

Wright, Keith Francis

O 80060

how serving RCNVR

ATTESTATION PAPER

MG/41

ex-M.R.T.B

McGILL CONTINGENT, C. O. T. C.

Reg. No.

Surname WRIGHT
 Given Names KEITH FRANCIS (Block Capital)
 Permanent Address 85 GROVE AVE, OTTAWA, ONT.
 City Address 2789 MAPLEWOOD AVE
 Date of Birth MARCH 8/20 Tel. No. AT 2691
 Religious Denomination CH. OF ENG. Languages ENGLISH
 Faculty ENGINEERING Class '42 University MCGILL
 Occupation STUDENT Name of Employer
 Address of Employer
 Next of Kin MOTHER MRS. A.C. WRIGHT
 Relationship Name
 Address of next of Kin 85 GROVE AVE, OTTAWA
 Training desired (Infantry, Artillery, etc.) ARTILLERY

DETAILS OF PREVIOUS TRAINING:

NATURE	YRS.	MOS.	Rank on Discharge	REMARKS
War Service...				
Militia.....				
C.O.T.C.....	1		CADET	PASSED 1st COMMON REAF.
Cadet.....				

- I hereby apply to join the McGill University Contingent, Canadian Officers' Training Corps, and agree to take the Oath of Allegiance and abide by the conditions prescribed on the Attestation paper I sign.
- It is understood that I pass a recruit class before being finally accepted and receiving my uniform and equipment.
- I agree to return all articles of uniform and equipment which I may receive, and for which I sign, or pay for them at current Government rates.
- I am a British subject and do not belong to any unit of His Majesty's Forces at the present time.
- It is understood that none of the conditions above mentioned shall prejudice in any way my responsibility to the Corps as set forth in the Declaration I am to make and sign on becoming a member of the Corps.
- It is understood that I am personally responsible for keeping myself posted as to Contingent and Company orders and that ignorance of same will not be taken as an excuse.
- I agree to contribute to the funds of the McGill University C.O.T.C. the pay received in respect of the annual training or trainings performed during my service with the unit.
- I declare that personal details given on this form are correct.

Witness: [Signature] Signed Keith F Wright

Date 17 Dec 1940

OATH:

"I, Keith F Wright do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty The King.
(Name in full)

DECLARATION:

"I, Keith F Wright whose name is hereunto subscribed, declare that I have taken the above oath to which I have affixed my name hereunder. and that I agree to serve in the McGill Contingent, C.O.T.C. for a course of one consecutive year's training, or until legally discharged therefrom, dismissed or removed, or until my resignation is accepted, under the conditions of service prescribed by the Government for the Active Militia of Canada, and as set forth in the Militia Laws existing, and in the regulations for the Canadian Officers' Training Corps prescribed or hereafter to be prescribed for the same; and I agree that upon my enlistment in the C.O.T.C. that I will be governed by the Standing Orders and Regulations of the Contingent.

Witness, my hand this 17th day of December 1940

Bruce McCracken
Witness

[Signature]
Signature
O.C. McGill C.O.T.C.

Resworn this day of 19..... Signature

Witness O.C. McGill C.O.T.C.

Resworn this day of 19..... Signature

Witness O.C. McGill C.O.T.C.

Reg. No.

Name WRIGHT, K. F.

Resworn this day of 19.....

Witness

S. O. S. REMUR 5-3-41.

0 1/2 Training. Approved OBR/asy

Q. M. Stores. Cleared M.A.B.

Manual Dept. Cleared Wob

Signature

O.C. McGill C.O.T.C.

Resworn this day of 19.....

Witness

Signature

O.C. McGill C.O.T.C.

REGIMENTAL RECORD

Enrolled 17.12.40 Part II no 353 Lance Corporal Corporal.....

Lance Sergeant Sergeant P. Sgt. Colour Sergeant.....

Company Sergeant Major Company Q.M. Sergeant.....

Battalion Sergeant Major Battalion Q.M. Sergeant.....

Lieutenant..... Date of promotion and number of certificate.....

