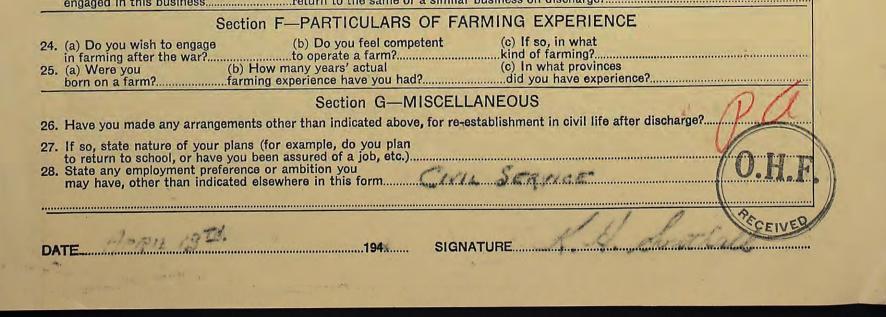


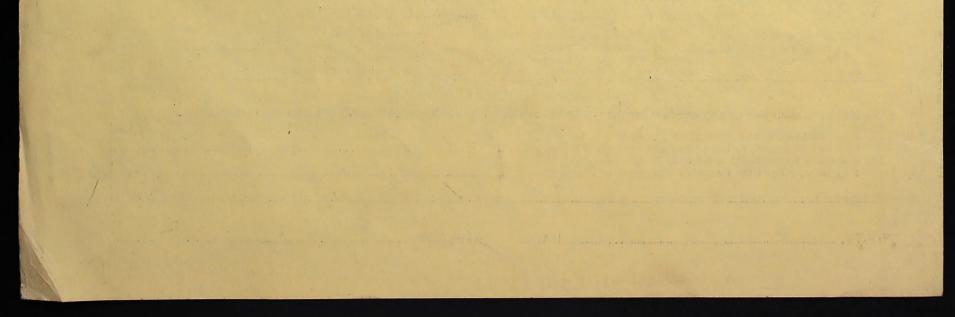


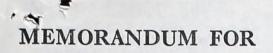
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	OCCUPATIONA	L HISTORY FORM 113	-8-922
THIS FO S TO BE COMP M CE ON DEMOBILI INDUSTRIAL LIFE THE HELP TO THE COMM	ETED FOR EACH MEMBER OF THE ARMED FO ZATION AND REHABILITATION, A COMMITTEE MEMBERS OF THE ARMED FORCES, AFTER TTEE.	RCES. THE INFORMATION SOUGHT IS FOR THE USE O SET UP BY THE GOVERNMENT OF CANADA TO STUDY P DISCHARGE. ACCURACY AND COMPLETENESS IN ANSY	F GENERAL ADVISORY COM- LANS FOR ESTABLISHING IN WERING WILL BE OF MUCH
		EN ON THE INSIDE OF COVER BEFORE CON	
 (a) Arm of service (a) Date of birth (a) Date of birth (a) Place of enlistme (a) State age on finally leaving school. State definitely highe (for instance—"4 yea Matriculation", or "4 If you attended a uni university and standi (a) Did you ever enter upon a trade apprenticeship? 	(b) Unit (b) Have you any dependents? Market Section B—EDUCATI (b) Were you or college up st standing reached at public, technical o urs, Public School", "two years, High Sch- years technical course in printing", etc.) versity, give name of ng or degree secured	(c) Place of residence (c) Place of residence (c) Place of residence (c) Place of enlistment (c) Place of enlistment (c) Date of enlistment (c) Date of enlistment (c) Date of enlistment? (c) Did you (c) Did you	B Gegens M
Q (a) What language	Section C—EMPLOYMENT COI	(b) What languages do you read well? NDITION AT TIME OF ENLISTMENT (b) At time of en-	
(Enter here only ' ing" or "Not Wo as case may be; p lars are asked for	Work- rking", articu- below)	listment of what trade union or professional society were you a member?	
	OF ENLISTI		
		ool? (b) State how long you	
12. (a) If answer to 11 state exact trade or a at which you actual	be res , occupation ly worked	(b) State how long you had worked at this tradeor occupation	
		lich you feel qualified	
 when you last worke 15. Give details of last employer, if any: Nai 16. Nature of employer's contractor", or "boot 17. (a) If your last employer of you 	ne s business (for instance, "farmer", or "t factory", or "iron foundry", or "retail s ployment was ur own state	Address ouilding tore", etc.)	
		HOSE WHO WERE EMPLOYED AT	
	OF ENLIST		and the second
IF YOU WERE AN EMP 18. Name of employer	LOYEE WORKING FOR AN EMPLOYER UP TO	THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTI	ONS 18 TO 21
contractor", or "boot 20. (a) Your	s business (for instance, "farmer", or "t factory", or "iron foundry", or "retail sto or promise (b) Did your of refuse to prom harge?	building re'', etc.). A.H. A. C. S. A.	Braicens 3
22. (a) State nature of b	usiness,	TMENT, THAT IS TO SAY, OPERATING A FARM, A STOP H LINE, PLEASE ANSWER QUESTIONS 22 AND 23 (b) Where was it located?	



