

V23564
SMITH
ROSEVILLE ST

OCCUPATIONAL HISTORY FORM

113-8-1277

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 ROSEVILLE ST. CLAIR SMITH (b) Reg'l. No. V 23364
2. (a) Arm of service NAVAL (b) Unit MONTREAL (c) Rank STORER II
3. (a) Date of birth MAR 23 1924 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 1481 DORCHESTER ST WEST
4. (a) Place of enlistment MONTREAL (b) Date of enlistment

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) JUNIOR HIGH SCHOOL 2 YEARS HIGH
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? (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) YES (b) At time of enlistment of what trade union or professional society were you a member?

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

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

11. Had you ever been employed fairly regularly since leaving school? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked FARMING AND GOING TO SEA EVER SINCE I LEFT SCHOOL (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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? NO (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? (c) If so, in what kind of farming? DAIRY FARMING
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 2 YEARS (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.) NO
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form



DATE June 12 1944 SIGNATURE Roseville St. Clair Smith

COPY TO
V. W. D.
ES

JUL 21 1941

MEMORANDUM FOR

P. 64

Mrs. Ethel Moores,
Box # 40,
Athelstan, Que.

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

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

and the following number quoted:—

H.Q. 113-S-1277

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 5, 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

SMITH, Roseville St. Clair, Stocker 1st class

No. V.23564, R.C.N.V.R.

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

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



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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	<i>not married</i>		
2	Children of the Deceased and dates of their Births.....	<i>none</i>		
3	Father of the Deceased.....	<i>St. Clair Smith</i>		<i>Date of death April 1924</i>
4	Mother of the Deceased.....	<i>Ethel S. Moores</i>	<i>42</i>	<i>Upper Melbourne, Vic</i>
5	Brothers of the Deceased	Full Blood	<i>None</i>	
		Half Blood	<i>None</i>	
6	Sisters of the Deceased	Full Blood	<i>None</i>	
		Half Blood	<i>None</i>	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		<i>None.</i>		

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

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
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?	Roseville St. Clair Smith
11	Give the month and year of his birth.	March 25 th 1921
12	Where and when were his parents married?	Lunenburg, N.S. 1919
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?	Lunenburg, N.S.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia and Quebec.
18	How long in each?	18 yrs in Nova Scotia 2 yrs in Que. before enlisting
19	What was the nature of his employment?	Not employed before joining the 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.	Upper Melbourne, Quebec.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Lost at sea
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.

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

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

Ethel S. Moores

{ Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief that Mrs. Ethel S.

*See above Moores.- { 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 Richmond, Que. this 9th. day of October,----- 1942

Signature of Clergyman, Priest or Magistrate } Laurie Dupuis

Qualification Notary.-

Address Richmond, Que.-

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.



P 18461

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

DEPT
NATIONAL DEFENCE

FEB 14 1941

N.S. 113-8-1277
CANADA

2

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

No. 109

SURNAME SMITH OFFICIAL NO. V23564

CHRISTIAN NAMES Roseville St. Clair MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
1481 Dorchester St. W., Montreal, P.Q.	Presbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
25th March, 1921.	Town Lunenburg County Province Nova Scotia	Mother: Mrs. Ethel Moore's Athelstan, Que. (Box 40)
*Original Nationality of:		
Father		
Mother		

*If not the son of natural born British parents, particulars to be given at foot of next page.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet. 5	Inflated. 38	Brown	Blue	Medium	Scar on left thigh
Inches. 4 ³ / ₄	Deflated. 36				
138	Mean. 37				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
10th February/41.	Stoker 11	Labourer: St. Lawrence Wagon Co. Montreal, P.Q.
R.C.N.V.R. Division (or other establishment) at which enrolled		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) ~~I served in~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX for the period shown, and attach my record of service in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
-----NIL-----		

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Personnel Records to Division.

1. Noted in Records

2. Index Card

3. Non-Sub. Card

4. Statistical Card

5. Pension Slip

6. Pension Card

8.

DATE 20-2-41

(3) On being enrolled as a member of the Montreal Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 10th day of February, 1941.

Signature of applicant. Roseville S. Clair Smith

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 10th day of February, 1941.

W. J. H. [Signature]
Signature of and rank of Attesting Officer.

Lieut., R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Roseville S. Smith do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant. Roseville S. Clair Smith

Witness. W. J. H. [Signature]

Date. 10th February, 1941.

Rank. Lieut., R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Roseville S. Smith having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Montreal Division of the R.C.N.V.R. or in the appropriate official documents.

