

ROBshaw
GEORGE ALBERT
N4214

5244 Marquette St.
Montreal Que.
May 30/40

Naval Secretary
Department of Defence
Ottawa

NAVY DEPARTMENT
MAY 31 1940
N.S. 62-21-4 R
CANADA

M 27135

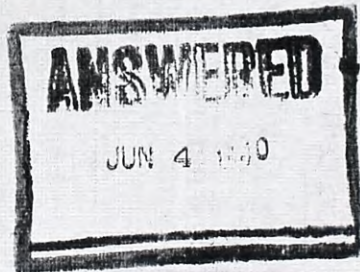
Dear Sir.

Please forward to me application form to join the Navy as O. D. I have been a Sea Cadet for some time.

and oblige

George A. Robshaw
5244 Marquette St.
Montreal Que.

Robshaw



no
ms

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
JUN 2 1940
REFERRED TO <i>Recruits</i>

M 36958

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
10M-9-38
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA

..... Montreal, Que. (Place)
..... June 26/40 62-214R (Date)
JUN 29 1940
N.S.
CANADA

SIR:— I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Ordinary Seaman (Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

- 1. Name (to be given in full in Block Letters) G.E.O.R.G.E. ALBERT ROBshaw
- 2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) April 5 1922
- 3. Place of Birth. Town Ste. Anne De Bellevue, Province Quebec
- 4. Permanent Place of Residence. No. 5244 Street Marquette
Town Montreal, Province Quebec
- 5. Are you a British Subject? Yes
- 6. How long have you resided in Canada? 18 years
- 7. What is your Mother Tongue? English FATHER French MOTHER
- 8. What other language do you speak? French
- 9. Are you of the White Race? Yes
- 10. Are you Single, Married or a Widower? Single
- 11. How far advanced educationally are you? Seventh year of public school

(Certificates of School Authorities must be attached)

12. What practical experience have you had? (Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)

13. Do you belong to any Naval, Military, Air or Police Force? (Sea cadets)

14. If so, give details.....

15. Have you ever served in such forces?.....

16. If so, give dates and details.....

17. Have you ever been discharged from His Majesty's Forces as medically unfit? no

18. Have you ever offered to serve in His Majesty's Forces and been rejected? no

Why?.....

19. Have you ever been convicted of a criminal offence? no
(Enclose two character references, one of which must confirm your answer to Question 19)

20. What is your weight? 145 lbs Height 6'9 1/2 in Chest Measurement (Not inflated) 34 ins

21. Have you ever had fits? no

22. Do you suffer from any deformity? no

23. Have you suffered the loss of any fingers, toes, etc.? no

24. Do you suffer from any disease? no

25. Do you wear glasses? no

26. Are you subject to any disability which might cause your rejection? no

27. Give details.....

28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

..... Henry Melling Signature of Witness G.A. Robshaw Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at Quebec this 15th day of June, 1940, in the presence of
..... E. Farman Signature of Witness G.A. Robshaw Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.
Signed and Sealed at....., this..... day of....., 19....., in the presence of.....
Signature of Witness Signature of Candidate

OCCUPATIONAL HISTORY FORM

62-72303
11

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full..... **ROBshaw, George Albert** (b) Reg'l. No. **4214**
2. (a) Arm of service..... **Navy** (b) Unit..... **R.C.N.** (c) Rank..... **O.D.**
3. (a) Date of birth..... **April 18, 1922** (b) Have you any dependents?..... **yes** (c) Place of residence at time of enlistment..... **Montreal, P.Q.**
4. (a) Place of enlistment..... **Esquimaux, B.C.** (b) Date of enlistment..... **March, 24, 1941.**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **13** (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**
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?..... **composer** (c) Did you finish it?..... **no** (d) If you did not finish it, how long did you serve at it?..... **2 yrs.**
9. (a) What languages do you speak fluently?..... **English & French** (b) What languages do you read well?..... **English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... **Working** (b) At time of enlistment of what trade union or professional society were you a member?..... **Southam Press, Montreal, P.**