Whether in possession of Certificate "A" Date and year of award

" " " "B" " "

Musketry Qualification	Service Range	1st yr.	2nd yr.	3rd yr.	4th yr.	Miniature Range	1st yr.	2nd yr.	3rd yr.	4th yr.
Attendance										

Efficient 1st yr. 2nd yr. 3rd yr. 4th yr.

Left Contingent 5.3.41 Part II no. 69. 10.3.41. Discharge Number.....

REMARKS app. to R.C.N.V.R.

D. P. E. Category Cat. 19..... Cat. 19..... Cat. 19..... Cat. 19.....

CERTIFICATE OF MEDICAL EXAMINATION

Height 6' 1/2" Weight 184 Chest (Max) 39 (Min) 35 1/2

Eyes Blue Heart and Lungs Clear

Descriptive marks Scar of osteomyelitis drainage of lower femur medial surface. last op. age 6.

I have examined the above named cadet in accordance with instructions laid down in "Regulations for the Canadian Medical Services" and find him fit,

Category A.

Date Dec 17/40.

W. Hickey Lt R.C.M.D.
Medical Officer

drainage of lower femur medial surface. last op. age 6. no recurrence. Good physical development.

QUALIFICATIONS

DATE MAR '41

COMMON (300)	<u>118</u>
(200)	
(100)	

OFFER OF SERVICE (NAVAL)

DEPT. P 27286
NATIONAL DEFENCE

MAR 10 1941

N.S. 103 W - 98
CANADA

DATE OF APPLICATION Feb. 10/41.

NAME: WRIGHT, Keith F.
(Please print)

ADDRESS: 2789 Maplewood Ave.
(Street No. Montreal
and City)

Place of Birth: Ottawa, Ont.

PHONE NO: AT 2691

DATE OF BIRTH: March 8, 1920.

AGE: 21.

SUMMARY OF NAVAL OR MERCANTILE MARINE EXPERIENCE: None

ANY PHYSICAL DEFECTS (ESP. EYESIGHT): None

LANGUAGES SPOKEN: English

PROFESSION, TRADE OR OCCUPATION IN CIVIL LIFE: Student

IF EMPLOYED, WHERE AND HOW? McGill University- IIIrd yr. Mechanical
Engineering.

ARE YOU APPLYING FOR ENTRY AS AN OFFICER OR AS
A RATING (that is, in the ranks)? Officer.

BRANCH OF SERVICE DESIRED: Engineering

IF YOU CANNOT BE ACCEPTED AS AN OFFICER
(OR NOT IMMEDIATELY) ARE YOU WILLING TO ENTER AS A RATING? No.

EDUCATION: Public School, High School- University. Due to lack of
funds will probably have to leave university at end of this year.

ANY OTHER SPECIAL QUALIFICATIONS LIKELY TO BE OF VALUE TO
THE NAVY: Have spent 3 yrs. working with Canada Cement Co. in
engineering capacity- Have been accepted as proficient in any
engineering work undertaken.

NATIONALITY OF PARENTS: Canadian

NAME OF FATHER: Wright, Athol C.

AGE OF FATHER: 61 at his death in Jan./41.

OCCUPATION OF FATHER:

IF DECEASED, LAST OCCUPATION: Investigator- Parks Branch, Dept. o
of Mines & Resources.

YOUR EDUCATION:

Matriculation Junior: Alberta

Senior: Alberta

COLLEGE DEGREES: IIIrd yr. Mech. Engineering

EVIDENCE OF ~~MEMBERSHIP~~ ^{LEADERSHIP}: Officer- Kappa Rho Tau fraternity-McGill
Pres. Students council- Jasper, Alta. High School. - Captain-
track team-high school- demonstrator all apparatus in high school.

YACHTING EXPERIENCE:

YACHT CLUB MEMBERSHIP:

EFFICIENCY:

SUITABILITY:

19th September, 1942. 42

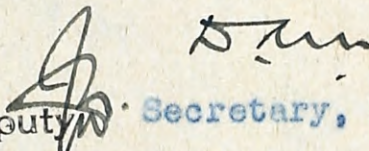
Dear Madam:

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, Sub Lieutenant (E) Keith Francis Wright, 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 son is missing, may be treated as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, Chief of the Naval Staff, and the officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,


Deputy Secretary, Naval Board.

Mrs. Athol C. Wright,
85 Grove Ave.,
OTTAWA, Ont.



