

A4441
ELLIOTT
ODIN ARTHU

DECEASED 14 April 1943

NAVY

282551

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D. WAR SERVICE RECORDS

ELLIOTT

Odin Arthur

A-4441

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

C.V.S. Medal

War Medal

~~CANCELLED~~

5817 5-12-51

~~REF RETIR UNDERWRIT~~

~~RET'D TO STOCK~~

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Dec. 43

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON Viens (Re-married)
ENTITLED TO Mrs. Beulah R. ~~Elliott~~ - Widow

ADDRESS: ~~14 McCully St.,~~ 74 Creighton St.,
HALIFAX, N.S. ~~17-5-45~~

(2) MEMORIAL CROSS 2377 Chateauguay St. (1-8-45)
WIDOW Rte St. Charles
Montreal, Que

ADDRESS: Mrs B. R. Elliott
14 McCully Street, HALIFAX, N.S.

~~CANCELLED 28-6-50~~

(3) MEMORIAL CROSS
MOTHER Mrs V. L. Elliott

ADDRESS: APPLE RIVER, Cumberland Co., N.S.

MEMORIAL BAR
(1) DATE DESP 9/1/52
REGN. NO. 5101

(2) 18 August 1943

COPIED
Archives
60-3

31 August 1943

MEDALS RET'D UNDELIVERED
RET'D TO STOCK
6/1/50

A 4441

OFFICIAL NUMBER

FILE NUMBER

123-E-77

OFFICIAL NUMBER A 4441

NAME ELLIOTT, Odin Arthur DATE OF BIRTH 1 October, 1921
(Surname) (Given Names)PLACE OF BIRTH Apple River, Cumberland Co., N.S. OCCUPATION Seaman, last ship schooner "Rayo". Apple River, N. S.RELIGION United Church EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Apple River, Cumberland Co. Province, etc Nova Scotia

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To	
8	4	41	Hostilities Only	5' 6"	Brown	Blue	Medium	Tattoos: 3 on Rt. fore-arm, 2 on Lt. forearm				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Beulah Rebecca ElliottADDRESS (in pencil): Street and No. 14 McCallum Street Town Halifax Province, etc. N.S. 15-542

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	

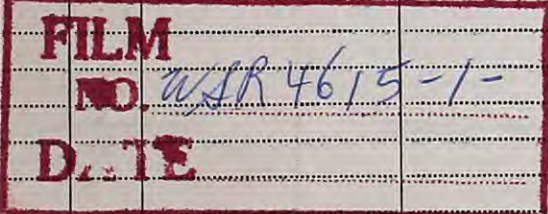
BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

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

SECOND CLASS FOR CONDUCT

From

To



A 4441

OFFICIAL NUMBER

NAME ELLIOTT,
(Surname)

Odin Arthur
(Given Names)

OFFICIAL NUMBER A 4441

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Stadacona"	Able Seaman	8	4	41	H.M.C. Signal School 1-7-41												
HMCS "Vent" (O.C.H.C.)	" "	17	7	41	Stadacona 4-7-41	V.G.	Sat.	31	12	41							
Stadacona (O.C.H.C.)	" "	1	5	42	Stadacona 5-5-42												
H.D.C. No. 15	" "	20	12	42	(DRD H-222)												
DISCHARGED	" "	14	4	43	"Missing" - Presumed dead W/T142029Z/4-43	V.G.	Sat.	14	4	43							



GENERAL REMARKS

Ship capsized in heavy sea in Main Channel at Entrance to Saint John Harbour.
Hdgs. Correction Sheet # 21 shows this rating "Presumed Dead"
The Canadian Memorial Cross awarded to: Wife Mrs. Beulah R. Elliott, 14 McCully St., Halifax, N.S. 18-8-43
The Canadian Memorial Cross awarded to: Mother Mrs. V.L.E. iott, Apple River, Cumberland Co. N.S. 31-8-43
Body recovered 31-10-43 in Bay of Fundy. (Sub. on file of 3-11-43)

DATE OF BIRTH	PLACE	CIVIL	OCCU	RELI	ED	FORM	RESIDENCE	PREV	ENLT	RANK OR RATE ON ENLISTMENT		
01 0 21 14	540	0	40	X	4	05	00	0	19	0	08	94
ENLIST. DATE	ALT. SER. DATE	SHIP OR UNIT		RANK OR RATE		SERV. DIV.			RANK OR RATE			
08 04 41	08 04 41	45 15 0		08 94		SERV. DIV.			RANK OR RATE			
SENIORITY	SIR.	NON-SER.		SERV. DIV.			RANK OR RATE			CHECKED		
08 04 41	09	20 14 - 04 - 43		mm			ER			CHECKED		

P 41255

N. R. 5

15M-2-40 (4149)
N.S. 815-12-5DEPT
NATIONAL DEFENCE

APR 14 1941

N.S. 1232-77
CANADA

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME... ELLIOTT, OFFICIAL No. A 444CHRISTIAN NAMES... Odin Arthur MARRIED, SINGLE OR WIDOWER Single..