W. J. H. [Signature]
Lieut., R.C.N.V.R. Attesting Officer.

10th February, 1941

R.C.N.V.R. Division Montreal
(or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

copy



DUPLICATE

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Roseville S. Smith
‡ candidate for entry as Stoker II
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.

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
19 10/12	138	5'4 3/4"	Good	(a) maximum 38 (b) minimum 36 (c) mean 37	right eye 6/6 left eye 6/6 *colour vision N	15 - A - child	lungs clear to P.A.	normal	normal	normal	right ear drum retracted	normal	5 deficient teeth in good repair	clear

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

X-ray { Not taken. Approved. Positive. Doubtful. } 69916 approved
Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Roseville S. Smith
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

Dated at Montreal the 27 of January 1941
Checked 11 June 41 com
Rechecked 28/4/41 com
Sgt. R-B Mc Kenzie
Examining Medical Officer
(Rank) Sgt. R. Mc Kenzie

R 6/6
L 6/6
C.V

R 6/6
L 6/6
C.V M.

J. E. Powell
SURGEON LIEUT.

JUN 21 1944

D OF D 13-9-42

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

(NAVY)

WAR SERVICE RECORDS

H

SMITH	Roseville St.Clair	V-23564	Sto.1/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	6926 16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR April 43 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO

Mrs. E.S. Morres - Mother
Box #40,
Athelstan, Quebec.

ADDRESS:

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

Mrs. Ethel Moores

ADDRESS:

Box # 40, Athelstan, P.Q.

MEMORIAL B K

DATE DESP

REGN: NO

349

(2)

(3)

25-11-42

VERIFICATION FORM
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,
 NAVAL GENERAL SERVICE MEDAL (

NAME IN FULL *Smith, Rosalind, St. Clair* RANK/RATING *Sto II*

SHIP	SERVICE			AREA	QUALIFY		
	FROM	TO	DAYS		FROM	TO	1939
	<i>1/5/41</i>						
<i>Attama</i>	<i>28/8/41</i>	<i>13/9/42</i>	<i>382</i>	<i>Can.</i>			
<i>"Link Island"</i>							
	<i>to date</i>	<i>13/9/42</i>					

VERIFIED BY *G. Howard*

VERIFIED BY

VERIFICATION FORM

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

K. Cair RANK/RATING *St. II* OFF. NO. ... *V. 23564* 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	1	<i>star</i>
<i>see</i>							ATLANTIC	1	<i>star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *J. [Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

Upper Melbourne, Que.

March 2, 1943

Administrator Estates
Dept. of National Defence
Ottawa, Canada

Dear Sir,

Since filling in the information on the form
you sent me on October 5th 1942 Re- the estate of my
son Roseville St.Clair Smith, No. V. 23564, R.C.N.V.R.
I have heard nothing from you.

Will you please inform me as to what time this
matter is likely to be settled.

Yours sincerely,

Ethel S. Moore
(Mrs. Roland S. Moore)



R. C. N. V. R.

V-23564

3-SM-#70

TRUE COPY

OF THE

V-23564

CERTIFICATE of the Service of

Roseville M. Clair Smith

IN THE ROYAL CANADIAN NAVY V. R.

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.

R. C. N. B.

Montreal

Official Number V-23564

Date of birth 25 March 1921

Where born { Province Lunenburg, N.S.
Town or county 1481 Rochester St. Montreal, P.Q.

Trade brought up to Labourer St. Lawrence Wagon

Religious denomination Presbyterian

Date passed swimming test _____

Man's signature on discharge to pension _____

Nearest known Relative or Friend (To be noted in pencil)
Name: Mrs Ethel Moore
Relationship: Mother
Address: 1481 Rochester St. Montreal, P.Q.

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. <u>10 Feb. '41</u>	<u>10 Feb. '41</u>	<u>Hostilities</u>	5.		
2.		<u>St. II</u>	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.....	<u>5</u>	<u>4 1/4</u>	<u>37</u>	<u>Brown</u>	<u>Blue</u>	<u>Med.</u>	<u>Scar on left</u>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....			<u>Weight 138 lbs.</u>				<u>High</u>
Further description if necessary.....							