LA:FMW

103-W-68.

28th October, 1942.

58

THIS IS TO CERTIFY that according to official information Sub-Lieutenant Keith Francis Wright, 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.

FMW

Deputy SECRETARY, NAVAL BOARD.

LA

FMW

62

MEMORANDUM to C.N.P.

It has come to my attention that Mrs. Olive E. Wright, Apt. 12A, 1612 Bank Street, Ottawa, whose son, Sub. Lieutenant Keith Wright, R.C.N.V.R., was lost in H.M.C.S. "OTTAWA", has expressed concern over the fact that she has received no information about the sad incident except the bare notification.

May I suggest that next of kin should receive, at a later date, a following letter giving what details it is possible to divulge, as the concern expressed by Mrs. Wright is frequently remarked from similar sources.

In any case, if this policy is not considered feasible may I suggest that Mrs. Wright be given some information as in addition to losing her son she has recently lost her husband.

C.H. Little
(C.H. LITTLE)
A/Lt. Commander, R.C.N.V.R.
Director of Naval Intelligence.

8th December, 1942, OTTAWA.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

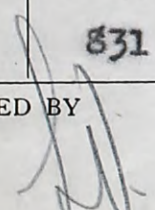
Name WRIGHT Keith F. No. _____
Surname Christian Names

Sub. Lt. (E) HMCS Ottawa 13-9-42
Rank Unit Date of Death

	<u>AMOUNT</u>	<u>W.S.G.</u>	318.69
		L.P.C.....\$	326.21
Date..... <u>12-10-45</u>		Other Credits.....	103.39
		Total.....	748.29
		Prev. dist.	429.60
		This dist.	318.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	mother	<p>Mrs. Olive E. Wright, Apt. 12A, Ambassador Court, 612 Bank St., OTTAWA, Ontario.</p> <p>(per direction of next of kin entitled)</p> <p align="center">P4. TO TREAS.</p> <p align="center">OCT 19 1945</p>	318.69

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$318.69
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

124689

NAVAL H.Q. FILE No. 103-W-98

JUN 25 1943

Date placed on file: June 23rd, 1943.

NAVY

DEPENDENTS' ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION
FOR DEPENDENTS' ALLOWANCE SUBMITTED BY

Official No. Rank or Rating..... Sub. Lieut.....

..... WRIGHT Keith Francis
(SURNAME) (CHRISTIAN NAMES)

Naval Ship or Establishment.....

DECISION OF THE BOARD

Re:
Mrs. Olive E. Wright,
612 Bank Street,
OTTAWA, Ontario.

Application ~~is~~ for continuation of allotment on behalf of Mrs. Wright is hereby disallowed as she is in receipt of income from other sources in excess of \$65.00 per month.

*Noted
for PAT
for 10 n pa
28/6/43*

*Noted on Estate
Ledger W. N. P. A.
30/6/43 - E.J.*

Place..... OTTAWA, Ontario.....

Date..... June 23rd, 1943.....

Albertina
..... (MEMBER)

[Signature]
..... (MEMBER)

..... (MEMBER)

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

4
 NAVY

BASED
 MEMBER'S
 NAME

Keith Francis

WRIGHT

REGISTER NO.

10021

PAYEE
 ADDRESS

(CHRISTIAN NAMES)
 Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

(SURNAME)
 for Service Estate of
 Keith F. Wright,
 N. O. 80060
 13th Sep '42.

FILE NO.

N.S. O. 80060

DATE

20th Aug '45.

SERVICE NO.

R.C.N.V.R.

FINAL RANK OR RATING

Sub.Lt. (E)

DATE OF DISCHARGE

13th Sep '42.

DATE OF TERMINATION OF OVERSEAS SERVICE

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 391 LESS 21 INELIGIBLE DAYS, EQUAL TO 370 DAYS @ 25C. PER DAY

\$ 92.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 5.00
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 2.10
 ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 7.10 X 7 = \$ 49.70
391 X \$ 49.70
 NO. OF DAYS 183

106.19

D. WAR SERVICE GRATUITY

318.69

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

318.69

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 318.69

Voucher 2186 4/9/45

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 W CHECKED BY W.F.