PERMANENT ADDRESS	RELIGION
<u>Apple River, Cumberland Co., N.S.</u>	<u>United C.</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>1st October, 1921</u>	<u>Town Apple River County Cumberland Province N.S.</u>	<u>Mrs. Daisy Elliott, (mother) Apple River, Cum. Co., N.S.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet... <u>5</u>	Inflated... <u>35</u>	<u>Brown</u>	<u>Blue</u>	<u>Med.</u>	<u>Tattooes: Horse shoe Girl and Heart r. forearm. Anchor and Flower l. Forearm.</u>
Inches... <u>6</u>	Deflated... <u>32</u>				
<u>130</u>	Mean... <u>33</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>8th April, 1941</u>	<u>Able Seaman (temp)</u>	<u>Seaman, last ship Sch. "Rayo" Apple River, N.S.</u>			

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- ~~(b) That it is my intention to follow the sea for a period of at least five years from this date.~~
- ~~(c) That it is my intention to follow the sea in an Engineer's capacity for a period of five years from this date.~~

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

Personnel Records Division.	
1. Noted in Records
2. Index Card
3. Non-Su. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE	<u>19-4-41</u>

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

*Cross out clause not applicable.

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

~~XXXXXX~~ Nil... ~~XXXXXX~~

Served in	Rank	From	To
	...Nil....		



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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND/OR DURATION OF HOSTILITIES.

- (a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.
- (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.
- (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

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

Dated this 8th day of April, 1941.

+ *Odin E Elliott*
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant + *Odin Elliott*

Witness *Jamundg*

Date 8th April, 1941 Rank Lieutenant, R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 8th day of April, 1941.

Jamundg
(Signature of Officer and rank)
Lieutenant, R.C.N.V.R.

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

R.C.N.R.
DURATION OF HOSTILITIES.



~~True Copy of the~~
CERTIFICATE of the Service of
Odin Arthur ELLIOTT.
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION HALIFAX OFFICIAL NUMBER A. 4441

Date of birth I October, 1921
Where born { Town Apple River
County and province Cumberland Co. N.S.
Usual place of residence Apple River, Cumberland Co, N.S.
Trade brought up to Seaman. **O.H.F.**
Religious denomination United Church of Canada.
Next of kin WIFE: Beulah Rebecca, 4 Mc Cully St. Halifax N.S.
Can swim Y
Man's signature on discharge to pension

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
<u>8 April, 1941</u>		<u>Dur. of Host.</u>		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy						Tattooes: Horse shoe girl and Heart R. forearm. Anchor and Flower L. forearm.
On advancement to man's rating, or on entry under 28 years	<u>5</u>	<u>6</u>	<u>Med.</u>	<u>Brown</u>	<u>Blue</u>	
On re-entry for C.S. or for Non-C.S. after attaining 28 years						
Further description if necessary						



Name.....

SHIP'S NAME	LIST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE
Stadema		Able Seaman	8 Apr '41	30 June '41	
H.M.S. Signal School		— " —	1 July '41	3 July '41	
Stadacona		— " —	4 July '41	15 July '41	
Venture (OCHC)		— " —	16 July '41	30 Sep '42	
Stadacona (H.C.)		— " —	11 May '42	4 May '42	
Stadacona		— " —	5 May '42	19 Dec '42	
Protector (H.D.C. #45)		— " —	20 Dec '42	26 Dec '42	
Capster II (H.D.C. #15)		— " —	27 Dec '42	14 Apr '43	D.D.
					(Staff presumption)

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE
28 Oct '41	Issued SCTW # 10980	

MEMORANDUM FOR

P. 64

Mrs. Beulah R. Elliott
 14 McCully Street
 Halifax, Nova Scotia

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

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

and the following number quoted:—

H.Q. 123-E-77 FD.189

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

17 August 1943

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

ELLIOTT, Odin Arthur, A.B.

