

MacLAUCHLAN
JOHN SEETON
V5423

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... MAC LAUCHLAN- JOHN SESTON (b) Reg'l. No. 5423
2. (a) Arm of service... NAVAL (b) Unit... RCNVR (c) Rank... O/TCL
3. (a) Date of birth... 21 July 1913 (b) Have you any dependents? No (c) Place of residence at time of enlistment... MONTREAL P.Q.
4. (a) Place of enlistment... MONTREAL (b) Date of enlistment... 20 Sep. 1939

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... 22 (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... 2 YEARS High School
7. If you attended a university, give name of university and standing or degree secured...
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? Radio Technician (c) Did you finish it? YES (d) If you did not finish it, how long did you serve at it?
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... WORKING (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

- 11. Had you ever been employed fairly regularly since leaving school?
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... CAN MARRONI Co Address... MONTREAL, P.Q.
19. Nature of employer's business... Radio Broadcasting
20. (a) Your specific occupation... Radio Operator (b) Number of years' experience at this occupation with any employer... 2 YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? YES

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? None (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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



DATE 25 May 1941 SIGNATURE [Signature]

COPY TO
VWD
ES

JUL 4 1941

MEMORANDUM FOR

P. 64

Mrs. Meta MacLauchlan,
 Apt. 7, 4643 Sherbrooke St. W.,
 Westmount, P.Q.

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

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

and the following number quoted:—

H.Q. 113-M-582 FD. 195

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

September 13 1943

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

MacLAUCHLAN, John S., Tel.

No. V. 5423, R.C.N.V.R.



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

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

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

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

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

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

H.R. Wade
 (H.R. WADE) LT./CDR.
 for (L.M. FIRTH) LT. COL.
 Administrator 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.....	_____		_____
2	Children of the Deceased and dates of their Births.....	_____		_____
3	Father of the Deceased.....	John H. W. MacLauchlan	66	4643 Shelbrooke St. Westmount.
4	Mother of the Deceased.....	Meto. J. MacLauchlan	57	11
5	Brothers of the Deceased	Full Blood		E. R. A. - L. C. H. M. C. S. Stadacona F. M. O. Halifax.
		Half Blood		
6	Sisters of the Deceased	Full Blood	29	Elizabeth C. MacLauchlan W. P. C. N. S. Navy Show.
		Half Blood		Margaret J. MacLauchlan W. P. C. N. S. Navy Show.
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

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ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	John Seeton MacLachlan
9	Date of his birth	July 21 st 1913
10	Place and date of his marriage.	single
11	Place and date of his parents' marriage.	Luxemburg Nova Scotia Sept. 17 th 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Lambert. Que.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Quebec. (b) (c) (d)
14	Nature of employment before enlistment.	Radio control operator C.F.C.
15	State whether he owned the premises in which he lived and, if so, where situated.	Lived with parents.
16	Name place where deceased stated he intended to make his permanent home.	←

PARTICULARS OF ESTATE

17	Did he leave a Will?	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?	single.
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.	Savings account no 3327. at Bank of Montreal. Druymond + St. Catherine St. Montreal
20	Amount of War Savings Certificates held by deceased.	\$ 792.00
21	Amount of Victory Loan Bonds held by deceased.	←
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Policy 250.00. Metropolitan Life Insurance Premiums paid by father.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Funeral expense paid by father. Details on back.

(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.)

atives that the deceased ever

ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

4643 Shelbrooke St. Westmount.

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E.R.A. - L.C.
H.M.C.S. Stadacona
F.M.C. Halifax

W.P.C. N.S. Navy Show.
W.P.C. N.S. Navy Show.

Address of their children

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.

Mrs. J. Mac Lanchlan {Signature of Informant
4643 Sherbrooke St. W. Address
Westmount, Que.

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Meta J.

*See above. Mac Lanchlan {Name of Informant} is the * Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Westmount, Que. this seventh day of October 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } John Fair Qualification Notary Public
Address 673 Victoria Avenue, Westmount, Que.

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

<u>Joseph</u>	
<u>William C. Wray & Bro.</u>	<u>\$104.20</u>
<u>Funeral expense at Woodstock N.B.</u>	<u>15.00</u>
<u>Grave at Woodstock.</u>	<u>25.00</u>
<u>One return ticket to Woodstock N.B.</u>	<u>32.15</u>
	<u>\$ 176.35</u>

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

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

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

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

Dated this 24th, day of November, 1937

Signature of applicant J. M. MacLauchlan

(C) CERTIFICATE OF ~~COMPANY~~ COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 24th, day of November, 1937

A. R. Coleman
Signature of ~~XX~~ C. O.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant J. M. MacLauchlan
Witness A. R. Coleman

Date November 24 1937 Rank Lt. Col. R. C. N. V. R.

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

(E) CERTIFICATE OF ~~COMPANY~~ COMMANDING OFFICER

John Seeton MacLauchlan having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Montreal Division ~~XXXXXX~~ of the R.C.N.V.R.

A. R. Coleman
Signature of ~~XXXXXX~~ Commanding Officer.

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

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

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



Can. B. 207
2M-1-37
N.S. 815-2-207

NOV 24 1937
N 713-F-582

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined John M. Lauchlan

candidate for entry as Cred. Sea Tel.

and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Montreal, P.Q. the 22 of November 1937

R. W. W. W.
Examining Medical Officer

(Rank) Surgeon, Lieut. RCNVR:

This examination has been made in accordance with the Instructions for Recruiting.

