6643 FD 311

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

November 30, 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

BREWER, Thomas James Sgt. R133415

R.C.A.F. 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.

ESTATES BRANCH DEC 18 1944 H.Q. OTTAWA NATIONAL DEFENCE

Director of Estates.

DBS/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

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		Thomas Richard Brewer	64	Box 1 Shawnigan Lake. B. C.
4	Mother of the Deceased		Ella Jane Brewer	60	Box 1 Shawnigan Lake. B.C.
5	Brothers of the Deceased	Full Blood	Lewis Richard Brewer	19	S.S. Waterbank Purl Box 9000 Vancouver, B.C.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Selma Ellanor	17	Box 1 Shawnigan Lake. B.C.
		Half Blood	Mrs. W. J. Bell. Mrs. M. M. Robertson	28 29	Shawnigan Lake. B.C. Milnes Landing, B.C.

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Thomas James Brewer
9	Date of his birth.	Dec. 9, 1922
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Telkwa, B.C. July 14, 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Telkwa, B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) B.C. Canada. (c) 18 yrs. 10 months. (d)
14	Nature of employment before enlistment.	Student
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.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
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?	He may have had a Post Office deposit account Overseas.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Canada Life Assurance Co. Toronto Ont.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

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.	—
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.

Ella J. Brewer — Signature of Informant

Shawnigan Lake, B.C. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Ella. J. Brewer

See above. MOTHER {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 Shawnigan this 15 day of December 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. F. G. Audley Qualification Justice of the Peace.

Address Shawnigan B.C.

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

You will have to get particulars of Insurance Policy from the Company as we have'nt seen the Insurance Policy. I have written the Company for particulars.

As our Son's embarkation leave was cancelled at the last minute, we didn't get a chance to discuss his personal affairs with him before going overseas.

PRODUCED OK W.G.Caton

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Gr. General appearance Gr.

COPIED FROM COPIES

[redacted]itability for (state in what capacity) Y.T.S. A.E.M.

Date 14-10-41 Signature J.W. Gibbon Rank Capt

(B) *Report of Trade Test—*

Trade in which tested A E M

Result Passed std A E M for further trng

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.

Date 14.10.41 Signature W.H. Harmer Rank F/O

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Thomas James BREWER do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date 15-10-41 19 T.J. Brewer
Signature of Recruit

(D) **OATH TAKEN BY MAN ON ATTESTATION**

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

Date 15-10-41 19 T.J. Brewer
Signature of Recruit

(E) **CERTIFICATE OF 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 Vancouver, B.C. this 15th day of October, 19 41

W.H. Bannerman F/O RCAF Recruiting Centre, Vancouver, B.C.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 - 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism	NO	(j) Nasal Trouble	NO
(b) Tuberculosis	NO.	(k) Ear Disease	NO
(c) Bronchitis or Asthma	NO.	(l) Eye Disease	NO
(d) Heart Disease	NO	(m) Epilepsy	NO
(e) Kidney or Bladder Disease	NO	(n) Nervous or Mental Disease	NO.
(f) Gastro-intestinal	NO	(o) Syphilis	NO
(g) Rupture	NO	(p) Gonorrhoea	NO
(h) Varicose Veins	NO	(q) Bone Fracture	NO
(i) Flat or Deformed Feet	NO	(r) Other Disease or Defect	Yes.

3. Have you ever worn glasses? NO.

(s) **Have you had any illness of more than one week's duration** yes

T. J. Brewer
Signature of Applicant

Examiner's Remarks *re* above

(r) Measles whooping cough as a child. No sequelae.

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

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

3 small circular scars volar surface Rt. forearm

2. Height 5 ~~4½~~ feet 6 inches. 3. Weight 133 pounds.

4. Complexion medium 5. Color of Eyes blue Hair brown

6. Development ~~Good~~ / Fair / ~~Poor~~ 7. Chest Measurement—Full expiration 35 inches

Range of expansion 1½ inches

8. Hearing—Right W.V. 2/4 Left W.V. 2/4 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right —

Colour vision normally elicited

B.P. 126/84 Left 20/30 Left —

10. Condition of mouth and teeth healthy

Heart blood vessels Reflexes normal.

