

V9967  
**ROBERTSON**  
EARL JAMES



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Department of National Defence

Naval Service

Ottawa, Canada.

CANADA

9th October, 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:

| NAME, RANK/RATING<br>NO.                                    | PLACE, DATE & CAUSE<br>of DEATH                                                                                | NEXT OF KIN                                                                                   |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| ROBERTSON, Earl James,<br>Coder, O.N.<br>V-9967, R.C.N.V.R. | Missing, believed killed<br>in action on the 13th of<br>September, 1942. He was<br>on board H.M.C.S. "OTTAWA". | Mother:<br>Mrs. Mary S. Robertson,<br>Green & Lister Block,<br>Fort Street,<br>WINNIPEG, Man. |

ALLOTMENTS IN FORCE.

| <u>In favour of:</u>                              |                                                         | <u>Amount.</u> | <u>Initials.</u> |
|---------------------------------------------------|---------------------------------------------------------|----------------|------------------|
| Mrs. Mary S. Robertson,                           | Green & Lister Block,<br>Fort Street,<br>Winnipeg, Man. | \$25.00        | <i>JM</i>        |
| Receiver General for<br>War Savings Certificates, | Ottawa, Ont.                                            | \$2.00         |                  |



WILL: Attached.

Yours truly,

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

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



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "AVALON" at St. John's, Newfoundland

Name (Cristian names in full) ROBERTSON, Earl James

Rank or Rating Jofar Official Number V-9967

Place of birth Minnetonas, Manitoba Date of birth 11th. December 1920

Occupation in Civil Life Route Messenger Religion Presbyterian

Number of years service in the Navy (Long Service R.C.N. or mobilized service in the case of R.C.N. (Temp) Reserve ratings) 1 year 314 days (Active Service)

Date of Death 13th. September 1942 Place of Death At sea

Cause of Death Enemy action - Loss of H.M.C.S. "OTTAWA"

Nearest known relative of friend Name Mrs. Mary S. Robertson Relationship Mother Address Suite 8, Green & Lister block Port Street, Winnipeg, Man.

Date on which the above was informed by ship Not known

Date on which death was registered with local Officials Not known

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

Place of Burial No burial Date of Burial

Location, Number etc. of Grave (If known)

Underraker employed (If any)

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

Lieutenant Commander R.C.N. COMMANDING OFFICER

9 October 1942

The Secretary Naval Board, Ottawa, Canada

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

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

C.N.S.1121



LA:RK

File: W.S. 113-B-480

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

..... 9th October, 1942. ....  
(Date)

Sir:

The following casualty has been reported -

23

|                              |                                                                                       |                           |
|------------------------------|---------------------------------------------------------------------------------------|---------------------------|
| <u>NAME</u>                  | <u>RANK or RATING</u>                                                                 | <u>NAVAL NO.</u>          |
| <u>ROBERTSON, Earl James</u> | <u>Coder,</u>                                                                         | <u>V-9967, R.C.N.V.R.</u> |
| <u>DATE OF ENLISTMENT</u> -  | <u>2nd August, 1940, (Active Service 4th November, 1940.)</u>                         |                           |
| <u>DATE OF DISCHARGE</u> -   | <u>13th September, 1942.</u>                                                          |                           |
| <u>HOSPITAL</u> -            | <u>(If discharged in hospital under jurisdiction of D.P. &amp; N.H.)</u>              |                           |
| <u>SERVICE</u> -             | <u>"Canada &amp; High Seas."</u>                                                      |                           |
|                              | <u>(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).</u> |                           |

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

(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 Mother, NAME Mrs. Mary S. Robertson,  
 ADDRESS Green & Lister Block, Fort Street, WINNIPEG, Man.

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

PAID TO Nil

MARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO - Nil

DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil

Computed by H.M.S. DEPENDENTS \$ Nil  
 Checked by M.

*R. Robertson*  
 SECRETARY,  
 NAVAL BOARD.

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

(See reverse side for further instructions.)



REMARKS: .....

NOTES: This form to be accompanied by documents only in cases of (a) discharge medically unfit (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

*[Faint handwritten notes and signatures at the bottom of the page]*



*Ord Sea*

R. C. N. V. R.  
TRAINING REPORTS, 1940

Name *E. J. Robertson* Rate *Ord Sea* O.N. *9967*  
 Division *Thumper* Training Headquarters..... Period No.....  
 ANNUAL TRAINING  
 Entered for N.T. *Nov 4-1940* Completed N.T. *Nov 21st* No. of days *16/17*  
 Entered for V.S. .... Completed V.S. ....  
 Final Discharge *Apr 21st* Total No. of Days *Sundays off 16*

INSTRUCTION

| Subject                  | Training Establishment..... |            |                               | Service Afloat H.M.C.S..... |            |         |
|--------------------------|-----------------------------|------------|-------------------------------|-----------------------------|------------|---------|
|                          | From                        | To         |                               | From                        | To         |         |
|                          | No. of Hours                | Efficiency | Remarks                       | No. of Hours                | Efficiency | Remarks |
| 1. Seamanship.....       | <i>12</i>                   |            |                               |                             |            |         |
| 2. Boatwork.....         | <i>No</i>                   |            |                               |                             |            |         |
| 3. Signals.....          |                             |            |                               |                             |            |         |
| 4. W/T.....              | <i>100</i>                  |            |                               |                             |            |         |
| 5. Gunnery.....          | <i>No</i>                   |            |                               |                             |            |         |
| 6. Torpedo.....          |                             |            |                               |                             |            |         |
| 7. Minesweeping.....     |                             |            |                               |                             |            |         |
| 8. P. & R.T.....         | <i>16</i>                   |            |                               |                             |            |         |
| 9. Swimming.....         | <i>Test No</i>              |            | <i>Failed P.R.T. 19/11/40</i> |                             |            |         |
| 10. Kit and Medical..... |                             |            |                               |                             |            |         |
| 11. ....                 |                             |            |                               |                             |            |         |
| 12. ....                 |                             |            |                               |                             |            |         |

Character *U. G.* Efficiency *Sgt.* Character..... Efficiency.....