No. A.4441, R.C.N.R.



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

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

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

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

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

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

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Beulah R. Elliott	20	14 McCully St. Halifax N.S.
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Victor L. Elliott	46	Apple River N.S.
4	Mother of the Deceased.....	Daisy A. Elliott	48	Apple River N.S.
5	Brothers of the Deceased	Victor G. Elliott	18	" " "
		Richard H. "	15	" " "
6	Sisters of the Deceased	Full Blood		
		Quanita Allen	23	Parsons Shore N.S.
		Rosemary Elliott	13	Apple River N.S.
		Heather	9	" " "
		Helen	11	" " "
		Judith	8	" " "
	Half Blood	Joan McWhirter	27	" " "
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	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	<i>Walter Arthur Elliott</i>
9	Date of his birth	<i>Oct. 1st. 1921</i>
10	Place and date of his marriage.	<i>Halifax Mar. 18th. 1942.</i>
11	Place and date of his parents' marriage.	<i>Sutton - Cum - Seaport Sussex Eng. 26th. May. 1919.</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) <i>Nova Scotia</i> (b) <i>Cumberland County</i> (c) (d)
14	Nature of employment before enlistment.	<i>Sailor</i>
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	<i>No.</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	
20	Amount of War Savings Certificates held by deceased.	
21	Amount of Victory Loan Bonds held by deceased.	<i>\$50.00</i> ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	<i>London Life</i> <i>\$2086.</i> ✓
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the *father* of the deceased.

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

V. L. Elliott {Signature of Informant
Apple River N. S. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief *V. L. Elliott*

*See above.

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

Dated at *W. Apple River* this *6th* day of *September* 19 *43*

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Wm. Edgett Qualification *J. P.*

Address *W. Apple River*

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

S/C

123 E77

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full ODIN ARTHUR ALBOTT (b) Reg'l. No. _____
2. (a) Arm of service NAVY (b) Unit R.C.N.R. (c) Rank AB.
3. (a) Date of birth Oct. 1921 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 14th Ave. Cumberland County N.S.
4. (a) Place of enlistment Halifax N.S. (b) Date of enlistment April 1941

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) 8 years Public 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? NO (b) If so, for what occupation? _____ (c) Did you finish it? _____ (d) If you did not finish it, how long did you serve at it? _____
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

11. Had you ever been employed fairly regularly since leaving school? _____
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 L. E. Blamire Address Highway N.S.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Lumberman Contractor
20. (a) Your specific occupation Teamster (b) Number of years' experience at this occupation with any employer 1 year
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? YES (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 3 (c) In what provinces did you have experience? N.S.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? YES
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. To be a Diesel Engineer

DATE April 15th 1941 SIGNATURE _____



Copy To
VWD
ES
5-5-41

N.S.

File No. ~~123-E-77~~. PERS. (N).....

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mrs. Beulah R. Elliott,
14 McCully St.,
HALIFAX, N.S.

Mother:-

Date forwarded:- AUG 18 1943

Registered Mail No.- 0562

AS



File No..N.S..123-E-77.- PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. V. L. Elliott,
Apple River,
Cumberland Co., N.S.

Date forwarded:- August, 31, 1943.

Registered Mail No.- 0359

DEPT. NATIONAL DEFENCE

No. 539

ORIGINAL

74759

APR 15 1942

WS 123-E-77

H.Q. File No.



8

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
Venture for Harbour Craft / 5-112	Surname..... ELLIOTT. Christian Names } Arthur Odin	A. B.	A=4441	1.85 .75 M. A

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..... ELLIOTT. Christian Names } Mrs. Beulah Rebecca	Wife.	180 Agricola Street, Halifax, N.S.	51.00	New. April.

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Date
20.00	Mrs. Disy Elliott	Apple River Cumb Co., N.S.	To be continued.

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

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

Allottor's Signature authorizing charges

Arthur Elliott
Rank or Rating
Able Seaman.

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

Wes

Smey

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:— **Arrears marriage allowance paid through Venture April Cash Account Voucher# 37... Venture Official Cheque# 6011. Dated. 13/4/42 owed. 13/4/42 in the amount of \$23.45**

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

Paymaster Sub-Lieutenant, R.C.N.V.R. FOR
H.M.C.S.

Forwarded.....