TREASURY
 CHECKED BY R. J. Hendry DATE 23/8/45

for Dir. Naval Pay Accounting. SERVICE REPRESENTATIVE

ΔT

MEMORANDUM FOR

P. 64

Mrs. Athol C. Wright
Apt. 12-A, Ambassador Court,
612 Bank Street, Ottawa, Ont.

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. N.S. 103-W-98 FD.77

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 13 1942

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

WRIGHT, Keith Francis, Sub-Lieut.

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.....	M. A.		
2	Children of the Deceased and dates of their Births.....	M. A.		
3	Father of the Deceased.....	Deceased		
4	Mother of the Deceased.....	Olive Ethel Wright	59	Apt. 12 B. Ambassador Court 612 Park St. Ottawa
5	Brothers of the Deceased	Full Blood	Major Armand S. Wright 34	52 Longfields Road Harpfields, Stoke-on-Trent
		Half Blood	Major Errol H. Wright 32	18th Field Co. R.C.E. - Eng. 3rd Division Overseas
			28	R.C.M.P. Barracks Rockliffe Ottawa
6	Sisters of the Deceased	Full Blood	nil	
		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?	Keilli Francis Wright
11	Give the month and year of his birth.	8 th March - 1920.
12	Where and when were his parents married?	Ottawa - April 27 th 1907
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?	Ottawa, Ont.
17	In what Province, Country or State did he reside, and in which last?	Ontario
18	How long in each?	U. A.
19	What was the nature of his employment?	Student
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.	

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	U. A.
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).	not to my knowledge

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

Olive E. Wright {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Olive E.

*See above Wright {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 Ottawa this 13th day of October 1922.

Signature of Clergyman, Priest or Magistrate } R. G. Phelan Qualification Commissioner etc.

Address 308 Sparks St.

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.

Table with multiple rows and columns, containing faint text and numbers (19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50). The text is mostly illegible due to fading.

ACCOUNTS OF MEN DISCHARGED

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

91

Name..... WRIGHT, Keith F...... Bank Rating..... Sub. Lieut., R.C.N.V.R.
Overseas Control
 Official No..... H.M.C.S. Naval Service Headquarters..... Ledger
 Who*..... D.D...... on the..... 13th Sept...... 19 42

Net sum due on ledger on account of Wages.....	\$	cts.	261.76
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Depts collected.....			33 02
<i>Travelling Expense refund - O.R. 60-16827</i>			31 43
<i>Travelling Expense refund - O.R. 60-11822</i>			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words)..... <u>Twenty Dollars</u> charged to <u>Sept/42</u>			
Name of ship from which transferred.....			<u>326 21</u>
Total†..... <u>Creditor</u>			<u>-261.76</u>

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of Overseas Control Ledger amounting to a net balance†..... Creditor..... of Three hundred and Twenty-six dollars..... Twenty-one cents..... Seventy-six cents.

Dated on board H.M.C.S. Naval Service Headquarters at Ottawa.....
 Ontario..... this..... fourteenth..... day of..... April..... 19..... 43.

Approved..... S.N.P.A...... Accountant Officer
 { Initials of the Assistant Accountant Officer }
 Commanding Officer.

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

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

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name Wright Surname Keith Francis Christian Names _____ No: _____

Rank Lieut. Unit H.M.C.S. Ottawa Date of Death 17-8-32

Date May 1, 1943.

<u>AMOUNT</u>	
L. P. C.	\$ 326.21
Other Credits	<u>103.39</u>
Total	429.60

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Olive E. Wright, Apt. 12 A, Ambassador Court, 612 Bank St., Ottawa, Ont. (per direction of next of kin entitled)	429.60

AUTHORITY							
H.Q. F.E. No.	DIV.	EST	VOTE	PRI	DA. OR HO SUB	OBJ.	AMOUNT
9999			831	00	50	000	429 60
EXAMINED BY <u>Pertrand</u>						429 60	
OR TREASURY OFFICER						TOTAL	

Distribution approved and authorized

AUDITED FOR PAYMENT

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

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

Official No.

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered.....

NAME

Where Born.....

When entered.....

Date of Birth.....

March 8, 1920

Keith F. Wright

Age at entry.....