Name *Smith, Roseville, St. Clair*

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
1941 "Montreal Riv"		<i>Sto. II</i>	<i>10 Feb '41</i>	<i>30 Apr '41</i>	
		<i>Active Service</i>			
1941 "Montreal Riv"		<i>Sto. II</i>	<i>1 May '41</i>	<i>18 June '41</i>	
<i>Madawana</i>		<i>---</i>	<i>19 June '41</i>	<i>24 Aug. '41</i>	
<i>Ottawa</i>		<i>---</i>	<i>28 Aug. '41</i>	<i>27 Jan. '42</i>	
<i>---</i>		<i>Sto. I</i>	<i>28 Jan '42</i>	<i>13 Sep '42</i>	<i>D.D.</i>

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature
<i>25-4-42</i>	<i>Issued S.C. F. N. B 30140</i>	

Ship's
(Tenders to
in br

Date

1st May '41

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

..... September 28th, 1942.
(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>SMITH, Roseville St. Clair</u>	<u>Stoker 1st class.</u>	<u>V-23564, R.C.N.V.R.</u>
<u>DATE OF ENLISTMENT</u> -	<u>February 10th, 1941. (Active Service May 1st, 1941.)</u>	
<u>DATE OF DISCHARGE</u> -	<u>September 13th, 1942.</u>	
<u>HOSPITAL</u> -	<u>(If discharged in hospital under jurisdiction of D.P. & N.H.)</u>	
<u>SERVICE</u> -	<u>"Canada & High Seas."</u>	
	<u>(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).</u>	

Reason for discharge and -
when and where any disability
was incurred; or where death
occurred.

"DEAD" -- Missing, believed killed in action.
He was on board H.M.C.S. "OTTAWA".

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother, NAME Mrs. Ethel Moores,
ADDRESS Box #40, ATHELSTAN, Quebec.

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

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

\$ N11 PAID TO N11
MARRIAGE ALLOWANCE AT \$ N11 PER DIEM PAID TO N11
DEPENDENTS ALLOWANCE AT \$ N11 PAID TO N11
TOTAL MONTHLY PAYMENT TO - WIFE \$ N11

Computed by O.R.
Checked by [Signature]

DEPENDENTS \$ N11

[Signature]
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.

Copy to the Sec. D.P. & N.H.

(See reverse side for further instructions.)

- NAVAL SERVICE -

September 28th, 1942.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
SMITH, Roseville St. Clair, Stoker 1st class, O.N. V-23564, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Ethel Moores, Box # 40, ATHELSTAN, Quebec.

<u>In favour of:</u>	<u>ALLOTMENTS IN FORCE.</u>	<u>Amount.</u>	<u>Initials.</u>
Nil	Nil	Nil	O.R.

WILL: No record.

Yours truly,

R. C. Robertson
SECRETARY, NAVAL BOARD.
per LA

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

October, 1942.

13

THIS IS TO CERTIFY that according to official information Roseville St. Clair Smith, Stoker I, Official Number V-23564, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA", which has been reported lost.

Rai

SECRETARY, NAVAL BOARD.

(LA)

DHJ/ML

10th July, 1945

NS V-23564
PERS. (N) (P-18)

Dear Madam:

I am directed to inform you that your application for the War Service Gratuity in respect of your late son, Roseville St. Clair SMITH, has been referred to the Dependents' Allowance Board for decision concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that you were not in receipt of Dependents' Allowance as at the death of your late son.

Immediately upon receipt of a decision from the Dependents' Allowance Board, if eligible, payment will be made in a lump sum directly to you.

On the other hand, should the Board find you cannot be classed as a dependent, the Gratuity or unpaid balance thereof will be transferred to the Administrator of Estates for distribution as part of your son's Service Estate.

In the meantime, would you kindly inform this Department of any change of address.

Yours truly,
LETTERED BY
PERSONNEL NAVAL

JUL 10 1945

for SECRETARY, NAVAL BOARD.

Mrs. Ethel Moores,
29-34th Ave.,
Lachine, P.Q.



Department of National Defence

Naval Service

OTTAWA, Ont., 5th June 1945

IN REPLY PLEASE QUOTE

N.S. V-23564 Pers.(N) (N-15)

"REGISTERED"

Dear Madam:

Under the provisions of the War Service Grants Act, 1944, and supplementary Orders-in-Council, payment of a war service gratuity has been authorized on behalf of every member of the forces who died on active service.

The regulations provide that a person who was dependent upon the serviceman at the time of his death is entitled to the gratuity. If, however, it is found that the deceased had no dependents, then the gratuity will form part of his service estate.