Age	Years Months	Weight without Clothes		Height with Bare Feet	General Development	Chest Girth	Vision by—		Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
		(b)	(c)				(i) Snellen's Types	(ii) Colour Vision									
24	4/12	lbs. 130	ins. 59		Good	inches (a) maximum 33.5	right eye 20/20		1 Sept @ 1930	M	M	M	M	M	M	M	M
						inches (b) minimum 33	left eye 20/20										
						mean 33.25	colour vision M										

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, *Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

John M. Lauchlan
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

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 The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

John Seaton Mac LAUGHLAN

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V 5423</i>
	<i>Montreal, Quebec.</i>	"
		"

Date of Birth <i>21 July, 1913</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>St. Lambert, Quebec</i>	<i>Mother</i>
Place of Residence <i>27 Argyle Ave, St. Lambert, Que.</i>	<i>Mrs. M. M. Mac Laughlan</i>
Trade brought up to <i>Radio Tester</i>	<i>4643 Sherbrooke St. West</i>
Religion <i>Church of England</i>	<i>(apt. 7) Westmount, Que.</i>
Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....	
P.S.T. Date.....19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>22 Nov '37</i>	<i>Three Years' Duration Qualities Ord. Tel.</i>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>8</i>	<i>34</i>	<i>130</i>	<i>Dark Brown</i>	<i>Fresh</i>		<i>Nil</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

SERVICE CERTIFICATE

N. V. No. 17
1M-5-35
N.S. 815-11-17

OF

Name in full John Seeton MacLAUGHLAN Company Montreal Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters HALIFAX, N. S. Official Number V5423
Identification Card N.S. 10617

Date of Birth 21st July 1913

Place of Birth St. Lambert, P.Q.

Usual Place of Residence 27 Argyle Ave. St. Lambert, Que.

Trade brought up to Radio Tester



Name and Address of next of Kin (Mother) Mrs. MacLaughlan, same address

Religious Denomination Church of England

Can Swim _____

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
<u>22 Nov/37</u>	<u>22 Nvo/37</u>	<u>3 years</u>	<u>Ord. Tel.</u>		

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	<u>5</u>	<u>9</u>	<u>Fresh</u>	<u>Dark</u>	<u>Brown</u>	<u>Nil</u>
On attaining 28 years						
Further Description if necessary						

113.7m582

DEPARTMENT OF NATIONAL DEFENCE

NAVAL SERVICE

5

MONTREAL DIVISION, R. C. N. V. R.

AGREEMENT

I hereby undertake and bind myself to serve in THE ROYAL
CANADIAN NAVAL VOLUNTEER RESERVE, for the period of hostilities,
as determined by the Minister of National Defence of Canada.

C. P. O. Ricks
.....
Witness

Signed: *J. M. Lauchlan*
.....
Acting Tel.
.....
Rank or Rating

O.N. *5423* *L.K.*

Date *Sept. 6* 1939.

NATIONAL OFFICE
NOV 26 1937
N 113-F582

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) John Seton MacLauchlan 161°0 2

Date and place of birth July 21/13 St. Lambert, Quebec, Canada
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 27 Argyle Ave. St. Lambert

Nearest town to residence (if living in country) Montreal

Are you a British subject? Yes

Are you single, married or a widower? Single

In what capacity do you wish to enrol? Radio Operator Ord. Tel.
(See standards of qualifications in attached pamphlet)

Present occupation or trade Radio Marconi Radio mfg. city
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? No

Have you ever served with such forces? Give dates and details No

Have you ever been discharged from any of H. M. Forces as medically unfit? No

Have you ever offered to serve in any of H. M. Forces and been rejected? No

What is your weight? 130 What is your height? 5-9"

What is your chest measurement (not inflated)? 31"

Are you free from all physical defects or malformation, and not subject to fits? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

I hereby declare that the above answers are true in every respect.

John Seton MacLauchlan Signature

Nov. 22/37 Date

27 Argyle Ave. St. Lambert Address

P.O. Freeman a/p.o. inst.
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be July 21st 1913

Signed A.P. Coleman R.C.
Commanding Officer

VERIFICATION FORM

STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 NAVAL GENERAL SERVICE MEDAL (1915).

RANK/RATING *Sel* OFF.NO. *15423* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
<i>atlanti</i>							AFRICA	2	<i>@ clasp</i>
<i>frica</i>	<i>5-1-43</i>	<i>26-2-43</i>					PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *L. Lechert*.....

VERIFIED BY DIR. OF PERSONNEL RECORDS.

MINUTES OF BOARD OF ENQUIRY

CONVENED ON BOARD HMCS "HOCHLAGA 11"

AT MONTREAL, P.Q. ON 13TH SEPTEMBER, 1943

CONVENED AT 1430

PRESENT: **PRESIDENT:** Lieutenant Sherman T. Hill, R.C.N.V.R.
MEMBERS : Lieutenant Leonard G. Scriem, R.C.N.V.R.
 Lieutenant Douglas S. Howard, R.C.N.V.R.
WITNESSES: Surgeon Lieutenant Ernest Daniel
 MacCharles, R.C.N.V.R.

PRESIDENT: The Board is convened for the purpose of enquiring into the death of John Seston MacLauchlan, Telegraphist, O.N. V 5423 with particular instructions (as given in the notice) to determine whether the death is attributed to Naval Service as such.