Qualified as Efficient.....  
 E.T. Part I..... Passed } Date.....  
 Failed }  
 Passed professionally for..... Date.....  
 Recommended for Advancement.....  
 Recommended for Confirmation.....

Qualified for Advancement to.....  
 Recommended for Special Branch.....

General Remarks..... *Several Weeks on Reserve, Leads 15 per Min. A Fair Telegraphist.*

Signature.....  
 Reserve Training Officer



V-9967

N. V. 5  
15M-2-40 (4047)  
N.S. 815-11-5



CANADA

### ATTESTATION FORM

#### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....ROBERTSON.....OFFICIAL NO.....

CHRISTIAN NAMES.....Earl James.....MARRIED, SINGLE OR WIDOWER.....Single.....

|                                                   |              |
|---------------------------------------------------|--------------|
| PERMANENT ADDRESS                                 | RELIGION     |
| 371 William Avenue, Winnipeg.<br>(Victoria Court) | Presbyterian |

|                        |                                                 |                                          |
|------------------------|-------------------------------------------------|------------------------------------------|
| DATE OF BIRTH          | PLACE OF BIRTH                                  | NAME AND ADDRESS OF NEXT OF KIN          |
| 11th December,<br>1920 | Town Minnitonas<br>County<br>Province Manitoba. | Mary Swedick Robertson (Mother)<br>Same. |

#### PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT              | CHEST MEASUREMENT     | HAIR  | EYES | COM-<br>PLEXION | WOUNDS, SCARS, MARKS |
|---------------------|-----------------------|-------|------|-----------------|----------------------|
| Feet.....5.....     | Inflated.....37½..... | Brown | Blue | Fair            | Nil.                 |
| Inches.....10½..... | Deflated.....36.....  |       |      |                 |                      |
| Mean.....           | 36½.....              |       |      |                 |                      |

| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY |
|-------------------|----------------------|--------------------------------------|
| 2nd August, 1940  | Ord.Sea.             | Route Messages, C.N. Telegraphs      |

#### (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 ~~XXXXX~~  
~~XXXXX~~ record of service, in corroboration of this statement. ~~XXXXX~~

\* Cross out Clause not applicable.

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

- (c) I have never been rejected 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.
  - (a) That I hereby agree to serve in the Royal Canadian Naval Volunteer Reserve during the period of hostilities.



(5) On being enrolled as a member of the.....**WINNIPEG**..... Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

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

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

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest 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.

Dated this.....**2nd**..... day of.....**August, 1940**.....

Signature of applicant.....*Earl James Robertson*.....

**(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....**2nd**.....

day of.....**August, 1940**.....

*J. J. J. J. J.*  
Signature of Commanding Officer.

**(D) OATH OF ALLEGIANCE**

I,.....**Earl James ROBERTSON**..... 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.....*Earl James Robertson*.....

Witness.....*J. J. J. J. J.*.....

Date.....**2/8/40**..... Rank.....*Lieut.*.....

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

**(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

.....**Earl James ROBERTSON**..... 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.....**WINNIPEG**..... Division of the R.C.N.V.R.

*J. J. J. J. J.*  
Commanding Officer.

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.



NAME IN FULL *ROBERTSON, Carl James* RANK/RATING *Coder*

| SHIP                        | SERVICE         |                 |            | AREA            | FROM | TO |
|-----------------------------|-----------------|-----------------|------------|-----------------|------|----|
|                             | FROM            | TO              | DAYS       |                 |      |    |
| <i>Winnipeg</i>             | <i>11.11.40</i> | <i>22.11.40</i> | <i>19</i>  |                 |      |    |
| <i>St. Laurent</i>          | <i>5.5.41</i>   | <i>7.8.41</i>   | <i>95</i>  | <i>Atlantic</i> |      |    |
| <i>Ottawa</i>               | <i>17.9.41</i>  | <i>13.9.42</i>  | <i>362</i> | <i>Atlantic</i> |      |    |
| <i>Since "Dead" to date</i> | <i>13.9.42</i>  |                 |            |                 |      |    |
|                             |                 |                 |            |                 |      |    |
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|                             |                 |                 |            |                 |      |    |
|                             |                 |                 |            |                 |      |    |

VERIFIED BY *J. Louis Polvin*

VERIFIED BY .....



VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

NAME/RATING *Coder* OFF. NO. *19967* ADDRESS .....

| AREA         | QUALIFYING PERIODS IN DAYS |    |         |          |         |                | STARS MEDALS | ✓<br>1<br>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>            |
| <i>Antic</i> |                            |    |         |          |         |                | FRANCE G.    |             |                        |
| <i>Antic</i> |                            |    |         |          |         |                | 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]*

..... DIR. OF PERSONNEL RECORDS.



DOMINION OF CANADA

NATIONAL REGISTRATION REGULATIONS, 1940  
REGISTRATION CERTIFICATE

This certificate  
must always be  
carried upon the  
person of the  
registrant.

Electoral District No. 186 Wpg. S. Centre  
Polling Division No. 177 C.N.R.  
(Name if any)

THIS IS TO CERTIFY THAT

Earl James Robertson

residing at 371 William Ave  
Winnipeg

.....was duly registered under the above-mentioned  
Regulations this 15 day of August..... 1940.

W. S. Brady  
Deputy Registrar.

Signature of Registrant

Earl Robertson



R. C. N. V. R.

# Passing Certificate

## This is to Certify

that ..... Earl James ROBERTSON, .....

Rating ..... Ordinary Seaman, <sup>Red</sup> ..... Official Number ..... V. 9967 .....

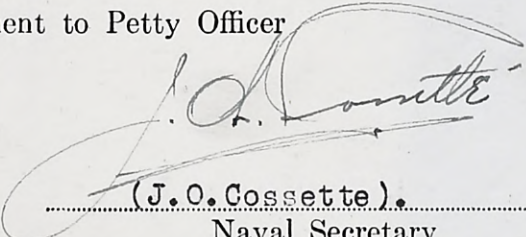
has passed

R. C. N. V. R.

## THE EDUCATIONAL TEST, I

held on 5th-6th November, 1940. ....

For advancement to Petty Officer

  
..... (J. O. Cossette) .....

Naval Secretary

Department of National Defence, .....

Ottawa, this ..... 1st ..... day of ..... January ..... 19 41 .....