To be entitled to the gratuity as a dependent of the serviceman, the person applying must either have been eligible for dependents' allowance on his behalf or must have been receiving an assignment of pay from him and have been dependent in whole or in part upon him. The receipt of an assignment of pay alone does not determine entitlement, since the assignment must have been used at least in part for the support of the recipient in order to establish dependency. The fact must also be stressed that where one or more persons received dependents' allowance on behalf of the member of the forces, those persons are solely entitled to the gratuity, although another person may have been receiving an assignment of pay and may have been partly dependent upon him.

As the Service Authorities who are responsible for payment of the gratuity are anxious to settle all entitlements as soon as possible, this letter is being addressed to you as the next-of-kin according to this Department's records of the late Roseville St. Clair Smith, Stoker I, Official Number V-23564, RCNVR, with a view to inviting an application for the gratuity either from one who was dependent upon him at the time of his death under the foregoing conditions or, if no dependency existed, from one who is authorized to act on behalf of his estate.

You will appreciate that in all cases the question of dependency must first be settled before payment of the gratuity can be made. For that reason and in order to deal with each case as soon as possible, it is requested that a letter be forwarded addressed to the Secretary, Naval Board, Naval Service Headquarters, Ottawa, indicating whether it is your desire or that of any other person who may qualify as a dependent of the deceased to apply for the gratuity as a dependent or whether payment should be made to the deceased member's service estate.

Your early attention to this request will be greatly appreciated.

If you have already made application for War Service Gratuity it is requested that this letter be disregarded.

Yours truly,

for
SECRETARY, NAVAL BOARD.

Mrs. Ethel Moores,

~~Box 40,~~

~~ASTHURSTON, Quebec.~~

29-34th Ave.
Lachine, Que.

October 15th., 1945.
NSV-23564
(PERS (N) P-18)

Dera Madam:-

Further to your application for War Service Gratuity in respect of your late son, Roseville St. Clair SMITH, the Dependents' Allowance Board have informed this department that you have requested that the Gratuity may be paid to the Service Estate of your late son.

Action has been taken to transfer the amount involved to the Administrator of Estates for distribution and you should hear further in this regard in the near future.

Yours truly,

SECRETARY, NAVAL BOARD.

Mrs. Ethel Moores,
29 - 34th., Ave.,
Lachine, Que.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name SMITH Roseville S. No. N 23564
Surname Christian Names

Sto. 1 O/S 13-9-42
Rank Unit Date of Death

AMOUNT **W.S.G.** 262.56
 L.P.C. \$ 140.85

Date 3-12-45

Other Credits.....

Total..... 403.41
 Prev. dist. 140.85
 This dist. 262.56

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p align="center"><i>Moore</i></p> <p>Mrs. Ethel S. Morris, 29 - 34th Ave., LACHINE P.Q.</p> <p align="center">(As next of kin entitled)</p> <p align="right">P4. TO TREAS.</p> <p align="center">DEC 6 1945</p>	262.56

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$262.56
CLASSIFIED BY <i>[Signature]</i>			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



CANADA

Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
NO. N.S. 113-S-1277

232910

September 28th, 1942.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
SMITH, Roseville St. Clair, Stoker 1st class, O.N. V-23564, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Ethel Moores, Box # 40, ATHELSTAN, Quebec.

<u>In favour of:</u>	<u>ALLOTMENTS IN FORCE.</u>	<u>Amount.</u>	<u>Initials.</u>
Nil	Nil	Nil	O.R.

WILL: No record.

Yours truly,

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

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



NAVY

GL

DISTRIBUTION OF SERVICE ESTATES

Naval - Military ~~XXXX~~ Air Force ~~XX~~

Name SMITH Roseville S. No: V.23564
Surname Christian Names

Sub. 1 : H.M.C.S. OTTAWA : 13/9/42
Rank Unit Date of Death

AMOUNT
L. P. C. \$ 140.85
Other Credits _____
Total 140.85

Date March, 22nd, 1943

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>all</u>	<u>mother</u>	<u>Mrs. Ethel S. Moores,</u> <u>Upper Melbourne,</u> <u>Que.</u> <u>(NEXT OF KIN BENEFICIARY)</u>	<u>\$140.85</u>

AUTHORITY							
H.Q. F.E. No.	DIV.	EST.	VOTE	PRI.	D.A. OR H.Q. SUB.	OBJ.	AMOUNT
<u>9999</u>			<u>831</u>	<u>00</u>	<u>50</u>	<u>000</u>	<u>140.85</u>
CLASSIFIED BY <u>[Signature]</u>							TOTAL
EXAMINED BY <u>Bertrand</u> FOR TREASURY OFFICER							

Distribution approved and authorized

AUDITED FOR PAYMENT

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

E.C. per [Signature]
for Chief Treasury Officer

Name *Smith Roseville St. C.*
Sub-Rating and Seniority *St. C.* Non-Sub.
O.N. *U 23564* S.B. No. W.B. No.
Joined Ship *18-6-41* from *shore*
Engagement: Period *Hostilities* Expires
Date of Birth *25-3-21* Religion *Presb.*
Character Efficiency Date
Badges Class for Conduct Class for Leave
Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended
Advancement. Wishes to Pass? Recommended? Date Qualified?
Educ. Test Pt. 1
Higher Educ. Test. Professional for higher Sud-rating
do Non-Sub.