It is brought to this Board's attention, that there is only one witness to be called viz. Surgeon Lieutenant Ernest Daniel MacCharles, R.C.N.V.R. and that under R.N.O. 2858 Medical Officer's evidence should not be given verbally before the Board.

The Board will, under the circumstances in arriving at it's findings consider the Medical history of the deceased - as shown in his Naval Medical History Documents with particular emphasis on the findings and evidence of a Board of Enquiry held on 8th July, 1943; the findings of this Board dated 21st July, 1943; P. & N.H. form 100 dated 7th July, 1943; forms S.703 and S.446, copies of which are attached.

Surgeon Lieutenant ERNEST DANIEL
MacCHARLES, R.C.N.V.R. - CALLED

PRESIDENT: **Q.** Have you any knowledge of the death of John Seston MacLauchlan, Telegraphist, O.N. V 5423?
A. I have.
Q. Are you aware your evidence in this connection is not to be given before this Board verbally, but should consist of a written report submitted direct to the Commanding Officer, HMCS "HOCHLAGA 11"?
A. I am.
Q. Will you make such a report and so submit it?
A. I will.

REPORT OF MEDICAL OFFICER ON BOARD OF ENQUIRY ON

John Seaton MacLAUCHLAN, Telegraphist, V-5423 (Deceased)

Submitted in accordance with Naval Monthly Order
2658 and K.R. and A.I. Article 1331 Para. 4.

It appears from the history of this case that the patient had no known contact with tuberculosis before he joined the Service.

He developed symptoms of intestinal tuberculosis several years after he joined the Naval Service. He had felt perfectly well before this occurred.

From the time of his initial symptoms in November, 1942, until his death on August 25th, 1943 he was under the treatment by Naval Medical Officers or other Service personnel.

It is considered that his disease originated while he was in the Naval Service. It is to be noted that he was exposed to a great deal of travelling between November, 1942 and his admission to Ste. Anne's Hospital July 7th, 1943. This was not advantageous to the patient.

E. D. MacCharles

(E.D. MacCharles),
Surgeon Lieutenant, R.C.N.V.R.

H.M.C.S. "HOCHELAGA II",
15th September, 1943.

McLAUGHLIN

HMCS Stadacona

McLaughlin John Seeton. Tel. V-5428 V.R.

13-7-43: Was transferred from R.C.N.H. to St. Annes
de Bellevue on th 6-7-43. Diag:0123 Cat. "E"

Dangerously ill list. since July 2nd.

10/8/43 Has been made category "E".

24/8/43 on dangerously ill list.

Signal made 24/621 Z.

F. 4874

4643 - Sherbrook St. W.

25/8/43 Died to-day about 1645.

Signal 252131 Z.

C/E

file

Royal Canadian Navy

M 3

CONFIDENTIAL.

No. of enclosure in Form 48.....
Serial No. in A. & D. Book } T/C/1
or in Form 38 }

Army Form I 1220.
R.A.F. Form 39.

HOSPITAL OR SICK LIST—RECORD CARD.

Surname MACLAUCHLAN Christian Names JOHN
 Rank Tel. Unit R. Canadian Navy
 Army or } V/5423 Branch or Trade.....
 R.A.F. No. }
 Age 29 Total } 3 1/2 Under instruc-
 Service } tion as.....
 Hospital or Station } No. 94 General Hospital,
 rendering this form }
 Dates of :—
 Arrival as direct admission..... from.....
 „ transfer 15.1.43 from 99 G. H.
 Discharge to duty.....
 „ as an invalid or to unit for invaliding.....
 Transfer 24.1.43 to EVACUATED BY SEA.
 Death..... AES
 Number of days under treatment 10

CLINICAL NOTES

Disease or injury PERITONITIS TUBERCULOUS

New disease supervening, and date..... (CLINICAL)

Operation, nature and date.....

Anæsthetic, and method of administration.....

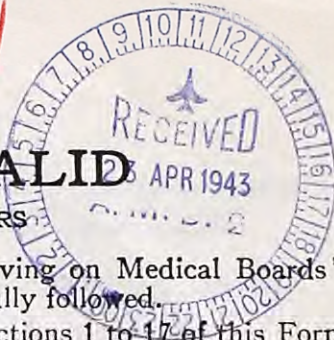
Date. Previous history of case and family, if relevant.....

*Increasing constipation swelling
of abdomen - shortness of breath
faintness, loss of wt.
X-ray slight effusion clear
abdo. definite fluid line above
umbilicus*

Condition on admission Abdomen swollen
fluid thrill.
Obvious loss of weight
BCR now. NO TB in stool
P.R. Nad
Eating fairly well

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

21



THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION 7 General Hosp. R.C.A.M.C. DATE March 31, 1943

1. 1 (a) Unit H.M.C.S. "Niobe" R.C.N. (b) Regimental No. V 5423 (c) Rank Tel.
 (d) Surname Mc L. A. U. G. H. L. A. N (e) Christian name JOHN S.
 (f) Home address 4643, Sherbrooke St., W., MONTREAL
 (g) Next of Kin Mrs. Meta Mc LAUGHLAN (h) Relationship Mother
 (i) Address of Next of Kin 4643 Sherbrooke Street W., Montreal

2. Age last birthday 29 Date of birth July 21, 1913

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal, Que. (b) Date Sept 5, 1939

4. Personal description:
 (a) Height 5' 9 1/2" (b) Weight 125 1/2 lbs. (c) Complexion Fair
(stripped)
 (d) Colour of hair Dk Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc.
Mid line operation scar abdomen.