A. Chapman
Accountant Officer

1. Personal Records
2. Index Card
3. Service Card
4. Statistics Card
5. Home Strip
6. Pension Card
7.
8.
DATE 23.4.42

S. 63
100M-24 (9291)
H.Q. 815-63

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

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

NAVAL SERVICE		DIVISION 01		
F.E. EST.	S.N. V.I.C.	PRI.	SUB. OBJ.	AMOUNT
0 0 0 0	0 0 0	4 5		23 35
0 0 0	0 0 0	3 1		27 75
ELLIOTT, ARTHUR ODIN				51 00
CLASSIFIED BY * FIFTY ONE *				
EXAMINED BY		FOR TREASURY OFFICER.		

Handwritten notes:
 2/1/18
 A-4441
 * 51.00

S. 2063
30M-10-40 (7513)
N.S. 815-9-2063

Action Taken
APR 16 1942
do
STOP NOTICE
Cheque Making Section

75282
M 21/4/42

RYL. 9th Apl.
No. 479..

DEPT. OF NATIONAL DEFENCE
APR 15 1942

ORIGINAL

N.S. 1238-77 7

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
Venture for Harbour Craft 5 II 112 ✓	ELLIOTT. ✓	Oden. A. ✓	Able Smn. A-44441 ✓

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
20.00 ✓	31 Mch' 42	Mrs. Daisy Anna Elliott	Mother.	Apple River., Cumb Co. N.S.

Entered in:—

Fair Ledger.....
Rough Ledger.....

Mus 17/4/42
Able Seaman
Signature of Allotor

Cause of Stoppage

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

**ALLOTMENT NO LONGER REQUIRED
LETTER ATTACHED**

THE CHIEF TREASURY OFFICER
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

R. Clapman
Paymaster Sub-Lieutenant, R.C.N.V. Rfor. Accountant Officer
H.M.C.S. VENTURE.

Date forwarded..... **1 APR 13 1942**

FOR USE AT HEADQUARTERS ONLY

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

INITIALS	DATE

INSTRUCTIONS FOR ACCOUNTANT OFFICERS

When an Officer or Rating has two or more allotments in force they are not to be combined but treated as two or more allotments, and therefore Stop Notices should be dealt with accordingly.

A Stop Notice form should be filled out immediately an allotment has to be stopped, numbered consecutively and despatched at once to Headquarters.

A night-letter giving the Stop Notice number and other required particulars should be sent when it is impossible to forward this form in time to reach Headquarters by the 16th of the month.

This night-letter should be immediately confirmed by a Stop Notice form.

Canadian Allotments, if any, of R.N. ranks or ratings returning to R. N. should be stopped and debited prior to discharge.

Allotments continue to be paid by Headquarters until a Stop Notice is received. A Stop Notice should, therefore, be sent whenever an allotment has to be discontinued for reasons such as discharge, etc.

NAVAL SERVICE		DIVISION OF				
F.E.	EST.	VOTE.	PRI.	SUB.	OBJ.	AMOUNT
9999	400	02	31			20 00
CLASSIFIED BY				AUTHORITY:		
EXAMINED BY				FOR TREASURY OFFICER		

- Naval Service -

N.S. 113-B-1530
N.S. 123-E-77
N.S. 113-J-116
N.S. 113-E-397
N.S. 113-B-355
N.S. 123-W-75

Naval Information

Naval Allotment Section (Treasury)

S.N.P.A.

S.N.P.A. Re: Dependent's Allowance.

It is notified for your information that the following are "Missing", when the ship in which they were serving capsized at the entrance to Saint John Harbour, New Brunswick on the 14th of April, 1943.

<u>NAME</u>	<u>RANK/RATING, O.N.</u>	<u>NAME & ADDRESS OF NEXT OF KIN.</u>
BALY, John Patrick	Ord. Seaman, V-33743, R.C.N.V.R.	Mother: Mrs. Annie Baly, 130 Clinton Street, TORONTO, Ont.
ELLIOTT, Odin Arthur	Able Seaman, A-4441, R.C.N.R.	Wife: Mrs. Beulah E. Elliott, 14 McCully Street, HALIFAX, N.S.
JASPER, Lawrence Cyril	Ord. Signaller, V-7574, R.C.N.V.R.	Wife: Mrs. Mary E. Jasper, 7 Germain Street, West SAINT JOHN, N.B.
HODWELL, Joseph Winlow	Ord. Seaman, V-626, R.C.N.V.R.	Mother: Mrs. Margaret Hodwell, 39 Thorne Avenue, SAINT JOHN, N.B.
BOURKE, Thomas James	Motor Mechanic, V-11392, R.C.N.V.R.	Wife: Mrs. Wilma E. Bourke, 2 St. Anne Street, LEVIS, Quebec.
WAMBACK, Harding Robertson	Skipper V., R.C.N.R.	Wife: Mrs. Lillian Wamback, East LaHave, LUNenburg COUNTY, N.S.

