

V22970
NEATH

JOHN

FREDE

29

19th September, 1942.

AIR MAIL


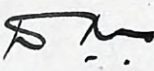
Dear Madam:

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your husband, John Frederick Earl Neath, Able Seaman, R.C.N.V.R., O.N.V. 22970, is missing believed killed in action.

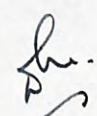
It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your husband is missing, may be treated as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

 
Deputy SECRETARY, NAVAL BOARD.

Mrs. Rita D. Neath,
763 - 5th Avenue East,
OWEN SOUND, Ont.



MEMORANDUM FOR

P. 64

Mrs. Rita D. Neath,
763 - 5th Avenue East,
OWEN SOUND, Ontario.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. N.S. 113-N-211 FD. 256

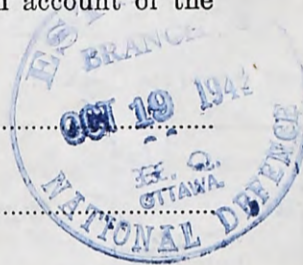
DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 8, 1942.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

NEATH, John Fredrick Earl, A.B.

No. V-22970, 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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(H. R. Wade) Lt. Cdr., RCNVR
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.

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 inquired for	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.....	Rita Donelda Neath	21	Owen Sound, Ont. 763 5th Ave. E.	
2	Children of the Deceased and dates of their Births.....	Robert Donald Earle Neath May 19, 1939	2	763 5th Ave. E. Owen Sound, Ont.	
		Murray Blaine Neath June 19, 1941	1	763 5th Ave. E. Owen Sound, Ont.	
3	Father of the Deceased.....	^{Samuel} William Neath	53	1283 4th Ave. E. Owen Sound, Ont.	
4	Mother of the Deceased.....	Frances Neath	49	1283, 4th Ave. E. Owen Sound, Ont.	
5	Brothers of the Deceased	Full Blood	Samuel Richard Neath Roger Francis Neath Robert William Neath Mackenzie Neath Lloyd George Neath	30 28 17 15 13	1161 2nd Ave. E. Owen Sound, Ont. 836 4th Ave. E. 1283 4th Ave. E. 1283 4th Ave. E. 1283 4th Ave. E.
		Half Blood			
6	Sisters of the Deceased	Full Blood	(Mrs) Gloria Joyce McDonald Barbara Helen Neath	19 10	Chesley, Ontario 1283 4th Ave. E. Owen Sound, Ont.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	John Frederick Earle Neath
11	Give the month and year of his birth.	September 1916
12	Where and when were his parents married?	Owen Sound. - Dec. 3, 1911
13	Was he ever married? If so, state exact place and date of marriage.	yes, Owen Sound. April 3, 1937.
14	Did he leave a (later) Will? If so, it should be forwarded.	yes.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no

PARTICULARS OF DOMICILE

16	Where was deceased born?	Owen Sound
17	In what Province, Country or State did he reside, and in which last?	Grey County
18	How long in each?	all his life in Grey County
19	What was the nature of his employment?	woodworking and electrical wiring
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State <u>your</u> postal address in full.	763 5th Ave. E. Owen Sound, Ont.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	no.

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

(Mrs) Rita D. Neath

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Rita D. Neath

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

Dated at Arree Sound, Ant. this 13th day of October 19 42

Signature of Clergyman, Priest or Magistrate

Archibald Calder Qualification Clergyman

Address St. George's Rectory, 777-2nd Ave West, Arree Sound, Ant.

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 of each surviving Relative inquired after is stated in its proper place in the Statement opposite.

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 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 JOHN FREDRICK FAAL NEATH (b) Reg'l. No. V 22970
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank ORD SEA
3. (a) Date of birth 11/11/11 (b) Have you any dependents? YES (c) Place of residence at time of enlistment OWEN SOUND ONT.
4. (a) Place of enlistment OWEN SOUND ONT. (b) Date of enlistment 11/11/11

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

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

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

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

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 NO Address NO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO
20. (a) Your specific occupation NO (b) Number of years' experience at this occupation with any employer NO
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice NO (b) Where was it located? NO
23. (a) Number of years engaged in this business NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NO
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NO

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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.) NO
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NO

DATE 11/11/11 194..... SIGNATURE [Signature]



Copy to:

