(9)

DEPARTMENT OF NATIONAL DEFENCE

Regtl. No. R 57540

P.F. Unit

MEDICAL HISTORY OF

SURNAME Hickey CHRISTIAN NAMES Lawrence Francis

TABLE I.—General Table

Birthplace { Town Kingston / Province Ont.

Examined { on 4 day of June 1940 / at Vancouver B.C.

Declared age 21 years days

Apparent age years

Trade or occupation C.N.R.

Height 5 feet 10 inches. Weight, stripped 147 lbs.

Colour of Hair Brown Complexion Med.

" Eyes Hazel.

Chest Measurement { Girth when fully expanded 37 inches / Range of expansion 3 inches

Physical development (Good, fair or poor)

Vital Cap. 5000

Vaccination marks

Arm	Right	Left
Number	—	1

Reflexes Normal

When vaccinated Childhood.

Vision { R.E.—V 20/20 / L.E.—V 20/20 } With Glasses { R — / L — }

Hearing, R. ear W/V 20' L. ear W/V 20'

Identification marks, such as Tattoo, Moles, Scars, etc.—

2 small brown birth-marks on dorsal surface of pennis.

Defects or ailments:—

Phimosis Normal.
Urinalysis negative
Typ. Chem 6. Normal.

Examined and found—

FIT FOR CATEGORY { A / B / B / C }

(Strike out those which do not apply)

Signature W D Marshall

(Rank) Reame. Tr

Enlisted or appointed { at / on day of 19

Joined on enlistment or appointment	CORPS	REGTL. No.
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

DATE	BRIEF DETAILS AND SIGNATURES	
4-6-40	X Ray Chest. Negative.	J.J.
15-6-40	TET. Tox i	J.M.S
22-6-40	Vacc + TAB iii	J.M.S
13-9-40	Tet Tox ii K Running.	
18-8-41	Annual T. & B.T.	
18-8-41	Dick Test - neg.	
18-8-41	Schick Test - Pos.	E.O.C.
25-8-41	Diph. Toxoid i	
22-9-41	" " ii	
30/2/42.	Wasserman Rey. Blood Groups International "O"	E.O.C.
6-7-42	Waisserman Negative	D.M.S
16-9-42	T.A.B.T. Annual J.H. Bentley F/L	
14-11-42	X ray of sinuses - Both antra appear clear. Ds absence of the frontal sinuses D.M.S.	
7-4-42	X ray of stomach - No evid of disease in Stomach or duodenum D.M.S.	
14 Apr 44	Annual T.A.B.T. ½ cc D.M.S.	
26 May 44	1 ray of chest Negative See ind 20	
24-5-44	Med Cat A1B. A3B. F Eagleham	
2 Aug. 44	S.O.S. Killed in flying Accident *135 F.T.S. North Battleford, Sask. A.H. Moore F/L	
3 Aug 44	R 78A. Completes. A.H.M. F/L.	

TABLE IV.—Service Table

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Became non-effective by

on day of 19

(Signature)

(Rank)

For disposal of this form use K.R. Canada, 1594, 1597 and 1611.

M.F.B. 313b.
50M—12-39 (3361)
H.Q. 1772-39-439

TABLE II—Only for admissions to Hospital or to the Sick List in cases treated in quarters

NAME OF HOSPITAL	ADMITTED TO HOSPITAL			DISCHARGED FROM HOSPITAL			DISEASE	NUMBER OF DAYS IN HOSPITAL	EACH ENTRY WILL BE ACCURATE, BRIEF AND RELEVANT Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used.	SIGNATURE MEDICAL OFFICER
	Day	Month	Year	Day	Month	Year				
Stn. Hosp. Tranton	20	1	41	25	1	41	Measles Germ.	5	Discharged to Duty (DCC)	L Williams Capt
#8 S.F.T.S. Moncton, N.B.	14	10	42	20	10	42	Acute Sinusitis	6	Discharged To Duty	D M Grant S/L
# 8 L.A.A. S. Moncton	3	11	42	5	11	42	Coryza	2	Discharged to Duty	R Mackay F/L
# 8 S.F.T.S. WEYBURN, SASK	1	Feb	44	4	Feb	44	Cardiza	3	To duty.	

CONFIDENTIAL

RECHECK.

R.C.A.F. M.3
50M—12-39 (3211)
H.Q. 1062-10-2

R57940

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ontario. *Date* 24/6/40.