The following notation was placed on the copy for Naval Information: Next-of-kin are being informed by the Naval Officer-in-Charge, Saint John, N.B. Before action is taken on the above information, may it be confirmed that next-of-kin have received notification of casualty.

(T.L. Brandson)
Paym. Lieutenant, R.C.N.V.R.,
for Officer i/c, Naval Personnel Records.

OTTAWA, 15th April, 1943.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

13

15 April, 1943.
.....
(Date)

Sir:

The following casualty has been reported -

NAME ELLIOTT, Odin Arthur RANK or RATING Able Seaman NAVAL NO. A-4441, R.C.N.R.

DATE OF ENLISTMENT - 8 April, 1941.

DATE OF DISCHARGE - _____

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

SERVICE - (Will be reported later)
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. "Missing" when the ship in which he was serving capsized in the main channel at the

entrance of St. John's Harbour, N.S. on the 14th of April, 1943. While this rating is listed as missing it is impossible to make an estimate as to his chances of survival. When date of presumption of death is received you will be notified.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife NAME Mrs. Beulah R. Elliott,

ADDRESS 14 McCully Street, HALIFAX, N.S.

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

Copy Form "B" forwarded to Allots.(N) on 15-4-43.

N.P.R.

for

SECRETARY, NAVAL BOARD.

H.B. Money

Secretary, Canadian Pension Commission,
Room 434, Daly Building, OTTAWA, Ont.

Secretary, Department Pensions & National Health,
Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this Form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(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.

ACCOUNTS OF MEN DISCHARGED

23

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..... **Arthur ELLIOT,** Rating..... **A. B.**
 Official No. **A-4441** H.M.C.S. **" CAPTOR II "** List **511/318**
 Who* **D.D. (MISSING-PRESUMED DEAD)** the **P.M. 14th April** 19 **43**

Net sum due on ledger on account of Wages.....		\$	cts.
		37.	79
Proceeds of sale of Effects charged against Wages, brought from the other side		-	-
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	-	-
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) Sixty-Five Dollars & Eight Dollars & Forty-one Cents charged to 30/4/43			
Name of ship from which transferred.....			
Total†.....		\$	37.79

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. " CAPTOR II "** amounting to a net balance†..... **Creditor**

of **THIRTY-SEVEN** - - - - - dollars. **SEVENTY-NINE** - - - - - cents.

Dated on board H.M.C.S. **" CAPTOR II "** at **Saint John, N.B.**

~~Twenty-second~~ this **Twenty-second** day of **April** 19 **43**

Approved..... *[Signature]* Accountant Officer
Paymaster Lieutenant Cdr. RCNVR.
[Signature] Initials of the Assistant Accountant Officer
Paymaster Lieut. RCNVR.
[Signature] Commanding Officer.
FOR CAPTAIN RCNR.

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 (If any are not sold, state how they are to be disposed of)					
		Effects forwarded to Administrator of XXXXXX Estates Ottawa, Ont.				
		No will found amongst effects.				
		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 count and on the other side thereof.*

.....SignatureRankSignatureRank
-----------------------------	-----------------------------

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

(NAVAL SERVICE)

FROM...THE NAVAL OFFICER IN CHARGE, SAINT JOHN, N.B.

DATE...17th DECEMBER, 1943 FILE...S.J.4-2-4.

TO.....THE SECRETARY, NAVAL BOARD, NAVAL SERVICE HEAD/
QUARTERS, OTTAWA, ONTARIO.

REPORT OF BURIAL OF BURIAL OF TWO UNIDENTIFIED
PERSONNEL

Submitted for the information of the Department with reference to our letter S.J. 4-2-4 dated 3rd September, 1943.

Forwarded herewith information for completion of Form C.N.S. 1121, for two unidentified personnel, which was unobtainable at time report was made.

- (1) Place of Burial - Fernhill Cemetery
- (2) Date of Burial - 17th November, 1943.
- (3) Location, number etc., of grave. - Central Avenue Lot, No. 3893, Graves No. 1-137 - No. 2 - 138.
- (4) Undertaker employed - Brenan's Funera Service, 11 Paradise Row, Saint John, N.B.

