ALBERT J.ATTWOOD,

V-19239

MRS.AGNES ATTWOOD,

578,166

1545 CHURCH ST., WINDSOR, ONT.

1) MEDALS PERSON ENTITLED TO Mrs. Agnes Attwood - Widow	MEMORIAL 3 K
1545 Church St., WINDSOR, Ont. 9-11-48 (2) MEMORIAL CROSS WIDOW Mrs. Agnes Attwood	DATE DESP REGN. NO. 18.90
1545 Church Street, ADDRESS: Windsor, Ontario.	22-9-44
(3) MEMORIAL CROSS MOTHER	(3)
ADDRESS:	

DEPARTMENT	OF	VETERANS AFFAIRS
		6300

AWARDS NAVY

WAR SERVICE RECORDS

D of D 7-5-44

D.D.

ATTWOOD	Albert James	V-19239	L/Stwd.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED					
1939-45 Star	35-5-8					
Atlantic Star						
C.V.S.M. & Clasp						
War Medal						
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)					

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

NAME IN FULL ATT WOOD Albert RANK/RATING L/Slavel OFF. NO. V. SERVICE QUALIFYING PERIODS IN I SHIP AREA FROM TO DAYS 1939-45 ATLANTIC DEFEN FROM TO 6,4,41 11-5-41 19-5-41 25-6-43 8-10-43 106 Des. Missenz presumel dead VERIFIED BY Muly

VERIFIED BY

VERIFICATION FORM
DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
AVAL GENERAL SERVICE MEDAL (1915). NK/RATING L/SlundOFF.NO. V. 19239ADDRESS QUALIFYING PERIODS IN DAYS EA ELIGIBLE 1939-45 ATLANTIC DEFENCE CLASP 1915 C.V.S.M. MEDAL STARS FROM TO FOR AWARDS OF MEDALS 1939-45 ATLANTIC FRANCE G. AFRICA PACIFIC BURMA ITALY DEFENCE 2 & Class C.V.S.M. " CLASP WAR 1945 WAR 1915 VERIFIED BY Chulyll DIR. OF PERSONNEL RECORDS.

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P 12019

N. V. 5 15M-2-40 (4047) N.S. 815-11-5

NATIONAL DEFENCE

FEB -2 1941 N.S. 137-441

ATTESTATION FORM

FOR 1	MEN OF	THE	ROYAL	CANADIAN	NAVAL	VOLUNTEER	RESERVE
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	JRNAME ATTWOO	••••••	official No 1939 IED, SINGLE OF WIDOWER Married			
_	PERI	MANENT ADDRESS	RELIGION			
	1545 Chunch St	reet, Windsor	C. of E.			
	DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN			
	October, 1898	Town Walthamstow, County Essex, Province England	Mrs. Agnes Attwoodwife 1545 Church Street, Windsor, Ontario			

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	PLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 35 Deflated 33 Mean 34	Dk. Brown	Grey	Fair	Large scar on front of right thigh.

	DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WH		
27th	January, 1941	Steward (Temporary)	SalesmanSupertest Windsor,	Petroleum Ontario	Corp.,

(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 Royal Navy for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	то
	Boy Ser.	4th Jan. 1915	16th Oct., 1916
Royal Navy	Off. Std. 3rd Off. Std. 2nd Good Conduct Badg	17th Oct., 1916 7th Dec., 1917	6th Dec., 1917- F9th July, 9920 17th Octob 1919

(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.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Albert J. ATTWOOD 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 WINDSOR Division of the R.C.N.V.R.

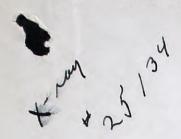
NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

Lieutenant, R. C. N. V. R.