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

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

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

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer..... **Southam Press** Address..... **Montreal, P.Q.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... **Railroad Printing**
20. (a) Your specific occupation..... **Type Setter** (b) Number of years' experience at this occupation with any employer..... **2 yrs.**
21. (a) Did your employer promise definitely to give you employment on discharge?..... **yes** (b) Did your employer refuse to promise you employment on discharge?..... **no** (c) Do you wish to return to your former employment?..... **no**

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

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
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?..... **no**
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)..... **---**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... **Re-engagement in the Navy.**

DATE **May 15** 194**1** SIGNATURE *[Signature]*



Copy To
VWJ
ES

JUL 4 1941

P 85523

5234/13

M.F.M. 16A
100M-6-40 (5692)
H.Q. 1772-39-1665

DEPT
NATIONAL DEFENCE

CANADIAN ACTIVE SERVICE FORCE

JUL 19 1941

SERVICE: MILITARY OR AIR

N.S. 62-7303
CANADA

(Naval)

17

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 3 must be shown in black capitals.

- 1. Surname of applicant..... ROBSHAW
- 2. Full Christian name or names..... GEORGE ALBERT
- 3. Age..... 19
- 4. Official Number..... 4214
- 5. Rank..... Ord Seaman
- 6. Unit, Station, or Establishment..... H. M. S. Maden (1)
- 7. Date appointment or enlistment..... March 24/41

Question 8: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

- 8. Date reported for duty..... March 23/41
- 9. Are you a member of the permanent forces, military or air?..... yes
- If so (a) State permanent establishment, unit or station..... H. M. S. Maden (1)
- (b) Are you receiving permanent force rates of pay and allowances?..... yes

Questions 10 & 11: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

- 10. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment..... No
- 11. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month..... No
- 12. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment..... \$2.10 for 6 months as apprentice by compositor

13. Name of dependent..... Robshaw Surname Margaret Christian Name Mrs Mr. Mrs. or Miss

Question 14: Give street name and number or post office box number, R.R. No. city, town or village and province.

14. Address..... 5244 Marquette St Montreal P.Q.

2/2

15. Age of dependent 55 16. Relationship Mother

Questions 17 to 30
Have a bearing on
the eligibility for
allowance and the
amount payable.

17. With whom did the dependent reside in the 6 months' period preceding your enlistment?

alone at 5244 Marquette St. Montreal P.Q.
State name, address and relationship to dependent

18. With whom will the dependent make his or her home hereafter?

(State relationship) alone at 5244 Marquette St. Montreal P.Q.

19. Is dependent being maintained in a Public Institution at the public's expense? No
Yes or no

If yes, give name and location of institution

20. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address

of family doctor, if any Stomach trouble for 15 years. Operated
at General Hospital Montreal P.Q.

21. From what date have you been contributing to the support of this dependent?

March 21/37

22. Are you the sole or partial support? Partial
State whether sole support or partial support

23. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months. \$186 six months prior to enlistment out of a
total of \$210 \$31 a month Total \$186

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Received board & lodgings
to clothes etc.

24. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you? Dependant on me for more than 6 months

25. Is the dependent your mother, step mother or foster mother? Mother
state which

26. Is your father, step father or foster father living? yes - Father
Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons, and give his age.

\$10 weekly - unable to get better pay
Age 62

30. Fifteen day
per month mu
assigned to dep
to obtain allowa
If 15 days' p
month has bee
signed to dep
wife and childr
additional 5 day
per month mu
assigned to thi
pendent.

27. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Margaret Robshaw	5244 Marquette St Montreal P.Q.	20	none	single

28. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

..... No

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

..... No

(c) Did any of the above relatives serve during the South African War 1899-1902 or during the First Great War? Father - First Great War

Yes or No

If "yes" give name and unit or regimental number

..... G.A. Robshaw O.N. 52724? C.A.M.C.

29. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

		REMARKS
Insurance Annuity	\$	
Dividends or Interest on Bonds and Shares	\$	
Interest on Mortgages or Loans.....	\$	
Rentals	\$	
Workmen's Compensation*.....	\$	
Old Age Pension*.....	\$	
Mother's Allowance	\$ 20	
War Pension No.*.....	\$	
War Veterans Allowance No.*.....	\$	
Applicant's Assigned Pay.....	\$ 20	monthly
Other Assigned Pay.....	\$	
Other Family Contributions.....	\$ 40	monthly
Other Income	\$	
Total.....	\$ 60	monthly

*Give Pension No. if in receipt of Pension.

30. Fifteen days' pay per month must be assigned to dependent to obtain allowance. If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days' pay per month must be assigned to this dependent.

30. What amount of pay have you assigned per month on behalf of this dependent? 16 days' pay. \$ 20.00

[OVER]

31. Date assigned pay effective May 1941

32. Have you made a prior assignment of pay. If so state number of days and to whom
no

33. Have you made a previous claim for dependent's allowance? no
If so give particulars of previous unit and official number under which applied for and date of application

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

S. B. Duvall
for Paymaster

Ray Sublieut
R. B. R. Rank

J. A. Robshaw
Signature of Applicant

Date June 24/41

Establishment, unit or station

H. M. C. S. Maden (1)

Place Esquimalt B. C.

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

52/5234

Allotment new May 20.00

LEDGERS FAIR H.S. ROUGH *and*

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, George Albert Robshaw, Able Seaman, O.N. 4214, R.C.N., 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,

J.B.
Deputy Secretary, Naval Board.

Mrs. Margaret Robshaw,
5244 Marquette Street,
MONTREAL, P.Q.

wh

- C O P Y -

N.S. 62-R-303.

247923.
ML7843

Oct. 1st 1942.

Mrs. G.A. Robshaw,
5244 Marquette St.,
MONTREAL, Que.

Department of Transport,
OTTAWA.

Dear Sir:

Please accept my apology for giving you so much trouble I should have referred to the death of my son killed in action on H.M.C.S. "OTTAWA" I hope this is the information you ask for.

Thanking you for all your trouble

(Sgd.) Mgt. Robshaw.

(rating 4214)

26

62-R-303

40
12th November, 1942.

Dear Madam:

With reference to your letter dated 28th September and 1st October, 1942, I am directed to inform you that there is no trace in either this Department or the Department of Transport of any previous correspondence from you, and it is not understood what is required by you.

If a certificate respecting the death of your son the late George Albert Robshaw, Able Seaman, Official Number 4214, Royal Canadian Navy, is needed for insurance purposes it will be furnished by this Department upon request.

Yours very truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Mrs. Margaret Robshaw,
5244 Marquette Street,
MONTREAL, P.Q.

U

LA:FMW

62-R-303.

24th November, 1942.

43

THIS IS TO CERTIFY that according to official information George Albert Robshaw, Able Seaman, Official Number 4214, Royal Canadian Navy, 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.

Rob
SECRETARY, NAVAL BOARD.
RD *How*

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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

CERTIFICATE of the Service of

George Albert ROBshaw

IN THE ROYAL CANADIAN NAVY

<i>Esquimalt</i>	I.C. N.S. 26715 Official Number <i>H.2.14</i>
------------------	--

Date of birth <i>8 April 1922</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province <i>Quebec</i>	Name: <i>Margaret</i>
{ Town or county <i>Montreal</i>	Relationship: <i>Mother</i>
Trade brought up to <i>Type Setter</i>	Address: <i>5244 Marguette St. Montreal Quebec</i>
Religious denomination <i>Presbyterian</i>	
Date passed swimming test <i>P.P.T. (Good) 20 May 41</i>	<i>30/10/41</i>
Man's signature on discharge to pension }	



All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>24 March 1941</i>		<i>Seven Years</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>6</i>	<i>0</i>	<i>36</i>	<i>Fair</i>	<i>Blue</i>	<i>Fresh</i>	<i>Birthmark on left forearm.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name George Albert ROBSHAW