11. Urine—Albumen Negative Sugar Negative

12. Abnormalities (Congenital and Pathological) found on Examination

Nil

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category **A 1 B.**

Any special remarks of the Medical Officers

6-9-41 X-Ray of Chest Negative neg

"I certify that I have revealed my full medical history and have not withheld any relevant information"

T. J. Brewer

Date 10/8/41 19

Leonard Copeland
President

W D Marshall
Member

Member

SPECIAL RESERVE

AIR FORCE No. R. 133415 POSTED TO No. 1 Manning Depot, Toronto, Ont. AC.2 Standard TRADE Aero Engine Mechanic (Fitter)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname BREWER FULL Christian Names THOMAS JAMES
2. Present Address Shawnigan Lake, B.C. Telephone
3. Permanent Address Shawnigan Lake, B.C.
4. Place of Birth Telkwa, B.C. Citizenship CANADIAN
5. Date of Birth December 9th, 1922 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Messenger 8. Religion Church of England (State denomination)
9. Languages English (State proficiency)
10. Next of Kin (Full Name) Thomas Richard Brewer Relationship TH Father
    " Address Shawnigan Lake, B.C.
11. Father (Full Name) Thomas Richard Brewer Birthplace England
    " Address Shawnigan Lake, B.C. Citizenship Canadian
    " Occupation Miner
12. Mother (Full Maiden Name) Ella Jane Wilkinson Birthplace Guelph, Ont.
    " Address Shawnigan Lake, B.C. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
N.A.						

14. Honours, Awards, Mentions N.A.
15. Are you now on any Naval, Military or Air Force Reserve? No
16. Have you previously made application to join the R.C.A.F.? No If so, where? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? No
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? No If so state nature N.A.
20. Are you in debt? No If so, state particulars N.A.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-82

235-336

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Walcott Public School	1930	1934	General
	Shawnigan Lake School	1934	1936	General
High School—Collegiate Institute, etc.	Cobble Hill High	1936	1940	Completed 3 years
Technical School				
University or School other than above				
Correspondence Courses, etc.				

22. Particulars of all Civil Occupations (in full):

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
J. Heaney Co., Victoria, B.C.	Messenger	1940	1941	

23. Flying Experience (in Hours) Solo None Dual None Passenger None

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Radio

25. Sports engaged in. State: extensively, moderately, occasionally Basketball, Softball (Extensively) Soccer (Moderately)

26. Air Force Duty you wish to enlist for ~~Ground Duties:~~ ~~Flying Duties.~~

If for Ground Duties, state Air Force trade in which you wish to enlist Aero Engine Mechanic (Trainee)
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew). (Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

Name	Address	Occupation
William Heaney	521 Bastion St., Victoria	Cartage Co.
R.R. Brunt	Cobble Hill High School	Teacher
R. Ross	Shawnigan Lake, B.C.	Provincial Police
Thomas More	Shawnigan Lake, B.C.	Minister

28. Other information that may have any bearing on this application None

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date March 3rd 1941 Signature T. J. Brewer

AIR FORCE NO. ~~R133415~~ R

SURNAME: BREWER, THOMAS JAMES (FULL CHRISTIAN NAMES)

ENLISTMENT PLACE Vancouver DATE 15.10.41 — RE-ENLISTMENT

C.R. FILE NUMBER R88

J.93177

OFFICER

RECORD OF SERVICE AIRMEN

Comm 19-2-44

R.C.A.F. FORM R.A.(B) 30M-8-41 (6837) H.Q. 1063-3-56

7. BIRTH: DATE 9.12.22 PLACE Jerkyns BC CITIZENSHIP British

FATHER (FULL NAME) Thomas Richard Brewer

BIRTHPLACE England

MOTHER (FULL MAIDEN NAME) Ella Jane Wellington

BIRTHPLACE Guelph, Ontario

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE	B C
JUNIOR MATRICULATION	3 years B.C.
SENIOR MATRICULATION	
TECHNICAL SCHOOL	
UNIVERSITY	
CORRESPONDENCE COURSES	3

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

Messenger '40-'41 1 year

9510

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	3 BG 13920	11-6-43

12. FLYING EXPERIENCE ON ENLISTMENT (Hours)

SOLO — DUAL — PASSENGER —

13. RELIGION C. of E. 3

14. LANGUAGES English 1

15. SPORTS Basketball Softball Soccer Radio — Hobby

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT) 1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.

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

FULL NAME: Thomas Richard Brewer RELATIONSHIP Father

ADDRESS: Shawnigan Lake B.C. D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
AC	21/1 3/8 42	7 J/227			
Forf 2 days pay AOF	21/12 3 43	E 89			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	15 10 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Request stns	Draw stns	18-10-41	1-3/10.25-1
Ord Dept stns	Draw stns	12-12-41	28 281
	Ots & Rtns	11-4-42	7&782

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Date and Place of Signing R 40

22.(a) ADDRESS PRIOR TO ENLISTMENT

Shawnigan Lake BC

90500

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AF 13	ID. CARD	
5-11-41	23-4-42	21-10-41			✓	EXC ER