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.

the Theories cardicular graphical above he consecutively according to the book or new know below





P 12020

NATIONAL DEFENOE60M-4-40 (4636) FEB = 2 1941 N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CAN (R.C.N. OR RESERVE FORCES	
Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Section 1.	retary, Department of National Defence, Ottawa.
I, the undersigned, have examined ATTWOOD, tcandidate for entry as Steward R.C.N. and I believe him to be * in all respects fit for His Majesty's unfit for His Majesty's Service for the Certificate given below in my presence. *Delete one.	V.R.
This examination has been made in accordance with the Standards.	ne current Instructions as to Medical
General Development Girth (i) Shellen's Types (ii) Colour Vision by Pox (iii) Colour Pox (iiii) Colour Pox (iiii) Colour Pox (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Vorual Real Skin Corual Skin Mouth, Teeth (No. defective if any). Normal Salans and Hearing Torual Salans and Hearing North, Teeth (No. defective if any). Nose, Tonsils, etc.
*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)	
If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.	
I hereby certify that to the best of my belief I have new Urine, Discharge from the Ears, or any other disease likely Service. ‡I am willing to undergo, after entry, such dental that as may be authorized. †The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.	ver suffered from Fits, † <i>Incontinence of</i> to render me unfit for His Majesty's
When a Candidate is subject to a defect or disability, the follow This Candidate is the subject of	conveted \$ 6/6.
IF REJECTED insert here UNFIT in block letters	
Dated at Windsor, Ontario the 27th	of January 19 41.
(Rank)	Rob Sug. Leb Ld.

5,02/1133

CERTIFICATE of the SERVICE of

Albert J. ATTWOOD in the Royal Canadian Naval Volunteer Reserve Training Headquarters R.C.N.V.R. Division Official Number..... Windsor Halifax, N.S. Name and Address of Nearest Relative or Friend Date of Birth 17th October, 1898 (in pencil) Place of Birth Walthamstow, Essex, England Trade brought up to Salesman Religion Church of England Signature.....19...... Can Swim:-P.P.T. Signature...... Rank Date......19...... P.S.T. MEDALS, DECORATIONS, etc. PARTICULARS OF SERVICE Date of Date of Enrolment Rating on Enrolment or Re-enrolment Date of Actual Volunteering Period Volunteered for Nature of Decoration or re-enrolment Presentation Award 14th Jan. 27th Jan. Hostil-Steward 1941 (Temp) 1941 ities PERSONAL DESCRIPTION Height MARKS, WOUNDS, SCARS Hair Eyes Complexion Chest (mean) Weight Inches Feet Large scar on front Dk. of right thigh 34 132 Brown Grey Fair... On re-enrolment-6 years' Service..... On re-enrolment-12 years' Service Further Description if necessary..... TRANSFER-LISTS A AND B TRANSFER BETWEEN DIVISIONS Authority List Date To Date From

NAVAL TRAINING and ACTIVE SERVICE

Year

Year	SHIP OR E	STABLISHMENT	LED List	GER No.	RATING	FROM	то	CAUSE OF DISCHARGE
	Windson	hlivision Div Hegts			Steward	27 Jour 41. 6 april 41.	Safeil of Ways	11 11
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	Stade	acona ()			11 aug 43	25 Nov. 4	
***********	Cha	leur I	V		—n —	26 Nov. 43	6 Deest	
	studa	cond Valley fiel	4)		_ "-	7 Dec +3.	29 Feb :	
***********	avalo	· (-"-)	, A,		-11-	1 Mch. 44	7 May 5	"D.D."
	Wounds Rec	elved in Action, Hurt Cert	ificates,	Marito	lous Service, Speci	al Recommendati	ons, Prizes or a	ther Grants
	Date				Details			Captain's Signature
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NAVAL TRAINING and ACTIVE SERVICE

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		STRET (100)						
	EXAM	MINATIONS, NOTATIONS, QUA	LIFICA	TIONS			RECORD OF F	
D	ate	Particulars		Сар	tain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
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SECOND CLASS FOR CONE (Inclusive Dates)	OUCT CHARACT	CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED					
From	To Characte	r Efficiency i Noting Sul Rating in	n Rating bstantive Brackets	Date	Captain's Signature		
	VG VG	Supra Charles	Stud (v) 3	Dev 42	Polympile.		
DON'ND	V. (5. Supr. (s	ly Stud) 7	May 44	Subjour's		
R.C.N.V.R. Good Conduct and Good Service							
Date G.S.B. 1st, 2nd, G.C.B. 3rd	Granted, Deprived, Restored						
27 Jane 41 G.C.B. 1st	Granted						
	······································						
			,				
		*					
TIME FORFEITED	at Dave			1. League 1			
Date P., No.	ed Served						