C.N.S. 2431

10M-7-40 (6232)

N.S. 815-9-2431



N.V. 17  
 3M-12-39 (3289)  
 N.S. 815-11-17

*Identification Card # 6623*  
*15/11/40*

**CERTIFICATE of the SERVICE of**

.....EARL JAMES ROBERTSON.....

**in the Royal Canadian Naval Volunteer Reserve**

|                           |                     |                              |
|---------------------------|---------------------|------------------------------|
| Training Headquarters     | R.C.N.V.R. Division | Official Number <b>V9967</b> |
| <b>E.S.Q.U.I.M.A.L.T.</b> | <b>WINNIPEG</b>     | "                            |
|                           |                     | "                            |

Date of Birth..... **11th December, 1920** .....

Place of Birth..... **Minnitonas, Manitoba.** .....

Place of Residence..... **371 William Avenue Winnipeg** .....

Trade brought up to..... **Route Messenger** .....

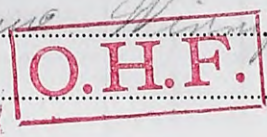
Religion..... **Presbyterian.** .....

Can Swim:—P.P.T. ( ) Date..... 19..... Signature..... **30/10/41**

P.S.T. ( ) Date..... 19..... Signature.....

Name and Address of Nearest Relative or Friend

*Wm. Swedish Robertson*  
*Walter*  
*St. S. Green & Sons*  
*Port of Winnipeg*



| PARTICULARS OF SERVICE      |                   |                        |                                     | MEDALS, DECORATIONS, etc. |              |                      |
|-----------------------------|-------------------|------------------------|-------------------------------------|---------------------------|--------------|----------------------|
| Date of Actual Volunteering | Date of Enrolment | Period Volunteered for | Rating on Enrolment or Re-enrolment | Date of                   |              | Nature of Decoration |
|                             |                   |                        |                                     | Award                     | Presentation |                      |
|                             | <b>2/8/40</b>     | <b>Hostilities</b>     | <b>Ord. Sea.</b>                    |                           |              |                      |
|                             |                   |                        |                                     |                           |              |                      |
|                             |                   |                        |                                     |                           |              |                      |
|                             |                   |                        |                                     |                           |              |                      |

| PERSONAL DESCRIPTION                   |          |                                    |                                    |            |              |             |             |                      |
|----------------------------------------|----------|------------------------------------|------------------------------------|------------|--------------|-------------|-------------|----------------------|
|                                        | Height   |                                    | Chest (mean)                       | Weight     | Hair         | Eyes        | Complexion  | MARKS, WOUNDS, SCARS |
|                                        | Feet     | Inches                             |                                    |            |              |             |             |                      |
| On Entry.....                          | <b>5</b> | <b>10<sup>3</sup>/<sub>4</sub></b> | <b>36<sup>1</sup>/<sub>4</sub></b> | <b>156</b> | <b>Brown</b> | <b>Blue</b> | <b>Fair</b> | <b>Nil.</b>          |
| 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. |            |            |            |                         |
| 1940. | WINNIPEG Division.    |        |     | O'Smn.     | 2 Aug '40  | 3 Nov '40  | Mobilized.              |
| 1940. | WINNIPEG Division.    |        |     | O'Smn.     | 4 Nov '40  | 22 Nov '40 | Drafted<br>'Stadacona'. |
| 1940. | H.M.C.S. "STADACONA". |        |     | O'Smn.     | 23 Nov '40 | 26 Dec '40 |                         |
| 1940. | — " —                 | —      | —   | Ord Tel.   | 27 Dec '40 | 3 May '41  |                         |
|       | St. Laurent           |        |     | Ord. Coder | 4 May '41  | 4 May '41  |                         |
|       | Stadacona (Sig Sec.)  |        |     | " "        | 5 May '41  | 7 Aug '41  |                         |
|       | Ottawa                |        |     | " "        | 8 Aug '41  | 16 Sep '41 |                         |
| 1941  | — " —                 | —      | —   | Coder      | 17 Sep '41 | 26 Sep '41 |                         |
|       |                       |        |     |            | 27 Sep '41 | 13 Sep '42 | DD                      |

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

| Date | Details | Captain's Signature |
|------|---------|---------------------|
|      |         |                     |
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27  
5-6  
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4













P050420

DEFENCE  
AUG - 8 1940  
N.S. 113-9-480  
CANADA

# 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..... ROBERTSON, Earl J......  
candidate for entry as..... Ord. Sea. (Reserves).....  
and I believe him to be \* in all respects fit for His Majesty's Service. } He has signed  
unfit for His Majesty's Service for the reason stated below. } 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—<br>(i) Snellen's Types<br>(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, Haemorrhoids, etc. |
|--------------------------|-----------------------------------|----------------------------------------|-------------------------|---------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|------------------------|---------------------------|----------------------|----------|----------------------|------------------------------|---------------------------------------------------------------------------------|------------------------------|
| 19 years 7 mos           | 156 lbs                           | 5 ft 11 3/4 in                         | Good                    | (a) maximum 37 1/4<br>(b) minimum 36<br>(c) mean 36 1/4 | right eye 25/30<br>left eye 25/40<br>colour vision Normal   | Scar 1924                                           | X-Ray Normal           | Normal                    | Normal               | Normal   | Normal               | Normal                       | 2 earrings teeth<br>4 missing                                                   | Normal                       |

\*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.

Should wear glasses.

### 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.

Earl J. Robertson  
Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
‡Strike out if inapplicable.

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

This Candidate is the subject of..... defective vision.....

\* 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..... WINNIPEG..... the 1st..... of..... August..... 1940.....

M. Brown  
Examining Medical Officer  
(Rank)..... St. Roanoke.....



D OF D 13-9-42

D.D.

|                            |                 |          |                   |               |
|----------------------------|-----------------|----------|-------------------|---------------|
| ROBERTSON                  | Earl James      | V-9967   | Coder             | FILE No.      |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS  | REGISTRATION NUMBER AND DATE DESPATCHED  |
|------------------|------------------------------------------|
| 1939-45 Star     | <i>Medals Peter Wandelaar</i>            |
| Atlantic Star    | <i>RET TO STOCK. 14-2-50 3820 7-7-50</i> |
| C.V.S.M. & Clasp |                                          |
| War Medal        |                                          |
|                  |                                          |
|                  |                                          |
|                  |                                          |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May.46 "OTTAWA"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO

Mrs. Mary S. Robertson - Mother - Benef.

