

A1056
PURCELL
HERBERT AUGUS

Original
p-624

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT *10th Infantry Co. 666* REGT. No. *291*

1. What is your surname? (Block letters) *PURCELL*
2. What are your Christian names? *Hebert A*
3. What is your present address? *86 Wellington St* Phone No. *L7990*
4. Employer's name and address? *Hfx Har Com* Phone No. *B8231*
5. Date of Birth *Sept 13 1916*. (a) Country of Birth *Can*. (b) Nationality *Can*
7. Are you Single? Married? *Yes* Widower?
8. What is your trade or calling? *Mar. Eng* 9. Religious persuasion? *R.C*
10. Previous Naval, Military or Air Force Service *None*
Give particulars, qualifications, etc.
11. Name, Relationship and Address of Next of Kin *Wife*
Mrs Dorothy Purcell

CERTIFICATE OF MEDICAL EXAMINATION

Height *6' 3"* Weight *179* Chest max. *40* min. *39*

Descriptive marks *Scar marks on arm*

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him..... Category *A*

Date *June 13/33* Signature *V.A.P.*

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned *H.A. Purcell* do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, *H.A. Purcell* do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

R.B. Fenton Signature of Witness *H.A. Purcell* Signature of Man

Dated this *13* day of *June* 19*33* at *Halifax*

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

C.H. Anderson
Signature of Magistrate, Justice of Peace, or Attesting Officer

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			<div style="text-align: right; font-family: cursive;"> <i>R. R. Murray</i> <i>Capt</i> Officer Commanding Unit <i>10th Fortson Coy</i> </div>
<i>Q.S.O.S.</i>	<i>1-6-34</i>	<i>A.I.N. 1/34</i>	
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

OCCUPATIONAL HISTORY FORM

123-P-4742

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 PURCELL HERBERT AUGUSTUS (b) Reg'l. No. A1056
2. (a) Arm of service NAVY (b) Unit RNR (c) Rank C.P.O.
3. (a) Date of birth 3/1/10 (b) Have you any dependents? 4 (c) Place of residence at time of enlistment Halifax
4. (a) Place of enlistment Halifax NS (b) Date of enlistment 1/11/39

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.) 1 year High School
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? Yes (b) If so, for what occupation? Navigation (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? —

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? 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? No
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. 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 — 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 Canadian National Railway Address Halifax NS
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
20. (a) Your specific occupation Navigation (b) Number of years' experience at this occupation with any employer 7
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? No

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

22. (a) State nature of business, or professional practice. (b) Where was it located? No
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? 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? —
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? — (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 —

DATE 11 April 1941 SIGNATURE H. Purcell



Copy to:

W.D. 1-5-41

E.S. }

SERVICE CERTIFICATE

N. V. No. 17
2M-937
N.S. 815-11-17

Duration OF *Hostilities*

Name in full *Herbert Augustus PURCELL* Company.....

ROYAL CANADIAN NAVAL ~~VOLUNTEER~~ RESERVE

Training Headquarters _____ Official Number *A. 1056*

Date of Birth *3rd September, 1910*

Place of Birth *Halifax, Nova Scotia*

Usual Place of Residence *42 1/2 Agincourt St., Halifax, N.S.*

Trade brought up to *Main Engineer, "Lady Somers"* O.H.F.

Name and Address of next of Kin *(Wife) Mrs. Dorothy Purcell, Same address*

Religious Denomination *MOTHER Agnes Purcell Roman Catholic*

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
<i>23rd November, 1939</i>		<i>Duration Hostilities</i>	<i>A/C.R.Q. 4/6(T)</i>		

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	<i>6</i>	<i>2</i>	<i>Medium</i>	<i>Dk Brown</i>	<i>Brown</i>	<i>Nil</i>
On attaining 28 years						
Further Description if necessary						

QH

NATIONAL DEFENCE

DEC 15 1939

S. 123-947
CANADA

CANADA

N. R. 5
1500-11-39
N. S. 8 15-12-5

14 MR SS # 23631288

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

Surname **PURCELL,** Official No. **A 1056**Christian Names **Herbert Augustus** Married, Single or Widower **Married**

Permanent Address	Religion
427½ Agricola St., Halifax, N.S.	R.C.

Date of Birth	Place of Birth	Name and Address of Next of Kin
3rd September, 1910.	Town Halifax. County Province N.S.	Mrs. Dorothea Purcell, (Wife) 427½ Agricola St., Halifax, N.S.

PERSONAL DESCRIPTION ON ENROLMENT

Height	Chest Measurement	Hair	Eyes	Complexion	Wounds, Scars, Marks
Feet 6 Inches 2	Inflated Deflated 40 Mean.....	Dark Brown	Brown	Medium	Nil.

Date of Enrolment	Rating Enrolled for	Trade or Calling and in whose Employ
23rd November, 1939.	A/E.R.A. 4th cl. (T)	Marine Eng. "Lady Somers"

(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 member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) ~~That it is my intention to follow the sea for a period of at least five years from this date.~~
(b) ~~That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~
(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.Candidates for enrolment as *E. R. A.* are to cross out clauses (a), (b) and (c) above.Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records Division.	
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE	18-12-39 (67)

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in NIL for the period shown.

Served in	Rank	From	To
	NIL		

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— **AND/OR DURATION OF HOSTILITIES.**

(a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 23rd day of November, 1939.

Herbert Purcell
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant Herbert Purcell

Witness John Duggan

Date 23rd November, 1939. Rank Payr. Lieutenant R.C.N.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 23rd day of November, 1939.

John Duggan
(Signature of Officer and rank)
Payr. Lieutenant R.C.N.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

Medically fit.
A. W. Callan
Surgeon Leader R.C.N.

APPROVED:-
[Signature]
Commander R. C. N.