V.W.D. } 1-5-41
E.S. }



VERIFICATION FORM

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

RANK/RATING *A/B* OFF. NO. *V-22970* 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.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*
[Signature]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS " OTTAWA "

Apr/43. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Rita D. Neath - Widow

ADDRESS: ~~763 5th Ave., E.~~ Lion's Head,
~~Owen Sound, Ont.~~

9-11-49

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO 1961

(2) MEMORIAL CROSS

WIDOW Mrs. Rita D. Neath

ADDRESS: 763 - 5th Avenue East
OWEN SOUND, Ontario

(2) 5 January 1943

(3) MEMORIAL CROSS

MOTHER Mrs. Frances Neath

ADDRESS: 1283 - 4th Avenue East
OWEN SOUND, Ontario

(3) 5 January 1943

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

DECEASED 13 September 1942

AWARDS NAVY

D.D.

NEATH John Frederick Earl

V-22970

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

3763

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

*Wife attached
16/9/41*

CERTIFICATE of the SERVICE of

John Frederick Earl NEATH

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-22970</u>
Halifax	Toronto	"
		"

Date of Birth..... <u>16 September 1916</u>	Name and Address of Nearest Relative or Friend (in pencil) <i>wife Rita same address</i>
Place of Birth..... <u>Owen Sound, Ontario</u>	
Place of Residence..... <u>440 - 13th St Owen Sound Ont</u>	
Trade brought up to..... <u>Carpenter</u>	
Religion..... <u>C of E</u>	
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	
	<u>25 Jan/41</u>	<u>DurHost</u>	<u>Ord Sea.</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>5³/₄</u>	<u>34¹/₂</u>	<u>140¹/₂</u>	<u>Fair</u>	<u>Blue</u>	<u>Fair</u>	<u>None</u>
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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Tor. Div. R.C.N.V.R.			Ord. Sea	25 Jan '41	13 Mar '41	
	O. Stadacona			— " —	14 Mch '41	10 Jun '41	
	HMCS Signal School			Ord. Sea	1 July '41	10 Jun '41	
	Stadacona			— " —	14 Mch '41	15 Aug '41	
	Ottawa (Avalon)			— " —	16 Aug '41	25 Oct '41	
	— .. —			A.B.	26 Oct '41	13 Sep '42	D. D.

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature

Jan.
 25
 23
 12 Jul

V22970

OFFICIAL NUMBER

FILE NUMBER

113-N-211

OFFICIAL NUMBER

V22970

NAME

NEATH,
(Surname)John, Frederick, Earl
(Given Names)

DATE OF BIRTH

16 September, 1916.

PLACE OF BIRTH

Owen Sound, Ont.

OCCUPATION

Carpenter

RELIGION

An-lican

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

440 Thirteenth St. E.

Town

Owen Sound.

Province, etc

Ont.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From To	
25	1	41	H.O.	5'5 ³ / ₄ "	fair	blue	fair	-nil-				

NEXT OF KIN RELATIONSHIP (in pencil)

Wife

NAME (in pencil)

Mrs Rita D. Neath

ADDRESS (in pencil): Street and No.

703-5th ave E

Town

Owen Sound

Province, etc.

Ont

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				25	4	41	Marked Tr.				
				23	4	41	Qualified A/G. 1 day				

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. 105A-5475-8
DATE

SECOND CLASS FOR CONDUCT	
From	To

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

O.H.F. received.

LAST WILL & TESTAMENT RECEIVED DATED-18-2-41



V22970

OFFICIAL NUMBER

NAME NEATH,
(Surname)

John, Frederick, Earl.
(Given Names)

OFFICIAL NUMBER

V22970

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Toronto	Ord. Snn.	25	1	41		V.G.	Sat.	31	12	41	Q & P-A/ST	12	7	41			
Duty Div. Hdqrs.	"	29	1	41		V.G.		13	9	42							
Stadacona Ottawa	"	13	3	41													
	A.B.	26	10	41	Rated. (249A/21841)												
DISCHARGED	"	13	9	42	Missing Believed Killed in Action (Casualty List)												

GENERAL REMARKS

Awarded Canadian Memorial Cross to
Wife: Mrs. Rita D. Neath,
763-5th Avenue, E.,
Owen Sound, Ontario.
9 November, 1942.