239 Belmont Ave.,

ADDRESS:

~~313 Royal Ave.,~~ West Kildonan,  
WINNIPEG, Man. Corres. on file.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Mary S. Robertson

ADDRESS:

Suite 8, Green & Lister Block, Fort Street,  
Winnipeg, Man.

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 256

(2)

(3)

25-11-42



V9967

OFFICIAL NUMBER

FILE NUMBER

113-R-480

OFFICIAL NUMBER

V9967

NAME ROBERTSON Earl, James DATE OF BIRTH 11th December, 1920  
(Surname) (Given Names)PLACE OF BIRTH Minitonas, Manitoba OCCUPATION Route Messenger, C.N. TelegraphsRELIGION Presbyterian EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 371 William Ave. Town Victoria Court Province, etc. Winnipeg

| ENGAGEMENTS       |       |      |        | DESCRIPTION                        |      |      |            |                | PREVIOUS SERVICE |                |       |    |
|-------------------|-------|------|--------|------------------------------------|------|------|------------|----------------|------------------|----------------|-------|----|
| Date (in figures) |       |      | Period | Height                             | Hair | Eyes | Complexion | Marks or Scars | Served in        | Rank or Rating | Dates |    |
| Day               | Month | Year |        |                                    |      |      |            |                |                  |                | From  | To |
| 2                 | 8     | 40   | H.O.   | 5'10 <sup>3</sup> / <sub>4</sub> " | Brn. | Blue | Fair       | Nil-           |                  |                |       |    |

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mary Swedish RobertsonADDRESS (in pencil): Street and No. Green & Dilater Block Ste 8 Town Winnipeg Province, etc. Manitoba  
Fort St.

| 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 |             |
|                                                |       |      |             | 11                               | 40    | Passed Educ. Test "one" RCNVR |             |                   |       |      |             |
|                                                |       |      |             | 18                               | 41    | Qual. Ord. Coder.             |             |                   |       |      |             |

| 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 |                              |            |

| Date (in figures) |       |      |        | DAYS FORFEITED |       |          |          |                |                                                | C.H.F. Received |  |
|-------------------|-------|------|--------|----------------|-------|----------|----------|----------------|------------------------------------------------|-----------------|--|
| Day               | Month | Year | Prison | Det'n          | Cells | C. Power | W. Trial | In diff. Char. | LAST WILL & TESTAMENT DATED-19-11-40-RECEIVED. |                 |  |

SECOND CLASS FOR CONDUCT

From To



FILM  
NO. W SR 5337-4  
DATE



V9967 OFFICIAL NUMBER

NAME ROBERTSON Earl James  
(Surname) (Given Names)

OFFICIAL NUMBER V9967

| 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. Wpg.        | Ord. Smn.  | 2    | 8     | 40   |                                                      | V.G.      | Sat.       | 22   | 11    | 40   |                 |           |       |      |              |       |      |
| Duty Div. Hdots.      | " "        | 4    | 11    | 40   |                                                      | V.G.      | Sat.       | 31   | 12    | 40   |                 |           |       |      |              |       |      |
| Stadacona             | " "        | 23   | 11    | 40   |                                                      | V.G.      | Sat.       | 31   | 12    | 41   |                 |           |       |      |              |       |      |
| St. Laurent.          | Ord. Tel.  | 27   | 12    | 40   |                                                      | V.G.      | Sat.       | 13   | 9     | 42   |                 |           |       |      |              |       |      |
|                       | Ord. Coder | 5    | 5     | 41   |                                                      |           |            |      |       |      |                 |           |       |      |              |       |      |
|                       | Ord. Coder | 4    | 5     | 41   | Stad. (Sig. School) 8.8.41.                          |           |            |      |       |      |                 |           |       |      |              |       |      |
| Ottawa                | " "        | 17   | 9     | 41   |                                                      |           |            |      |       |      |                 |           |       |      |              |       |      |
| "                     | Coder      | 27   | 9     | 41   |                                                      |           |            |      |       |      |                 |           |       |      |              |       |      |
| DISCHARGED            | "          | 13   | 9     | 42   | Missing, believed Killed in Action. (Casualty List.) |           |            |      |       |      |                 |           |       |      |              |       |      |

GENERAL REMARKS

CANADIAN MEMORIAL CROSS:  
 Mother: Mrs. Mary S. Robertson,  
 Green & Lister Block,  
 Fort St.,  
 WINNIPEG, Manitoba.

|               |                 |         |        |         |              |       |           |       |        |                            |    |       |
|---------------|-----------------|---------|--------|---------|--------------|-------|-----------|-------|--------|----------------------------|----|-------|
| DATE OF BIRTH | PLACE           | CIVIL   | OCCU.  | REL.    | FD           | PERM. | RESIDENCE | PREV. | EML.   | RANK OR RATE ON ENLISTMENT |    |       |
| DY. MO. YR.   | BIRTH           | MAIN    | SUB    | NO.     | P            | CTY.  | TOWN      | SERV. | DIV.   | A                          | BR | RANK  |
| 11            | 11              | 2016    | 533    | 0       | 50           | N6    | 06        | 060   | 06     |                            |    | 00895 |
| ENLIST. DATE  | ACT. SERV. DATE | STR.    | ESTAB. | SHIP OR | RANK OR RATE |       |           |       |        |                            |    |       |
| DY. MO. YR.   | DY. MO. YR.     | CAT.    | YR.    | YR.     | ESTAB.       | A     | BR        | RANK  |        |                            |    |       |
| 02            | 08              | 4004    | 11     | 40      |              |       |           |       | 103500 |                            |    | 0994  |
| SENIORITY     | STR.            | NON-SUB | M      |         |              |       |           |       |        |                            |    |       |
| DY. MO. YR.   | CAT.            | A       | B      | ST.     |              |       |           |       |        |                            |    |       |
| 27            | 09              | 41      | 09     | 00      | 00           | 20    | 13        | 09    | 42     |                            |    |       |



NOV 22 1949

NS 113 RH80 CANADA

IN THE NAME OF GOD, AMEN

I, Earl James ROBERTSON, Ord.Sea., O.No.V.9967, of His Majesty's Ship WINNIPEG Division, R.C.N.V.R. (now a Patient\* in P086042 ),

\*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 Mother, Mary Robertson, Green MND Lister Block, Fort Street, WINNIPEG, Manitoba, Canada.

b

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 R. W. Craig, Barrister, of Winnipeg, Manitoba, Canada.