20 ATTACK OF THE POINT OF THE POIN Contraction Merchanting. COPY TO MAY 8 1948 ES il der The Case Carety 11 814





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

6342 Robie St.

Mrs. Jessie Southall,

Halifax, N.S.

.....

THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:-

H.Q.113-S-922 FD.257

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

SOUTHALL, Harry K. A-A-Smn.

0.N. V.24012, 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.

M. Weede.

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

NOV

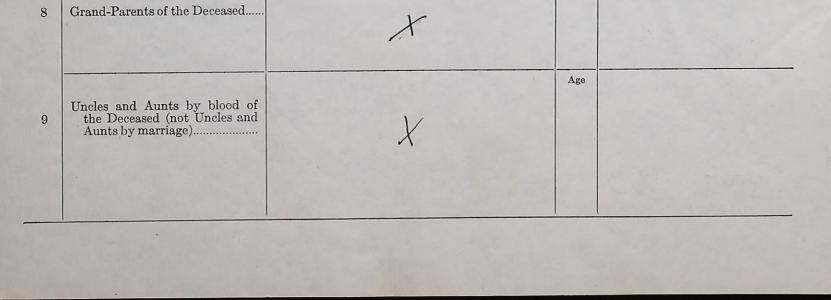
M.F.W. 77 3M-5-40 (4995) H.Q. 1772-39-972 STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

P ...

of	1		INFORMANT'S ST	TATEME	NT
Degrees of Relationship	RELAT required to be		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 De	eceased	Jessie Lauthall	29	184 Hildonan a W. Hildon upg.
2	Children of the dates of their l	Deceased and Births	X		
		•	tertailer -		
3	Father of the De	ceased	Henry alfred Southall		March 23rd 1927
4	Mother of the D	eceased	Parkera Lauthall	55	222 Richilla West Hildre
5	Brothers of the Deceased	Full Blood	· · · · · · · · · · · · · · · · · · ·		
		Half Blood	X		
6	Sisters of the Deceased	Full Blood	aileen C. Spince Hills m. Burn Early & Simpson Darland M. Schnieg	33 28 26 23	403 Lestie It within
	ŀ	Half Blood	X		
	Names of brothers of of the full or the hal ceased, who are dead of each.	or sisters (whether f blood) of the De- d, and date of death	Names and ages of their children (if any)		Address of their children
7		(Anal) (Mal)	X		

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
 		4.2



FULL PARTICULARS AS TO IDENTITY

Harry Tenneth Southall 10 What is the full name of the deceased? Jaine 25th 1912 11 Give the month and year of his birth. Winnipeg Mar 2 1.908 Where and when were his parents married? 12 West Hildonan Oct 24 1936 Was he ever married? If so, state exact place and date of 13 marriage. 11. Did he leave a (later) Will? If so, it should be forwarded. 14 Is there any other estate which will necessitate application being made for Probate or Letters of Administration? 15 110 PARTICULARS OF DOMICILE 222 Richide lise. W. Tildones Where was deceased born? 16 West Riedonan manitada In what Province, Country or State did he reside, and in which 17 last? Lifetime How long in each? 18 Stock Celerk. Office What was the nature of his employment? 19 Anny Brakles. Did he own the house or homestead in which he lived? If so, 20 110 where? Did he ever state verbally, or in writing, where he intended to 21 make his permanent home? 184 Mildonan and wist Niedonan State your postal address in full. 22 upy han. PARTICULARS AS TO CLAIMS Have the funeral expenses been paid? If so, by whom? 23

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).