(COPY)



CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

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..... PURCELL, Herbert Augustus.....

candidate for entry as..... E.R.A. IV. R.C.N.R......

and I believe him to be * $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service.} \\ \text{unfit for His Majesty's Service for the reason stated below.} \end{array} \right\}$ 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	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(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.	(p) Anus, Hemorrhoids, etc.
29 years 2 months	187 lbs.	6' 3 1/4" ft. ins.	GOOD	inches (a) maximum 41 1/2 (b) minimum 38 (c) mean 38 3/4	right eye 6/5 left eye 6/5 colour vision N. (Ish)	Vacc. 1939	N. *X-Ray	N.	N.	Varicose veins of right leg. N.	N.	N.	2 deficient 0 defective Throat normal	N.

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

(Sgd.) Herbert Purcell

†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

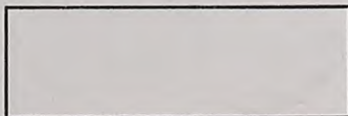
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of slight varicose veins of right leg.

* $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right.$

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at..... Halifax, N.S...... the 22nd...... of Novemehr..... 1939

(Sgd.) C.S. McEuen

Examining Medical Officer

Waver attached.

(Rank)..... Surgeon Lieut. Cmdr. RCNVR.....

A 1056

OFFICIAL NUMBER

NAME (Surname)

PURCELL,

Herbert Augustus

(Given Names)

OFFICIAL NUMBER

A 1056

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
HMCS "Stadacona"	A/ERA 4	23	11	39													
" "Gaspé"	"	12	12	39		V.G.	Sat.	31	12	39							
" "Stadacona"	"	15	8	40													
" "Nootka"	"	22	10	40													
" "Stadacona"	"	9	12	40		V.G.	Sat.	31	12	40							
" "	E.R.A. 4.	10	1	41													
Venture (Cobalt)	"	5	4	41													
HMCS "Stadacona"	"	4	6	41													
" "Hamilton"	"	10	6	41													
" "Stadacona"	"	20	7	41													
" "Camrose"	"	30	7	41													
Stadacona	"	7	10	41													
HMCS "Ottawa" DISCHARGED	E.R.A. 3	25 18	11 9	41 42	Advanced by 249A # 22234) Missing believe killed in Action" (Ottawa Casualty List)	V.G.	Sat.	31	12	41							

GENERAL REMARKS

Hal. Mil. Hosp. 4-9-40 to 12-9-40
 Rockhead Hosp. 6-10-41 to 11-10-41
 Canadian Memorial Cross forwarded to
 Wife: Mrs. Dorothy Purcell, 427 1/2 Agricola
 St., Halifax, N.S. 11-42 and
 Mother; Mrs. Francis A. Purcell,
 427 1/2 Agricola Street, Halifax, N.S.
 (5-1-43)

DATE OF BIRTH	PLACE	CIVIL	COCU.	RELIED	PERM.	RESIDENCE	PREL. ENL.	RANK OR RATE				
DY. MO. YR.	BIRTH	PLAC.	NO.	NO.	NO.	TOWN	SCR.	DIV.	A	BR.	RANK	
03	9	10	14	524	0	10	X	408	02	0	19	35195
ENLIST. DATE	ACT. SERV. DATE	SHIP. CR.		RANK OR RATE								
DY. MO. YR.	DY. MO. YR.	ESTAB.	A	BR.	RANK							
23	11	39	23	11	39	1350	0	35	194			
SENIORITY		STR.	NON-SUB.	CHECKED								
DY. MO. YR.	CAT.	S	P	CHECKED								
25	07	42	09	20/12-09-42 mm S/M/S								

A 1056

OFFICIAL NUMBER

FILE NUMBER

123-P-47

OFFICIAL NUMBER A 1056

NAME PURCELL (Surname) Herbert Augustus (Given Names) DATE OF BIRTH 3 September, 1910PLACE OF BIRTH Halifax, N.S. OCCUPATION Marine Eng. "Lady Somers"RELIGION Roman Catholic EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 427¹/₂ Agricola Street, Town Halifax, Province, etc. N.S.

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
23	11	39	Hostilities only	6'2"	Dk. Brn.	Brown	Medium	Nil.			

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Myrtle PurcellADDRESS (in pencil): Street and No. 427¹/₂ Agricola St. Town Halifax Province, etc. N.S.

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	
				29	2	40	Awarded Sto. W/K Certificate				
				10	1	41	Awarded S.455-Boiler Rm. Watch certificate				

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		
					Captor 11 "Hamilton"	8	10	7	41	1. Absent over leave. 2. Improperly leave. 3. Drunk.	Detention 14 days

Date (in figures)			DAYS FORFEITED						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
10	7	41		14 days					

SECOND CLASS FOR CONDUCT

From To

FILM
NO. 6447-4555-2
DATE



S. -455. (Established—October, 1899.)
(Revised—October, 1918.)

CERTIFICATES OF CAPABILITY OF ENGINE ROOM ARTIFICERS.

This is to Certify that Herbert Purcell (Name)
A./E.R.A. 4th Class (Rating) O.N. N.K.

Before confirmation
to E.R.A. 4th class.

(1) Is capable of taking charge of a watch in the Stokehold, has proved himself an efficient workman, and is deserving of confirmation.

P. Damer
ENG. LIEUT-COMDR. RCN.
Approved,
W. P. Secc
COMMANDER, R.C.N.
COMMANDER IN CHARGE

R. C. Mackay C.E.R.A. RCN. Engineer Officer
H. P. Mackay Lieut. R.C.N.R. Captain.
H.M.S. "VENTURE" (Gaspé)

Dated 29 February 1940

Before advancement
to E.R.A. 3rd class

(2) Is capable of taking charge of a watch in the Engine-room of a small Ship, of readily taking and working out indicator diagrams, or reading torsion meter and calculating the H.P. developed.

Approved, Engineer Officer.
..... Captain.
H.M.S.
Dated

Before advancement
to Chief E.R.A.
2nd class.

(3) Is in all respects capable of taking charge of the Machinery of a small Ship, is considered fit for the rating of C.E.R.A. and is recommended for this advancement.