AIR FORCE No. R133415

BREWER, THOMAS JAMES
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE Vancouver DATE 15 10 41
RE-ENLISTMENT
C.R. FILE NUMBER

J.93177

OFFICER RECORD OF SERVICE AIRMEN Comm 19-2-44

R.C.A.F. FORM R446(B) 30M-8-41 (637) H.Q. 1085-9-56

1. POSTING (INDICATE S.O.S. AND T.O.S.) Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	1 M.D. Toronto	15	10	41	1 M.D. 251
S.O.S.	1 M.D. Toronto	12	12	41	1 M.D. 299
T.O.S.	T.T.S. St Thomas Ont	13	12	41	TTS 201
S.O.S.	T.T.S. St Thomas	8	4	42	TTS 84
T.O.S.	T.T.S. MacLeod	9	4	42	717-87
S.O.S.	T.T.S. MacLeod	27	12	42	784 309
T.O.S.	4 I.T.S. Edmonton	28	12	42	4 ITS 311
S.O.S.	4 ITS	20	3	43	4 ITS 68
T.O.S.	R.C.A.F. Stn Trenton	21	3	43	E 82
S.O.S.	Stn Trenton	1	5	43	E 121
T.O.S.	3 B&G MacDonald	2	5	43	3 B.G. 106
S.O.S.	3 B.G. MacDonald Man	20	6	43	3 B G 139 A.O
T.O.S.	1 Y.D. Halifax N.S.	21	6	43	1 Y 157
S.O.S.	1 Y to RAF trainees [illegible]	22	6	43	1 Y 160 A1
	Presumed Dead	20	2	44	D.C.C. 568 / [illegible]-11-44
13271	Completed JAN 22 1945				
	Missing	20	2	44	
	P.C. 858 - 20-2-44				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	15	10	41	1 M.D. 251
8				
AC 1	25	5	42	717-171
LAC	1	10	42	717-246
T/Sgt (Cd)	11	6	43	3 B G 139 A.O
P/O 19-2-44 / A.R. 55 / 5-3-45 / H.B. 1324				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
6-4-41	[illegible]	A4B	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL / QUARTERS	ADMITTED / CONFINED	DISCHARGE / RET'N DUTY	D.R.O.
Stn. Hosp.	23-12-41	29-12-41	TTS 5: TTS 5
Stn. Hosp.	2-1-42	9-1-42	TTS 12: 14
Stn. Hosp.	23-1-42	3-2-42	TTS 48, 50

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
A.E.M. (T) 5032	S	15	10	41	1 M.D. 251
A.E.M.	C	25	5	42	717-159
A.E.M.	B	1	10	42	717-235
A.E.M. (ITS) (Remuster)	C	27	12	42	784 309
AEM B u.t. AG		5	3	43	4 ITS 56
Air Gunners	Sp.	11	6	43	3 B G 139 A.O
Gun Off B of J		19	2	44	A.R. 55 / 5-3-45

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
A.E.M. C.	465	25	5	42	717 T.T.
A.E.M. B	62	17	8	42	717 T.T.

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
21-7-42	4-8-42	14		717-122
23-12-42	29-12-42	5	Christmas	784-294
4-3-43	21-3-43	17	Leave bet Crs	4 ITS 56
12-6-43	19-6-43	8	Special	3 B G 139 A.O

COPIED

R.C.A.F. | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | RELIGION | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. R 133415 J-93177.

SURNAME: Brewer

FULL CHRISTIAN NAME: Thomas Daniel

ENLISTMENT/APPOINTMENT
PLACE Vancouver B.C.
DATE 16-10-41

RELIGION C. of England

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

Comm 19.2.44.

R.C.A.F. FORM R.230
100M-3-43 (2137)
H.Q. 556-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
9-12-22	Telkwa	B.C.	Canadian	British

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY Figure skating
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Student

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
1-10-41	A4B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: Single

WIFE (FULL MAIDEN NAME) OR HUSBAND:

PRESENT ADDRESS (IN PENCIL):

PLACE OF MARRIAGE: DATE:

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

MOD COPIES

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mr Thomas Richard Brewer (Father)
Clearwater Lake B.C
Vancouver Island

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O(R) SS. GL. GUNN.	19-2-44	Do 1324/45	AFRO 425/45

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

T4 AIRMEN AND AIRWOMEN 3031

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Aw2	16 10 41		Ld. AEM	15 11 41	RCAF Brantford
Aw1	25 5 42	ORO 1171	Trainee		
LAC	1 10 42	ORO 246	AEM "C"	25 5 42	ORO 159
			AEM "B" (OTAG)		ORO 52
			Remustered Aw		
Temp Sgt (RA)	11 6 43	ORO 139	Trainee (Special Temp)	11 6 43	ORO 139