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 WINNIPEG, Man., hereunto set my hand, this Nineteenth day of November, in the Year of Our Lord One Thousand Nine Hundred & Forty-----

Earl James Robertson

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

R. W. Craig, J. J. Lister

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.



## 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.

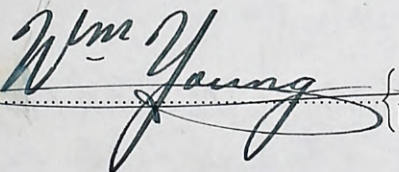
If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

---


## 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.



Signature of the person  
by whom the Will was prepared.

Noted in Service  
Records by 



# ACCOUNTS OF MEN DISCHARGED

F290391

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

42

Name Robertson, Earl Rating \_\_\_\_\_ Coder \_\_\_\_\_  
 Official No. V-9967 H.M.C.S. "OTTAWA" Lis 5/2/503  
 Who\* D.D. on the 13th September 1942

|                                                                                                     |     |      |
|-----------------------------------------------------------------------------------------------------|-----|------|
| Net sum due on ledger on account of Wages.....                                                      | \$  | cts. |
|                                                                                                     | 91. | 71   |
| 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) <u>Twenty</u> <sup>FIVE</sup> <u>dollars</u> charged to <u>30</u> Sep. |     |      |
| <u>Two</u> <u>dollars</u>                                                                           |     |      |
| Name of ship from which transferred <u>"OTTAWA"</u>                                                 |     |      |
| Total †..... Creditor                                                                               | 91. | 71   |

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 Ninety one dollars seventy one cents.

Dated on board H.M.C.S. "AVALON" at St. John's, Newfoundland  $\frac{1}{4}$  this Thirteenth day of November 19 42.

Approved \_\_\_\_\_ Accountant Officer  
Pay. Lieutenant, R.C.N.V.R. } Initials of the Assistant  
 \_\_\_\_\_ } Accountant Officer  
Commanding Officer, R.C.N.V.R.  
Lieut. Commander, R.C.N.

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.



# ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the ..... day of ..... 19.....

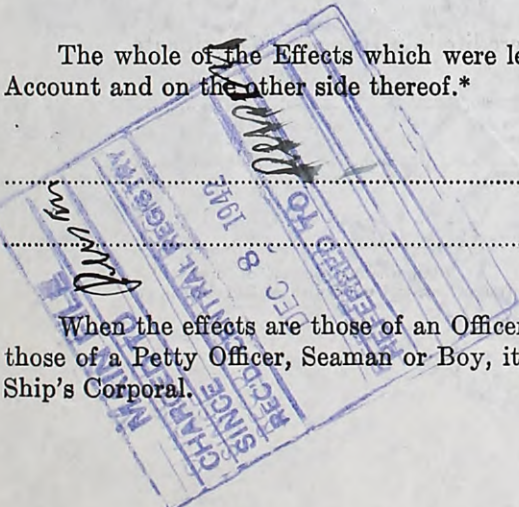
| TO WHOM SOLD                         |                                                                     | PARTICULARS                                                 | Charged in Ledger |  | Paid for in Cash |  |
|--------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------|--|------------------|--|
| No. Ship's Book in consecutive order | NAME<br>(If any are not sold, state how they are to be disposed of) |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     |                                                             |                   |  |                  |  |
|                                      |                                                                     | Total proceeds of sale carried to account on the other side |                   |  |                  |  |

..... { Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.\*

..... Signature | ..... Signature  
 ..... Rank | ..... Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.





PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

NAME of Deceased Member Carl James ROBERTSON Rank or Rating CODER O.No. AV9967  
*mother*

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A. — Mrs Mary ROBERTSON  
A.P. 25.00 Green / Lister Block  
Fort Street  
Winnipeg, man.  
D.A. —  
A.P. —

2. Pension awarded or being awarded to: no record

3. War Service Gratuity Application(s) received from:  
Mrs Mary ROBERTSON (-mother)  
313 Royal Ave.  
West Kildonan  
Winnipeg, man.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

( ) To be paid to: \_\_\_\_\_ In the proportion of: \_\_\_\_\_

- and -

to: \_\_\_\_\_ In the proportion of: \_\_\_\_\_

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

X Group "B" (ii)  
~~Group "C"~~ of the above mentioned Directive.

Date 23 Nov '45

Ronald J. Thorne, C.P.O. WTR.  
for D.N.R.A. (G) DNJ



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

4  
 NAVY

DECEASED MEMBER'S NAME

Earl James

ROBERTSON

REGISTER NO.

80110

PAYEE

Director of Estates,  
 308 Sparkes Street  
 Ottawa, Ont.

(SURNAME)

for Service Estate of  
 Earl James Robertson  
 NSV-9967  
 13 Sept'42

FILE NO.

NSV-9967  
 18 Feb'46

DATE

V-9967

ADDRESS

SERVICE NO.

Coder

DATE OF TERMINATION OF OVERSEAS SERVICE

FINAL RANK OR RATING

13 Sept'42

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 679 EQUAL TO 22 COMPLETE PERIODS AT \$7.50

\$ 165.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 457 LESS 19 INELIGIBLE DAYS, EQUAL TO 438 DAYS @ 25c. PER DAY

109.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00  
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45  
 ADDITIONAL PAY H.L.M. \$ .13

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

TOTAL \$ 3.58 X7 = \$ 25.06  
 NO. OF DAYS 457 X \$ 25.06

62.59

D. WAR SERVICE GRATUITY

337.09

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ nil

F. TOTAL AMOUNT PAYABLE

337.09

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

= \$ 337.09

*Voucher 5496 - March 11/46*

**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 |  |
| [Signature] |  | [Signature] |  | DATE     |  |
|             |  |             |  | 28/2/46  |  |

SERVICE REPRESENTATIVE



MEMORANDUM FOR

P. 64

Mrs. Mary S. Robertson,

Green & Lister Block,  
Fort Street,  
Winnipeg, Man.