5. Former trade or occupation Studio control operator (Radio)

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>208</u>

	PERIODS	
	From	To
Soldier's Statement		
Canada	<u>Sept 5, 1939</u>	<u>Oct. 1939</u>
England..... <u>At sea</u>	<u>Oct. 1939</u>	<u>date</u>
France or other theatres of War.....		

7. Original disease, or injury 0123 Tuberculosis of Intestine and peritoneum

(a) Date of origin Dece 1942 or before (b) Place of origin at sea
 (c) Cause Infection with B. Tuberculosis.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

None

(c) (Here give a description of wounds, scars and deformities.)

see 4 p. above

11.—(a) Did the disabling condition have its origin before enlistment?

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13: What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 8-10

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Paracentesis

Laparotomy - R.N. Hospital, Barrow, Gurney, Mar 11 '43

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes (If the answer is "yes" state nature of treatment required and probable duration)

Tuberculosis regime 8-10 months.

16. Can the former trade or occupation be resumed? No. He has active Tuberculosis. (If not, briefly state why)

17. Recommendations

That he be brought before a medical board.

R. J. Macdonald May 1943 Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned JOHN MacLAUCHLAN have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

Signature of Medical Officer
and to Medical service Mar 27/43

Signature of invalid examined
R

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

YES

19. Is the invalid fit for

- (a) General service (Category A) (Yes or No.)
- (b) Service abroad, not general service (Category B) (Yes or No.)
- (c) Home service (Canada only) (Category C) (Yes or No.)
- (d) Temporarily unfit (Category D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) E. Stretcher

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Yes, requires prolonged sanatorium treatment for a Tbc. peritonitis

- (b) Does not require treatment
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged (When not for discharge add special recommendation.)

Category E. For treatment

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE No. 7 Canadian General Hospital.

DATE 2 Apr 43

J. M. Simunovic Lt Col President.
B. J. Macdonald Maj RCAF
R. G. Lea Capt Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state

PLACE.....
DATE.....
.....President.
.....Members

APPROVED BY *T. J. Bell*
Assistant Director of Medical Services

APPROVED BY *R. M. Luton*
Director-General of Medical Services

DATE APR 21 1943

DATE APR 23 1943
Canadian Military Headquarters.

V5423

OFFICIAL NUMBER

FILE NUMBER

1b-M-582

OFFICIAL NUMBER

V5423

NAME MaCLAUGHLAN (Surname) John, Seaton. (Given Names) DATE OF BIRTH 21st July, 1913
 PLACE OF BIRTH St. Lambert, Quebec. OCCUPATION Radio Tester.
 RELIGION Church of England. EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 27 Argyle Avenue. Town St. Lambert. Province, etc. Quebec.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
22	11	37	6 years and H.O.	5'8"	Dark	Brown	Fresh					

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) John Maclaughlan
 ADDRESS (in pencil): Street and No. 4643 Sherbrooke St West Apt 7 Town Westmount Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				17	11	41	Passed for Telegraphist.				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
NO. WSP-5261-1
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From

To

W.S.G.
APPLICATION
10973
RECEIVED
13/6/45

V5423

OFFICIAL NUMBER

NAME (Surname)

MacLAUGHLAN

(Given Names)

John, Seaton

P.I.B.

OFFICIAL NUMBER

V5423

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified
		Day	Month	Year				Day	Month	Year		Day	Month	Year	
Montreal Div. Str.	Ord. Tel.	22	11	37											
Stadacona	" "	7	9	39											
NCSO St. John	" "	1	12	39		V.G.	Sat.	31	12	41					
Stadacona	" "	28	5	41		"	"	31	12	42					
Venture	" "	5	10	41											
Stadacona	" "	19	11	41											
Parrsboro	" "	20	11	41											
Stadacona	" "	23	12	41											
Venture	" "	23	12	41											
Charlottetown	" "	1	1	42	Ledgers.										
Stadacona	" "	11	6	42	DRD										
"	Telegraphist.	17	11	41	Back dated 249A#2722										
Alberni	" "	1	8	42	DRD										
Hochelaga 11	" "	12	8	43											
DISCHARGED	" "	25	8	43	Dead W/T2521312/8/43 (Natural Cause) (C.L.)										

GENERAL REMARKS

R.C.N. Hospital-8-4-42--10-4-42.
 Memorial Cross awarded to Mother:
 Mrs. Meta MacLaughlan
 Apt. 7, 4643 Sherbrooke St. W.
 Westmount, P.Q. (awarded 10-9-43)

Severely ill last Wk 12 2-43
Boarded Category "C" overseas to be reboarded upon return to Canada
Admitted to the Annu de Bellemeur Hospital

DATE OF BIRTH		PLACE		CIVIL OCCU.		RELIED		PERM. RESIDENCE		ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	EST.	DIV.	A	BR.	RANK
21	7	13	12	261	0	30	1	2	11	08	0	09	0	12 95
ENLIST. DATE		ACT. SERV. DATE		STR.		ACT. SERV. DATE		SHIP CR		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
22	11	37	07	09	39					9690	0	12	94	
SENIORITY		STR.		NON-SUB		M		CODED		CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.								
17	11	41	09	00	00	19	25	08-43						

62

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

77493

H.M.C.S. "HOCHELAGA II" at Montreal, P.Q.