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
Naden		Ord. Sea	24 Mar. '41	10 Aug '41	
Stadacona		—"	11 Aug '41	2 Sep '41.	
"Ottawa"	✓	—"	3 Sep '41.	1 Jan. '42	
~~~~	✓	ABLE SER.	2 Jan. '42	13 Sep 42	D. D.

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature
2-5-42	James L. F. W. #	Pc 20362

Date  
22 July  
12 Dec











74214

NAVY

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY        ARMY        AIR FORCE       

STATEMENT OF WAR SERVICE GRATUITY

DECEASED  
BENEFICIARY'S  
NAME

**George Albert**  
(CHRISTIAN NAMES)

**ROBshaw**  
(SURNAME)

REGISTER NO. 1732  
FILE NO. NCM-4214  
DATE 25 Apr/45  
SERVICE NO. 4214  
FINAL RANK OR RATING A.B.  
DATE OF DISCHARGE 13 Sep/42

PAYEE **Mrs. Margaret ROBshaw,**  
ADDRESS **5244 Marquette St.,  
Montreal 34, Que.**

DATE OF TERMINATION OF OVERSEAS SERVICE **13 Sep/42**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **539** EQUAL TO **17** COMPLETE PERIODS AT \$7.50

**127.50**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **376** LESS **29** INELIGIBLE DAYS, EQUAL TO **347** DAYS @ 25C. PER DAY

**86.75**

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY	\$1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$1.45	
ADDITIONAL PAY	H.L.M. \$ .13	
	\$	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
TOTAL	\$3.43	X7 = \$24.01
NO. OF DAYS	<b>347</b>	X \$24.01
	183	

**45.53**

**D. WAR SERVICE GRATUITY**

**259.78**

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

**F. TOTAL AMOUNT PAYABLE**

**259.78**

**G. YOUR PORTION OF GRATUITY IS—**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ **259.78**  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

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

PREPARED BY		CHECKED BY		TREASURY	
SJD		D.A.G.		30/1/45	

for Dir. Naval Pay. **Acting.**

SERVICE REPRESENTATIVE

LA:FMW

62-R-303.

29th April, 1943.

THIS IS TO CERTIFY that according to official information, George Albert Robshaw, Able Seaman, Official Number 4214, Royal Canadian Navy, is missing, presumed dead by Naval Authority to date the 13th of September, 1942. He was serving in H.M.C.S. "OTTAWA", which was torpedoed and sunk by enemy action.

*rat*  
SECRETARY, NAVAL BOARD.  
*CB*  
*gpm*



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. 62-R-303

235094

September 30th, 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  
NO.

PLACE, DATE & CAUSE  
of DEATH

NEXT OF KIN

ROBshaw, George Albert,  
Able Seaman, O.N.  
4214, R.C.N.

Missing, believed killed  
in action on the 13th of  
September, 1942. He was  
on board H.M.C.S. "OTTAWA".

Mother:  
Mrs. Margaret Robshaw,  
5244 Marquette St.,  
MONTREAL, Quebec.

In favour of:

Mrs. Margaret Robshaw,

ALLOTMENTS IN FORCE.

5244 Marquette St.,  
Montreal, Quebec.

Amount.

\$35.00

Initials.

*M. R. 20/9/42*



WILL: No record.

Yours truly,

*R. C. Robertson*  
SECRETARY, NAVAL BOARD.

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

MEMORANDUM FOR

P. 54

Mrs. Margaret Robshaw,

5244 Marquette St.,

Montreal, Que.

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. 62-R-303 H.Q. 254

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

October 10, 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

ROBshaw, George Albert, A/Smn.

No. O.N. 4214, R.C.N.

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.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	<i>Deceased was single</i>		
2	Children of the Deceased and dates of their Births.....	<i>n/A.</i>		
3	Father of the Deceased.....	<i>George Albert</i>	<i>63</i>	<i>16 Palace Hill Quebec City.</i>
4	Mother of the Deceased.....	<i>Margaret.</i>	<i>56</i>	<i>5244 Marquette. Montreal</i>
5	Brothers of the Deceased	Full Blood		<i>None.</i>
		Half Blood		<i>None.</i>
6	Sisters of the Deceased	Full Blood		<i>Margaret. 72. 5244 Marquette Montreal</i>
		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	
		<i>None.</i>		

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.....	<i>n/A.</i>		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	<i>n/A.</i>	Age	