FILE NUMBER

Surname Hickey *Chr. Names* Lawrence Francis
Nature of Commission *Date of Birth* 10/1/17 *Married or Single* S.
Branch *Hours Flown* None.
Address Box 43, Summerland, 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")	K.O. Fell off cliff: no sequalae.
	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	No
	Diphtheria, Scarlet Fever or Scarlatina	No
(iv)	STOMACH or BOWEL TROUBLE	No
	Chronic Indigestion or Pain after Food	No
(v)	KIDNEY or BLADDER TROUBLE	No
	Syphilis or Gonorrhœa	No
(vi)	TROPICAL DISEASE	No
	Malaria	No
	Dysentery	No
(vii)	EYE TROUBLE or Inflammation of Eyelids	No
	Wearing of Glasses	At school for 2 years.- Not now.
	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	Tonsil and Adenoids.
(x)	Any Illness or Injury not mentioned above	Measles and chicken pox.

Education Summerland High. 12th Grade Pass.
Present Occupation R.C.A.F. Hobbies Sailing, water cycling.
Previous Service Nil.
Athletics Swimming, hockey.
Habits—Smoking Cigs. light. Alcohol Occassional, beer.

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 (0) ~~Alive—Health~~ (....) 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 24/6/40 *Signature* Lawrence F. Hickey. *Witness* Rec'd Jun 24/6/40.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Good *(b)* Mentality Standard.
Body Marks, Scars, Deformities Nil
Size of Thyroid Gland Normal.
Surgical Abnormalities Ext. inq. rings, lax: no hernia.
Results of Wounds, Injuries, Operations

	Date 22/6/40	Assessing Room	Date	Assessing Room	Date	Assessing Room
Height (ins.)	70					
Weight (lbs.)	149½					
Chest Circumference (ins.)	36					
Body Build (lbs.)	+ 3½					
Leg Length (ins.)	43					
Pulse Rate — Sitting	84					
Pulse Rate — Standing 1st	96					
Pulse Rate — Standing 2nd	84					
Pulse Rate — After Exercise	108					
Pulse Rate — Time to Normal	10					
Arterial Walls	Soft.					
Blood Pressure — Systolic	120					
Blood Pressure — Diastolic	80					
Heart — Size	N					
Heart — Sounds	N					
Heart — Rhythm	N					
Lungs	N					
Breath held	90					
Expiratory Force	130					
Vital Capacity (Best of 5)	4800					
Reflexes — Knee	N					
Reflexes — Ankle	N					
Reflexes — Triceps	N					
Reflexes — Abdominal	N					
Reflexes — Plantar	Fl.					
Cranial Nerves	PE&A					
Balancing Rod	R. L. 1S 1S	R. L.	R. L.	R. L.	R. L.	R. L.
Self Balancing	R. L. 1S 2S	R. L.	R. L.	R. L.	R. L.	R. L.
Tremors — Fingers	SF					
Tremors — Eyelids	SF					
Abdomen — Liver	N					
Abdomen — Spleen	N					
Abdomen — Muscular Tone	Good					
Urine — Albumen	Neg.					
Urine — Sugar	Neg.					
Initials of M.O.						

40 mm. Hg. Test 78 secs. -x--7/788/887/777/887/888.
Date
Date
Date
Date

Remarks by Consultant.

P. E. Index -- 45

Remarks on any Abnormalities Found

Date 22/6/40.

Has had heavy cold.

Date

Date

EYE EXAMINATION

History: Negative.		
Visual Acuity: R. 20/20-3, c 2.25 = 20/50		
Visual Acuity: L. 20/20-3, c 2.25 = 20/50.		
Colour Vision: Normal.		
Red, Green		
Diaphragm Test (P.D. = 61): Blurr at 2 Eso.		
Convergence: C. = 6. cms.		
Convergence: S. C. = 13. cms.		
Accommodation: R. 8.5 cms.		
Accommodation: L. 8.5 cms.		
Cover Test: Lat. div. r&l rec. rapid.		
Fundi and Media: Normal.		
Fields: Normal.		
Remarks: Satisfactory.		
Initials of M.O	*Initials of M.O*	*Initials of M.O*
Date 22/6/40.	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

T&A at ~~3~~ -- 6&13.

History

Hearing: R. Ear	W. V. 20'		
Hearing: L. Ear	W. V. 20'		
External Ear, Meatus Membranes: R. Ear	N		
External Ear, Meatus Membranes: L. Ear	N		
Middle Ear, Eustachian Tubes: R. Ear	Pat.		
Middle Ear, Eustachian Tubes: L. Ear	Pat.		
Cochlear Apparatus: R. Ear	N		
Cochlear Apparatus: L. Ear	N		
Vestibular Apparatus: R. Ear	N		
Vestibular Apparatus: L. Ear	N		
Buccal Cavity	N		
Teeth	Good		
Gums	Healthy		
Pharynx	"		
Nasopharynx	"		
Nose	Septum deviated to left.		
Larynx	Normal.		
Remarks: Satisfactory.	*Initials of M.O* [signature]	*Initials of M.O*	*Initials of M.O*
	Date 22 6 40	*Date*	*Date*