Approved, Engineer Officer.
..... Captain.
H.M.S.
Dated

Before advancement
to Warrant Rank,
Service required
6 years with con-
tinuous "V.G."
character in E.R.A.
rating (3 at sea).

(4) Is in all respects capable of taking charge of the Machinery of a small Ship, is considered fit in every respect for advancement to Warrant rank, and is recommended for this advancement.

Approved, Engineer Officer.
..... Captain.
H.M.S.
Dated

NOTE.—Each certificate granted is to be noted on Service Certificate and in the Half-Yearly Return (S. 507). The Depot is to be informed as soon as each certificate is granted.

N. 47314/18.
Sta. 96/23.

QH

N. R. 5
1500-11-39
N. S. 8 15-12-5

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

Surname **PURCELL,** Official No.Christian Names **Herbert Agustus** Married, Single or Widower **Married**

Permanent Address	Religion
427½ Agricola St., Halifax, N.S.	R.C.

Date of Birth	Place of Birth	Name and Address of Next of Kin
3rd September, 1910.	Town Halifax. County Province N.S.	Mrs. Dorothea Purcell, (Wife) 427½ Agricola St., Halifax, N.S.

PERSONAL DESCRIPTION ON ENROLMENT

Height	Chest Measurement	Hair	Eyes	Complexion	Wounds, Scars, Marks
Feet 6	Inflated				
Inches 2	Deflated 40	Dark Brown	Brown	Medium	Nil.
	Mean				

Date of Enrolment	Rating Enrolled for	Trade or Calling and in whose Employ
23rd November, 1939.	A/E.R.A. 4th cl. (T)	Marine Eng. "Lady Somers"

(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 member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) ~~That it is my intention to follow the sea for a period of at least five years from this date.~~
(b) ~~That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~
(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.Candidates for enrolment as *E. R. A.* are to cross out clauses (a), (b) and (c) above.Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in NIL for the period shown.

Served in	Rank	From	To
	NIL		

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— **AND/OR DURATION OF HOSTILITIES.**

(a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 23rd day of November, 1939.

Herbert Agustus Purcell
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant *Herbert Agustus Purcell*

Witness *Paul Dagg*

Date 23rd November, 1939. Rank Payr. Lieutenant R.C.N.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 23rd day of November, 1939.

Paul Dagg
(Signature of Officer and rank)
Payr. Lieutenant R.C.N.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

Medically fit.
A. W. Callan
Surgeon Comdr. V.B.

APPROVED:-
K. J. Bevan
Commander R. C. N.

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

NAME IN FULL PURCELL, Herbert Augustus RANK/RATING K.R. A3/P OFF. NO. A-1056 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	23-11-39											1939-45	✓	Medal
<u>Lang</u>	12-12-39	14-8-40	246	<u>atl.</u>								ATLANTIC	✓	Medal
<u>Northa</u>	22-10-40	5-12-40	48	<u>atl.</u>								FRANCE G.		
<u>Calalt</u>	6-7-41	3-6-41	59	<u>atl.</u>								AFRICA		
<u>Hamildoe</u>	15-6-41	30-7-41	46	<u>atl (D-14)</u>								PACIFIC		
<u>Canrool</u>	1-8-41	6-10-41	67	<u>atl.</u>								BURMA		
<u>Q. Adawa</u>	11-11-41	13-9-42	302	<u>atl.</u>								ITALY		
												DEFENCE		
												C.V.S.M.	2	Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		

VERIFIED BY [Signature]

VERIFIED BY [Signature]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

ORIGINAL

30040
Number.....
DEC 3 1939
CANADA

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA NR (T) 236	Surname.....PURCELL Christian Names.....HERBERT	A/ERA 4	N:K:	\$3.05

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname.....PURCELL Christian Names.....Mrs. DOROTHY	427½ Agricola Street HALIFAX N.S.

CHILD OR CHILDREN

Name	Sex	Date of Birth	Attains majority
(1) Herbert R.	MALE	24th NOV 1931	1947
(2) JAMES D	MALE	4th NOV 1932	1948 1948
(3) FRANCIS A.	MALE	12 Aug 1938m	1954
(4)			

M/A APPLICATIONS

Initials	Date
J.M.C.	11/12/39
J.M.C.	11/12/39

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

G. Anderson
WRITER

Signature.....

Rank or Rating.....A/E.R.A. 4

Marriage Allowance in force per diem.....

Marriage Allowance claimed per diem...1.25

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

LEDGERS - [Handwritten initials]

COMMANDER.....R.C.N.

Commanding Officer.

This amount per day has been credited from..... 23rd. NOVEMBER..... 19.39

at List NR (T) 236 No..... Ledger ending..... 31st., DECEMBER..... 19.39

Allotment of \$...111.00 in force from the month of..... DECEMBER..... 19.39 in accordance with regulations.

PAY LIEUT. CDR. RCNVR for

Accountant Officer.

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H. M. C. S. "STADACONA"

Forwarded..... DEC 6 1939

NOTE

- (1) All applications for Marriage Allowance must be supported by Certificate of Marriage, Birth Certificates in the case of children, or other unimpeachable evidences as to marriage, birth or guardianship.
- (2) The Allotment should be equivalent to the nearest dollar of 15 days' pay of rank or rating, and the Marriage Allowance based on a thirty day month.

FOR USE AT HEADQUARTERS ONLY	INITIALS	DATE
Application received.....		
Entered in Birth Record Ledger.....		
Entered on M/A Card.....		
Entered in Allotment Ledger.....		

[Handwritten signature]

ORIGINAL

DEC 5 1939
 N.S. 123-047 30039
 CANADA H.Q. File No.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA NR (T) 236	<i>364006</i> Surname... PURCELL Christian Names } HERBERT	A/ERA 4	N:K: M.A.	2 \$3.05 \$1.25

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname... PURCELL Christian Names } MRS. DOROTHY	WIFE	427 1/2 Agricola St. Halifax N.S.	\$111.00	DECEMBER

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

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
	NIL		
	Allotment Declarations		
	Ent'd. on Index Card		Initials Date J.M.E 11/12/39
	Ent'd. on Allotment Ledgers		[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... *Herbert Purcell*
 Rank or Rating A/ERA 4

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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:—

Personnel Records Division.