(Sgnd) C.J. STUART,
CAPTAIN, R.C.N.R.,
NAVAL OFFICER IN CHARGE,
SAINT JOHN, N.B.

*(See sig 0121232/11/43) Elliott's body recovered 29/12/43
E. N.P.R./K*

~~A-4441~~ A-4441

C.R. P.A.
N.S.B. / P-2A.
NAVAL TREASURY
DATE 1/3/45
INITIAL L.R.

FORM B.

FILE: N.S. 123-E-77.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

15 April, 1943.
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
ELLIOTT, Odin Arthur Able Seaman A-4441, R.C.N.R.

DATE OF ENLISTMENT - 8 April, 1941.

DATE OF DISCHARGE -

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

SERVICE - (Will be reported later)
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. "Missing" when the ship in which he was serving capsized in the main channel at the entrance of

St. John's Harbour, N.B., on the 14th of April, 1943. While this rating is listed as missing it is impossible to make an estimate as to his chances of survival.

When date of presumption of death is received you will be notified.
(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -
RELATIONSHIP Wife NAME Mrs. Beulah R. Elliott.

ADDRESS 14 McCully Street, HALIFAX, N.S.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

C.R. BY [Signature]

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.

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT-

ASSIGNED TO Mrs. Beulah Elliott
14 Mc Cully St.,
Halifax, N.S.

MARRIAGE ALLOWANCE (rate) \$ 1.15 PER DIEM (date) April 30, 1943
PAID TO
DEPENDENTS ALLOWANCE (rate) \$ NIL PAID TO (date) NIL
TOTAL MONTHLY PAYMENT TO - WIFE \$ 65.
DEPENDENTS \$ NIL

Computed by [Signature]
Checked by [Signature]

Alex. Boswell

R.C. Playfair.
for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 404, Daly Building, OTTAWA, Ont.

The Secretary, The Department Pensions & National Health,
Daly Building, OTTAWA, Ont.

DC

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

4
NAVY

DECEASED
MEMBER'S
NAME

Odin Arthur
(CHRISTIAN NAMES)

ELLIOTT
(SURNAME)

REGISTER NO. 8978

FILE NO. NSA-4441

PAYEE

Mrs. Beulah VIENS,
74 Creighton St.,
Halifax, N.S.

2377 Chateauguay St,
Pte. St. Charles,
Montreal, Que.

DATE 31 July '45

SERVICE NO. A-4441

ADDRESS

FINAL RANK OR RATING A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 14 Apr '43

DATE OF DISCHARGE 14 Apr '43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 737 EQUAL TO 24 COMPLETE PERIODS AT \$7.50

\$ 180.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 116 LESS 17 INELIGIBLE DAYS, EQUAL TO 99 DAYS @ 25C. PER DAY

\$ 24.75

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. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 1.15

TOTAL \$ 4.70 X 7 = \$ 32.90

NO. OF DAYS 116 X \$ 32.90

183

\$ 20.86

D. WAR SERVICE GRATUITY

\$ 225.61

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 225.61

G. YOUR PORTION OF GRATUITY IS—

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

\$ 225.61

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 49674- Aug. 3/45

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

PREPARED BY YN
CHECKED BY

TREASURY
CHECKED BY H. H. H. H.
DATE 9/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name *Odin Arthur ELLIOTT*
 (Christian Names) (Surname)

Payee *Mrs Beulah VIENS*
 Address *44 Creighton Street
 Halifax, N.S.*

Register No. *8978*
 File No. *A4441*
 Date *7/5/45*
 Service No. *A4441*
 Final Rank or Rating *A.B.*
 Date of Discharge *14 April '43*

Date of termination of overseas service *14 April '43*

A. TOTAL QUALIFYING SERVICE
 No. of days *137* equal to *24* complete periods at \$7.50
₃₀ 180.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days *116* less *17* ineligible days equal to *99* days @ 25¢ per day 24.75

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<i>1.85</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.45</i>	
Additional Pay H.L.M.	\$	<i>.25</i>	
Dependents' Allowance 1/30 of \$ <i>1.15</i>	\$	<i>1.15</i>	
Total		<i>4.70</i>	<i>x 7 = \$ 32.90</i>
No. of days <i>116</i>			<i>x \$ 32.90</i>
		<i>183</i>	17.80 20.86