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP	%	PF	DATE
Aero Engine Mechanic (Ldg)				15 10 42
AEM	C	76⅔	P	25 5 42
AEM	B	62	P	1 10 42
Air Gunner				11 6 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J-93177. R133415

BREWER THOMAS JAMES

SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE
DATE

RELIGION ✓

R.C.A.F. FORM 8330

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
24.9.43	30.9.43	7	P. Leave	Hammondville 1665 Sqdn 14/10/43
27.10.43	1.11.43	6	PU	1665 Sqdn 28/11/43
15.12.43	20.12.43	6	P. Leave	166 Sqdn 24/12/43
9.2.44	15.2.44	7	P. Leave.	166 Sqdn 9/2/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS	TOS	FROM	TO	DATE	AUTHORITY
SOS		#2 A.G.G.T.S.	#3 E.F.T.S. A.	1 5 41	ARO 121
SOS		#3 E.F.T.S.	1 "Y" Depot	20 6 43	ARO 139
SOS		1 "Y" Depot	MMTP	6 43	ARO 161
		Emb. Canada		23 6 43	
		Disemb. U.K.		1 7 43	
		C.G.S. 3 P.R.C.		2 7 43	
	TOS	81 O.T.U.		9 7 43	3 P.R.C. 12/7/43
S.OS		81 O.T.U.	to 1667 C.U.	10 8 43	81 O.T.U. 12/8/43
ATT.		165 B.C.U.	to 1481 (B) T.D.	30 12 43	165 B.C.U. 19/1/43
ATT.		165 B.C.U.	to St. Hammond	23 9 43 / 2 10 43	[illegible]
T.O.S.		166 Sqdn.	from 165 B.C.U.	2 10 43	166 Sqdn. 3/11/43
S.O.S.		156 Sqdn.	from 166 Sqdn.	19 1 44	156 Sqdn. 4/1/44 / 166 Sqdn. 4/1/44
C.T.T.A.		to F.F.T.U.	from 156 Sqd	30 1 44	156 Sqd 7/1/44
F/B		Missing from 156 Sqd.		20 2 44	AFRO 902/44 156 Sqd 19/2/44 CR 432
SOS.		156 Sqd	to U.K. N/E. Unit.	20 2 44	156 Sqd 19/2/44
TOS.		R.C.A.F. N/E Unit	(A)	21 2 44	NEU 9/44
CANCELLED AR STILL "MISSING"					CR 489 dt 5/6/44 CR 548 dt 23/8/44
Struck to Comm. Missing Believed Killed				19 2 44	156 Sqd 23/8/44 Casualties
PRESUMED DEAD 9/1				20 2 44	CR 615 AFRO 2585/44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Admonished & forfeited 1 day's Pay (A.W.L.) 6 12/43	166 Sqdn 3/1/44

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
11 6 43	Air Gunners Badge	ARO 139
17 1 44	Auth. to wear ribbon for 1939/43 Star	166 Sqn. 3/44
15 1 44	Can. Vol. Ser. Medal Clasp - Maple Leaf	156 Sqn Diary

COPIES Authorized

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

REPORT

From: No 2 M.R.E. Unit, Royal Air Force, B.A.O.R.

To: Air Ministry, S.7 Cas (C) 73-77 Oxford Street, LONDON, W.1.

Copies to: R.A.F. Liaison Officer to D.D.G.R. & E., c/o H.Q., B.A.O.R.
RCAF

Date: 1st of February 1947

Your file or folder reference: P. 413846/44/P.4 Cas M.R.2

Your Casualty Enquiry Number: H 470

Our Reference: 2 MREU/2036/Air/H 470

Name of Search Officer(s), and number(s) of Section(s). F/Lt. K.G. SPRINGBORN

Target: LEIPZIG

Aircraft type and Serial Number: LANCASTER J.A. 921

Date reported missing: 20-2-1944 at 05.30 hrs.

Place of crash, with Map reference: KEMNES Z 331093

Place of burial, with Map reference: "RUSTHOF" Cemetery, AMERSFOORT (Holland)

REW: -	15543 O	A/W/O	STANNERS,	R.	Capt.
	1577726	Sgt.	HOPCROFT,	E.	Nav.
	J. 22366	F/O	KINSMAN,	E.J.C.	Nav. 2.
	1066930	Sgt.	HUGHES,	H.W.	Wop/Air
	1131229	Sgt.	FRANKETT,	R.	A/ B
	1602737	Sgt.	MERCER,	A.C.G.	MUG
	R 133415	Sgt.	BRUNNER,	T.	R/Gnr.

