

SHILLITO
JOHN GEORGE
N4291

OCCUPATIONAL HISTORY FORM

62. S. 3479

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 SHILLITO, John George (b) Reg'l. No. 4291
2. (a) Arm of service NAVY (b) Unit ROY (c) Rank Ord. Ser.
3. (a) Date of birth 18 June 1921 (b) Have you any dependents? NO (c) Place of residence at time of enlistment UNION BAY, B.C.
4. (a) Place of enlistment ESQUIMALT, B.C. (b) Date of enlistment 24 MAR. 1941

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 year High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? BLACKSMITHING (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 1 year
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? UNITED MINERWORKERS of A.

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 CAN. COALERIES (D) Ltd. Address Union Bay, B.C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) REPAIRS FOR MINES.
20. (a) Your specific occupation BLACKSMITHING (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? (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 ELECTRICAL WORK.

DATE 15 May 1941

SIGNATURE John George Shillito



Copy To
VWD
ES

JUL 4 1941

ANDUM FOR

P. 64

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

..... Mrs. Davina Shillito,.....

..... P.O. Box 126.....

..... Union Bay, B.C.....

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

and the following number quoted:—

H.O. 62-S-543 FD. 259.....

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

..... SHILLITO, John George, A/Smn.....

..... No. 4291, 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
(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 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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Charles Shillito	52	Union Bay, B. C.	
4	Mother of the Deceased.....	Darvina Shillito	39	Union Bay, B. C.	
5	Brothers of the Deceased	Full Blood	Samuel Shillito C. Edward Shillito Robert Shillito	18 11 5	Union Bay, B. C. " " " " " " " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ethel M. Shillito Reubina Shillito Esther L. Shillito Helen M. Shillito	23 16 14 4	Oyster Bay, B. C. Union Bay, B. C. " " " " " " " "
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children	

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	John George Shillito
11	Give the month and year of his birth.	June 18/21
12	Where and when were his parents married?	Comox Oct 26 th 1918
13	Was he ever married? If so, state exact place and date of marriage.	No.
14	Did he leave a (later) Will? If so, it should be forwarded.	No.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Union Bay B.C.
17	In what Province, Country or State did he reside, and in which last?	B.C. + Nova Scotia
18	How long in each?	B.C. 20 yrs. Nova Scotia 1 yr.
19	What was the nature of his employment?	While in B.C. Blacksmith " " N.S. Navy
20	Did he own the house or homestead in which he lived? If so, where?	No.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.
22	State <u>your</u> postal address in full.	Union Bay B.C. P.O. Box 126

PARTICULARS AS TO CLAIMS

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

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

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

DECLARATION

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

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

* Mother of the deceased.

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

Mrs. Davina Shillito {Signature of Informant

CERTIFICATE

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

Shillito {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 Cumberland this 17th day of October 1942

Signature of Clergyman, Priest or Magistrate J. D. Lapard Qualification Spendary Magistrate

Address Cumberland BC.

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.

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 John George SHILLITO		NEXT OF KIN Name: Mrs. Davina (Mother) Address: P.O. 126 Union Bay, B.C.	PRESENT RATING Ord. Seaman
DATE OF BIRTH* 18th June, 1921.	PLACE OF BIRTH† Town: Union Bay, County: Victoria, Province: British Columbia.		NAME, RANK AND STATION OF RECRUITING OFFICER W. B. Holms 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
5' 9 1/2"	36 1/2" 33" 35"	Pair	Blue	Fresh	1 1/2" scar on right leg. 2 half inch scars on left leg.	United.	Blacksmith.

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...**Canadian (English)**..... Mother...**Canadian (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.

(OVER)

52/5198 *Ledgers R F*

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

I, **John George SHILLITO**....., 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* **for term of seven years** from **25th March,**.....19**41**, 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.....**25th**.....day of.....**March,**.....19**41**.

Witness to Signature.....**P. Lad.**.....**John George Shillito**.....Man's Signature in full
.....**Writer.**.....

Attested before me this.....**25th**.....day of.....**March,**.....19**41**.

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

Date.....**25th March,**.....19**41**.

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 actually 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.

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.