D. WAR SERVICE GRATUITY ~~222.53~~

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

F. TOTAL AMOUNT PAYABLE 225.61

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ *225.61*
 Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <i>[Signature]</i>	6 <i>[Signature]</i>
2 <i>[Signature]</i>	7 <i>[Signature]</i>
3 <i>[Signature]</i>	8 <i>[Signature]</i>
4 <i>[Signature]</i>	9 <i>[Signature]</i>
5 <i>[Signature]</i>	10 <i>[Signature]</i>

Estates

VERIFICATION FORM

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

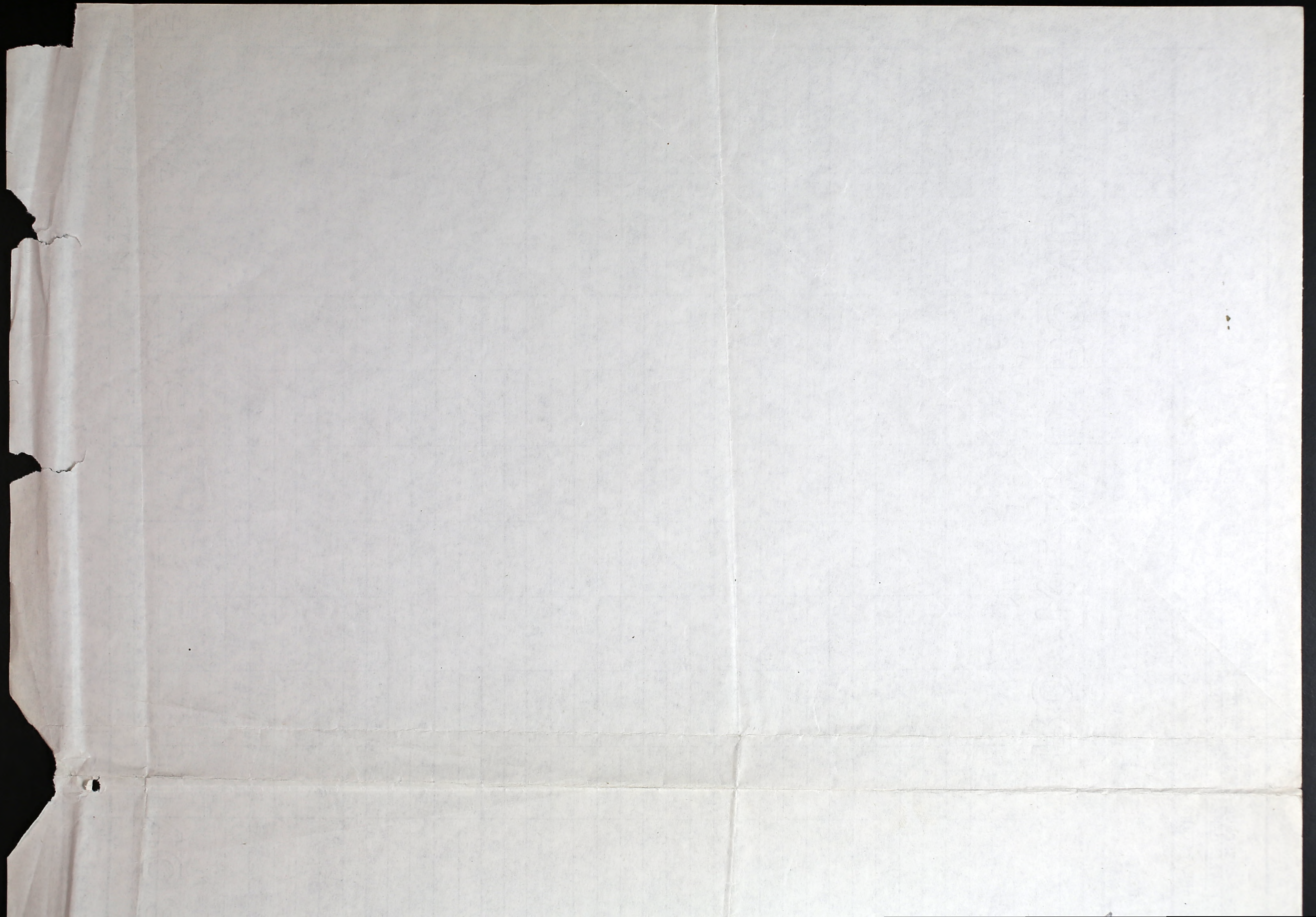
.....RANK/RATING7:13.....OFF.NO. A4441.....ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45		
							ATLANTIC		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	1	medal
							" CLASP		
							WAR 1945	1	medal
							WAR 1915		

VERIFIED BY *C. M. Wright*



VERIFIED BY DIR. OF PERSONNEL RECORDS.