HISTORY OF PRESENT CONDITION

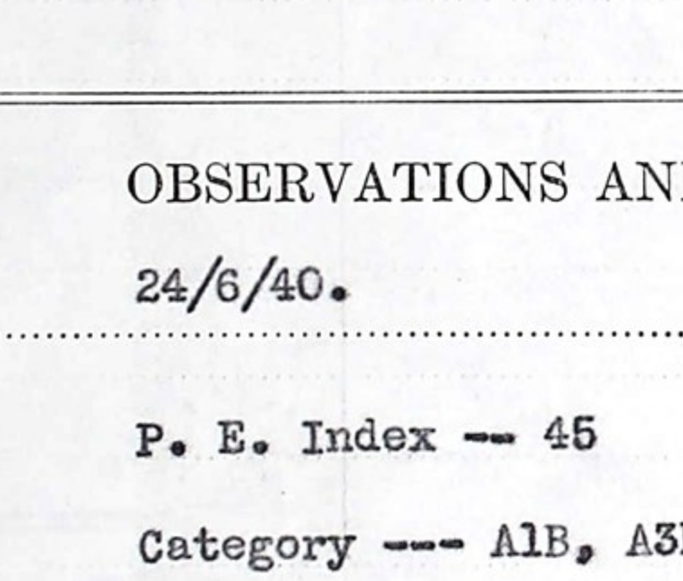
Date.....

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 24/6/40.

P. E. Index -- 45

Category --- A1B, A3B.



Form 3

J10966

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for Improper use, $300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.

No. 19

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of ..... Municipality No. .....

1. PLACE OF DEATH 5 miles North West of South Battleford, Sask.
(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

2. LENGTH OF STAY (in years, months and days)
(a) In municipality where death occurred N/A (b) In Province 6 months (c) In Canada (if immigrant) Life

3. PRINT FULL NAME OF DECEASED LAWRENCE FRANCIS HICKEY R.C.A.F. J10966.

RESIDENCE No. 13 S.F.T.S.(ROAF) North Battleford, Sask.
(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX	5. CITIZENSHIP	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word)	8. BIRTHPLACE (Province or Country)
Male	Canadian	English	Married	Ontario

9. DATE OF BIRTH 2-June-1919 (Month, day and year)

10. AGE in

Years	Months	Days	If less than one day
25	2	0	....hrs. or ....min.

USUAL OCCUPATION

11. Trade, profession or kind of work as **farmer, teamster, office clerk,** etc. Flying Instructor

12. Kind of industry or business, as **agriculture, lumbering, bank,** etc. R. C. A. F.

13. Date deceased last worked at this occupation 2-August-44

14. Total years spent in this occupation 4

PARENTS

15. Name of father Thomas Francis Hickey

16. Birthplace of father Renfrew, Ontario (Province or Country)

17. Maiden name of mother Katie Florence ----------

18. Birthplace of mother Micham County, Surrey, England. (Province or Country)

19. Signature of informant A. H. Moore F/L

Address No. 13 S.F.T.S., North Battleford, Sask.

20. Relationship to deceased None

21. Place of burial, cremation or removal Summerland, B. C.

Date of burial, cremation or removal ....19....

22. Signature of Undertaker or person acting as Undertaker ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August (Month) 2 (Day) 1944 (Year)

24. I HEREBY CERTIFY that I attended deceased from August 2 1944 to Aug. 2 1944 and last saw h.. alive on August 2 1944

CAUSE OF DEATH

		DURATION Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Burns			1
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) multiple fracture			1
	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? no Date of operation ....19....

State findings ..... Was there an autopsy? no

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

Accident, suicide or homicide? Accident (State which) Date of injury August 2 1944

Manner of injury Crash in aircraft (How sustained)

Nature of injury Burns, multiple fractures.

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

Signed by Wm Sinclair Coroner

Address North Battleford **Date** Aug 3 1944

28. I hereby certify that the above return was made to me at .....

Dated ....19.... (Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. *(See reverse side for instructions)*
Every item of information should be carefully supplied.