he deceased

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>George Albert. Robshaw.</i>
11	Give the month and year of his birth.	<i>April 8th 1922.</i>
12	Where and when were his parents married?	<i>Verdun Que. Sept 18. 1917</i>
13	Was he ever married? If so, state exact place and date of marriage.	<i>Single</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	<i>no will</i>
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	<i>no.</i>

N FULL  
ive, opposite his  
ate of death  
relative

*se Hill  
City.  
Marquette.  
Montreal*

PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>St Anne de Bellevue.</i>
17	In what Province, Country or State did he reside, and in which last?	<i>Quebec</i>
18	How long in each?	<i>Life</i>
19	What was the nature of his employment?	<i>Southam press.</i>
20	Did he own the house or homestead in which he lived? If so, where?	<i>no.</i>
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>no</i>
22	State your postal address in full.	<i>5244 Marquette St Montreal</i>

*Marquette  
Montreal*

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	<i>on active service. "Ottawa"</i>
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	<i>none.</i>

LOWING

FULL

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.

*70/A.*

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 Margaret Robshaw

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Margaret Robshaw {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 Montreal this 15 day of October 19 42.

Signature of Clergyman, Priest or Magistrate

B. J. Macieit

Qualification

COMMISSIONER FOR THE TAKING OF OATHS.

Address Dept of P. N. H. Montreal.

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.

# ACCOUNTS OF MEN DISCHARGED

62-115  
F290387

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

Name Robshaw, George A. Rating A.B.  
 Official No. 4214 H.M.C.S. "OTTAWA" List 5/2/487  
 Who* D.D. on the 13th September 19 42

	\$	cts.
Net sum due on ledger on account of Wages.....	66	69 ✓
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>Thirty five dollars</u> charged to <u>30 Sep.</u>		
Name of ship from which transferred..... " <u>OTTAWA</u> "		
Total <u>Creditor</u>	66	69 ✓

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 of Creditor of Sixty six dollars sixty nine cents.

Dated on board H.M.C.S. "AVALON" at St. John's, Newfoundland this Thirteenth day of November 19 42.

Approved [Signature] A/ Pay. Lieutenant, R.C.N.V.R. [Signature] For [Signature] Accountant Officer  
[Signature] Lieut. Commander, R.C.N. [Signature] Initials of the Assistant Accountant Officer  
[Signature] RAY, LIEUTENANT R.C.N.V.R. [Signature] Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate  
 No.....to.....  
 Signature.....  
 Date.....19.....

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

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXX

Name _____ No: _____  
                     Surname                      Christian Names

Rank _____ Unit _____ Date of Death _____

AMOUNT

L. P. C.     \$                      66.69

Date _____ Other Credits _____

March 22nd, 1949.

Total .....                      66.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT				
58210	father	George A. Robshaw, 16 Palace Hill, Quebec, P.Q.	\$ 16.68				
11	mother	Mrs. Margaret Robshaw, 5244 Marquette St., MONTREAL, Que.	\$ 16.67				
58212	sister	Margaret Robshaw, (as above)	\$ 33.34				
(NEXT OF KIN ENTITLED)							
AUTHORITY							
H.O. F.E.No.	DIV	EST	VOTE	PRI	DA OR HO SUB	OBJ.	AMOUNT
9999			831 00	50	500		66 69
CLASSIFIED BY <i>[Signature]</i> EXAMINED BY <i>[Signature]</i>							66 69
FOR TREASURY OFFICER							TOTAL

Distribution approved and authorized

AUDITED FOR PAYMENT

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

*[Signature]*  
 for Chief Treasury Officer

Rechecked Naden 25-3-41  
 B. P. 120  
 70  
 FIT.  
 Signed W.W.M.



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