Name John Seeton MacLAUHLAN (Christian names in full)

Rank of Rating TELEGRAPHIST Official No. V-5423 R.C.N.V.R. (If unknown, date of first entry)

Place of Birth ST. LAMBERT, QUEBEC Date of Birth 21 JULY, 1913

Occupation in Civil Life MARCONI EMPLOYEE Religion CHURCH OF ENGLAND.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) ACTIVE SERVICE - SEPTEMBER, 1939.

Date of Death 25TH AUGUST, 1943. Place of Death Ste. Anne de Bellevue, P.Q.

Cause of Death TUBERCULOSIS (MENINGITIS AND PERITONITIS) (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. Name (J.H.W. MAC LAUHLAN) Relationship (FATHER) MOTHER, Mrs. Meta MacLauchlan, Address 4643 SHERBROOKE STREET WEST, MONTREAL, P.Q.

Date on which the above was informed by Ship NEXT-OF-KIN PRESENT AT DEATH.

Date on which death was registered with local Officials 25TH AUGUST, 1943.

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

Place of Burial WOODSTOCK, N.B. (if known) Date of Burial NOT KNOWN, BODY SHIPPED FROM MONTREAL TO WOODSTOCK N.B. ON 27TH AUGUST '43. (if known)

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

Undertaker employed JOSEPH C. WRAY & BRO., 1234 MOUNTAIN ST., MONTREAL, QUE. (if any)

If borne for discipline only, date D.S.Q. or invalidated -----

J.P. O'Connell Commanding Officer, CAPTAIN, R.C.N. 16TH SEPTEMBER 1943.

The NAVAL SECRETARY, Department of National Defence, Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

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

ACCOUNTS OF MEN DISCHARGED

81

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

Name MC LAUGHLAN, John Rating Tel.
 Official No. V-5423 H.M.C.S. "HOCHELAGA" List 5-2-306
 Who* was DISCHARGED DEAD on the 25 August 1943

	\$	cts.
Net sum due on ledger on account of Wages.....	220	43
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
Found amongst Effects.....	NIL	
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....	nil	
If in debt in ledger, amount to be stated (in red ink).....	nil	
Rate of allotment (in words) <u>FORTY - FIVE dollars</u> charged to <u>31 Aug.</u>		
Name of ship from which transferred <u>H.M.C.S. "NIOBE" Sec. 1.</u>		
<u>5-2-1087</u>		
Total†.....	220	43

Notes from DPNA (D) 23-7-43

CHECKED	
LEDGER	

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS "HOCHELAGA" amounting to a net balance† Two hundred and twenty of dollars and forty - three cents.

Dated on board H.M.C.S. "HOCHELAGA" at Montreal, P.Q.
 this 11 November day of 19 43

Approved Accountant Officer
Pay Lieut. Cdr. RCNR
 Initials of the Assistant Accountant Officer
Pay 5/2 RC-N.V.R
 Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
 No.....to.....

Signature.....
 Date.....19.....

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

C.N.S. 46

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

DISTRIBUTION OF SERVICE ESTATES

MH
Estates Form "P. 4"

NAVY

Name: **MAG LAUCHLAN** Surname **John S.** Christian Names No.: **V-5423**

TEL. Rank **HMCS HOCHELAGA** Unit **25-8-43** Date of Death

Date: **21-8-45**

<u>AMOUNT</u>	
W.S.G.	520.92
L.P.C.	219.43
Other Credits	795.84
Total	<u>1536.19</u>
Prev. dist.	1015.27
This dist.	520.92

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	John H. W. MacLauchlan, Apt. 7 4643 Sherbrooke St., Westmount, Que.	130.23
1/4	Mother	Mrs. Meta T MacLauchlan, (As above)	130.23
1/6	Sister	Mrs. Elizabeth C. Bothwell, (As above)	86.82
1/6	Sister	Miss Margaret J. MacLauchlan, (As above)	86.82
1/6	Brother	H. R. Grant MacLauchlan, HMCS PEREGRINE, Halifax, N.S.	86.82
		(As next of kin entitled)	

16-1
6/100
1
210
30
40

F4. TO TREAS.
AUG 20 1945

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$520.92
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

W90
DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

TL Estates Form "P. 4"

NAVY

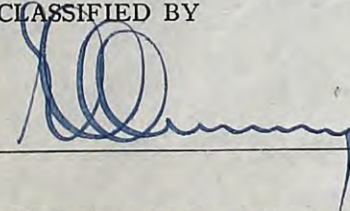
Name: MACLAUGHLAN John S. No.: 7.5423
 Surname Christian Names

Rel. R.C.N.V.R. 25/8/43.
 Rank Unit Date of Death

AMOUNT

Date: March 13th, 1944
 L.P.C.....\$ 219.43
 Other Credits..... 795.84
 Total..... 1015.27

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father 7015	John H.W. MacLauchlan, 4643 Sherbrooke Street, Apt. 7, WESTMOUNT, MEGASCY Quebec.	253.82
$\frac{1}{2}$	Mother 7016	Mrs. Meta T. MacLauchlan, (as above).	253.82
1/6	Brother 7017	H.R.Grant MacLauchlan, E.R.A. - L.C. R.M.C.S. Stadacona, F.M.O. HALIFAX, N.S.	169.21
1/6	Sister 7018	Elizabeth C. MacLauchlan, W.R.C.N.S. Navy Show, c/o H.S.H.Q., OTTAWA, Ont.	169.21
1/6	Sister 7019	Margaret J. MacLauchlan, W.R.C.N.S. Navy Show, c/o H.S.H.Q., OTTAWA, Ont.	169.21
(As next of kin entitled)			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	1015.27
CLASSIFIED BY 			EXAMINED BY ORIGINAL SIGNED BY E. G. COLLYER For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY
E. G. COLLYER

For Chief Treasury Officer

4
NAVY

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

DECEASED
MEMBER'S
NAME

John Seeton

MacLAUGHLAN

PAYEE
ADDRESS

(CHRISTIAN NAMES)
Director of Estates,
308 Sparks St.,
Ottawa, Ont.