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

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK F.L NO. J 10966 NAME HICKEY L.F.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	(A) Mins	2ND PILOT (B) Hrs	(B) Mins	DUAL (C) Hrs	(C) Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	(D) Mins	2ND PILOT (E) Hrs	(E) Mins	DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	(G) Mins	2ND PILOT (H) Hrs	(H) Mins	DUAL (J) Hrs	(J) Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	(K) Mins	2ND PILOT (L) Hrs	(L) Mins	DUAL (M) Hrs	(M) Mins	CREW DUTIES INST ~~OBSERVER~~ PILOT (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	INST ~~OTHER~~ DUAL (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
			840	20			96	05	66	40			1	45	978	40	33	10	52	10	110	40		15	4	30	24	50			13	50	16	25	2184	15
#85 F.T.S Weyburn Sask.																																				
Total JAN. 1944			20	35			7	05	4	00							1	30													7	10			33	10
Grand Total JAN 1944			860	55			103	10	70	40			1	45	980	10	33	10	52	10	110	40		15	4	30	24	50			71	00	16	25	2217	25
TOTAL FEB.			37	05			1	30																				30			1	30			38	35
GRAND TOTAL			898	00			104	40	70	40			1	45	980	10	33	10	52	10	110	40		15	4	30	25	20			72	30	16	25	2256	00
TOTAL FOR MARCH.			19	55			2	55																							2	55			22	50
GRAND TOTAL			917	55			107	35	70	40			1	45	980	10	33	10	52	10	110	40		15	4	30	25	20			75	25	16	25	2278	50
TOTAL for APRIL			43	55			3	00							2	55					1	50									2	00			51	40
GRAND TOTAL			961	50			110	35	70	40			1	45	983	05	33	10	52	10	112	30		15	4	30	25	20			77	25	16	25	2330	30
TOTAL FOR MAY			23	50			1	00		45																					1	00			25	35
GRAND TOTALS			985	40			111	35	71	25			1	45	983	05	33	10	52	10	112	30		15	4	30	25	20			78	25	16	25	2356	05
TOTAL for JUNE			36	20			1	10							6	50	2	15									4	45			1	10	~~4~~	~~45~~	~~49~~	~~35~~
GRAND TOTALS			1022	00			112	45	71	25			1	45	989	55	38	25	52	10	112	30		15	4	30	30	05			79	35	16	25	2405	40
#13 S.F.T.S. "North Battl. Total for July			5	10											5	30																	2416	20
			1	00				25																								25			2417	45
			1028	10			113	10	71	25			1	45	995	25	38	25	52	10	112	30		15	4	30	30	05			80	00			2447	45

CERTIFIED THAT THE ABOVE FLYING TIME WAS TAKEN FROM THE PREVIOUS R-45 AND BROUGHT UP TO DATE INCLUDING DECEMBER 31, 1943.

for (C.A. JAMES) S.L.
C.I. NO 8 S.F.T.S.
WEYBURN. SASK.

CERTIFIED CORRECT

P.J. Scott F/L
O.C. 1 Sqd.

for J. MacDonald F/L
O.C. No. 2 SQUADRON
No. 13 S.F.T.S.
NORTH BATTLEFORD, SASK.

#1 Manning Depot
Toronto, Ont.

AIR FORCE J[redacted] R 57940 POSTED TO ..... TRADE Std. Air Crew

ROYAL CANADIAN AIR FORCE

SPECIAL RESERVE

(ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting) 1120 24 29

JUN 17 1940

1. Surname Dicky. FULL Christian Names Laurence Francis
2. Present Address Summerland. BC Telephone 364
3. Permanent Address Summerland. BC
4. Place of Birth Kingston Ont Citizenship British
5. Date of Birth June 1. 1918 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
None.			

7. Occupation Part time Asst: Agent Can. Nat. Rlys. 8. Religion Catholic (State denomination)
9. Languages English - Little French (State proficiency)
10. Next of Kin (Full Name) Thos. F. Dicky Relationship Father
" Address Summerland BC
11. Father (Full Name) Thos. F. Dicky Birthplace Renfrew. Ont
" Address Summerland BC. Citizenship British - Irish
" Occupation Postmaster
12. Mother (Full Maiden Name) Katie F. Dicky Birthplace London. England
" Address Summerland BC Citizenship British

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
BC. Dragoon				Approx		
Cadets	Penticton BC	Sergt	—	1933 -	1936	Served Period

14. Honours, Awards, Mentions None
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.? Yes If so, where? Ottawa - Vancouver
When? April 1939 June 1939 Feb. 1940 Result Had interview with F/O Passed medical A 113. Feb. 21/40
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No.
If so, state nature of disability .....
18. Have you ever been or are you now in receipt of a Disability Pension? No.
If so, state nature of Disability .....
19. Have you ever been convicted of an indictable offence? No. If so state nature .....
20. Are you in debt? No. If so, state particulars .....

R.C.A.F. Records Office
Recd JUN 21 1940
O. K. D.S. C.I.B.
R. C. [illegible] N. I.
S. I. ..... P. A. KE

15-95

R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

AB