- 1. Noted in Records... ✓
- 2. Index Card... PAY LIEUT. CDR. RCNVR for
- 3. Non-Sub. Card... Accountant Officer
- 4. Statistical Card
- 5. Roneo Strip... H.M.C.S. "STADACONA"
- 6. Pension Card
- 7. Forwarded... DEC 6 1939
- 8. DATE 14-12-39

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

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

No. 5325 PL 2 Sept. 1940

DEPT. NATIONAL DEFENCE
SEP - 6 1940
HQS. 123 P-47
CANADA

ORIGINAL

H.Q. File No.

DECLARATION OF ALLOTMENT P059913

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA Sec 4 5A1/618 ✓	048004 Surname Purcell, ✓ Christian Names Herbert H. ✓	ERA 4 ✓ RCNR	A1056 ✓	\$3.05 ✓ 1.50 ✓

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Bond Clothes Shop Christian Names } Outfitters }	Naval	Barrington St. Halifax, N.S.	\$7.00 ✓	September.

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

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
\$111.00 ✓	Mrs Dorothy Purcell	Halifax, N.S.	to be continued.

Allotment Declarations
 Ent'd. on Allotment Ledgers
 Initials: *[Signature]*
 Date: 9/10/40

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.

Allotter's Signature authorizing charges. *Herbert Purcell*
 ERA 4 Rank or Rating

ENTERED IN FAIR LEDGER
[Signature]

ENTERED IN ROUGH LEDGER
[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	Object No. 111 \$.....
Assigned Pay to other Dependents	113
Marriage Allowance	116
Dependents Allowance	119
Other Allotments	122 7.00 ✓
Total	\$ 7.00 ✓

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

Bmsatfield
 Paymaster Sub-Lieutenant R.C.N.V.R.
 for Accountant Officer

H.M.C.S. STADACONA
 Forwarded 3/9/40

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY**

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

MA

8

11



HM.
Department of National Defence
(NAVAL SERVICE)

QUOTE NO. A.O. 1-6

P087877

Ottawa, Canada,

25th November, 1940.

13

AIR MAIL

FROM: The Commander in Charge,
HMCS "VENTURE" (DIVISION II)
HALIFAX, N.S.

DEPT.
NATIONAL DEFENCE

TO : The Naval Secretary,
Department of National Defence,
OTTAWA, ONT.

NOV 27 1940
NS 1230 P 49
CANADA

Herbert A. PURCELL, E.R.A 4, A.1056, RCNR(T)
MARRIAGE ALLOWANCE AND STOP ALLOTMENT.

Submitted for the information of the Department, with reference to my 1358/25 and enclosed Stop Notice of Allotment, No. V.6 ("VENTURE" DIVII) that the above named rating reported to Commander in Charge that his wife has ceased to live with^{him} and that he is instituting divorce proceedings.

2. The action of immediately stopping Marriage Allowance and Allotment, paid to 31st October, 1940, has been taken in accordance with Canadian Naval Regulations, Article 367, paragraph 6, sub-paragraph 4.

COMMANDER, R.C.N.

Encl.

St.

21458
OFFICIAL COPY

NAVAL MESSAGE

S. 1320D
10 MIL-5-40 (5005)
N.S. 815-9-1320D

To: N.S.H.Q.

From: C.C.H. 17

IMPORTANT

123-P-47

REQUEST THAT ALLOTMENT OF \$111 TO MRS. DOROTHY
PURCELL, 427 $\frac{1}{2}$ AGRICOLA ST. HALIFAX, N.S., WIFE OF H.A. PURCELL,
E.R.A.4 O.N. A1056, BE STOPPED PAID 31ST OCT. 1940. WIFE HAS CEASED
TO LIVE WITH HUSBAND. NOTICE NO. V 6 (H.M.C.S. "VENTURE II") FORWARDED
TODAY BY AIR.

1358/25

PRELIM COPY FOR D.N.A. AT 1430/25

T/T

P/L

REC'D SDO
1412/25

KL

25.11.40

6198

WGP

V-6

P087878

S. 10M-2-40
N.S. 815-0

No.....

ORIGINAL

STOP NOTICE

(Navy Allotments)

DEPT. NATIONAL DEFENCE
NOV 27 1940
123 R-47
CANADA

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
"VENTURE Div. 11" "NOOTKA" 12-1/15	PURCELL	Herbert Augustus	ERA 4 RCNR A-1056

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
111.00	31st October, 1940	(Mrs) Dorothy PURCELL	Wife	427½ Agricola St. Halifax, N.S.

Entered in:—

Fair Ledger..... *W.A.M.*

Rough Ledger..... *W.A.M.*

Herbert Purcell
ERA 4 Signature of Allotor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Allotment stopped due to separation from wife. Marriage Allowance of \$1.50 stopped paid to 31st October, 1940.

APPROVED BY COMMANDER IN CHARGE.

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

W.A. Johnson
Pay. Lieut. RCNR
Accountant Officer

H.M.C.S. "VENTURE Div. 11"

Date forwarded..... NOV 25 1940

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE
<i>[Signature]</i>	<i>9/12/40</i>

Allotment Declarations
Ent'd on Index Card
Ent'd on Allotment Ledger

Noted in Service
Records by. *J. [Signature]*

P096584



Department of National Defence
(Naval Service)

IN REPLY PLEASE QUOTE
No. H-55-P-54

28

18th December, 1940

From: The Commanding Officer,
R.C.N. Barracks,
Halifax, N.S.

To: The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

DEPT OF NATIONAL DEFENCE
DEC 23 1940
123-P-47
CANADA

RE: PURCELL, HERBERT AUGUSTUS A/E.R.A.
4TH CLASS R.C.N.R. O.No. A-1056

Submitted for the consideration of the Department the following report on the above named rating:-

This rating reports that until recently he has been living at 427 1/2 Agricola Street, Halifax, and there supporting his wife, three minor children and his mother. In early November his wife deserted him. His mother is continuing to reside at the above address and is at present taking care of the three infant children.