GENERAL REMARKS: Graves 176 and 177 were exhumed with the intention of confirming the fate of Sgt. HUGHES and the possibility of finding more than the remains of one body, in these coffins. These 2 bodies were badly mutilated at the time of the crash Grave no. 178 also contained 2 bodies.

However the remains of Sgt. HUGHES were not recovered and it is presumed that his remains are still in the aircraft which is still in the ground near KEMNES.

It is suggested that the remains of the aircraft be raised.

Grave nos. 176 and 177 and 178 have been registered. Your comments are awaited.

Squadron Leader,
Officer Commanding No. 2 M.R.E. Unit (Det),
Royal Air Force - THE HAGUE - Holland

Result of Investigation and Findings, on reverse side.

S.14 (Cas.)C.5

[redacted]

POST PRESUMPTION MEMORANDUM NO.3763/48

FILE NUMBER P.413846/44 DATE 26/7/48

Relating to LANCASTER JA.921 Missing on 20/2/44

Crashed at EEMNES, HOLLAND

NUMBER	RANK	NAME	BURIAL DETAILS	INFORMATION
			AMERSFOORT CENERAL CEMETERY Plot Row Grave	Holland
R.133415	Sgt.	BREWER, T.J.	13 J 177	Information on file states that five members of the crew are buried in the Cemetery indicated. One member is presumed to be still in the aircraft. One member is safe.
1577726	Sgt.	HOPCRAFT, E.	13 I 176 Collective	
1554370	A/W.O.	STANNERS, R.		
1602737	Sgt.	MERCES, A.C.G.	13 I 178 Collective	
1131229	Sgt.	FRANKETT, Q.		
1066930	Sgt.	HUGHES, H.W.	No known grave	
J. 22366	Fg.Off.	KRYSKOW, E.J.C.	Safe	Case Closed.

Circulation:
P.File
B.1(Alpha)
B.1(Chron.Cards)
B.1(MEM)
S.14 Cas. (C.5)
S.14 Cas. (C.6)
Cas. Can. (2)

G.203447(d)/EJW/7.48.

B.F. DATE ✓

OFFICIALLY PRESUMED DEAD

NO. 168309 RANK P/O NAME BREWER T J

UNIT OVERSEAS EFT. DATE 20 Feb 44 D.O.L. #868d/11/Nov/44.

MFW2643 rec'd N.A. E.236 DEFICIENCY LIST ✓ mf

STN. FILE rec'd 27-1-45 E.10 (INCLUDING E13) ✓ mf

E.10 to DRS(AIR) N.A. PFH65a DENTAL REV. ✓ mf
(Natural Death only)

DEATH CERTIFICATE ✓ mf

23-3-45

match with F.T.R Sent 15/8/43

F.T.R 13/10/42

ROYAL CANADIAN AIR FORCE

TRAINING REPORT

AIR GUNNER

T1 O.T.U

1. Surname BREWER Christian Names ~~Thomas James~~
2. Number R133415 Rank ~~Sgt~~ Sgt Course No. 53
3. Posted from ~~No. 2 A.G.G.T.S. Trenton~~ Posted to ~~No. 1 Y Depot, Halifax.~~
4. Duration of Course: From ~~22/MAR/43~~ To ~~11/June/43.~~
5. Aircrew Category ~~AIB A3B T~~ Height ~~69"~~ Girth ~~35"~~
6.

EQUIPMENT USED				
Type Aircraft	Type Gun		Type Turrets	
	In Air	Ground	In Air	Ground
~~Anson.~~ Battle	V.G.O.	V.G.O.	Bristol	Bristol Fraser Nash Boulton Paul
		Browning		

7. ~~STAGE I~~

	Mks Poss	Mks Obtd.
Armament Oral	100	65
Armament Written	300	238
Anti-Gas	100	80
Aircraft Recognition	100	73
Mathematics	50	42
Navigation	100	73
Law, Admin., Hygiene, etc.	100	68
Signals	100	55
TOTAL	950	691
Percentage		73.%

8. STAGE II

Air and Ground Training			Assessment		
	Day	Night	Subject	Mks. Poss.	Mks. Obtd.
Flying Time	27:35		Armament Written	150	133
Films Exposed	108'		Practical & Oral	100	85
Hrs. Turret Manip	15:00		Aircraft Recognition	100	87
Skeet (# Rds)	400		Drill	100	65
25 X Range	745		Signals	100	65
200 X Range	800	400	Ability as Firer	100	72
Air to Ground	400		TOTAL	650	505
Air to Air	3700		TOTAL TRNG. MARKS	1600	1199
% Hits Air to Air	9%		Percentage		75.1%
			Personal Assessment	800	476

9. No. in Class 109 Position in Class 53 Pass or Fail Pass
10. Recommended for commissioned rank No.
(Yes) or (No)
11. Experience in arming, loading and harmonizing turrets, etc.