REPORT OF PROFESSIONAL EXAMINATION FOR RATING OF LEADING STEWARD

ll ward	mr 11 + + 11				
H.M.C.S "NADI					
Wame of Candidate					
Present Hating. St.	ward	Offic	eial Numbe	19259	
We consider the Ca		be qualifi MxmxmXmXmXmXmXmXmXmXmXmXmXmXmXmXmXmXmXmX		tonelly for	r
the	Rating of .	Leading	. Steward	\$27×2	
in accordance with	. Naval Gener	al Order 13	516.		
Subject	Poss.	Obt.		1	
Written Paper	80	58			
Carving Wines	20 40	18 30			
Table Mess Traps	20 20	14 18			
Valeting	20	17			
Total -	200	155			
	Datied	on board H	.M.C.S.	NADEN"	
				th July, .1	942
16	St D man Ald	thirt banks	511 6,18	July, I	0 245
hat Tune	······································			and Hanks	ot
Pay. Lieutement	1. M. O.H. (Te	emp.)	Enaminan	fix cers	,
Pay. Lieutenant, K	C'ANNA CTE	emp.)		To V:	
	China di Americani i combini prima con da di Americani con posteriori di mala relativo		A/CA	PAIN, R.C.	N.

Naval Secretary - 1 copy.
Commanding Officer, H.M.C.S.
For S.C. action and enclosure).
File - 1 copy.

Forwarded.

Ship's Name	List and No.	Rating	From	То	Cause of Discharge	
Pembroke	14 107	Boyeler, offsta 3el	4 fan is 14 oct. 16. 4 ocely.	160ct. 16 200 14 9 July 20.	Thom Demobilist.	
	7	9				
Date	4013	s received in Action and I	No.		Captain's Signature	
Mangy Poids	war g	rating to 16 18			Mughlinish.	

Second Class f	or Conduct	Character prescribed by re on 31st Decemb	and Ability on gulation. If re	31st December	er yearly for Medal	on final	Service and the service and th	conduct.
From	То	on 31st Decemb	Ability in noting substatin bra	n Rating,	Whether R.M.G.	Date		ain's Signature
		re	lydu Leit-	(B.S.20.		16 Oc MARC MARC STREE	6 1/s	rleu
		10g	Sup.	(0.62) (-n-)		31 Dec	19 1 0 20. Jm	Bond
Good Condu	at Radans							
Date 1st, 2nd, Gr								
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		W						
					to plant a			TA GEOGRAPIA SURGEA SURGEA SUCCESSIONA
Time Forfeited	Date C., cor W	Days Dat	9 P., D., C., C.P., or W.T.	Days Da	ite C.	7, D., 7, C.P., W.T.	Date	P., D., C.,C.P., or W.T.
					1, 2,00			

S. 1246E. (Est.— ay, 1927) (Rev.— une, 1936) 500—9-40 (6839) N.S. 815—9-1246E. V-19239

To be kept attached to the rating's Service Certificate and handed to him with it on final discharge from the Service.

STEWARD RATING'S HISTORY SHEET

(See K.R. & A.I., Articles 609 and 610.)

			N.F
Full Name	albert g	ATT WOO	00
Port Division	Windsor	<u>, </u>	
Official Number	V 19239		

Examinations for Higher Rank or Rating and in Special Subjects

Date	Examined for			Result			Signature of Commanding Office	r
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A.O.P.

EMPLOYMENT RECORD

Note—To be filled up on termination of service under a particular Accountant Officer. The record is not normally to be completed in respect of periods of less than three months; the Accountant Officer may, however, at his discretion make an entry for a shorter period if he has particular reasons for so doing.