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.

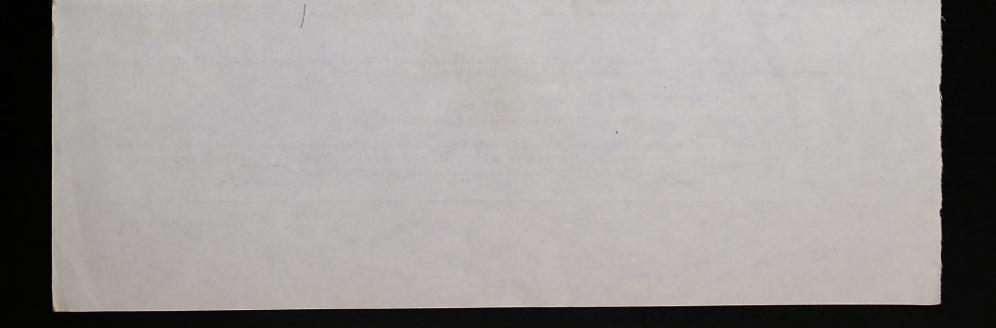
(PLEASE TURN OVER)

DECLARATION

1 .

"Insert degree of relationship, for example." I hereby declare that the foregoing particulars are correct, and a true and complete statement "Widow of all the relatives that the deceased ever had in the degrees inquired for; and that I am the N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate Mrs Jussie Southall Signature of Informant CERTIFICATE I hereby certify that, to the best of my knowledge and belief how I wai {Name of Informant } is the * Wife of the Deceased *See above 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 Winninforg this 6th day of November 1942 Signature of Clergyman, } han K Pearle Qualification Justice of the Pearle Address 103 Law Courts Winiped hranitota

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.







ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SOUTHALL

OFFICIAL NO 24012

PE	RMANENT ADDRESS	RELIGION
131 St. Anthon	y Street, W. Kildonan, Manitoba.	Baptist.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
25th June, 1912	Town WINNIPEG County	Jessie Southall (Wife)
L) 011 0 4110, 1/12	Province Manitoba.	Same.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST ME	ASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Fcet	Deflated	38 3.3 34 급	Brown	Grey	Fair.	MXXXX Mole on left shoulder (birth mark)
DATE OF EN	ROLMENT	RATING ENF	OLLING FOR	TRA	DE OR CALLIN	G AND IN WHOSE EMPLOY
6th Septe 1940.	ember,	0r ē. Se	a.	179		W. H. Escott Co.,Ltd. Ne Avenue, Winnipeg.

(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) XIXSERVED			berrodyshown and attaching X
* Cross out Clause not applicable.	IN CONTROL XIX SOLVER NOVER	MONK OF XChis Stateme	EXPersonnel Racords Division
SERVED IN	RANK	FROM	1. Noted n Retord MM.

(c) I have never been rejected from any of His Majesty's Forces on account of unfitness. (4) That the particulars contained above are correct and true according to the best of my knowledge and belief. (a) That I hereby agree to serve in the Royal Canadian

Naval Volunteer Reserve during the period of hostilities.

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

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

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

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

Dated this Sixth day of September, 1940. Signature of applicant - Darry Kenneth Southall

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this......Sixth...... September, 1940. day of.....

OATH OF ALLEGIANCE

Signature of Commanding Officer.

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

Signature of Applicant.....

Date 6th September, 1940

(D)

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

Witness....

Rank....

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Harry Kenneth SOUTHALL 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 Ar- Commanding Officer.

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

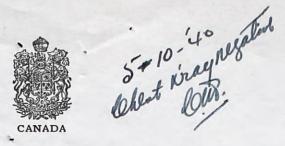
The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

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

Ottawa.