No. of Hours 3:00 hours.

Suitability for further training as a Gunnery Instructor	Not at all Suitable	Moderately Suitable	Definitely Suitable	Extremely Suitable
		X		

Mark "X" in the appropriate column

13. REMARKS:- Average Discipline
Practical knowledge fair
Average Air Gunner material

Date: 30/APRIL/43

M Pulling F/O
Chief Instructor

Date: 30/APRIL/43

Officer Commanding
No. 2 A.G.G.T.S.,
R.C.A.F. Station, TRENTON, Ont.

14. REMARKS:-
A neat appearing lad; keen and responsive. Has a good service outlook and of average intelligence. Will make a good Air Gunner. Volunteered to forego his normal embarkation leave to proceed overseas immediately on graduation.

Date: 11/June/43.

S/L.
Chief Instructor

Date: 11/June/43.

Commanding Officer, C/O.
No. 13 S.F. & Bombing,
MACDONALD, Manitoba.

FORM T82

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

1. PLACE OF DEATH
Name of city or place: OVERSEAS (GERMANY) Name of Municipality (if any):
Street or road: House No.
(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)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED BREWER (Surname or last name) THOMAS JAMES (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Shawnigan Lake Name of Municipality (if any): British Columbia
Street or road: House No.

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

10. Date of Birth: December (Month by name) 9th (Day) 19 22 (Year)

11. AGE

Years	Months	Days	If less than one day
21			hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Air Bomber
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: R.C.A.F.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation: February 20th 1944 **14.** Total years spent in this occupation: Two

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

16. Name of father: Brewer (Surname or last name) Thomas Richard (Given or Christian names)

17. Maiden name of mother: Wilkinson (Surname or last name) Ella Jane (Given or Christian names)

18. Birthplace:— Father: England (Province or Country) Mother: Ontario (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 25th day of November 1944
Signature of informant: [signature] For (R.C.A.F. Records Officer) Relationship to deceased:
Address:

20. Burial, Cremation or Removal: Date (Month by name) (Day) 19 (Year)
Place of Burial: (Municipality) Cemetery:

21. Undertaker:— Name: Address:

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH February (Month by name) 20th (Day) 19 44 (Year)

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

CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Previously reported missing after air operations, now for official purposes, presumed dead. due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (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?

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? Accident Date of injury: February 20th 19 44
Manner of injury: Presumed killed during air operations (How sustained)
Nature of injury:
Specify whether injury occurred in **industry**, in **home** or in **public place**: public place

Signed by **Designation** M.D., Coroner, etc.
Address **Date** 19

28. I hereby certify that the above return was made to me at
Dated 19 (District Registrar)

District Registration No.

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 reverse side before making out certificate.

Appendix "A" to A44/7

ROYAL CANADIAN AIR FORCE

RECOMMENDATION FOR REMUSTERING TO AIRCREW

1. No. R.133415 2. AC1 (present rank) BREWER (name) T.J. (initials)

3. Trade and Grouping A.E.M. "C" 4. Station No. 7 SFTS, Macleod, Alta.

5. Date of Enlistment 15-10-41 6. Date of Birth 9-12-22

7. EDUCATION	FROM	TO	DIPLOMAS OR STANDING
HIGH SCHOOL	1936	1939	3 yrs. High School
UNIVERSITY			

8. Remarks

Qualified educationally in Education Course held at No.7 S.F.T.S., R.C.A.F., Macleod, Alberta.

Signature [illegible] Unit Education Offic.

9. Flying Experience

Aircraft	Solo	Dual	Passenger	TOTAL
No.7 SFTS			10 hr.	
TOTAL HOURS			10 hrs.	10 hrs.

OTHER INFORMATION This man is particularly anxious to become a Pilot.

10. MEDICAL OFFICER

This airman was medically examined on Form R.C.A.F. M2 24/11/42 (date) and found him to FIT. (fit or unfit) for aircrew duties, his Category being A.1.B-A.3.B. (TURRET)

Remarks of Medical Officer Good air crew material.

Signature [illegible] F/L. M.O. Date 24/11/42.

RECOMMENDATION AND REMARKS OF COMMANDING OFFICER

This airman has served the minimum period of six months as a A.E.M. (Tradesman & Std(G.D)) to be eligible for remustering to Aircrew and is recommended for training as shown hereunder.

(1) [X] Aircrew(I.T.S.) (To be selected at I.T.S. as Observer, Air Bomber, Navigator or Pilot).

(2) [ ] Aircrew (W.S.) (Wireless Operator Air Gunner).