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. 113-R-480 FD. 82

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

OCTOBER 14, 1942. 194

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

ROBERTSON, Earl James, Coder,

No. V. 9967, 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.,  
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.

| Degree 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.....                                                                                                     | -                                                                 | -                         | -                                                                                                                 |                                                        |
| 2                      | Children of the Deceased and dates of their Births.....                                                                        | -                                                                 | -                         | -                                                                                                                 |                                                        |
| 3                      | Father of the Deceased.....                                                                                                    | Robert Robertson                                                  | 54                        | # 8 Green + Lister Block<br>Fort St, Winnipeg Man.                                                                |                                                        |
| 4                      | Mother of the Deceased.....                                                                                                    | Mary Robertson                                                    | 47                        | same address as above                                                                                             |                                                        |
| 5                      | Brothers of the Deceased                                                                                                       | Full Blood                                                        | Robert Gordon Robertson   | 22                                                                                                                | # 24172 RCNVR<br>stationed at S-John's<br>Newfoundland |
|                        |                                                                                                                                | Half Blood                                                        | -                         | -                                                                                                                 | -                                                      |
| 6                      | Sisters of the Deceased                                                                                                        | Full Blood                                                        | -                         | -                                                                                                                 | -                                                      |
|                        |                                                                                                                                | 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?                                                                            | Earl James Robertson                                              |
| 11 | Give the month and year of his birth.                                                                             | December 11 - 1920                                                |
| 12 | Where and when were his parents married?                                                                          | Winnipeg Manitoba<br>May 2 - 1918                                 |
| 13 | Was he ever married? If so, state exact place and date of marriage.                                               | No.                                                               |
| 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 except 9 War Savings Cert.<br>each \$50. in name of deceased ✓ |

PARTICULARS OF DOMICILE

|    |                                                                                          |                                                   |
|----|------------------------------------------------------------------------------------------|---------------------------------------------------|
| 16 | Where was deceased born?                                                                 | Minnetonka Manitoba                               |
| 17 | In what Province, Country or State did he reside, and in which last?                     | Manitoba all his life                             |
| 18 | How long in each?                                                                        | -                                                 |
| 19 | What was the nature of his employment?                                                   | Telegraph Operator C.N.R.                         |
| 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? | always intended to live in<br>Winnipeg            |
| 22 | State <u>your</u> postal address in full.                                                | #8 Green & Lister Block<br>Fort St, Winnipeg Man. |

PARTICULARS AS TO CLAIMS

|    |                                                                                                                                                                                |                      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 23 | Have the funeral expenses been paid? If so, by whom?                                                                                                                           | Body never recovered |
| 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.<br>(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.

(PLEASE TURN OVER)



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

\* Mother of the deceased.

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

Mrs Mary Robertson

{Signature of Informant

CERTIFICATE

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

\*See above {Name of Informant} is the \* Mother 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 Winnipeg this 28<sup>th</sup> day of October 1942

Signature of Clergyman, Priest or Magistrate } Harold A. Frame Qualification Clergyman

Address St. Stephen's - Broadway Church, Winnipeg.

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.



Navy  
 Army  
 Air Force

(Mark X opposite Force in which you last served.)

P644240

M.F.M. 441  
1-Mil. 9-44 (5449)  
H.Q. 1772-39-2326

DEPARTMENT OF NATIONAL DEFENCE

N.S. V9967 PERS (N) (N-15)

### Application for War Service Gratuity

(Canadian Armed Forces)

113-R-480

No. 141/3188

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... ROBERTSON  
(Print)

2. Christian Names EARL JAMES  
(Print)

3. Service No. V-9967 4. Paid rank or rating at date of termination of Service Coder

5. Address, in full, to which payments of gratuity are to be forwarded.....  
Mrs Mary R. Robertson  
313 Royal Ave West Kildonan  
Winnipeg Manitoba

DIRECTORATE OF RECORDS  
80,110  
WAR SERVICE GRATUITY  
(RECORDS SECTION)

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

| Service<br>(Navy, Army or Air Force) | Service No.   | Final Rank or Rating | Date of Commencement of Service | Date of Termination of Service   |
|--------------------------------------|---------------|----------------------|---------------------------------|----------------------------------|
| <u>Navy</u>                          | <u>V-9967</u> | <u>Coder</u>         | <u>4<sup>th</sup> Nov 1940</u>  | <u>13<sup>th</sup> Sept 1942</u> |

no emb  
we

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces.....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service.....

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

24<sup>th</sup> Sept 1945 (Date) Mrs Mary R. Robertson (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.  
witness } Joseph Nevin  
H L Thomas

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

RECEIVED  
M.O.  
H.Q.  
SEP 27 1945





Faint, mostly illegible text, possibly a letter or official document, with some words like "The Government" and "Department" visible.

Handwritten notes and stamps, including a large "RECEIVED" stamp and a signature. The text is very faint and difficult to decipher.

OFFICE OF THE SECRETARY OF DEFENSE

DEPARTMENT OF DEFENSE

FORM NO. 1 (REV. 1-27-45)



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

W.S.G. Application No. 80110

FILE NO. N.S. V-9967

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

ROBERTSON ✓ Earl James ✓ V-9967 ✓ Coder ✓

| SURNAME | CHRISTIAN NAMES<br>IN FULL | OFFICIAL<br>NUMBER | RANK OR RATING<br>ON DISCHARGE |
|---------|----------------------------|--------------------|--------------------------------|
|---------|----------------------------|--------------------|--------------------------------|

CAUSE OF DISCHARGE: Missing presumed dead. H.M.C.S. Ottawa

.....