A 4441



P 41256

Can. B. 207

60M-4-40 (4030)
N.S. 815-2-207

ORIGINAL

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

DEPT. NATIONAL DEFENCE

APR 14 1941

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

I, the undersigned, have examined E. Elliott Odin Arthur

‡candidate for entry as AB RCNR

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

‡Strike out if inapplicable. * Delete one.

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

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	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. (p)
39 yrs 5. mths	130 lbs.	5.6 ft. ins.	Good	inches (a) maximum 35 (b) minimum 32.2 (c) mean 33	right eye 6/5 left eye 6/5 colour vision N Ish	2-hand	Normal X-ray app	Normal	Normal	Normal	Normal	Normal	Deficient 3 Subacute chest	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.

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.

Odin E. Elliott

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.....

* 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

[Empty box for UNFIT status]

Dated at Halifax, N.S. the 3 of April 19 41

J. W. Mackey
Examining Medical Officer

(Rank) SURGEON LIEUT.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY



H.M.C.S. **"CANTON II"** at **St. John, New Brunswick**

Name **ELLIOTT, Odin Arthur**
(Christian names in full)

Rank of Rating **Able Seaman** Official No. **A-4441 RCNR**
(If unknown, date of first entry)

Place of Birth **Apple River, N.S.** Date of Birth **1st October, 1921**

Occupation in Civil Life **Seaman** Religion **United Church of Canada**

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) **Two years and six days**

Date of Death **14th April, 1943** Place of Death **Saint John Harbour**

Cause of Death **Accidental drowning due to the capsizing of H.D.C. 15**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Beulah Rebecca ELLIOTT** Relationship **wife**
Address **14 McCully St., Halifax, N.S.**

Date on which the above was informed by Ship **10th August, 1943.**

Date on which death was registered with local Officials.....

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 **Unknown** Date of Burial **Unknown**
(if known) (if known)

Location, Number, etc., of grave **Unknown**
(if known)

Undertaker employed.....
(if any)

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

[Signature]
Commanding Officer,
CANTON II, R.C.N.R. **104**
10th August, 1943.

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

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

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



Department of National Defence

Naval Service

Ottawa, Canada.

10 August, 1943.

IN REPLY PLEASE QUOTE

No. N.S. 123-E-77
PERS. (N)

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
ELLIOTT, Odin Arthur Able Seaman, Official No. A-4441, Royal Canadian Naval Reserve	"Missing", presumed dead to date the 14th of April, 1943, when the craft in which he was serving capsized in the main channel to Saint John Harbour, N.B.	Wife: Mrs. Beulah R. Elliott 14 McCully St., HALIFAX, N.S.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Beulah R. Elliott, 14 McCully St., Halifax, N. S.		\$65.00	<i>JCB</i>

Rec. Gen.
3rd Victory Loan,
Ottawa, Ont. \$8.41

All Allotments have been stopped with last payment made April 30, 1943.

WILL: No record.

Yours truly,

for *[Signature]*
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVAL SERVICE

NW

Name: ELLIOTT Olin A. No.: 4, 1011
 Surname Christian Names

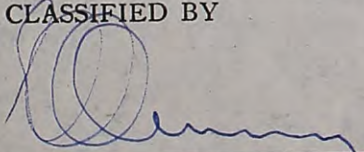
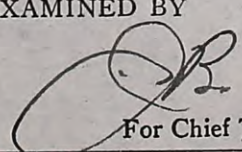
A.B. R.O.N.R. 11-1-17
 Rank Unit Date of Death

AMOUNT

Date: 19-11-17

L.P.C.....\$	37.79
Other Credits.....	<u>51.72</u>
Total.....	89.51

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Widow 72974	Mrs. Beulah E. Elliott, 14 McCully St., Halifax, N.S.	44.76
1/4	Father 72975	Victor L. Elliott, Apple River, N.S.	22.38
1/4	Mother 72976	Mrs. Daisy A. Elliott, (as above) (Next of kin entitled)	22.37

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	89.51
CLASSIFIED BY 			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY
E. G. COLLYER

For Chief Treasury Officer