Previous Occupation.....

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	No. of Days in Hospital	If invalided, where? and when?	Medical Officer of Hospital's Initials
Pro Sub. Lt	Montreal Div. H. Qm		March 3/41			X Ray 72286	Negative				
VR(E) Pro Sub. Lt	Stadacona		May 13/41			1. Vaccinated 2. Inoculated	T.A.B.T			Quinine 1.0 cc T.A.R.T completed Dip. 3.7.41	
P. Sub. Lt.	Kings College		7-7-41	7-7-41		Sunburn	S. Bay Kings College			X-RAY SURVEY SATISFACTORY	Montreal March 3, 1941
P. " "	" " S. Bay		7-7-41	8-7-41		"	Duty		2		
Sub Lt.	Kings		19-7-41	26-7-41		Branchitis	Duty		8		
Sub-Lt	AMCS. Ottawa		Discharged Dead:			"Missing, believed killed in action" Date of Death - Sept. 13th, 1942					

OCCUPATIONAL HISTORY FORM

103-28-98

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 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 11

Section A—GENERAL INFORMATION

1. (a) Print name in full WRIGHT, KEITH FRANCIS (b) Reg'l. No. _____
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank SUB. LEUT(E)
3. (a) Date of birth MARCH 8/20 (b) Have you any dependents? No (c) Place of residence at time of enlistment OTTAWA, ONT.
4. (a) Place of enlistment MONTREAL, QUE. (b) Date of enlistment MARCH 5/41

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 (b) Were you attending school or college up to the time of enlistment? COLLEGE
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.) III 4 YEAR MECHANICAL ENGR. TRAINING
7. If you attended a university, give name of university and standing or degree secured MCGILL UNIVERSITY (A. ABOVE)
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? _____ (c) Did you finish it? _____ (d) If you did not finish it, how long did you serve at it? _____
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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 ENGINEERING (b) State how long you had worked at this trade or occupation FIVE YEARS SCHOOL VACATIONS
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 SUMMER 1940
15. Give details of last employer, if any: Name PLANT #3 CANADA CEMENT Co Address HULL, QUE.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CEMENT MFG.
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? _____ (b) Did your employer refuse to promise you employment on discharge? _____ (c) Do you wish to return to your former employment? _____

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? NONE (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.) RETURN TO COLLEGE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form TRANSFER TO R.C.N.



DATE JUNE 26/41 194 SIGNATURE Keith I Wright

COPY TO
VWD
ES
JUL 21 1941



P 27284
DEPT
NATIONAL DEFENCE

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

MAR 10 1941
N.S. 103 W 98
CANADA

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 Keith F. Wright
candidate for entry as Prob. 1st. RCNVR
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. 3
*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.
21	186	6' 1/2"	Good.	(a) maximum 41 (b) minimum 37 (c) mean 39	right eye 6/6 left eye 6/6 *colour vision N.	1 SIAA/1938.	72286 app.	normal	✓	✓	✓	Submerged torsion 0 deficient 0 defective.	Clear.	

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

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

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.

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

Keith F. Wright
Signature of Candidate

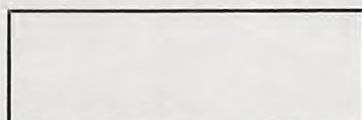
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Drooping upper eyelid (left). Result of accident.

*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 3 of March 1941

Chas. C. Macdonald
Examining Medical Officer

(Rank) 1st. RCNVR

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical, Examiner, OTTAWA.....

.....Ottawa, October 9, 1942.....

From.....Head Office.....

Sub-Lieut. WRIGHT, K. F.

P. & N. H. 1979-K

The Department of National Defence, Naval Service
officially reports that the marginally named was reported -

"Missing, believed killed in action. He was on
board H.M.C.S. "OTTAWA",
on the 13th September, 1942 on service Canada and High Seas."

His next of kin is reported as - Mother -

Mrs. Athol C. Wright,
85 Grove Avenue,
Ottawa, Ontario.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00

a month to -

Mrs. Athol Choate Wright,
Apt. 12A. Ambassador Court,
612 Bank St., Ottawa, Ont.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

E. Clewes,

for
Canadian Pension Commission.