(3) [ ] Aircrew (A.G.) (Air Gunner)

or

(4) [ ] Educational Course (School of Mathematics and Science No. 4 "M" Depot

Average remuster material.

Signature of Commanding Officer [illegible] S/Ldr.

(Para. 11 Must be completed and signed by Commanding Officers)

(For Headquarters use only)

Selected for training as ..... (Initials) ..... (Date)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

CAN.J.93177

GENERAL INFORMATION

(GL)(G.O.)(CFR)(FIELD) BREWER, Thomas James (SR)

Birth Date	Age on Appointment	Date of Appointment
9-12-22	21	19-2-44 D

POSTINGS AFRO 425, d/9-3-45.

Rank	Date	Station	Date	Duty
P/O	19-2-44	OVERSEAS		GUNNERY OFFICER.
		Previously reported "MISSING" 20-Feb-44 after air operations overseas and subsequently reported "MISSING BELIEVED KILLED". Now "PRESUMED DEAD" 20-Feb-44.		

R.C. [illegible] 1968
20M-[illegible] (3618)
H. Q. 555-R-1938
K.P- 58145

LOWE-MARTIN CO. LIMITED

FV.46595. PERSONAL EFFECTS OF NO: R.133425. SGT. BREWER. T.J.

1 carton contg;-

1 kitbag.
2 pullovers.
2 shirts.
3 vests.
1 pyjama trousers.
1 pr. leather gloves.
2 torches.
5 handkerchiefs.
1 Jiffy Kodak camera.
2 belts.
1 steel mirror.
1 sweat shirt.
7 books.
1 New Testament.
1 Diary.
2 A/C badges.
1 pr. braces.
1 Canada shoulder flash.
1 writing case with various letters. photos, etc.
1 silk scarf.
2 prs. pants.
1 pr.combs.
1 swimsuit.
1 tobacco pouch.
1 duster.
12socks.
1 pr. plimsoles.
1 pr.suspenders.
2 toothbrushes.
1 comb in case.
1 book.
1 notebook.
1 pr. shoe trees.
1 lock.
1 toothbrush.
1 British Columbia Flag.
1 wallet.

NOTE:

Post Office Savings Bank Book. Kirmington, No.449. extracted and forwarded to Officer, i/c Estates, RCAF O/S, H.Q. London. by the Unit.

WILL

R.C.A.F. r.60

(1) I,..BREWER..Thomas,..James.....of the (City / Town / Village / Township)

of..Shawnigan Lake.....in the District of County .....

Province of ...British Columbia.....Student.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number....R 133415.....Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My Mother Mrs. Ella Brewer
of Shawnigan,Lake, B.C.

My Whole Estate

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint..My Mother Mrs..Ella.Brewer.....of.the.above.address...
(Name) (Address)

Executrix .....to be the Executrix of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this ....20th.....day of

.....Oct.....19.41....

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

J. J. Brewer
(Signature of Testator)

(5) Signature..William Gray

Address ..No. 1 Manning Depot. R.C.A.F. Toronto.

Occupation..Clerk

Signature..Allan G. Hall

Address..No. 1 Manning Depot. R.C.A.F. Toronto

Occupation..Clerk

NAME BREWER, Thomas James FILE NO. 1022B-6643

RANK Sgt. Air Gunner CATEGORY XXXXXXXX PRES. DEAD REG. NO. R133415

DATE OF DEATH: 20 Feb. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 6-3-44 ROYAL MESSAGE: MAR 23 1945 MEMORIAL CROSS TO CHAPLAIN: MAR 22 1945
To mother & father

To Mother and Father-29-11-44

DEL'D TO MOTHER:

DEL'D TO WIFE:

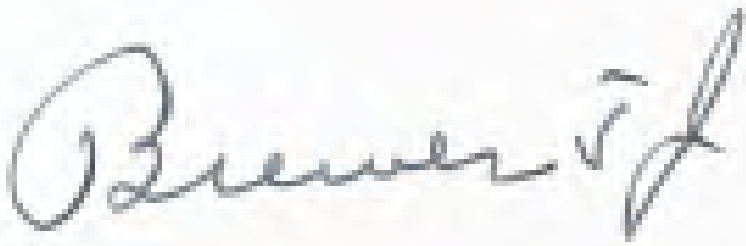
Mr. & Mrs. Thomas Richard Brewer,
Shawnigan Lake, B.C.

COMMAND:

RELIGION:

WO-


No. 334 Pte 1082



CRUS c. 674
c. 860/42
c. 845/42

BATTLE
Form 667 a.
CASUALTY

NAME R.183415

RANK & No. .....