Can. Memorial Cross also to Mother:
Mrs. Frances Neath,
1283-4th Ave., E.,
Owen Sound, Ont.
5-1-43

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCUPATION		RESIDENCE		PREV. ENL.		RANK OR RATE			
DY	MO	YR	BIRTH	MAIN	SUB	TOWN	ST	PROV	ENL.	DIV.	A	BR	RANK	
16	9	16	11	430	10	30	X	16	09	0	23	0	08	75
ENLIST. DATE			ACT. SERV. DATE		SHIP OR ESTAB.		RANK OR RATE		CODED		CHECKED			
DY	MO	YR	DY	MO	YR	SHIP	CR	RANK	OR	RATE	A	BR	RANK	
25	01	41	29	01	41			0	08	74				
SENIORITY			STR.		NON-S		CODED		CHECKED					
DY	MO	YR	CAT.	A										
26	10	41	09	25										

Med 29/41

(3) On being enrolled as a member of the Toronto, Ont. Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, 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 Divisional 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 25th day of Jan. '41

Signature of applicant *Carl Neath*

(C) CERTIFICATE OF ATTESTING 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 25th day of Jan. '41

R. G. Jones
Signature of and rank of Attesting Officer.
LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, JOHN FREDERICK EARL NEATH do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant *Carl Neath*

Witness *R. G. Jones*

Date 25 Jan. '41 Rank LIEUTENANT R. C. N. V. R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

JOHN FREDERICK EARL NEATH 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 Toronto, Ont. Division of the R.C.N.V.R. or in the appropriate official documents.

R. G. Jones
LIEUTENANT R. C. N. V. R. Attesting Officer.
R.C.N.V.R. Division Toronto, Ont.
(or other establishment)

25 Jan. '41 194

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional 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.

Stamp: MAIN FILE, CHARGED TO *NR*, SINCE *19.2.41*, REC'D. CENTRAL REGISTRY, FEB 20 1941, REFERRED TO



CANADA

DEPT NATIONAL DEFENCE

FEB 14 1941

N.S. 113-71-211 CANADA

N. V. 5

25M-9-40 (6793) N.S. 815-11-5

ATTESTATION FORM

P 19368

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME NEATH OFFICIAL NO. 122970
 CHRISTIAN NAMES JOHN FREDERICK EARL MARRIED, SINGLE OR WIDOWER MARRIED (1)

PERMANENT ADDRESS		RELIGION
440 Thirteenth St. E., Owen Sound, Ont.		C. of E.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16 Sept. '16	Town Owen Sound, County Province Ontario.	Wife: Mrs. Rita Neath, 440 Thirteenth St. E., Owen Sound, Ont.
*Original Nationality of:		
Father British		
Mother British		

*If not the son of natural born British parents, particulars to be given at foot of next page.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 36	Fair	Blue	Fair	None.
Inches 5 ³ / ₄	Deflated 32 ¹ / ₈				
	Mean 34 ¹ / ₄				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
25 Jan. '41	Ord. Sea.	Carpenter: Eureka Refrigerator Co. Ltd., Owen Sound, Ont.			
R.C.N.V.R. Division (or other establishment) at which enrolled		Toronto, Ont.			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in ----- for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
-----	-----	-----	

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Personal Records

1. Notes in ...

2. ...

3. ...

4. ...

5. ...

6. ...

7. ...

8. ...

DATE 25-2-41

Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

..... *Carl Neath* } Signature of the person
by whom the Will was prepared.

O. D.
V. 22970

IN THE NAME OF GOD, AMEN

I, *John Fredrick Carl Neath* of His Majesty's Ship *R. C. N. V. R. Toronto Division* (now a Patient* in _____),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my *Wife Rita Donelda Neath*, *440-13 Street East, Owen Sound, Ont.*

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint *My Wife Rita Donelda Neath*

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at *Toronto* hereunto set my hand, this *Eighteenth* day of *February*, in the Year of Our Lord One Thousand Nine Hundred *forty one*.
Carl Neath

Signed by the said Testator, as his last Will and Testament, 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 subscribed our names as Witnesses.

Witnesses

[Handwritten signatures of witnesses]

PAY LIEUT. R. C. N. V. R.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

No. A. 1278 "K"

ORIGINAL

NATIONAL DEFENCE
13612
FEB 28 1941

H.Q. File No.