(SURNAME)
for Service Estate of
John S. MacLaughlan
N.S. V-5423
11th Aug '43.

REGISTER NO.
FILE NO.
DATE
SERVICE NO.
FINAL RANK OR RATING
DATE OF DISCHARGE

10973
NS.V-5423
12th July '45
V-5423
Tel.
25th Aug '43.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

1446

48

360.00

NO. OF DAYS 30 EQUAL TO COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

411

LESS

n11

INELIGIBLE DAYS, EQUAL TO

411

DAYS @ 25C. PER DAY

102.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 3.70

TOTAL \$ 411 X7 = \$ 25.90

25.90

NO. OF DAYS 183 X\$ 25.90

25.90

58.17

D. WAR SERVICE GRATUITY

520.92

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

520.92

G. YOUR PORTION OF GRATUITY IS—

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

= \$

520.92

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher 1353 - July 26/45

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

PREPARED BY		CHECKED BY		TREASURY	
DM		Ad H. L. [Signature]		13/7/45	
				for Dir. Naval Pay Accounting.	

SERVICE REPRESENTATIVE

W.S.G. Application No. 10973

TO: D.N.P.A. "G"

FILE NO. N.S. V-5423

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>MACHAUGHAN</u>	<u>John Seaton</u>	<u>V-5423</u>	<u>Tel.</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL	RANK OR RATING
	IN FULL	NUMBER	ON DISCHARGE

CAUSE OF DISCHARGE: (DEAD.) "hochelaga"
Applicant (mother) (Dad + P. Nih)

	1461
Less	6
	9
	15
	<u>1446</u>

TOTAL SERVICE

Date of Active Service 10 Sep '39
 Date of Discharge 25 Aug '43
 Total No. of Days 1446

Less non qualifying service _____

Total Days 1446

OVERSEAS SERVICE

% Total No. of Days 411

Less non qualifying service _____

Total Days 411

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By [Signature]

Checked By [Signature]

[Signature]
 for (H.B. Money)
 Payr. Cndr. R.C.N.R.
 Director of Personnel Records

JUN 28 1945

DATE: _____

O.O.F. NDA

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
		<u>Total days</u>

DATE OF DISCHARGE
DATE OF VOTING RELATION

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
<i>Parsons</i>	<i>28 Nov. 41.</i>	<i>22 Dec 41</i>	<i>25-</i>
<i>Charlottetown</i>	<i>1 Jan 42.</i>	<i>10 Jan 42.</i>	<i>10-</i>
<i>Alberni</i>	<i>1 Aug 42.</i>	<i>11 Aug 43.</i>	<i>376-</i>
			<u><i>411</i></u>

DATE OF DISCHARGE
DATE OF VOTING RELATION

<u>3</u>	<u>365</u>
<u>22</u>	<u>11</u>
<u>25</u>	<u>376</u>

DATE OF DISCHARGE

IN FULL
COMMISSIONED
DATE OF DISCHARGE
DATE OF VOTING RELATION

COMMISSIONED

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

AWARDS NAVY

MAC LAUGHLAN	John Seeton	V-5423	Tel.	FILE No. 317292
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DECEASED 25 August 1943

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

MACLAUGHLAN	John Seeton	V-5423	Tel.	FILE No.
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SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
----------------------------	-----------------	----------	-------------------	---------------

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	3809 15/10/49
Atlantic Star	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

"HOCHELAGA" 25-8-43

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Meta MacLaughlan - Mother

ADDRESS: Apt.#7, 4643 Sherbrooke St., West,
WESTMOUNT, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS: Mrs. M. MacLaughlan
4643 Sherbrooke Street West
Apr 7
WESTMOUNT, Que.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

868

(2)

(3) 10 September 1943

113-m-582

4643 Sherbrooke Street West,
Westmount, Que.

June 20th, 1945.

Government of Canada,
Department of National Defence,
Naval Service,
Ottawa, Ontario.

P617741

Dear Sirs,

Re: John S. MacLauchlan (deceased) V.5423, R.C.N.V.R.

With reference to your letter of the 13th instant, fyle N.S.V.5423 Pers (N) (N.15) addressed to Mrs. Meta MacLauchlan, I have to advise that my wife has asked me to reply to your letter. Our son, the above captioned navy personnel, was called for active service, the first week or month of the start of the war, I believe in September 1939. He served on shore duty in St. John and Halifax, at sea on the Corvette Charlottetown and Alberni, around England and in the Mediterranean Sea. When he died, we were informed by the Department at Ottawa, that he had left no will, although on all his forms he had given his mother's name as next to kin. He never assigned any of his service pay to her, but remitted fairly regularly a portion of his pay.

I think she is fully entitled to the gratuity, as his immediate family were the heirs, there is no objection on their part. However as his service pay and savings account were credited to his Service Estate Account and divided, 1/2 to his parents, 1/6 to each of his two sisters and 1/6 to his brother, if you consider this to be the proper procedure, we are all agreeable and shall be glad, if you will proceed in this manner, advising me in due course your action in the matter.