(b) E have rende the second to be render at the bir bir have a second to be and the render of the second to be

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

Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nore-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. H.K. Southall

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

a Age (Years Months	© Weight without Clothes	 Height with Bare Feet 	General Development (d)	Chest Girth (e)	S Vision by- (i) Snellen's Types (ii) Colour Vision	Sectinated or revac- inated for Small Pox (Date)	😵 Lungs, Heart, etc.	رش: Abdomen, Hermia, ش: etc.	© Limbs and Joints	() Skin	(2) Ears and Hearing	z Testes, Varicocele, etc.	Mouth, Teeth (No. © deficient and No. defective, if any), Nose, Tonsils, etc.	a) Anus, U Hæmorrhoids, etc.
∞ A A *Insert ei	lbs.	ft. ins.) App. (approved) Pos	38 minimum 33 (c) mean 34	right eye 20/15 left eye 20/20 colour vision N or Doubt. (d	toubtill)	*X-Ray	normal	manent	clear	theming and	round	o Activient expression	Marmal
If colo degree	ur vision of colour	is not norr blindness t	mal by Ishihara test, o be indicated.	Pupi	ls rea	act L.	& A.	Re	flex	881	O.	K.	-	

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.

[†]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. Checked 16-1-41 Dated at ... IF REJECTED insert here UNFIT in block lettersthe...... 万拉 Examining Medical Officer (Rank).....Surg.Lieut. RONVR.

MEDALS AND MEMORIALS-DECEASED PERSONNEL.

REGISTRATION No. DATE OF DESPATCH

NOWAY ADIT	.1 43 "OTTAWA"	
(1) MEDALS PERSON		-
ENTITLED TO	Mrs. J. Southall - Widow	- (1)
	6542 Robie Street, 184 Kildonan Ave.,	
ADDRESS:	Halifer, N.S. WEST KILDONAN, Winniper	2.
(2) MEMORIAL C	Men	
WIDOW	Mrs. Jessie Southall	
	184 Kildonan Ave., West Kildonan,	9-11-42
ADDRESS:	Winnipeg, Man.	
(3) MEMORIAL C	ROSS	
MOTHER	Mrs. Barbara Southall	- (3) 5-1-43 .
	222 Kilbride Ave., West Kildonan,	
ADDRESS:	Winnipeg, Man.	MEMORIAL BAR
		DATE DESP
		REGN. NO 155

DEPARTMENT OF VETERANS AFFAIRS D OF D 13-9-42	AW	ARDS NAVY	e via Qa i I	WAR SERVICE RECORDS
SOUTHALL Harry I	Kenneth	V-24012	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS) CHI	RISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
ADDRESS:	DATE DESP.	ATCHED:		12
CAMPAIGN MEDALS	RE	GISTRATION NUM	BER AND DATE D	ESPATCHED
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	80 90			
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R. C. N. V. R. TRAINING REPORTS, 1940-41

Name SOUTHALL, Harry, K.	RateOrdinary Seaman	O.N.V24012
Division WINNIFEG -	Training Headquarters ESQUIMALT	Period No
ANNUAL TRAINING		No. of days
Entered for N.T. 4/11/40	Completed N.T. 18/1/41	
Entered for V.S.	Completed V.S.	
Final Discharge 18/1/41	Total No. of Days	76

INSTRUCTION

	Traini	ing Establishment.	WINNIPEG	Service	e Afloat H.M.C.S.			
	From	4/11/40	ro 18/1/41	From		Го		
Subject	No. of Hours	Efficiency	Remarks	No. of Hours	Efficiency	Remarks		
1. Seamanship	26	5						
2. Boatwork								
3. Signals	10							
4. W/T								
5. Gunnery	t Boo	k S						
6. Torpedo	4							
7. Minesweeping	8							
8. P. & R.T.	76							
9. Swimming	3							
10. Kit and Medical 11. Squad & Rif		111 230						
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Qualified for Advancement to.....