Name of applicant: - Mother - Mrs. Mary R. Robertson  
 313 Royal Avenue  
 West Kildonan  
 Winnipeg, Manitoba

D.A. Nile

TOTAL SERVICE

|                               |                      |                         |
|-------------------------------|----------------------|-------------------------|
| Date of Active Service        | <u>4 Nov. 40</u> ✓   | 1109                    |
| Date of Discharge             | <u>13 Sept. 42</u> ✓ | 431                     |
| Total No. of Days             | <u>679</u> ✓         | 678                     |
| # Less non qualifying service | <u>-</u> ✓           |                         |
|                               |                      | Total Days <u>679</u> ✓ |

OVERSEAS SERVICE

|                               |              |                         |
|-------------------------------|--------------|-------------------------|
| % Total No. of Days           | <u>457</u> ✓ |                         |
| # Less non qualifying service | <u>-</u> ✓   |                         |
|                               |              | Total Days <u>457</u> ✓ |

Record of Service in other Forces (per Naval Records)

Branch of Service - ✓

Date of Active Service -

Date of Discharge -

# & % Overleaf

Computed By M. L. Sharpe

Checked By Gord. Atkinson

*[Signature]*

for (R.W. Underhill)  
A/Captain (S) R.C.N.V.R.  
Director of Naval Pay Accounting.

OCT 29 1945

DATE: \_\_\_\_\_



NON QUALIFYING SERVICE

| (#)        | Date  | Reason | No. of Days | TOTAL SERVICE | OVERSEAS SERVICE |
|------------|-------|--------|-------------|---------------|------------------|
| "          | _____ | "      | "           | _____         | _____            |
| "          | _____ | "      | "           | _____         | _____            |
| "          | _____ | "      | "           | _____         | _____            |
| "          | _____ | "      | "           | _____         | _____            |
| "          | _____ | "      | "           | _____         | _____            |
| "          | _____ | "      | "           | _____         | _____            |
| "          | _____ | "      | "           | _____         | _____            |
| Total days |       |        |             | _____         | <u>NIL</u> ✓     |

(%)  
OVERSEAS SERVICE:

| <u>Where Serving</u> | <u>From</u>   | <u>To</u>     | <u>No. of Days</u> |
|----------------------|---------------|---------------|--------------------|
| St. Laurent ✓        | 5 May 41 ✓    | 7 Aug 41 ✓    | 95 ✓               |
| Ottawa ✓             | 17 Sept. 41 ✓ | 13 Sept. 42 ✓ | 362 ✓              |
|                      |               |               | <u>457</u> ✓       |

|            |             |
|------------|-------------|
| 707        | 1109        |
| 613        | 748         |
| <u>94,</u> | <u>361,</u> |



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

WD

Name..... ROBERTSON Earl J. No V9967  
 Surname Christian Names  
 Rank Coder Unit HMCS Ottawa Date of Death 13/9/42

AMOUNT W.S.G. 337.09  
 L.P.C. \$ 91.71  
 Date 26/4/46 Other Credits 2.00  
 Total 430.80  
 Prev. Dist. 93.71  
 This Dist. 337.09

| SHARE | RELATIONSHIP | NAME AND ADDRESS                                                                                                                                        | AMOUNT   |
|-------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| All   | Mother       | Mrs. Mary R. Robertson<br>313 Royal Ave.<br>West Kildonan<br>WINNIPEG, Man.<br><br>(Sole beneficiary under will)<br><br>MAY 1 1946<br><br>P4. TO TREAS. | \$337.09 |

WSG

| AUTHORITY     |      |     |                            |      |          |
|---------------|------|-----|----------------------------|------|----------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB.                  | OBJ. | AMOUNT   |
| 9999          | 831  | 00  | 50                         | 000  | \$337.09 |
| CLASSIFIED BY |      |     | EXAMINED BY                |      |          |
|               |      |     | For Chief Treasury Officer |      |          |
|               |      |     |                            |      |          |

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer



# STATEMENT OF ACCOUNT

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

List 12-2 No. 503 (Name) ROBERTSON, Earl Rank Rating Coder No. 9967

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

|                                                                                                                    | \$  | c.  |
|--------------------------------------------------------------------------------------------------------------------|-----|-----|
| CREDIT from former account.....                                                                                    |     | .46 |
| Pay as <u>Coder</u> (Rank Rating) from <u>1 July</u> to <u>30 Sep</u> ( <u>92</u> days at \$ <u>2.00</u> day)..... | 184 | 00  |
| “ <u>H.I.M.</u> “ “ <u>13 Sep</u> ( <u>75</u> “ <u>.13</u> “ ).....                                                | 9   | 75  |
| “ <u>C.M.</u> “ “ “ ( <u>75</u> “ <u>.06</u> “ ).....                                                              | 4   | 50  |
| “ ..... “ ..... “ ..... (..... “ ..... “ ).....                                                                    |     |     |
| “ ..... “ ..... “ ..... (..... “ ..... “ ).....                                                                    |     |     |
| Kit Upkeep Allowance <u>10.00</u> July Aug Sep.....                                                                | 10  | 00  |
| OTHER CREDITS:.....                                                                                                |     |     |
| Total credits.....                                                                                                 | 208 | 71  |

| DEBT from former account.....                                |     |    |       |    |     |    |     |    |     |    |                                  |        |
|--------------------------------------------------------------|-----|----|-------|----|-----|----|-----|----|-----|----|----------------------------------|--------|
| PAYMENTS:—                                                   | 1st |    | 2nd   |    | 3rd |    | 4th |    | 5th |    |                                  |        |
|                                                              | \$  | c. | \$    | c. | \$  | c. | \$  | c. | \$  | c. |                                  |        |
| 1st month.....                                               |     |    | 36.00 |    |     |    |     |    |     |    | Total.....                       | 36.00  |
| 2nd month.....                                               |     |    |       |    |     |    |     |    |     |    | Total.....                       |        |
| 3rd month.....                                               |     |    |       |    |     |    |     |    |     |    | Total.....                       |        |
| Allotment <u>25.00</u> <u>2.00</u> Charged July Aug Sep..... |     |    |       |    |     |    |     |    |     |    | Total.....                       | 31.00  |
| Pension deduction (Officers) charged to..... of.....         |     |    |       |    |     |    |     |    |     |    |                                  |        |
| Hospital stoppages.....                                      |     |    |       |    |     |    |     |    |     |    |                                  |        |
| Mulcts.....                                                  |     |    |       |    |     |    |     |    |     |    |                                  |        |
| OTHER CHARGES:.....                                          |     |    |       |    |     |    |     |    |     |    |                                  |        |
|                                                              |     |    |       |    |     |    |     |    |     |    | Total debits                     | 117.00 |
|                                                              |     |    |       |    |     |    |     |    |     |    | Balance Cr. or Dr.               | 91.71  |
|                                                              |     |    |       |    |     |    |     |    |     |    | (Balance Dr. to be shown in red) |        |

LEADERS *R*  
*F M*

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.....