Union Bay B.C.
(Place)
September 17, 1939.
(Date)

Sir:— I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a *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) *George Shillito "John George Shillito"*
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) *June 18, 1921*
3. Place of Birth. Town *Union Bay*, Province *British Columbia*
4. Permanent Place of Residence. No. Street *Cert. 23/9/39*
Town *Union Bay*, Province *British Columbia*
5. Are you a British Subject? *yes*
6. How long have you resided in Canada? *17 years*
7. What is your Mother Tongue? *English*
8. What other language do you speak? *none*
9. Are you of the White Race? *yes*
10. Are you Single, Married or a Widower? *single*
11. How far advanced educationally are you? *I have passed my first year of High 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.)
none
13. Do you belong to any Naval, Military, Air or Police Force? *no*
14. If so, give details.....
15. Have you ever served in such forces? *no*
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?
(Enclose two character references, one of which must confirm your answer to Question 19) *no*
20. What is your weight? *145* Height *5' 10"* Chest Measurement (Not inflated) *38"*
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*

Walter Wilson Signature of Witness *George Shillito* 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 *Union Bay*, this *18th* day of *Sept.*, 19 *39*, in the presence of *Walter Wilson* Signature of Witness *Mrs. Davina Shillito* 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



CANADA

DEPT. NATIONAL DEFENCE Can. B. 207

FEB 26 1941

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

N.S. 67-2148
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

M 17774

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 Shillito 10
candidate for entry as Ordinary Seaman
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
unfit for His Majesty's Service for the reason stated below. the Certificate given below in my presence.

†Strike out if inapplicable. * Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Month, Teeth (No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
19 yrs 8 mos	lbs. 142	ft. ins. 5-9	Very good	inches (a) maximum 38 (b) minimum 35 (c) mean 34	right eye 20/20 left eye 20/20 colour vision good	Yes 1927	OK *X-Ray OK	No hernia normal	OK	Clear	OK	Normal No varicocele	5 defective teeth No defective nose & tonsils. OK.	No hemorrhoids

*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.

George Shillito

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

Signature of Candidate

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Courtenay BC the 17th of Feb 1941

J. McKee
Examining Medical Officer

(Rank) Capt. R.C.M.C.

4291

OFFICIAL NUMBER

FILE NUMBER

62-S.543

OFFICIAL NUMBER

4291

NAME **SHILLITO** **John George** DATE OF BIRTH **18th June, 1921.**
 (Surname) (Given Names)
 PLACE OF BIRTH **Union Bay, Victoria, B.C.** OCCUPATION **Blacksmith.**
 RELIGION **United Church** EDUCATION **1st Year High School.**
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town **Union Bay** Province, etc. **B.C.**

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
24	3	41	Seven Years.	5' 9 $\frac{1}{2}$ "	Fair	Blue	Fresh	1 $\frac{1}{2}$ " scar on right leg. 2 half inch scars on left leg.				

NEXT OF KIN RELATIONSHIP (in pencil) **Mother** **29/10/41** NAME (in pencil) **Mrs. Davina Shillito**
 ADDRESS (in pencil): Street and No. **PO Box 126** Town **Union Bay** Province, etc. **B.C.**

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				6	5	41	Passed P.P.T. (Good).				
				8	7	41	Passed Educ. Test 'ONE'				
				22	7	41	Qual. A/G - 2 days.				
				6	8	41	Passed P.S.T. (Good)				
				12	12	41	"Tr".				

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					In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		

O.H.F. Received.

SECOND CLASS FOR CONDUCT

From To



FILM
NO. UNR-4717-1
DATE

4291

OFFICIAL NUMBER

NAME SHILLITO
(Surname)

John George
(Given Names)

OFFICIAL NUMBER 4291

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													
<u>Discharged</u>	"	13	9	42	<u>DEAD-Missing-Believed Killed in Action.</u>												

GENERAL REMARKS

9/11/42 - Canadian Memorial Cross issued to Mother:
Mrs. Davina Shillito,
Union Bay, B.C.
P.O. Box 126.

DATE OF BIRTH	PLACE	CIVIL	CCCU	DELETED	PERM RESIDENCE	PREV ENCL	NON-ATTN RATE
1862118	2410	402905	00013	00895			
DATE	STR	DATE	STR	DATE	STR	DATE	STR
240341	240341						
SENIORITY	CODED	CHECKED					
020142	090000	20	13-09-42				

D OF D 13-9-42

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

SHILLITO	John George	N-4291	A/Smn.	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	9955 . 16.1.50
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN April 43 "OTTAWA"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP
REGN. NO. 679

(1) MEDALS
PERSON
ENTITLED TO Mr. Charles Shillito - Father

ADDRESS: P.O. Box 126,
Union Bay, B.C.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Davina Shillito

ADDRESS: P.O. Box 126, Union Bay, B.C.