						THE STATE OF THE S
Feriose	N	Date	Mess in which	Capacity in which employed	Remarks as to ability, whether recommended for Valet, Wine Steward.	Signature of Accountant
Ship	Rating	From To	employed	e.g., Admiral's Ch. Std., Captain's Valet, W.R. Mess-	Messman, Steward, Admiral or Captain's Steward, etc.,	Officer if of Paymaster- Lieutenant's rank or
. 1	2	3 4	5	man, Gun Room Messman, etc.	7	above, otherwise Captain 8
				Thomas a	Sleptus & Selling Parising Dad 11001	0001
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Naden		20 May 41 / Aug 41				
0 .		1		,	Satasfactory Experiences man who carries out his	DM Eyerman
Levenchy		2 aug 41 14 Nov 41	×	X	Latasfactory Experiences man who carries out his (x duties in a capable manner.	EUT., COR., R.C.N.V.I
Naden	1	15 Nov 4 16 Jan'4				K-Goldsmill 7/8
	1		1			n Fyerman
Livenchy (Macdona	ad) -11-	Jan 42 29 Janis	7		made musicos. Codo 9	1 grand
naden	1	Bajanila				-
	1 /1. //. /			u	Vancaball 11 St a land 10 11 1 + 6	Moraci
l. I	rey swa (7)	1 Aug 42 15 Jan 43		1	very rappale hag, owy, Lord prowledge y his dulies	pays his
Livenchy		16 Jan. 43 26 mchi43		Sen. Suties.	Very good soly Stud. Special aptitude for wine steward duties.	Sand long-
Stall	1	1			Very good Soly. Stool. Special aptitude for wine sturned duties.	Paly. ht.
la (Sault Sto.)		27 Mch43 24 June 43				-
Stadacona Sault Ste. Haclacong Marie)	-"-	25 June 13 10 aug 13	Warchoom	Ten Duties.	Under three months.	
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The Canadian Legion & British Empire Service League ONTARIO PROVINCIAL COMMAND WINDSOR SERVICE BUREAU COVERING ESSEX, KENT AND LAMBTON COUNTIES ADJUSTMENT OFFICER 219 DOUGLAS BUILDING WINDSOR, ONTARIO **PHONE 38220** JAN 221946 Jan. 17, 1946 BRANCH JAN 19 1946 Estates Branch, Naval, Department of National Defence OTTAWA Ottawa, Ontario. CIVAL DE Re: V-19239 Albert James ATTWOOD (Dec'd) wife-Mrs. Agnes Attwood, 1545 Church St. Gentlemen: The wife of the above-noted deceased serviceman has sought the co-operation of this office to secure information that would lead to the knowledge of a bank account that was in her husband's name. On the last leave of the above-noted he exhibited to his wife a bank account. Unfortunately the wife did not pay sufficient attention to the passbook the actual bank in which deposits were being made. The wife feels that this account may be in Halifax or Newfoundland and would appreciate your efforts to secure this information. Yours sincerely, modeod J. C. Macleod, Adjustment Officer. JCM: PK "THEY SERVED TILL DEATH! WHY NOT WE?"

C. T. 212 N 50M-4-44 K.P. 5988

DEPARTMENT OF NATIONAL DEFENCE

CANADA

NAVAL SERVICE

1944-45

•

COPY NO.

5

FOR D.N.P.A.

RECEIVED FROM

Mrs. Agnes Attwood, 1545 Church Street, Windsor, Ontario. DATE January 17, 1945.

SOURCE

OFFICIAL 60

-052423

CASH BOOK

375

VOUCHER NUMBERS

AUTHORITY

V-19239 F.D. 35

REGEIPT

THE SUM OF \$ 75.00

J. Ldg. Std.,

BY CASH

ON ACCOUNT OF OVERDAYMENT OF DAYMONTS (SEE NOTE BELOW)

(deceased) V-19239 R.C.N.V.R.

HERE

FOLD HERE

PREPARED BY	NOTE: FULL DETAILS must be given including NAME,	H. Q. F. E. NO. (4)0000	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	H.Q. SUB. ALT. (2)00	АМО	UNT	D. R. NO. (4)0000
YD	RANK and OFFICIAL NUMBER where applicable, if different than "RECEIVED FROM" followed by			400	57	62	\$	75.00	1734
CHECKED BY	details of account covered by the payment, i.e., TRANSPORTA-				Ja				
	TION WARRANT NUMBER, SERVICE PERFORMED, RE-			100	, de				
Co	FUND OF ADVANCE BY CASH ACCOUNT VOUCHER NUMBER, CHEQUE NUMBER, etc.		1	N Pr		OTAL	\$	75.00	
ISSUED AT		TIFIED CO	RRECT	1	-	1	1	41.11	10

N.S.H.Q.