NON-EFFECTIVE

ROYAL AIR FORCE

FLYING CLOTHING CARD

BALANCE OF [redacted] FLYING KIT CLEARED UNDER [redacted]

Date of Issue and Unit Stamp

JUL 1943
R.A.F. C.U. SOUTH

Signature of Equipment Officer

1	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
268	Boots, flying, knee	1	7/7	[illegible]	J.J.B.		
274	Socks	2	1				
	Caps, flying						
	Earpieces, Type B... ..						
	Ring, earpiece securing ..						
	Caps, blank						
761	Gauntlets, flying, left hand ..	1	7/7	5[illegible]	1		
761	" " right hand ..	1	1	1	1		
272	Mitts Knitted	1	1	1			
292	Linings, gauntlets	1	1	1			
294	Gloves, silk	1	1	1	J.J.B.		
3-3	Suits, flying, Collars	1	1	1			
575	" " Linings, inner ..	1	1	1	1		
273	" " Suits, outer ..	1	1	1			

2	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity issued	Date	I.V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
8	Goggles	1	2/7	5937	J Jones		
	Glasses, tinted						
	" non-tinted						
	Spectacles, anti-glare						
	Respirators, complete						
	Helmets, steel						
	Nets, camouflage						
	Ointment, anti-gas						
	Capes						
	Covers, cap						
	Curtains, steel helmet						
	Eyeshields						

3	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity Issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
	Helmets, flying, Type B. .. (Without Mask, Oxygen)	1	7/9	5737	J. J. B. 1		
	Masks, Oxygen, Type D. ..						
	Masks, Microphone, Type E. .. (Non Oxygen)						
	Masks, Microphone, Type E. .. (Oxygen)						
	Receiver, telephone, head, Type C...						
	Pistol, revolver No.						
	Pistol, automatic, .455 No. Sorts Webley	1	14/10	[illegible]	[illegible]	[illegible]	[illegible]
	Magazines, .455 .. Sorts Webley	1	"	[illegible]	[illegible]	[illegible]	[illegible]
	Brushes, cleaning .. Stores R. H. L.	1	7.10.42	2	J. J. B.		
	Rods, cleaning .. Stores R.H. R.	1	"	2	J. J. B.		
	Sinnings Store R.H.	1	"	2			
	" " R.H.	1	"	2			
	Lewis Gun Sights	1	11/10	3392	J. J. B. 1		

4 ITEM.		ISSUES.				RETURNS.	
Reference Number	Description	Quantity Issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
	S KIT	1	3/7	5937	J.J.B.		
	OCKS WORSTED	2	1	"			
	SUITS BLOUSES	1	1st				
	TROUSERS	1	1	1			
	TUBING FLEXIBLE	1	3/7	5937			
	CHAMOIS						
	CONTAINERS ANKLE						
	PADS H/C						
22C	Vests Rayon	2	16/7/43	13827			
	Drawers Rayon	2	-"-	13827	J.J.Brown		
22 9. 43	Shirts Khaki	1	-"-	13827			
23	Shirts A/Drab.	1	-"-	13827			
	Torch Elect	1	6/9	27843	Sig. Brown		

5	ITEM.		ISSUES.			RETURNS.	
Reference Number	Description	Quantity Issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
67	Mask Oxygen Type R.	1	15/7/43	27843	F A Brewer		
	Tubing Flexible	1	"	"			
	Sucker	1	"	"			
	Bells Dry.	2	6/9				
	Mirror Binocular.	1	"				
	Microphone Assy	1	"		T J Brewer		
	Receiver Telephone	1	"				
726	Belts Pad.	1	6.9	29			
717	Seat Connectors	R	"				
711	Waistcoats	1	6.9	29	T J Brewer		
	Suits Buoyant.	1	"	"			
	Pad Flotation	1	"	"			

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

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

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

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

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

1

Air Force No. R133415 Surname Brewer

Christian Names (in full) Thomas James

Date of Birth 9-12-22 Religion C. of E.

Date of Enlistment/Appointment 10-10-41

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

Occupation in Civil Life Student

Signature of Holder T. J. Brewer

Name and Address of Next-of-Kin

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

Mrs. Thomas Richard Brewer (Father) Shawnigan Lake, B.C.

Certified Correct [illegible]

Date 16-6-42 Place [illegible]

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
Spec'l	11/6/43	139	J. H. Kelley P/O

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/Sgt	11/6/43	139	J. H. Kelley P/O

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

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 and Authority	Signature and Rank of Officer
1250	21-6-43	D. Grierson P/O

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
21.10.41	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized abbreviations and symbols	Signature of Dental Officer

R.C.A.F. A.47A
100M—4-43 (3174)
H.Q. 885-A-47A

R.133415 Flgt Brewer, Thomas James