(2)

(3)

9-11-42

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name **SHILLITO** **John G.** No. **N 4291**
Surname Christian Names

A B **HMCS OTTAWA.** **13-9-42**
Rank Unit Date of Death

AMOUNT **W.S.G.** **263.58**
 L.P.C.....\$ **87.16**
 Date **4-12-45** Other Credits..... **101.00**
 Total..... **451.74**
 Prev. dist. **188.16**
 This dist. **263.58**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Charles Shillito, Box 126, UNION BAY, B.C.	131.79
1/2	Mother	Mrs. Davina Shillito, (Ad above) (As next of kin entitled)	131.79

P4. TO TREAS.
 DEC 18 1945

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$263.58
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(Signature)
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

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

John George SHILLITO

IN THE ROYAL CANADIAN NAVY

Esquimalt

Re-issued No. 30790
I.C.N.S. 26822 *lost*
Official Number *4291*

Date of birth	<i>18 June 1921</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born	Province <i>British Columbia</i> Town or county <i>Victoria</i>	Name: <i>Davina</i> Relationship: <i>mother</i>
Trade brought up to	<i>Blacksmith</i> O.H.F.	Address:
Religious denomination	<i>United</i>	<i>P.O. 126</i>
Date passed swimming test	<i>P.S.T. (Good) 6 May '41</i> <i>P.S.T. (Good) 6 Aug '41</i>	<i>Union Bay</i>
Man's signature on discharge to pension		<i>30/10/41 B.C.</i>

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 Mch 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>5</i>	<i>9½</i>	<i>35</i>	<i>Fair</i>	<i>Blue</i>	<i>Fresh</i>	<i>1½" scar on right leg</i> <i>2. half inch scars left leg</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Passing Certificate

This is to Certify

that John George SHILLITO,

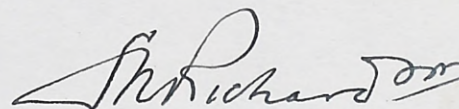
Rating Ordinary Seaman, Official Number 4291
R.C.N.

has passed

THE EDUCATIONAL TEST, I

held on 8th July, 1941

For advancement to Petty Officer



~~J. A. Seaman~~
Director of Education.

Department of National Defence,

Ottawa, this 1st day of September 19 41.

TORPEDO HISTORY SHEET

(See K.R. & A.I., Article 609)

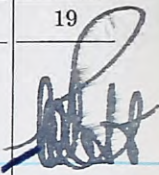
To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Surname SHILLITO Christian Names } GEORGE JOHN Port Division } R. C. N. WESTERN DIV. Official Number } 4291

Record of Torpedo Examinations:

Information is to be inserted when a rating qualifies in torpedo for A.B. and as regards examinations for acting as well as confirmed torpedo ratings.

Marks obtained in each subject are to be shown as a fraction of the possible total, thus $\frac{115}{150}$.

Date	Ship or School	Rating held	Torpedo Rating examined for	Q., R., or F.	Examination Marks											REMARKS	Captain's Initials	
					School	Whitehead	Mining and P.V.s	High Power	Low Power	Gyro Compass	Torpedo Control	Seaman's Electrical	Stores and Accounts					Total Percentage
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
25.6.41	Naden	O.S.	H.B.	Q.					$\frac{68}{100}$							$\frac{68}{100}$		

VERIFICATION FORM

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

NAMING *A. J. Smith* OFF. NO. *N 4291* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	✓	1 star
							ATLANTIC	✓	1 star
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	✓	3 clasps
							" CLASP		
							WAR 1945	✓	1 medal
							WAR 1915		

VERIFIED BY *[Signature]*

..... DIR. OF PERSONNEL RECORDS.

MG

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

2
NAVYDECEASED
MEMBER'S
NAMEJohn George
(CHRISTIAN NAMES)SHILLITO
(SURNAME)REGISTER NO. 12844
FILE NO. NSN-4291
DATE 19 Oct/45
SERVICE NO. 4291
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 13 Sep/42PAYEE Director of Estates
ADDRESS 308 Sparks St.,
Ottawa, Ont.for Service Estate of
John G. Shillito
NSN-4291

DATE OF TERMINATION OF OVERSEAS SERVICE 13 Sep/42

DATE OF DISCHARGE 13 Sep/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 539₃₀ 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 \$ N11

TOTAL	\$ 3.43	X 7 = \$	24.01
NO. OF DAYS	376	X \$	24.01
	183		

\$ 49.33

D. WAR SERVICE GRATUITY

\$ 263.58

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

OTHER DEDUCTIONS \$ N11

F. TOTAL AMOUNT PAYABLE

\$ 263.58

G. YOUR PORTION OF GRATUITY IS—

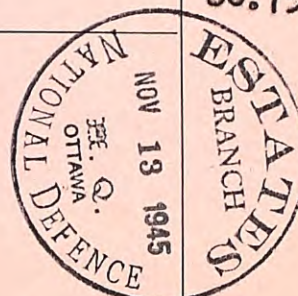
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 263.58

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	DATE
YN	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

for Dir. Naval Pay Acctg. REPRESENTATIVE



February 27, 1941

Sir:

I am directed to advise you that you are now under consideration for entry into the Permanent Force of the Royal Canadian Navy as an Ordinary Seaman for duty at R.C.N. Barracks, Esquimalt, B.C., under a Seven Years' Continuous and General Service Engagement to date 24th March, 1941.