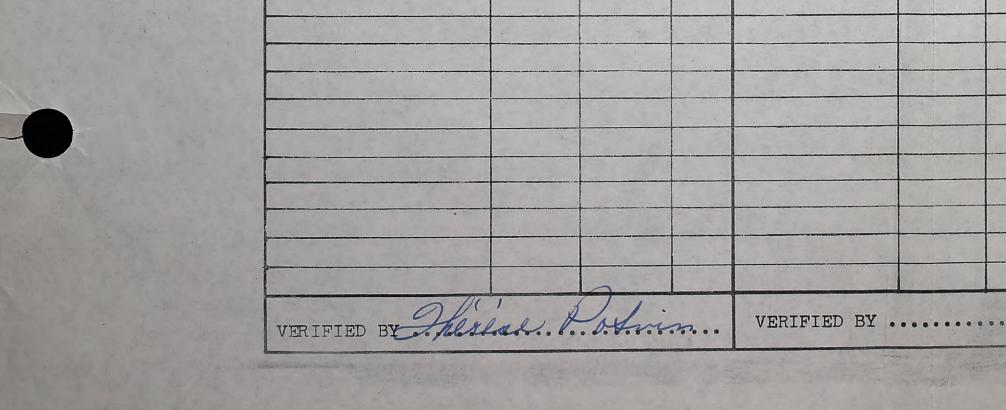
Recommended for Special Branch Average, had one month desciplinary course. Made General Remarks. 171/210 in seamanship examination.

N. V. 27

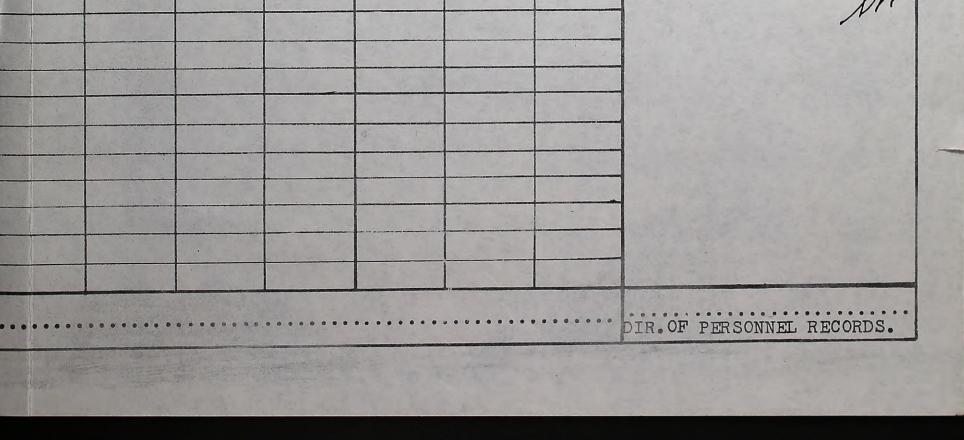
6м—4-39 (1439) N.S. 815-11-27 Signature.....

Commanding Officer, Reserve Training Officer WINNIPEG Division.

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	1		PERSO	NAL DESCRIPT	ION				
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On re-enrolment—:	12 years' Service								

TRANSFER BETWEEN DIVISIONS

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Further Description if necessary

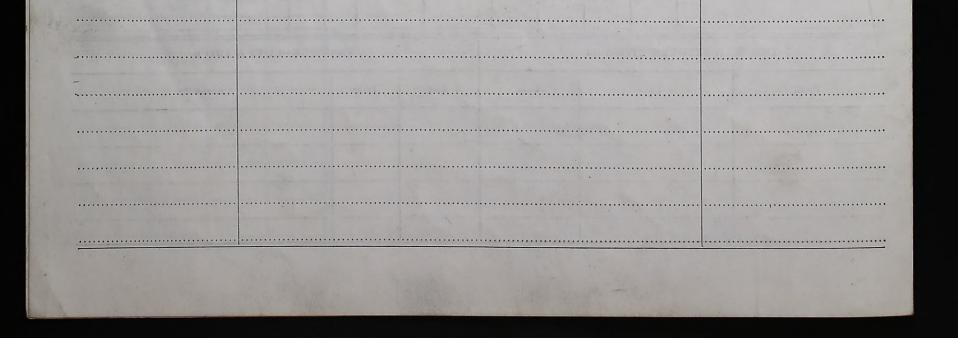
TRANSFER-LISTS A AND B

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NAVAL TRAINING and ACTIVE SERVICE

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NS:113-S.922.