Yours truly,

J. H. W. MacLauchlan

J.H.W. MacLauchlan.

NAVAL PERSONNEL
RECORDS
10973
JUN 25 1945
WAR SERVICE GRATUITY
SECTION *Golden*

File Number. 113-M-582

SERVICE

NAME: MacLAUGHLAN, John, Seaton

O.N. V5423

43

PRESENT RANK/RATING: Telegraphist

DATE TAKEN ON ACTIVE SERVICE: 7-9-39

SERVICE

SHIP OR ESTABLISHMENT

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
Stadacona	7-9-39	30-11-39
NOIC St. John	1-12-39	27-5-41
Stadacona	28-5-41	4-10-41
Venture	5-10-41	18-11-41
Stadacona	19-11-41	19-11-41
Parrsboro	20-11-41	22-12-41
Stadacona	23-12-41	23-12-41
Venture	23-12-41	31-12-42
Charlottetown	1-1-42	10-6-42
Stadacona	11-6-42	31-7-42
Alberni	1-8-42	66
Stadacona		

*Canada College Sec.
M.
6/8/43*

~~WIFE:~~

NAME & ADDRESS OF Mother: Mrs Meta MacLAUGHLAN
NEXT OF KIN: 4643 Sherbrooke Street
West, Apt #7.
Westmount, Quebec.

DISCHARGED PREVIOUSLY?

No

REASON:

DATE:

Initialed by:

GL

Date: *3-8-43*

Section: *3*

Naval Personnel Records.

(TO BE COMPLETED IN INK.)

*mdg
wpe*

1004984

#6475

57

HOSPITAL A & D No. RCN 4/43.,

In Lieu of A.F.W.3017

HOSPITAL DISCHARGE NOTIFICATION

113-M-582

To: Officer Commanding... **Royal Canadian Navy**.....(Unit)

It is notified for your information that the undermentioned was discharged from #7000...

... **General**.....Hospital, R.C.A.M.C., admitted from... **Surg. Serv. No 7000**.....

on **27 March**.....194**.3**, Disch./Trans. on... **7.4 JUN 1943**.....194...
He shall attend the first Unit Sick Parade after reporting to his unit. This document must be passed to the Medical Officer of the Unit immediately.

Name... **MAC LAUGHLAN, J.S.**.....No..... **V5423**..... Rank... **TEL**.....

Diagnosis... **Tuberculosis of intestine** 1/c Case... **Major R.I. MacDonald**.....
(code)

peritonium 0123.....
(code)

.....
(code)

Precis Case History: Admitted 27 March 43. Had a respiratory infection at sea in December 42. Following this he began to have fatigue and weakness and ~~abd~~ abdomen was enlarged. He was evacuated to England 4 February 43 and laparotomy done. 11 February 43 at Royal Naval Hospital Nr. Bristol and diagnosis made as above. He was transferred here 27 March 43. About 15 Apr. 43-abdominal wound opened at lower end and has been discharging since. He is seriously ill, and is boarded for Repatriation to Canada.

Recommendation:

"E" For Repatriation to Canada.

NOTED
Surg. Lt. Cdr. R.C.N.V.R.
Bm.
AUG 25 1943
for Medical Director General,
R. C. N.

8(XUK)58

R. P. Hume
C. M. BETHUNE Major, Registrar
No. 7 Cdn. Gen. Hosp. R.C.A.M.C. C.A. (O.S.)
.....
For Officer Commanding
.....

MINUTES
OF
BOARD OF INQUIRY

convened at 1400 Monday July 6th, 1943 at R.C.N. Hospital
Halifax, N. S. to inquire into the disabling condition of:

JOHN McLAUGHLIN, Tel., O.N. V-5423

-Called-

- 1 Q. Are you John McLaughlin, Tel., O.N.V-5423?
A. I am sir.
- 2 Q. When did you join the Navy?
A. I came on active service three or four days after the outbreak of war, at Montreal.
- 3 Q. Would you describe to the Board the nature of the condition from which you are suffering?
A. It is a running in the stomach. I think it is peritonitis.
- 4 Q. How long have you suffered this condition?
A. Since December of last year.
- 5 Q. Did you ever suffer any sickness like this before?
A. I never had a day's sickness before.
- 6 Q. What ships have you served on?
A. I was on patrol boats in St. John and on H.M.C.S. CHARLOTTETOWN about six months, and on H.M.C.S. ALBERNI about six months.
- 7 Q. Did any members of your family suffer a condition like this?
A. No sir.
- 8 Q. Do you think this condition has been aggravated by Naval Service as such?
A. Well, at any rate, it all occurred since I joined the Navy.
- 9 Q. Would you like to stay in the Navy if you recover sufficiently to carry out your duties?
A. I think I would be better off in civilian life. I have been sick too long now and it will be some time before I recover.
- 10 Q. Did you notice any poor living conditions on either ship you were on?
A. Just crowded sleeping quarters on the ALBERNI.

-Witness withdrew-

Member: (Sgd) R. A. MacKimmie
LIEUTENANT (SL) R.C.N.V.R.

President: (Sgd) W. I. Ferguson.
LIEUTENANT R.C.N.V.R.