## Certificate of Medical Examination of Officers, Men and Boys

### NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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 George A. Robshaw  
 † candidate for entry as Ord. Sea. R.C.N.  
 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. White Pass Urine - Neg.

This examination has been made in accordance with the current Instructions as to Medical Standards. Chest x-rayed at Montreal - neg

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
<u>18 1/2</u>	<u>145</u>	<u>6 1</u>	<u>50 3</u> <u>Neat uniform to go fair</u>	inches (a) maximum <u>37</u> (b) minimum <u>35</u> (c) mean <u>36</u>	right eye (a) <u>4/6</u> left eye (b) <u>6/6</u> *colour vision (c) <u>N.</u>	<u>15/1/4 child.</u>	<u>30/5/6 App. make apical best of apex</u>	<u>Both rings relaxed.</u>	<u>Normal</u>	<u>Normal</u>	<u>swelling of left canal.</u>	<u>Normal</u>	<u>3 deficient 4 defective</u>	<u>Normal</u>

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

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

Write in the appropriate notation, and any remarks necessary.

### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

G. A. Robshaw  
 Signature of Candidate

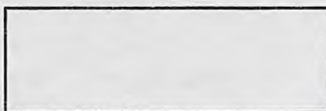
† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
 ‡ Strike out if inapplicable.

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

This Candidate is the subject of soft blowing systolic murmur at the apex.  
No history of functional impairment. murmur is functional.  
 * { 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 Montreal the 19th of March 1941  
Chas C McDonald  
 Examining Medical Officer  
 (Rank) Surgt. R.C.N.V.R.

H. M. C. S. "NADEN"

OFFICIAL No. IF KNOWN }  
Space to be left vacant }  
if not known }

**CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT**

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL		NEXT OF KIN	PRESENT RATING
George Albert ROBSHAW		Mrs. Margaret (Mother) Name... 5244 Marquette St. Address... Montreal, Quebec.	Ord. Seaman.
DATE OF BIRTH*	PLACE OF BIRTH†		NAME, RANK AND STATION OF RECRUITING OFFICER
8th April, 1922.	Town... Ste. Annes de Bellevue	County... Montreal	W. B. Holms
	Province... Quebec		COMMANDER R.C.N. Barracks, Esquimalt, B. C.

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
6'	37" 35" 36"	Fair	Blue	Fresh	Birthmark on left forearm	Presb.	Type setter

Commencing date of Engagement or Re-engagement	24th March, 1941.	Period of Engagement or Re-engagement	Seven Years.
Date of actually volunteering to engage or re-engage	24th March, 1941.	Date of entering present ship	24th March, 1941.

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

First Entry.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?..... Yes.
- Are you a British subject?..... Yes.
- Nationality of Parents—Father... Welsh..... Mother... Scotch.
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police?..... No.
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police?..... No.
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... No.
- Have you ever been discharged from the Navy, Marines, Army, or R.C. Mounted Police on account of misconduct?..... No.
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- Can you swim?..... Yes.

* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H.M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

52/5234  
Ledgers R O  
Faw  
(OVER)

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of the previous C. S. Engagement

I, George Albert ROBSHAW, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada *term of seven years from † 24th March, 1941, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 26th day of March 1941.

George Albert Robshaw Man's Signature in full

Witness to Signature [Signature] Writer.

Attested before me this 26th day of March, 1941.

[Signature] Signature of a Commissioned Officer of the Naval Service  
Lieutenant, R.C.N.V.R.

Date 26th March, 1941.

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

[Signature] COMMANDER Commanding Officer