FOR CHIEF TREASURY OFFICER

OTTAWA, Canada.

Naval Service.

H. M. C. DOCKYARD, R. C. N. BARRACKS, ETC.

FORM 6 This form if placed in an envelope, marked "Dominion Statistics—Free, pe	enalty for improper use \$300," and properly addressed will pass through the mail "FREE"					
	FICATE OF REGISTRATION OF DEATH					
1. PLACE (County or District of AT SEA	Township of					
	House No					
2. LENGTH OF STAY (in years, months and days)						
(a) In City, Town or Township where death occurred	(b) In Province(c) In Canada (if immigrant)					
3. PRINT FULL NAME OF DECEASED (Family name)	(Given name or names in usual order)					
RESIDENCE No. 1545 Street Church St. City, Town (Residence means usual place of abode.	n, Village or Township indsor, Province Ontario.					
4. Sex 5. Nationality 6. Racial Origin 7. Single, Married,	MEDICAL CERTIFICATE OF DEATH					
(Gitizenship) Widowed or Divorced (Write the word)	24. DATE OF DEATH MAY 7th 19.44.					
Male Canadian British Married	(Month) (Day) (Year)					
8. BIRTHPLACE ESSEX, England. (Province or Country)	25. I HEREBY CERTIFY that I attended deceased from:					
9. DATE OF BIRTH October 17th 1898						
(Month) (Day) (Tear)	and last saw halive on					
10. AGE in Years Months Days If less than one day old hrs. or. min.	CAUSE OF DEATH PHYSICIAN					
	Immediate cause Give disease, injury or complica- (a) MISSING* presumed dead when Underline					
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. 12. Kind of industry or business, as cotton— Super test Petroleum mill, lumbering, bank, etc. 13. Date deceased last worked 14. Total years spent in	tion which caused death, not the mode of dying, such as heart					
12. Kind of industry or business, as cotton-	failure, asphyxia, asthenia, etc. due to torpedoed and sunk by enemy					
12. Kind of industry or business, as cotton— Super test Petroleum mill, lumbering, bank, etc	Morbid conditions, if any, giving rise to (b)					
at this occupation	mediate cause). (c)should be					
15. If married give name of wife	Other morbid conditions (if important) (
or husband of deceased	contributing to death but not causally related to immediate cause.					
16. NAME	26. If a communicable disease (a) Date of appearance					
17. Birthplace England	is mentioned on this certificate, give (b) Duration of disease					
(Province or Country)	27. If a woman, was the death associated with pregnancy?					
18. MAIDEN NAME						
18. Maiden Name	28. Was there a surgical operation?					
2 19. BIRTHPLACE. (Province or Country)	State findingsWas there an autopsy?					
20. Person giving information	29. If death was due to external causes (violence) fill in also the following:—					
sign here Paymr. Cmdr. R.C.N.R.,	Accident, suicide or homicide?					
Address Of figor 1/o Nevel Personnel Records	Manner of injury(How sustained)					
Relationship to deceased	Ont. (How sustained) Nature of injury					
21. Place of Burial, Cremation or Removal Body not recovered.	Specify whether injury occurred in Industry, in home, or in public place					
Date of burial or removal	Signed byM.D.					
22. Burial Permit was issued by	Address Date 19					
Address	30. Division Registrar's Record No.					
23. Undertaker	31. Filed					
(Name and address)	(Division Registrar)					

Sir:

FORM "B"

128788

FILE: N.S. V-1923

PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service Ottawa, Canada.

oodawa,

(D-+-)

(Date)