P.C.N.V.R. Passing Certificate

This is to Certify

that Harry Kenneth SOUTHALL,

Rating Ordinary Seaman, Official Number V.24012 R.C.N.V.R.

THE EDUCATIONAL TEST, I

held on 5th-6th November, 1940.

For advancement to Petty Officer (J.O.Cossette).

Naval Secretary

Department of National Defence,

Ottawa, this lst day of January 1941.

C.N.S. 2431 10m-7-40 (6232) N.S. 815-9-2431

N.S. 113-5-922 FD.257

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ESTATES BRANCH

October 10, 1942.

Hrs. Jessie Southall, 6345 Robie St., Halifax, N.S.

SOUTHALL, Herry K. A/A/Smn. (Deceased) O.N. V.24012, R.C.N.V.R.

Dear Mrs. Southall:

The regretted death of your husband, has been reported to this Branch which is responsible for the administration and distribution of his Service estate. Please accept my deepest sympathy in your great loss.

In order that Headquarters records concerning him may be complete and so that proper distribution may be made of his estate, including any balance of pay utstanding, it is necessary to ask youtto complete and return to this Branch the enclosed Form P.64. Kindly oblige, therefore, as soon as possible.

When all documents and reports concerning the Service estate are received here (a reason ble time must be allowed for this purpose) a further communication will be sent to you.

Yours faithfully,

fle

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

HRW/MS Encl



Department of National Defence Naval Service

Ottawa, Canada.

September 28th, 1942.

235090

IN REPLY PLEASE QUOTE

No. N. S. 113-5-922

Sir:

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

NAME,	RANK/RATING
	NO.

PLACE, DATE & CAUSE of DEATH

· NEXT OF KIN

SOUTHALL, Harry Kenneth, Acting Able Seaman, O.N. V-24012, RCNVR. Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".

Mrs. Jessie Southall, 634 ½ Robie St., HALIFAX, N.S.

Wife:

In favour of:

Wife.

ALLOTMENTS IN FORCE.

Mrs. Jessie Southall, 6342 Robie St., Halifax, N. S.

Amount.	Initials.				
\$70.00	T. G.				



WILL: No record.

.Yours truly,

SECRETARY, NAVAL BOARD.

per 20

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

H.Q. 1010A 250M—5-41 (335) N.S. 815-7-1010 V.24012 (WSR.12)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to official information received at the Department of National Defence, V.24012, Able Seaman Harry Kenneth SOUTHALL, Royal Canadian Naval Volunteer Reserve, was reported missing in action on September 13th, 1942, when the ship in which he was serving, H.M.C.S. "Ottawa", was lost while on operational duty at sea, and no further information concerning him being available he is for official purposes presumed to have died on that date.

(H.M. Jackson) Lt.-Col.,

Officer of His Majesty's Forces authorized to sign certificates of death and/or presumption of death for the Canadian Naval Forces.

Department of National Defence, OTTAWA, Canada. 13th November, 1951. 113-8-922.

Jul March, 1943.

THIS IS TO CERTIFY that according to official information, Harry Kenneth Southall, Able Seaman, Official Number V-24012, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead by Naval Authority to date the 13th of September, 1942. He was serving in H.M.C.S. "OTFAWA" which was torpedoed and sunk by enemy action.

DEPUTY SECRETARY. NAVAD BOARD.

File No..... 113-S-922

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DEPARTMENT OF NATIONAL DEFENCE - Naval Service -

WAR MEMORIAL CROSS

Issued to:-

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Wife:-

Mother:-

MRS³ Jessie Southall, 634¹₂ Robie Street, HALIFAX, N.S.

Date forwarded:-

NOV 9 1942

Registered Mail No:- 3524



N.S.113-S-922

AIR MAIL

19th September, 1942.

Dear Madam:

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your husband, Harry Kenneth Southall, Acting Able Seaman, O.N. V.24012, R.C.N.V.R., is missing believed killed in action.

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

Yours sincerely,

Deputy Secretary, Naval Board.

Mrs. Jessie Southall, 634 Robie Street, HALIFAX, N.S.