2. According to Canadian Naval Regulations, Chapter XVI, Article 367, Clause 4:-

Marriage Allowance is not to be paid to an Officer or rating who is not living with his wife, for reasons other than the exigencies of the Service, except in respect to children left in his care after divorce or judicial separation as provided in clauses (5) and (6). If any officer or rating in receipt of Marriage Allowance ceases to live with his wife (for reasons other than the exigencies of the Service) and fails to notify the fact to his Commanding Officer, he is to be charged with any overpayment of Marriage Allowance which may in consequence occur.

3. This rating has complied with the Regulations, having given notification that he has ceased to live with his wife and has stopped all previously paid allotments to her.

4. The result of the desertion by the wife of this rating is that he loses \$1.50 per day, that is full allowance for wife and three children but his economic condition is only improved to the extent that he is no longer supporting his wife.

A sworn declaration should be sufficient, but he would probably save himself a lot of trouble if he had declaration certified to by the Col. Suggest file be passed to J.A.G. for his comments.

*B
26.12.40*

D.H.A.

I think that a sworn declaration that his wife deserted him is all that is required - do you agree

26.12.40

5. He remains obliged to support and is actually supporting his three children. 27

6. It is submitted that he should at least receive \$1.25 being the Marriage Allowance for three children only.

7. According to Reginald V. Harris, Esquire, K.C. Prothonotary of the Supreme Court, Halifax, Nova Scotia, the rating is the legal guardian of the children and no court order is required to establish this fact.

8. It is therefore submitted that he is entitled to Marriage Allowance under Canadian Naval Regulations, Chapter XVI, Article 367, Clause 5.

9. The early attention of the Department is requested to this case and a reply if possible by W/T would expedite settlement thereof.

J. H. Edwards
COMMANDER, R.C.N.

C O P Y

Telephone B-6894

PARKER T. HICKEY, B.A., LL.B.
BARRISTER & SOLICITOR
NOTARY PUBLIC
122 Roy Building

HALIFAX, N. S. November 23/40.

Provost Marshal,
Naval Service,
Halifax, N. S.

Attention Lieutenant Tilson.

Re: Herbert Purcell ("Nootka")

Dear Sir:

Further to our conversation with reference to the above named Herbert Purcell; he called at my office on Thursday afternoon and made an offer of the sum of \$85.00 a month to his wife Dorothy Purcell provided she remove their three children from the home of his mother and look after them.

His wife has been ordered to the Kentville Sanatorium on Monday and provision for two of the children was made at St. Joseph's Orphanage and the young child at the home of the Guardian Angel. It appeared satisfactory to everyone; Mr. Purcell had previously given his consent to have them placed in a home.

As I indicated to you previously Mrs. Purcell alleged that she was assaulted and badly bruised by her husband and Dr. Sieniewiez gave her definite instructions that she was not to proceed back to her home as it might be fatal in her weakened condition. These facts may be verified by the above mentioned physician; he is a specialist and widely recognized in the care and treatment of T. B. patients. If you desire an interview with Mrs. Purcell for any other information please let me know.

Yours very truly,

PTH/KR.

C O P Y

21

T. M. SIENIEWICZ. M. D.

Halifax, N. S.,
Nov 25/40.

Mr. Parker Hickey,
122 Roy Building,
City.

Dear Mr. Parker:

Regarding the case of Mrs. Dorothy Purcell, wife of E.R.A. Herbert Purcell, I wish to advise you that she was examined by me on November twentieth and that I recommended to her that she should proceed to the Nova Scotia Sanatorium for further treatment, as soon as arrangements can be made.

Mrs. Purcell is an ex-patient of the City Tuberculosis Hospital, as well as the above mentioned Sanatorium.

Sincerely Yours,

Sgd. T. M. Sieniewicz.

TMS:MW.

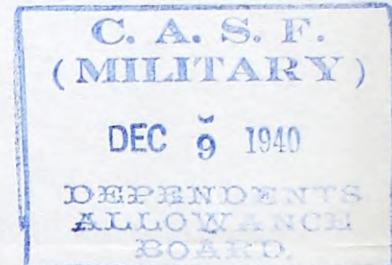
BOND
FAC CONTENT-CANADA

PARKER T. HICKEY, B.A., LL.B.
BARRISTER & SOLICITOR
NOTARY PUBLIC
122 Roy Building

24

HALIFAX, N. S. December 5/40.

The Dependents' Allowance Board,
Naval Services,
Ottawa, Canada.



Re: E.R.A Herbert Purcell, H.C.S. "Nootka"

Dear Sirs:

I have been retained by Mrs. Dorothy Purcell, wife of the above named Naval rating, who alleges that she was assaulted and badly bruised by her husband and was then forced by him to leave their home.

I have had several interviews with Lieutenant Tilson of the Naval Provost Services at Halifax and a satisfactory arrangement was made by him with the above named Naval rating under which he agreed, that the allotment to her and the children for the month of November would be paid as usual; a copy of it is enclosed herewith and the particulars of the agreement are contained in my letter of November 23rd., 1940, copy of which is enclosed herewith for your information.

Mrs. Purcell proceeded to the Sanatorium at Kentville but as no allotment came through as usual, it was necessary for her father to guarantee her expenses there; unfortunately the Sanatorium was filled up and she was left stranded at Kentville without funds but will be admitted to the hospital as soon as there is a vacancy.

I am informed by her husband, the above Naval rating, that he has had her allotment cancelled and I am very much surprised, that your Board would call off this allotment without any notice to her whatsoever and without any investigation as to why the allotment has been called off. The same matter arose before the Magistrate's Court in this City the other day and the Magistrate expressed an opinion that it was a very surprising thing for a Dependents' Allowance Board to call off an allotment immediately without taking any proceedings whatever,

NATIONAL
JAN 11 1941
NS 1237-47
CANADA

T. M. SIENIEWICZ, M. D.

Halifax, N. S.,
Nov. 25/40.