4643 Sherbrooke St W.

Westmount Que

April 22nd 1944

Administrator of Estates

Department of National Defence

Naval Service

Ottawa Ont



Dear Sir:

With reference to your letter of the 23rd ultimo file H.Q.N.S. 113-m 582 F.A. 195. I now enclose receipts for payment of Succession duties in the Province of Quebec as requested. All cheques issued can be mailed to address as given above. I shall be glad, if you will give me a memorandum of the various amounts which make up the total, which you have for distribution.

Yours truly

J. W. MacLachlan

R.e Estate

MacLachlan John S. Tel. Deceased

no V 5423 R.L.N.V.P

P 91A - 8-10-48.

#7102

113.M-5-82

58

4643 Sherbrooke Street,
Westmount, Quebec.

182024

Secretary,
Naval Board,
Department of National Defence,
Ottawa, Ontario.

Dear Sir,

As requested in your letter of the
7th instant, fyle N.S. 113-M Pers(N), I wish to
advise that my son, John Seeton MacLauchlan, was
buried in the Methodist Cemetery at Woodstock, N.B.
on August 28th. His grave is in the family lot,
known as the MacLauchlan plot. The Undertaker was
J. H. DeWitt, Woodstock, N.B.

Yours truly,

Meta MacLauchlan

Meta MacLauchlan.

Mrs J. H. DeWitt

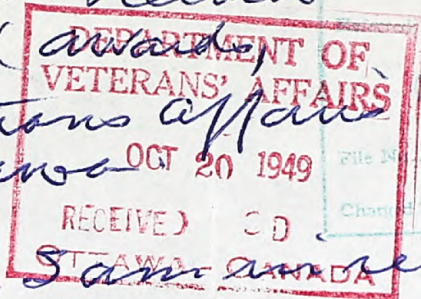
MAIN FILE
CHARGED TO <i>S-10-97H</i>
SINCE <i>10-42</i>
REC'D: CENTRAL REGISTRY
CCT 14 1943
REFERRED TO <i>Russ</i>

RECEIVED
OCT 14 1943
U.S. H.O.
CENTRAL
REGISTRY

Westmount Oct 19 1949

War Service Records

(awards)
Dept Veterans Affairs
Ottawa

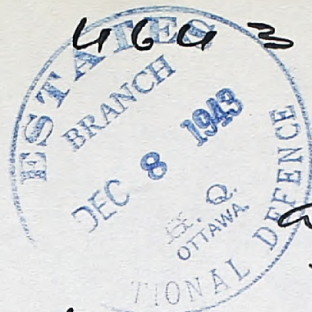


OCT 19 1949

File No.

Change To

Dear Sir, I am in receipt today
of five medals, in regard to service
of my son, the late J.S. Machaichlan
V 5423. Please forward me booklet
in English instead of French (relative
to medals) yours truly
Mrs Meta T. Machaichlan



4663 Sherbrooke St W
Westmount
Que
Dec 6th 1943

The Administrator of Estates
Department of Nat. Defence
308 South Park St
Ottawa
Ont.

Maclachlan John S. Tel.
Deceased

no. V5423 R.6.N.U.R

Dear Sir -

With reference
to your letter of the
13th Oct. file H. 2. H. S 113
m 582 F.O. 195 and your

remarks regarding
general expenses, as I
have special obligations
to meet shortly, I would
be glad, if you could
arrange to let me have
a cheque to cover this
expense, or whatever
portion is the general
expense, you are paying.

Yours truly

J. H. W. MacLachlan
(Father)

4648 Sherbrooke St. W.
Westmount
Quebec.



Oct. 15th 1943.

Department of National Defence.
Naval Service.
Estates Branch.

Dear Sir:

With reference to your letter
of 13th inst. file #. D. N. S. 113-
M-582. #. D. 195. You
will find, the ages of
our family given below.
I regret these were
omitted in the form
I recently sent you.

Yours very truly
Meta MacLachlan

John H. W. MacLachlan.
Age 61 years.

Meto P. MacLachlan
age 57 years.

H. P. Grant MacLachlan.
27 years.

Elyabeth C. MacLachlan
29 years.

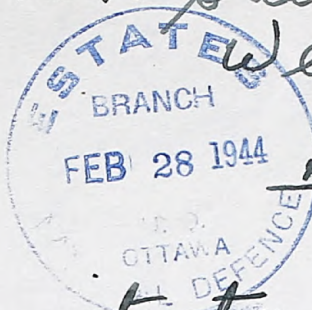
Margaret J. MacLachlan
Age 24 years.

4642 Sherbrooke St. W.

Westmount

Quebec.

Feb. 24th 1944.



Administrator of Estates.
Dept. of National Defence.
Naval Service
Ottawa, Queb.

Dear Sir: -

I am in receipt of your
letter of the 23rd inst.
file. N. S. 113-M-582 f d 195
regarding my late son
John S. MacLachlan Tel.

and things belonging to
my wife found above.
The writing boy contacted
personal things: mostly
writing material and
correspondence. Before
John died, he gave me his
watch and fountain pen.
At the hospital was his
leather travelling case
which contained toilet
articles and letters. His

no V 5423. R.C.N.V.R.
At the time my son
arrived in Montreal
in July 1943 there was
delivered to our
apartment, his ham-
mock, kit-bag, and
tin boy (round) and
writing boy. After
my son died. Naval
Headquarters here
were communicated
with, and two naval
personnel were here.
When kit-bag and tin
boy were opened

case, as well as an
alarm clock which
I had taken out - to
him, have not been
returned to me.

Otherwise I have
most of his effects.

Yours truly,

Wm. M. R. R. R.