[Signature] SURGEON-COMMANDER Medical Officer

II.—Certificate and Declaration for Boys

Date 19

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age

..... Commanding Officer

..... Lieutenant

..... Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear, (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

..... Boy's Signature in full

Witness to Signature.....

Attested before me this day of 19

..... { Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I, ....., now serving as a .....

on board H.M.C.S. ...., who on the of 19

engaged to serve in the Naval Service of Canada for a period of § years, do hereby

engage to serve for a further period** from †† 19 provided my services should be so long required.

..... Man's Signature in full

..... 19

Witness..... Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension" or until I attain the age of years."

† Insert the date from which the engagement commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—"Of (number) years," or "to complete time for pension," or until I attain the age of years," as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.



4214

OFFICIAL NUMBER

FILE NUMBER

62-E.303

OFFICIAL NUMBER

4214

NAME

ROBshaw  
(Surname)George Albert  
(Given Names)

DATE OF BIRTH

8th April, 1922.

PLACE OF BIRTH

Ste. Anne De Bellevue, Que.

OCCUPATION

Type-setter.

RELIGION

Presbyterian

EDUCATION

Grade 7 completed.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

5244 Marquette St.,

Town

Montreal

Province, etc.

Que.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
24	3	41	Seven Years	6' -	Fair	Blue	Fresh	Birthmark on left forearm.			From	To

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mrs. Margaret Robshaw

ADDRESS (in pencil): Street and No.

5244 Marquette St.

Town

Montreal

Province, etc.

Que.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				20	5	41	Passed P.P.T. (Good)				
				22	7	41	Qual. A.G. - 2 days.				
				12	12	41	"Tr."				

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						O.H.F. Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W- Trial	In diff. Char.		

FILM

NO. WSR 4715-3-

DATE

SECOND CLASS FOR CONDUCT

From

To



4214 OFFICIAL NUMBER NAME ROBshaw George Albert OFFICIAL NUMBER 4214  
 (Surname) (Given Names)

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
Naden	Ord.Smn.	24	3	41		V.G.	Sat.	31	12	41							
Stadacona	"	1	9	41		V.G.		13	9	42							
Ottawa	"	3	9	41													
"	A.B.	2	1	42	249A# 21730												
<del>Discharged</del>	<del>"</del>	<del>13</del>	<del>9</del>	<del>42</del>	<del>DEAD-Missing-Believed Killed in Action.</del>												

GENERAL REMARKS

9/11/42 - Canadian Memorial Cross issued to Mother:  
 Mrs. Margaret Robshaw,  
 5244 Marquette St.,  
 MONTREAL, Que.  
  
 Mother: Mrs Margaret Robshaw,  
 5244 Marquette St.,  
 Montreal 34, Quebec.  
 Granted pension at the rate of \$60.00 per month.  
 Canadian Pension Commission 28.1.47.

DATE OF BIRTH	PLACE	CIVIL	COMP	ENL.	RANK OR RATE
DY. MO. YR.	BIRTH	PLAC.	COMP.	ENL.	OR RANK
08 4	22 12	300	0 50	02 23 02	0 13
ENLIST. DATE	ACT. SER. DATE	STR.	ESTAB.	RANK OR RATE	
DY. MO. YR.	DY. MO. YR.	CAT.	ESTAB.	RANK OR RATE	
24 03 41	24 03 41				
SENIORITY	ST. NON-SUB	VI	CODED	CHECKED	
DY. MO. YR.	CAT.	A B ST.	ER	MR	
02 01 42	09				
20 13-09-42					

13-9-42

DEPARTMENT OF VETERANS AFFAIRS

# AWARDS

**NAVY**

D.D.  
WAR SERVICE RECORDS

ROBSHAW	George Albert	N-4214	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE


BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	7844 1-16-50
War Medal	

06-68585 M



P

RCN Apr. 43 "OTTAWA"

**MEDALS AND MEMORIALS—DECEASED PERSONNEL**

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO Mr. George A. Robshaw - Father  
5244 Marquette St., (Deceased)  
ADDRESS: MONTREAL, P.Q.

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER Mrs. Margaret Robshaw

5244 Marquette St., Montreal, Que.  
ADDRESS: (Note: Mother died July 1951)

MEMORIAL BAR

(1)  
DATE DESP

REGN. NO

CANCELLED

874

(2)

(3) 9-11-42