Before your entry can be approved, it will be necessary for you to undergo final medical examination and educational test. You should report to the Commanding Officer, R.C.N. Barracks, Esquimalt, B.C., at Nine A.M. on Monday, 24th March, 1941, showing him this letter as your authority, when he will arrange for your medical examination and educational test. You should hand him the enclosed Forms 8307 in triplicate (Medical Examination Form) and 83576 (Physical Standards Required).

Transportation Warrant No. 46639, Union Bay, B.C., to Victoria, B.C., is enclosed which you should exchange at your local Esquimalt & Nanaimo Railway Ticket Office for a railway ticket.

Provided you are found physically fit and suitable in all other respects, you will be entered in the Permanent Force of the Royal Canadian Navy as an Ordinary Seaman to date 24th March, 1941.

If you are not suitable in all respects, the Commanding Officer, R.C.N. Barracks, Esquimalt, B.C., will supply you with the following transportation back to your home:-

1 Second Class Railway Ticket - Victoria, B.C., to Union Bay, B.C.

You should acknowledge receipt of this letter: enclosed addressed envelope is for this purpose.

Yours truly,

Mr. George Shillito,
UNION BAY, B.C.

(J. O'D. LeBlanc),
ASSISTANT NAVAL SECRETARY.

(D) The Commanding Officer,
R.C.N. Barracks,
ESQUIMALT, B.C.

-2-

Forwarded for information. Provided Shillito reports, and is suitable in all respects, he is to be entered in the Permanent Force of the R.C.N. as an Ordinary Seaman to date 24th March, 1941. Certificate of X-Ray Examination carried out at Courtenay, B.C., on 18th February, 1941, attached.

Date of Birth - 18th June, 1921, certified by Certificate of Birth.

Copy of Continuous Service Engagement Form is to be forwarded to Headquarters in due course.

BY ORDER.

ASSISTANT NAVAL SECRETARY.

M 14219 DEPT
NATIONAL DEFENCE

FEB 16 1941

N.S. 62-21-48
CANADA

20 47

Dear Sis.

My Mother was born
in Cumberland, B.C., Aug. 3, 1903

My Father was born
in Wellington, B.C., Aug. 2, 1891.

noted
18/2/41 M. Mac.

George Phillips.

8

22-9-39

MAIN FILE
CHARGED TO <i>Recruits</i>
SINCE <i>22/9/39</i>
REC'D. CENTRAL REGISTRY
FEB 17 1941
REFERRED TO <i>Recruits</i>

S. 1320b.
200M Pads of 200
2-44 (249)
N.S. 815-9-1320b
K. P. 2690

NAVAL MESSAGE

For use in
Signal
Department
only

DRAFTED BY D.P.R. (LIEUT. (S) T.F. HEARD RCNVR)

N.S. N-4291 PERS. (N)

Originators Instructions:
(Indication of Priority,
Intercept Group, etc.)

No. of
Groups:

TO:

LEACH REHABILITATION COMMITTEE, COURTENAY, B.C.

FROM:

NSHQ

Write Across				
	RETEL	REGRET JOHN G. SHILLITO ABLE SMN. O.N. 4291 MISSING		5
		PRESUMED DEAD 13TH SEPTEMBER 1942 AND NO HOPE HELD FOR HIS		10
		SURVIVAL.		15
				20
				25
				30
				35
				40
				45
				50

System

P/L Code or Cypher

Time of

Operator

Date

Receipt

Despatch

6.6.45

18th September, 1942.

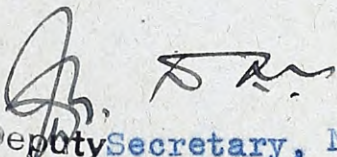
Dear Madam,-

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 John George Shillito, Able Seaman, R.C.N., O.N. 4291, is missing believed killed in action.

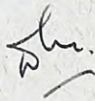
It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may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


Deputy Secretary, Naval Board.

Mrs. Davina Shillito,
P.O. Box 126,
UNION BAY, B.C.



NSHQ

LEASH REHABILITATION
COMMITTEE COURTENAY B.C.

ORP

PARENTS OF CN 4291 RCM JOHN GEORGE SHILLITO AB
SEAMAN NOTIFIED BY PHONE FROM VANCOUVER ON MAY 23RD
ANONYMOUSLY SHILLITO SEEN IN VANCOUVER AND GOING HOME
OFFICIAL REPORT WAS LOST ON HMCS OTTAWA PARENTS
MUCH DISTRESSED PLEASE COMMENT BY WIRE LETTER
FOLLOWS

/5

L/T

P/L

0519072/6/45

GW

4615

O. i/s
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W