Any Non-Service Attainments *Presb. Hand.*
Swimming Qualification
Athletic capabilities *Swimming Hockey*
General Remarks (including intelligence, energy, initiative, powers of command).

H.M.C.S. "*Aladacoma*"
Date
Officer of Division.

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

HG

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Roseville St. Clair

SMITH

REGISTER NO. 10541

(CHRISTIAN NAMES)

(SURNAME)

FILE NO. NSV-23564

PAYEE

Director of Estates, for Service Estate of

DATE 16 Oct/45

ADDRESS

308 Sparks Street, Roseville St. Clair SMITH
 Ottawa, Ont. N.S. V-23564

SERVICE NO. V-23564

FINAL RANK OR RATING Sto. I

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sept/42

DATE OF DISCHARGE 13 Sept/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 501 EQUAL TO 16 COMPLETE PERIODS AT \$7.50

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 382 LESS 21 INELIGIBLE DAYS, EQUAL TO 361 DAYS @ 25C. PER DAY

\$ 90.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$ 3.58 X7 = \$ 25.06
 NO. OF DAYS 382 X \$ 25.06

\$ 52.31

D. WAR SERVICE GRATUITY

\$ 262.56

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ N11

F. TOTAL AMOUNT PAYABLE

\$ 262.56

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 262.56

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher # 3026 oct 24/45

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

CHECKED BY

TREASURY

CHECKED BY

DATE

AT

JP

[Signature]

R. J. Hendry

19/10/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Typed

Decedent's Name ROSEVILLE ST. CLAIR SMITH
 (Christian Names) (Surname)

Payee Director of Estates for service estate of
 Address 308 Sparks Street Roseville St. Clair Smith
Ottawa, Ont. N.S. V23564
 Register No. 10541
 File No. V-23564
 Date 27-6-45
 Service No. V-23564
 Final Rank or Rating S/O. I.
 Date of termination of overseas service 13 SEPT '42 Date of Discharge 13 SEPT '42

A. TOTAL QUALIFYING SERVICE
 No. of days 501 equal to 16 complete periods at \$7.50
 30 120.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 382 less 21 ineligible days equal to 361 days @ 25¢ per day
90.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 2.00	
Subsistence or Lodging and Provision Allowance	\$ 1.45	
Additional Pay <u>H.L.M.</u>	\$.13	
Dependents' Allowance 1/30 of \$ <u>NIL</u>		
Total	<u>3.58</u>	x 7 = \$ <u>25.06</u>
No. of days	<u>382</u>	x \$ <u>25.06</u>
	<u>183</u>	<u>52.31</u>

D. WAR SERVICE GRATUITY 262.56

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE
 AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ NIL 262.56

F. TOTAL AMOUNT PAYABLE 262.56

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$
 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	<u>JF</u>	6	<u>[Signature]</u>
2	<u>JF</u>	7	<u>[Signature]</u>
3	<u>JF</u>	8	<u>[Signature]</u>
4	<u>[Signature]</u>	9	<u>[Signature]</u>
5	<u>[Signature]</u>	10	<u>[Signature]</u>

V23564

OFFICIAL NUMBER

FILE NUMBER

113-S-1277

OFFICIAL NUMBER V23564

NAME SMITH (Surname) Roseville St. Clair (Given Names) DATE OF BIRTH 25 March, 1921PLACE OF BIRTH Lunenburg, N.S... OCCUPATION LabourerRELIGION Presbyterian EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 1481 Dorchester Street, W. Town Montreal, Province, etc. Quebec.

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
10	2	41	H.O.	5' 4 ³ / ₄ "	Brown	Blue	Medium	Scar on lt. thigh				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs. B. Thel. MareschalADDRESS (in pencil): Street and No. Box 40 Town St. Helens Province, etc. Quebec

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	

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

SECOND CLASS FOR CONDUCT	
From	To