*L. Wright*  
PAY LIEN RCNVR ACCOUNTANT OFFICER

C.N.S. 2426  
25M-10-40 (7514)  
N.S. 815-9-2426



- NAVAL SERVICE -

113-R-480

34

15<sup>th</sup> December, 1942.

THIS IS TO CERTIFY that according to official information Earl James Robertson, Coder, Official Number V-9967, Royal Canadian Naval Volunteer 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.

*R. J. Robertson*

SECRETARY, NAVAL BOARD.

*(R.A.)*  
*H. J. ...*



- NAVAL SERVICE -

N.S. 113-R-480 F.D. 2997

MEMORANDUM TO D.N.I.

&

V.C.N.S.

-----  
Earl James Robertson, <sup>on 19/67</sup> ✓ Coder, R.C.N.V.R.  
Missing, presumed dead.

Lost while serving in H.M.C.S. "OTTAWA" which  
was torpedoed and sunk at 0005Z/14th. September, 1942.

O t t a w a,  
16th. February, 1943.  
LLA/McF.

*J. H. Lay*  
.....  
A/Captain, R.C.N.,  
DIRECTOR OF OPERATIONS DIVISION.



## INTERNAL MINUTE SHEET

C.R. FILE NO. 113-B-1893. F.D. 626.

C.R. LETTER NO. \_\_\_\_\_

| Referred To:                          | Remarks (With Initials and Date)                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Lieut. Cdr. Money.</p>             | <p>It is observed F.O.N.F. signal, 1301Z/16 Sept. 1942, gives date of presumed death as "13th Sept., 1942.", whereas D.O.D. in memo two folios down gives date as 14th Sept.</p> <p>Up to this date 13th Sept., has been used as official date of death. Certificate 6 folios down has been issued with this date.</p> <p>Signed:</p> <p>N.P.R. /5.</p> |
| <p>D. SEC. N.B.</p>                   | <p>It is observed that over hundred Death Certificate have been issued for "OTTAWA" disaster with date <u>13th September, 1942.</u> The change of date to 14th September, 1942, in this one instance is going to complicate matters.</p> <p>(Sgd.) H.B.M./NPR.</p>                                                                                      |
| <p>STAFF S.O.O.<br/><u>D.O.D.</u></p> | <p>Escort reported: OTTAWA Torpedoed 0358Z/14</p> <p>H.M.S. "WITCH" reports: Sighted OTTAWA at 0000Z/14<br/>Challenged OTTAWA at 0002Z/14<br/>OTTAWA torpedoed at 0003Z/14<br/>OTTAWA sank at 0018Z/14</p> <p>All times given are Z and date as shown on minute below was based on Z time.<br/>Local time would be 2018/<u>13.</u></p>                  |

DEPARTMENT NO:

INDEXED BY



DJM/DG

N.S.113-R-480

AIR MAIL

19th September, 1942.

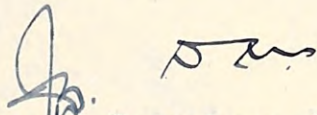
Dear Madam:

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 son, Earl James Robertson, Coder, O.N. V.9967, R.C. N.V.R., is missing believed killed in action.

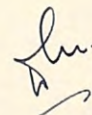
It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may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

Yours sincerely,

  
Deputy Secretary, Naval Board.

Mrs. Mary S. Robertson,  
Green & Lister Block,  
Fort Street,  
WINNIPEG, Man.





113-R-450

210 17

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full ROBERTSON EARL JAMES (b) Reg'l. No. V9967
- 2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank Q/TEL
- 3. (a) Date of birth 1921 (b) Have you any dependents? YES (c) Place of residence at time of enlistment WINNIPEG
- 4. (a) Place of enlistment WINNIPEG MAN (b) Date of enlistment AUG 31 1940

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 18 (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.) GRADE 7 2 YEARS HIGH SCHOOL
- 7. If you attended a university, give name of university and standing or degree secured.....
- 8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? CLERK (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?..... (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? C.N.R. TEL. UNION

## 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? YES
- 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked CLERK (b) State how long you had worked at this trade or occupation ABOUT 6 MONTHS
- 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified CLERK
- 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
- 15. Give details of last employer, if any: Name ROYAL BANK BUILDING Address 417 CHURCH ST
- 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CLERK
- 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..... Address.....
- 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 CLERK (b) Number of years' experience at this occupation with any employer.....
- 21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

- 22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
- 23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

## Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming?.....
- 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?.....
- 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 AUG 16 1941

SIGNATURE [Signature]





Copy To  
VWD  
ES

MAY 17 1961



NOV 25 1940

N.S. 113R480  
CANADA

ORIGINAL

P087479

H.Q. File No. ....

### DECLARATION OF ALLOTMENT

| List and Number in Ledger | ALLOTOR                                                                      | Rank or Rating | Official No. | Daily Rate of Pay |
|---------------------------|------------------------------------------------------------------------------|----------------|--------------|-------------------|
|                           | 337058<br>Surname... <b>ROBERTSON</b><br>Christian Names } <b>Earl James</b> | Ord.Sea.       | V9967        | \$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... <b>ROBERTSON</b><br>Christian Names } <b>Mary</b> | Mother       | Green & Litster Block<br>Fort Street.<br>WINNIPEG, Man. | \$25.00                                | December, 1940.                                |

#### 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.             |         |                                                                           |

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.

Allotor's Signature authorizing charges... *Earl James Robertson*  
Ordinary Seaman.

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

*S.O*

*7*

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:—

THE NAVAL SECRETARY,

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

*P. L. Levesque*  
Accountant Officer  
H.M.C.S. Headquarters

Forwarded... 25-11-40

S. 63

40M-4-40 (4787)  
N.S. 815-8-33