DECLARATION OF ALLOTMENT

113-77211/8

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA DIV 1 SEC 3 5-2-2365	Surname..... NEATH	O/SMN	V-22970	\$ 1.25
	Christian Names } Earl J. F	RCNVR		1.25

Section A ALLOTMENT NOW DECLARED 329-002

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... NEATH	WIFE	440 - 13th St	\$ 62.00	INCREASED SEPTEMBER
Christian Names } Mrs. Reta Donald		OWEN SOUND, Ontario		

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:

Rate	NAME OF ALLOTTEE	ADDRESS	Initials	Date	These allotments are to be disposed of as indicated below (See Note 2):
\$ 50.00	Mrs. Reta NEATH	440 - 13th St OWEN SOUND, Ontario	M	30/8	INCREASED. As in Sec "A"

Allotment cancelled
 Ent'd on Index Card
 Ent'd on Allotment Ledgers
 Noted in Service Records by: [Signature]

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A" "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges..... **"Rating lent to ship. Signature unavailable"**
 O/SMN-RCNVR Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

[Signature] ✓ [Signature] ✓

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Assigned Pay to Wives
 Assigned Pay to other Dependents
 Marriage Allowance
 Dependent's Allowance
 Other Allowances

Object No. 111 \$ 18.75
 " 113 " 38.75
 " 110 " 4.50
 " 100 " 62.00
 Total \$

[Signature]
 Paymaster Sub-Lieutenant RCNVR
 For Accountant Officer

H.M.C.S. "Stadacona"

THE NAVAL SECRETARY,
 Department of National Defence,
 (Naval Service)
 Ottawa, Ont.

Forwarded..... 25 AUGUST 1941

ARRARS OF MARRIAGE ALLOWANCE / DEPENDENTS ALLOWANCE PAID
 BY CHEQUE NUMBER 15372 DATED 21/8/41 AMOUNTING
 TO TWENTY-THREE DOLLARS
 CHEQUE MAILED 22/8/41

S. 63

100M-241 (9291)
H.Q. 815-9-63

LA/IF

File: N.3.115-N-211

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

29 September, 1942.

(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
NEATH, John Fredrick Earl Able Seaman, V.23970, R.C.N.V.R.

DATE OF ENLISTMENT - 25th January, 1941. Active Service: 29 January, 1941.
DATE OF DISCHARGE - 15th September, 1942.

HOSPITAL - _____
 (If discharged in hospital under jurisdiction of D.P. & N.H.)
Canada & High Seas.

SERVICE - _____
 (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).

Reason for discharge and when and where any disability was incurred, or where death occurred. "DEAD" - Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA".

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -
RELATIONSHIP Wife NAME Mrs. Rita D. Neath,
ADDRESS 765 - 5th Avenue East, OWEN SOUND, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT
 \$ 92.⁰⁰ PAID TO Still in force
MARRIAGE ALLOWANCE AT \$ 1.95 PER DIEM PAID TO still in force
DEPENDENTS ALLOWANCE AT \$ nil PAID TO nil
TOTAL MONTHLY PAYMENT TO - WIFE \$ 92.⁰⁰

Computed by 1/30/41/42
 Checked by 2/29 30/9/42

DEPENDENTS \$ nil
Rosenwright
 SECRETARY,
 NAVAL BOARD.

The Secretary,
 The Canadian Pension Commission.

(See reverse side for further instructions.)

Copy to: The Sec., D.P. & N.H.



Copy for information: The Naval Secretary, Department of National Defence,
Ottawa.

OTTAWA, October 13, 1942

76
113-N-211

The Chairman,
Dependents' Allowance Board,
Department of National Defence,
O t t a w a.

251169

Mrs. John F. E. Neath,
763 - 5th Avenue, East,
Owen Sound, Ontario, widow of
V-22970 Neath, John F. E.
R. C. N. V. R.

The above noted widow has been awarded
pension in respect of her husband's death, with effect
from the 14th of September, 1942, with additional
allowances for her two children.

B. Simpson, *MS*
for Canadian Pension Commission.

Entered in Ledger
16.10.42
JWA
Stu

Noted on Casualty
card. N.P.R. PK.
12.11.42.

MAIN FI
CHARGED TO <i>SMPA</i>
SIN E <i>13-10-92</i>
REC'L. CENTRA ...STRY
OCT 14 1942
REFERRED TO <i>SMPA</i>

RECEIVED
BOND

File No. 113-N-211

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Rita D. Neath,
763 - 5th Avenue, E.,
OWEN SOUND, Ont.

Date forwarded:- NOV 9 1942

Registered Mail No:- 3519.