/LR

*D.A. statement
requested 9/10/42
PB.2*

P 27283



CANADA

 N. V. 4
 10M-4-40 (4718)
 N.S. 815-11-4
DEPT.
NATIONAL DEFENCE

MAR 10 1941

N.S. 103W-98
CANADA

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME.....	WRIGHT	PERMANENT ADDRESS
CHRISTIAN NAME.....	Keith Francis	85 Grove Ave.,
RELIGION.....	Church of England	Ottawa, Ont.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
March 8, 1920	Town Ottawa County Province Ontario Country Canada	Mother: Mrs. A. C. Wright, 85 Grove Ave., Ottawa, Ont.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 6	Inflated..... 41	Brown	Brown	Medium	Scar on inside of left knee
Inches..... 0 $\frac{1}{2}$	Deflated..... 37				
186	Mean..... 39				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
March 5, 1941	Probationary Sub-Lieutenant (E) R.C.N.V.R.	Single	Student, McGill University

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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 McGill C.O.T.C. for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
C.O.T.C.	Cadet	1939	1941

- (c) I have never been rejected for 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.

(OVER)

Noted in Service
Records by *Smcd*

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 5th day of March 1941

Keith J. Wright
Signature of Applicant.

The above declaration was made and signed in my presence this 5th day of March 1941

Pennington T. Molson
Signature of Enrolling Officer.
Sub-Lieutenant, R.C.N.V.R.

(C) OATH OF ALLEGIANCE

I Keith Francis WRIGHT 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 *Keith J. Wright*

Signature of Witness *Pennington T. Molson*

Date March 5, 1941

Rank Sub-Lieutenant, R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.



OFFICIAL NUMBER

NAME (Surname)

WRIGHT

Keith Francis

(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Montreal	Pro. Sub-Lt.(E)	5	3	41													
Duty DHQ Montreal	Pro. Sub-Lt.(E)	1	5	41													
H.M.C.S. Stadacona	Pro. Sub-Lt.(E)	18	5	41													
Stadacona(HMS Ceres)	Sub-Lieut.(E)	19	8	41													
H.M.S. Mauritius	Sub-Lieut.(E)				for E.R. Training												
H.M.S. Excellent	Sub-Lieut.(E)	20	4	42	for Ordnance and Gun Mounting Crse. (to join p.m. 19-11-42) Per Ad. Ret. of Appts. 10-11-42												
DISCHARGED	Sub-Lieut.(E)	13	9	42	Lost in H.M.C.S. Ottawa	Per Casualty List											

Approved to be awarded Medal of Honor Certificate No. 11915 dated 15/2/42

GENERAL REMARKS

Canadian Memorial Cross sent 25-11-42 to Mrs. Athol C. Wright, (mother) Apt. 12 A, Ambassador Court, 612 Bank St., Ottawa, Ontario

DATE OF BIRTH			PLACE	CIVIL	OCCU.	RELI.	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P	CTY.	TOWN	SERV.	DIV.	A	BR	RANK	
08	03	30	11	XXX	0	30	X	0502	9	09	02	02	12		
ENLIST. DATE			ACT. SERV. DATE			PREV. ENL. DATE			RANK OR RATE ON ENLISTMENT						
DY.	MO.	YR.	DY.	MO.	YR.	DY.	MO.	YR.	A	BR	RANK				
25	03	41	01	05	43				9830	0	02	12			
SENIORITY			STR.	NON-STR.	PREV. ENL. DATE			RANK OR RATE ON ENLISTMENT							
DY.	MO.	YR.	CAV.	A	B										
19	08	41	09			63	13	09	42						

OFFICIAL NUMBER

FILE NUMBER

103-W-98

0-80060

OFFICIAL NUMBER

NAME

WRIGHT
(Surname)Keith Francis
(Given Names)

DATE OF BIRTH

8 March 1920

PLACE OF BIRTH

Ottawa, Ontario.

OCCUPATION

Student, McGill University

RELIGION

Church of England

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

85 Grove Ave.

Town

Ottawa

Province, etc

Ontario

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
5	3	41	Hostilities only	6' $\frac{1}{2}$ "	Brown	Brown	Medium	Scar on inside of left knee.	C.O.T.C.	Cadet	1939	1941

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc

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	
				3	6	41	Passed Off. Gunnery Crse. 81.5%				
				3	9	42	E/R Watchkeeping Certificate				

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			

FILM
NO. W.R. 4487-5-
DATE

O.H.F. Received.