31

Mr. Parker Hickey,
122 Roy Building,
City.

Dear Mr. Hickey:

Regarding the case of Mrs. Dorothy Purcell, wife of E. R. A. Herbert Purcell, I wish to advise you that she was examined by me on November twentieth and that I recommended to her that she should proceed to the Nova Scotia Sanatorium for further treatment, as soon as arrangements can be made.

Mrs. Purcell is an ex-patient of the City Tuberculosis Hospital, as well as the above mentioned Sanatorium.

Sincerely Yours,

TMS:MW

Sgd. T. M. Sieniewicz.

LA/IF

File: N.S.123-P-47

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

29 September, 1942.

(Date)

58

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
PURCELL, Herbert Augustus, Acting Engineroom Artificer 3rd Class, A.1056,
R.C.N.R.

DATE OF ENLISTMENT - 23rd November, 1939.

DATE OF DISCHARGE - 15th September, 1942.

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

SERVICE - Canada & High Seas.
 (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. Dorothy Purcell
ADDRESS 427 1/2 Agricola Street, HALIFAX, N.S.

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

\$ 125.00 PAID TO Still in force

MARRIAGE ALLOWANCE AT \$ 2.25 PER DIEM PAID TO still in force

DEPENDENTS ALLOWANCE AT \$ nil PAID TO nil

TOTAL MONTHLY PAYMENT TO - WIFE \$ 125.00

Computed by ADM 20/9/42 DEPENDENTS \$ nil
Checked by EG 30/9/42

R. A. ...
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.
Copy to: The Sec., D.P. & N.H.

(See reverse side for further instructions.)

9th October, 1942.

60

THIS IS TO CERTIFY that according to official information Herbert Augustus Purcell, Engine Room Artificer 3rd Class, Official Number A-1056, Royal Canadian Naval Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA", which has been reported lost.

Rai
SECRETARY, NAVAL BOARD.
RA *RAM*

DEPARTMENT OF NATIONAL DEFENCE
CANADA
NAVAL SERVICE

COPY FOR

RECEIVED FROM

DATE November 13, 1942.

Chief Treasury Officer,
Dept. of Pensions & National Health,
Ottawa, Ontario.

OFFICIAL
RECEIPT

SOURCE

60

15498

CASH BOOK
FOLIO

140

VOUCHER
NUMBERS

AUTHORITY

32-1-2 F.D. 1988

RECEIPT

THE SUM OF \$ 954.55

BY ~~CASH~~
~~CHEQUE~~

ON ACCOUNT OF
(SEE NOTE BELOW)

Refund to Marriage Allowance
& Assigned Pay.

FOLD
HERE

FOLD
HERE

PREPARED BY	NOTE: FULL DETAILS must be given including NAME, RANK and OFFICIAL NUMBER where applicable, if different than "RECEIVED FROM" followed by details of account covered by the payment, i.e., TRANSPORTATION WARRANT NUMBER, SERVICE PERFORMED, REFUND OF ADVANCE BY CASH ACCOUNT VOUCHER NUMBER, CHEQUE NUMBER, etc.	H. Q. F. E. NO. (4)0000	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	H. Q. SUB. ALT. (2)00	AMOUNT	D. R. NO. (4)0000
GG			9999		400	02	33	\$ 654.55
CHECKED BY						31	300.00	
AL						TOTAL	954.55	

ISSUED AT

Ottawa, Ontario.

CERTIFIED CORRECT

(SGD.) G. L. DOUGLAS.

FOR CHIEF TREASURY OFFICER

Naval Service.

COPY :YD

NOT TO BE ISSUED TO THE PUBLIC

G.T. 17A

A.F.D. 941
2-43 (8617)
772-39-1593

GP/HJR

REQUISITION FOR CHEQUE

TO BE USED FOR ADVANCES OR AUTHORIZED PAYMENTS FOR WHICH THERE ARE NO ACCOUNTS

DEPT. NO.
FILE NO. **NS.123-P-47**
TREAS. NO.

DEPARTMENT..... **National Defence**
BRANCH..... **D.N.P.A.** DATE **23rd September, 1943.**

APPLICATION IS HEREBY MADE FOR THE ISSUE OF THE FOLLOWING CHEQUE OR CHEQUES:-

CHEQUE NO.	IN FAVOUR OF	AMOUNT
48893	<p>Mrs. Dorothy Purcell</p> <div style="border: 2px solid blue; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <p>C. R. P. A. BRANCH FIN. DATE INITIAL</p> <p><i>EX 28-9-43</i></p> </div> <p>Cheque and File to D.N.P.A.</p>	\$149.25

STATE BELOW, WITH DETAILS IN EVERY CASE, WHETHER (a) STANDING ADVANCE, (b) ADVANCE FOR SPECIFIC JOURNEY—ESTIMATING NUMBER OF DAYS, (c) OTHER ACCOUNTABLE ADVANCE, OR (d) AUTHORIZED PAYMENT.

Adjustment of advances to the widow of the late Herbert Augustus Purcell, E.R.A.3Cl., O.No. A-1056, Amendment 144 to Article 383 paragraph 6 of Canadian Naval Regulations as per attached statement.

N.D.H.Q.-F.E. No. (4)0000	DIV. (2)00	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	DIST. ALT. OR H.Q. SUB. ALT. (2)00	OBJECT (3)000	AMOUNT	DIST. SUB. AL. (2)00	DIST. F.E. NO. (4)0000
33955			400	02	44		\$111.00		
9999			400	02	33		38.25		
							\$149.25		

I CERTIFY THAT THIS APPLICATION IS MADE UNDER THE REQUISITE AUTHORITY, AND THAT THE EXPENDITURE IS NECESSARY IN THE INTERESTS OF THE PUBLIC SERVICE.

[Signature]

TREASURY OFFICE APPROVAL

[Signature]

[Signature]
D.N.P.A.