File No. N.S. 113-N-211

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

021437

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Frances Neath,
1283-4th Ave.E.,
Owen Sound, Ont.

Date forwarded:- JAN 5 1943

Registered Mail No:- 5875.



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-N-211

29 September, 1942.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

235088

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
NEATH, John Frederick Earl Able Seaman, V.22970, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Wife: Mrs. Rita D. Neath, 763 - 5th Ave. East, OWEN SOUND, Ont.

ALLOTMENTS IN FORCE

<u>In favour of</u>	<u>Amount</u>	<u>Initials</u>
Mrs, Rita D Neath 763 - 5th Avenue East, Owen Sound, Ontario.	NIL \$ 92.00	JL 30/9/42

WILL: Attached.

Yours truly,

R. A. ...
SECRETARY, NAVAL BOARD,
per [Signature]

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.



DISTRIBUTION OF SERVICE ESTATES

Naval - ~~Military~~ - Air Force

Name NEATH John F.E. No: 7-22970
 Surname Christian Names

A.R. : R.M.C. 2nd Lt. : 12-9-42
 Rank Unit Date of Death

AMOUNT

L. P. C. \$ 79.30

Other Credits _____

Total 79.30

Date March 17, 1943.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Wife	Mrs. Rita D. Neath, 763 5th Ave. East, Owen Sound, Ont. (sole beneficiary under will)	79.30

AUTHORITY							
H.O. E. No.	DIY	EST	VOTE	PRI	DA OR HO SUB	OBJ.	AMOUNT
9999			831	00	50	000	79 30
ISSUED BY <i>[Signature]</i>						EXAMINED BY <i>[Signature]</i> FOR TREASURY OFFICER	
						79 30 TOTAL	

Distribution approved and authorized.

AUDITED FOR PAYMENT

E.C. per [Signature]
 for Chief Treasury Officer

[Signature]
 (L.M. Firth) Lt.-Col.,
 Administrator of Estates.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " OTTAWA " ending 30 Sep 1942

List 5-2 No. 504 (Name) NEATH, John F.R. Rank Rating A.B. No. V-22970

When entered F.B. Date of appearance..... Whither discharged D.D. 13 Sep '42

	\$	c.
CREDIT from former account.....		.25
Pay as <u>A.B.</u> from <u>1 July</u> to <u>30 Sep</u> (<u>92</u> days at \$ <u>1.85</u> a day).....	170.	20
" <u>A/S.T.</u> " " " (<u>92</u> " " <u>.10</u> ").....		9.20
" <u>M.A.</u> " " " (<u>92</u> " " <u>1.95</u> ").....	179.	40
" <u>H.L.M.</u> " " " <u>13 Sep</u> (<u>75</u> " " <u>.13</u> ").....		9.75
" <u>G.M.</u> " " " " (<u>75</u> " " <u>.06</u> ").....		4.50
Kit Upkeep Allowance <u>10.00 July Aug Sep</u>		10.00
OTHER CREDITS:		
Total credits.....	383.	30

DEBT from former account.....

PAYMENTS:—	INCLUSIVE DATE						
	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....		28.00				Total.....	28.00
2nd month.....						Total.....	
3rd month.....						Total.....	
Allotment <u>92.00 Charged July Aug Sep</u>							276.00
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES:							
						Total debits	304 304.00
						Balance Cr. or <u>DR</u>	79.30
						(Balance Dr. to be shown in red)	

LEDGERS

R
FAM

Number of days actually victualled during period mentioned above 75

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 13 Nov 1942

W. H. ...
PAY LIEUT RONVR ACCOUNTANT OFFICER

113-1-211 ✓

ACCOUNTS OF MEN DISCHARGED

F290392

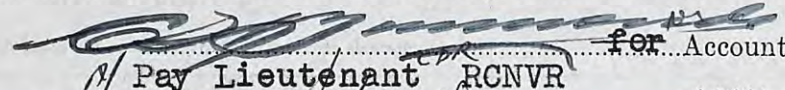
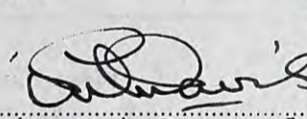
Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name..... NEATH, John F.R. Rating..... A.B.
 Official No. V- 22970 H.M.C.S. OTTAWA List 5-2/ 504
 Who*..... D:D. on the 13 September 19.42.