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

SECOND CLASS FOR CONDUCT

From

To



VERIFICATION FORM

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

RANK/RATING *Sub Lt (E)* OFF. NO. *O-80060* 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	/	<i>Star</i>
<i>Sea Time</i>							ATLANTIC	/	<i>Star</i>
<i>ATL</i>							FRANCE G.		
<i>UK</i>							AFRICA		
<i>Passage</i>							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	<i>2</i>	<i>clasp</i>
							" CLASP		
							WAR 1945	/	<i>medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

D OF D 13-9-42

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

WRIGHT Keith Francis		0- 80060	Sub. Lt. (E)	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	3485. 7/7/50
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Oct. 45 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Olive Wright - Mother

ADDRESS:

~~85 Grove Ave.,~~ Apt. 12A, Ambassador Court,
612 Bank St.,
OTTAWA, Ont. Corres. on file.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Athol C. Wright

ADDRESS:

Apt. 12A Ambassador Court, 612 Bank St.,
Ottawa, Ont.

(1)

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

613

(3)

25-11-42

W.S.G. Application No. 10021

TO: D.N.P.A. "G"

FILE NO. N.S. 0-80060

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>WRIGHT, Keith Francis</u>	<u>0-80060</u>	<u>Sub Lieut (E)</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL RANK OR RATING
	IN FULL	NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead - OTTAWA -
Applicant - Mother - A.P. \$20.00

	<u>TOTAL SERVICE</u>	
Date of Active Service	<u>1 May 1941 -</u>	365
Date of Discharge	<u>13 Sep 1942 -</u>	31
Total No. of Days	<u>501 -</u>	30
# Less non qualifying service	<u>—</u>	31
		31
		13
		<u>501</u>
		Total Days <u>501</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>391 -</u>	
# Less non qualifying service	<u>—</u>	
		Total Days <u>391</u>

Record of Service in other Forces (per Naval Records)

Branch of Service _____
 Date of Active Service _____
 Date of Discharge _____

& % Overleaf

Computed By J Hamilton
 Checked By J M Swain

J B McHugh
 for (H.B. Money)
 Payr. Cmdr. R.C.N.R.
 Director of Personnel Records

DATE: JUN 1-1 1945

NDA

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
Total days			

Date of Discharge

Date of Voluntary Release

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
---------------	------	----	-------------

H.M.S. Lerese Mauritius Excellent Passage (Attenu)	19 Aug '41		
		13 Sep '42	391-

365

13

13

391

Character of Discharge

Signature: _____ Date: _____

Continuation of Service

Leave Service Overseas

Date of Entry

Date of Exit

Service Number

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Typed

Deceased Member's Name Keith Francis WRIGHT
 (Christian Names) (Surname)

Payee Director of Estates for Service Estate of
 Address 308 Sparks St. Keith F. WRIGHT
Ottawa, Ont. N.S. 0-80060

Register No. 10021
 File No. 0-80060
 Date 12-6-45
 Service No. V.R.
 Final Rank or Rating Sub. Lt. (E)
 Date of Discharge 13 Sep. 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 391 less 21 ineligible days equal to 370 days @ 25¢ per day 92.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 5.00	
Subsistence or Lodging and Provision Allowance	\$ 2.10	
Additional Pay	\$	
Dependents' Allowance 1/30 of \$		
Total	7.10	x 7 = \$ 49.70
No. of days	<u>391</u>	x \$ 49.70 = <u>106.19</u>
	<u>183</u>	

D. WAR SERVICE GRATUITY 318.69

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

F. TOTAL AMOUNT PAYABLE 318.69

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 318.69
 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>W</u>	6	<u>[Signature]</u>
2	<u>W</u>	7	<u>[Signature]</u>
3	<u>W</u>	8	<u>[Signature]</u>
4	<u>[Signature]</u>	9	<u>[Signature]</u>
5	<u>[Signature]</u>	10	<u>[Signature]</u>