HEAD OF BRANCH

DEPUTY HEAD

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name HERBERT AUGUSTUS PURCELL - Register No. 1889 -
 (Christian Names) (Surname) File No. A1056 -
 Address MRS. DOROTHY C. PURCELL - Date 29/11/44 -
427 1/2 AGRICOLA St., Service No. A1056 -
HALIFAX N.S. Final Rank or Rating ERA 3/c -
 Date of termination of overseas service 13 Sep 42 - Date of Discharge 13 Sep 42 -

A. TOTAL QUALIFYING SERVICE
 No. of days 1012 equal to 33 complete periods at \$7.50 \$ 247.50 -

B. QUALIFYING OVERSEAS SERVICE 737
 No. of days 759 less 22 ineligible days, equal to 737 days @ 25¢ per day \$ 184.25 -

C. SUPPLEMENT FOR OVERSEAS SERVICE SUB TOTAL \$ 431.75 -

DAILY RATES AT DISCHARGE

Pay	\$ 3.15 -	
Subsistence or Lodging and Provision Allowance	\$ 1.45 -	
Additional Pay	1 Cert. \$.25 -	
	H.L.M. \$.15 -	
	\$.25 -	
	\$.15 -	
Dependents' Allowance 1/30 of \$	\$ 2.25 -	
Total	\$ 7.25 -	x 7 = \$ 50.75 -
No. of days	<u>737</u>	x \$ 50.75 -
	<u>183</u>	\$ 204.39 -

D. WAR SERVICE GRATUITY 431.75
\$ 636.14 -

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

F. AMOUNT PAYABLE
 (This amount is payable in monthly instalments of \$ _____ each)

G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances \$ 7.25 x 30 \$ 217.50 -

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

1	<u>269</u>	6	_____
2	<u>261</u>	7	_____
3	<u>260</u>	8	_____
4	<u>260</u>	9	_____
5	_____	10	_____

Estate form prepared.

P290522 P-47

792

ACCOUNTS OF MEN DISCHARGED

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.....Purcell, Herbert.....Rating.....ERA4
Official No. A-1056.....H.M.C.S.....Ottawa.....List 5AI-56
Who* D.D.....on the 13 Sep.....19.42.

Net sum due on ledger on account of Wages.....	\$	cts.
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.....		
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) <u>One Hundred and Twenty-five</u> dollars and <u>Seven</u> cents charged to <u>30 Sep</u>		
Name of ship from which transferred.....OTTAWA.....		
Total†.....creditor.....	108	84

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.....
Ottawa.....amounting to a net balance†.....creditor.....
of One Hundred and Eight - - - - dollars Eighty-four - - - - cents.

Dated on board H.M.C.S.....AVALON.....at.....ST. JOHN'S.....
NELD.....this.....thirteenth.....day of.....November.....19.42.

Approved
[Signature] Accountant Officer
A/Pay Lieut/Commander, RCNVR
[Signature] Initials of the Assistant Accountant Officer
Pay Lieut. RCNVR
[Signature] Commanding Officer.
Lieut. Commander, RCN

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.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

lypd

Deceased Member Name *Herbert August PURCELL*
 (Christian Names) (Surname)

Payee *M^{rs} Dorothy C. PURCELL.*
 Address *427 1/2 Agricola St.
 Halifax N.S.*

Register No. *1889*
 File No. *A 1056*
 Date *29.11.44*
 Service No. *A 1056*
 Final Rank or Rating *E.R.A. 3/c*
 Date of Discharge *13 Sep 42*

Date of termination of overseas service *13 Sep 42.*

A. TOTAL QUALIFYING SERVICE
 No. of days *1012* equal to *33* complete periods at \$7.50
 30 *247.50*

B. QUALIFYING OVERSEAS SERVICE
 No. of days *759* less *22* ineligible days equal to *737* days @ 25¢ per day *184.25*

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE ~~*431.95*~~

Pay	\$	<i>3.15</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.45</i>	
Additional Pay	\$	<i>.25</i>	
	\$	<i>.15</i>	
	\$	<i>2.25</i>	
Dependents' Allowance 1/30 of \$	\$	<i>2.25</i>	
Total	\$	<i>4.25</i>	<i>x 7 = \$ 50.75</i>
No. of days		<i>737</i>	<i>x \$ 50.75 = 204.39</i>
		<i>183</i>	

D. WAR SERVICE GRATUITY *636.14*

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

F. TOTAL AMOUNT PAYABLE *636.14*

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = *\$636.14*
 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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <i>549</i>	6
2 <i>549</i>	7
3 <i>549</i>	8
4 <i>549</i>	9
5 <i>549</i>	10

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

9

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 initialled 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 Halifax, N.S. DATE October 10, 1940

1. (a) Unit R.C.N.R. (b) Regimental No. A 1056 (c) Rank E.R.A. 1v Cl.
 (d) Surname PURCELL (e) Christian name Herbert Augustus
 (f) Home address 427 1/2 Agricola St., Halifax, N.S.
 (g) Next of Kin Mrs. Dorothy Mary Purcell (h) Relationship Wife.
 (i) Address of Next of Kin as (f).

2. Age last birthday 30 Date of birth 3rd. Sept. 1910.

3. Enlistment, or Appointment (if an Officer) (a) Place Halifax, N.S. (b) Date Nov. 22, 1939.

4. Personal description:
 (a) Height 6'2 1/2" (b) Weight 198 lbs. (c) Complexion Dark
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc.
Multiple small scars dorsum right hand and fingers.

5. Former trade or occupation Marine Engineer.

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
	PERIODS	
	From	To
Canada.....	<u>Nov. 22, 1939</u>	<u>date.</u>
England.....		
France or other theatres of War.....		

7. Original disease, or injury Chronic Bronchitis (0822)

(a) Date of origin Unknown (b) Place of origin Unknown
 (c) Cause Infection.

8. Present disability—(Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(a) No general weakness.

(b) None.

(c) None.

(d) None.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE:- The patient is a well nourished, healthy looking man.