Net sum due on ledger on account of Wages.....	\$	cts.
	79	30
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... Ninety-two dollars charged to..... 30 Sep		
Name of ship from which transferred.....		
Total†..... Creditor	79	30

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 H.M.C.S. OTTAWA amounting to a net balance†..... **CREDITOR** of **Seventy-nine** dollars. **Thirty** cents.

Dated on board H.M.C.S. **AVALON** at **St. Johns** **Newfoundland** this **thirteenth** day of **November** 19**42**.....

Approved  for Accountant Officer
 **Lieutenant Commander RCN**
PAY, LIEUTENANT R.C.N.V.R. { Initials of the Assistant Accountant Officer }
 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.

DC

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

4
 NAVY

BASED MEMBER'S NAME **John Frederick Earl** **NEATH** REGISTER NO. **4831**
 (CHRISTIAN NAMES) (SURNAME) (SURNAME) FILE NO. **NSV-22970**
 PAYEE **Mrs. Rita D. Neath,** DATE **16 Mch/45**
 ADDRESS **Lion's Head, Ont.** SERVICE NO. **V-22970**
 FINAL RANK OR RATING **A.B.**
 DATE OF TERMINATION OF OVERSEAS SERVICE **13 Sep/42** DATE OF DISCHARGE **13 Sep/42**

A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS	<u>597</u> EQUAL TO <u>19</u> COMPLETE PERIODS AT \$7.50	\$ 142.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS	<u>394</u> LESS <u>27</u> INELIGIBLE DAYS, EQUAL TO <u>367</u> DAYS @ 25C. PER DAY	\$ 91.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	\$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY H.L.M.	\$.13	
S.T.	\$.10	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$ 1.95	
TOTAL	\$ 5.48 X 7 = \$ 38.36	
NO. OF DAYS	<u>367</u> X \$ 38.36	\$ 76.93
D. WAR SERVICE GRATUITY		\$ 311.18
E. DEDUCTIONS		
OVERPAYMENT OF PAY AND ALLOWANCES	\$	
OTHER DEDUCTIONS	\$	
F. TOTAL AMOUNT PAYABLE		\$ 311.18

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 311.18

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

cheque # 120035- 29/3/45

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	
SJD		<i>[Signature]</i>		DATE	
				29/3/45	

[Signature]
 SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting.

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name

John Frederick Earl NEATH
(Christian Names) (Surname)

Payee

Mrs Rita D. NEATH

Address

*Lions Head,
Ont*

Register No. *4831*

File No. *Y22970*

Date *2-2-45*

Service No. *Y22970*

Final Rank or Rating *A.B.*

Date of Discharge *13 Sep. 42*

Date of termination of overseas service

13 Sep. 42

A. TOTAL QUALIFYING SERVICE

No. of days *597* equal to *19* complete periods at \$7.50
30

142.50

B. QUALIFYING OVERSEAS SERVICE

No. of days *394* less *27* ineligible days equal to *367* days @ 25¢ per day

91.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ *1.85*
Subsistence or Lodging and Provision Allowance \$ *1.45*
Additional Pay H.L.M. \$ *.13*
S.T. \$ *.10*

Dependents' Allowance 1/30 of \$ *1.95*

Total *5.48* x 7 = \$ *38.36*

No. of days *367* x \$ *38.36* = *76.93*
183

D. WAR SERVICE GRATUITY

311.18

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

OTHER DEDUCTIONS \$

nil

F. TOTAL AMOUNT PAYABLE

311.18

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ *311.18*
Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 *W* 6
2 *W* 7
3 *W* 8
4 *W* 9
5 *W* 10

Estate



DEPT. NATIONAL DEFENCE

FEB 14 1941

N.S. 113 M 211
CANADA

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

P 19369

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 E. Neath

† candidate for entry as Ord. Sea VR

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.

† Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
24-3	140 1/2	5' 2 1/4	Good	32 1/2 (a) maximum 32 1/2 (b) minimum 32 1/2 (c) mean	right eye 20/40 left eye 30/30 *colour vision NORMAL	Never	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	1 Deficient	NORMAL

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

X-ray { Not taken.
Approved.
Positive.
Doubtful.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY 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, vaccination, or inoculations as may be authorized.

Carl Neath

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

† Strike out if inapplicable.

Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

* {which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at TORONTO, ONT. the of 19.....

W. MacKinnon
Examining Medical Officer

(Rank)..... SURGEON LIEUT. R. C. N. V. R.