Inspection: percussion and auscultation of the lungs shows no abnormalities.

SUBJECTIVE:- Patient says " I feel perfectly well."

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... **No** Cardio-Vascular System... **Yes.** Genito-Urinary System... **No**
(If pulse is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses... **No** Respiratory System... **No** Integumentary System... **No**

Disturbances of Mentality... **No** Digestive System... **No** Muscular System... **No**

Osseous and Joint Systems... **No** Any other general condition... **No**

Varicose veins of right leg.

10. (a) History (of the condition referred to in Section 9 (a).)

Rating states that he had "asthma" as a child. Since then he has been subject to attacks of coughing every winter all his life, but however was never laid off work on this account. He had two haemorrhages at age of 17 when " blood just seemed to come up into his mouth". Wife has Phthisis. Routine X-Ray examination of chest was commented on as " chronic bronchitis". Admitted Sept. 4, 1940 under Monthly Naval Order No. 806 to Military Hospital, Halifax, whose impression was " Potential Bronchitic". Since discharge on Sept. 11, 1940 he has remained well and free of symptoms. On Oct. 4, 1940 the chest Specialist, Camp Hill Hospital gave the opinion " chronic bronchitis". Please see attached reports.

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).)

Measles, Pertussis in childhood.

Small pox at age of 12.

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

See para. 4.

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.)

(a) Yes.

(b) No.

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? Not applicable.

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

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (If the answer is "yes" state nature of treatment required and probable duration.)

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why.)

17. Recommendations, that he be placed in category "A" and returned to duty.

Surgeon Major [Signature] 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, Herbert Augustus Purcell, 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]

Herbert Augustus Purcell Rank. Signature of invalid examined.

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.

.....
.....
.....

We concur

19. Is the invalid fit for

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

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.)
- (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 "A".

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..... Halifax, N.S.

DATE..... October 16th, 1940

Surgeon Lieut. Cdr. RCNVR President.
 Surgeon Lieutenant, RCNVR }
 Surgeon Lieutenant, RCNVR } 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 the statement the Board of medical officers should so state.

..... President.

PLACE..... }
..... } Members.

DATE.....

APPROVED BY *A.L. Anderson*
 For transmission to N.S.H.Q.
 A.L. Anderson, Surg. Cdr. R.C.N.V.R.
 S.M.O., A.C. HALIFAX, N.S.
 Assistant Director of Medical Services.
 DATE..... October 16 1940

APPROVED BY *A. McCallum*
 Director-General of Medical Services.
 DATE..... 23/10/40 *Surg. Com!*

MEMORANDUM FOR

P 64

Mrs. Dorothy Purcell,
427 1/2 Agricola Street,
Halifax, Nova Scotia.

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. 123-P-47 FD. 263

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 9 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

PURCELL, Herbert Augustus, E.R.A./3.

No. A.1056, R.C.N.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
(H.R. Wade) Lt.-Cdr. RCNVR,
for (L.M. Firth) Lt.OCol.
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.....	Dorothy Mary	32 yrs	42 1/2 Agricola St. Halifax. N.S.
2	Children of the Deceased and dates of their Births.....	Herbert Richard Nov. 24. 1931. James Daniel Nov. 4. 1932	10 9	42 1/2 Agricola St. Halifax. N.S.
3	Father of the Deceased.....	Francis Augustus Purcell	56	42 1/2 Agricola St. Halifax N.S.
4	Mother of the Deceased.....	Agnes Victoria.	54	42 1/2 Agricola St. Halifax. N.S.
5	Brothers of the Deceased	Full Blood	Harry Mortimer Purcell.	22 overseas. - R. C. A. F.
6		Half Blood		
6	Sisters of the Deceased	Full Blood		
7		Half Blood		
	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	
7	Edna Patricia (full blood)	deceased. Nov. 18. 1936.		

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?	Herbert Augustus Purcell
11	Give the month and year of his birth.	Sept. 3 - 1910.
12	Where and when were his parents married?	Beverly - Mass. U. S. A. June. 6. 1906.
13	Was he ever married? If so, state exact place and date of marriage.	St. Thomas Aquinas Church. Halifax N.S. January. 14. 1931.
14	Did he leave a (later) Will? If so, it should be forwarded.	no
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?	Halifax. Nova Scotia.
17	In what Province, Country or State did he reside, and in which last?	Halifax N.S.
18	How long in each?	
19	What was the nature of his employment?	engineer
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?	we intended to settle in Upper Canada after the war.
22	State <u>your</u> postal address in full.	427 1/2 Agricola street Halifax. N.S.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Resumed killed in action on high sea, aboard the H.M.C.S. Ottawa
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).	none outstanding

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

* ~~Dorothy Mary~~ widow of the deceased.

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

Dorothy Mary Purcell {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief *Dorothy Mary*

Purcell {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 *Halifax* this *14th* day of *October* 19*42*

Signature of Clergyman, Priest or Magistrate } *G. J. Curran* Qualification *R. C. Clergyman*

Address *St. Joseph's Rectory, Halifax N.S.*

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 enquired after is stated in its proper place in the Statement opposite.

DECEASED 13 September 1942

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.

WAR SERVICE RECORDS

PURCELL	Herbert Augustus	A-1056	E.R.A. 3/c	FILE No.
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 AND DATE DESPATCHED
1939-45 Star	3645
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR "OTTAWA" Apr./43.
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. D.M. Purcell - Widow

ADDRESS: 427 $\frac{1}{2}$ Agricola St.,
Halifax, N.S.

11-8-48

(2) MEMORIAL CROSS

WIDOW

Mrs. Dorothy Purcell

ADDRESS: 427 $\frac{1}{2}$ Agricola Street
HALIFAX, N.S.

(3) MEMORIAL CROSS

MOTHER

Mrs. Francis O. Purcell

ADDRESS: 427 $\frac{1}{2}$ Agricola Street
HALIFAX, N.S.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

607

(2)

25 November 1942

(3)

5 January 1943