AUG 3 0 1944

The following casualty has been reported -

RANK or RATING NAVAL NO. NAME V-19239 R.C.N.V.R. Leading Steward ATTWOOD, Albert James DATE OF ENLISTMENT - 27 Jan., 1941 6 April, 1941 DATE OF DISCHARGE - 7 May, 1944 HOSPITAL + (If discharged in hospital under jurisdiction of D.P. & .N.H.) SERVICE - CANADA & HIGH SEAS (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" when and where any disability was incurred, or where death was torpedoed and sunk by enemy action in the occurred. Atlantic. (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 -NAME - Mrs. Agnes Attwood RELATIONSHIP - Wife .1545 Church Street, WINDSOR, Ont. ADDRESS -

NOTE:

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

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





REMARKS.		
	daen () () () () () () () () () (
THIS PORTION OF FORM COMPLETED BY C	HIEF TREASURY OF NCE, NAVAL SERV	
Names of Dependents Relationship		Date of marriage and/or date of birth of children
Mrs.Agnes Attwood (Wife) 1545 Church St., Windsor, Ontario.		
		f. a. x. Mydwrb.
	· · · · · · · · · · · · · · · · · · ·	
D. A.	A. P.	TOTAL
Monthly rate: \$51.12	\$42.00	\$93.12
To Whom Paid: Mrs.Agnes Attwood Date of Enlistment:	Address	1545 Church St., Windsor, Ontario.
Date of Discharge:		
Inclusive date to which D.A. and/or		Мау 31,1944.
The final deduction of Assigned Pay	for \$12.00	has been made for the period
from 1st to 31st of	May: 19/	44
Remarks:		
ab		
Computed by		
Checked by MW	ale	el Boar 19
		easury Officer,
	EPARTMENT OF NAT Naval Service).	

The Secretary, The Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ontario.

30th August, 1944.

Dear Mrs. Attwood:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your husband, Albert James Attwood, Leading Steward, Official Number V.19239, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD" and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Mrs. Agnes Attwood 1545 Church St., Windsor, Ont.

Canadian

Message Condolence

AIR MAIL

N.S. V19239 PERS.(N)

25

11th May, 1944.

Dear Mrs. Attwood:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your husband has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Agnes Attwood, 1545 Church Street, WINDSOR, Ontario.

8.5°

TFH/JM

V 19239 Pers. (N)

24

8th May, 1944

Dear Mrs. Attwood:

I deeply regret that I must confirm the telegram of the 18th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Albert James Attwood, Leading Steward, Official Number V 19239, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your husband is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the 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,

MAY

SECRETARY, NAVAL BOARD.

Mrs. Agnes Attwood, 1545 Church Street, WINDSOR, Ontario.

DEPARTMENT OF NATIONAL DEFENCE NAVY ARMY AIR FORCE

NAVY

STATEMENT OF WAR SERVICE GRATUITY	
PAYEE Agree Attwood ADDRESS 1,45 Church Ft. Date of termination of overseas service A. TOTAL QUALIFYING SERVICE PAYEE A GREE ATTWOOD SURVICE REGISTER NO. FILE NO. FILE NO. FINAL RANK OR RATING DATE OF DISCHARGE	8554 NSV-19239 3 May/45 V-19239 Ldg.stwd. 7 May/45
NO. OF DAYS 1128 EQUAL TO 37 COMPLETE PERIODS AT \$7.50	277.50
B. QUALIFYING OVERSEAS SERVICE	60 90
NO. OF DAYS 281 LESS 18 INELIGIBLE DAYS, EQUAL TO 263 DAYS @ 25C. PER DAY	65.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY \$ 2.25 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45 ADDITIONAL PAY 1 G.C.B. \$.05	
H.L.M. \$.13	
DEPENDENTS' ALLOWANCE 1/30 OF \$ 50.12 \$ 1.70 TOTAL \$ 5.58 ×7 = \$ 39.06 NO. OF DAYS 263 ×\$ 39.06	56.14
D. WAR SERVICE GRATUITY	399.39
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
OTHER DEDUCTIONS \$ NIL	
F. TOTAL AMOUNT PAYABLE	399.39
G. YOUR PORTION OF GRATUITY IS—	77.77
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$OF\$ =\$ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ Cleque 11813 - 21/5-45	399-39
CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCOUNT THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THERE	RDANCE WITH UNDER.

service representative

Department of National Defence

Ottawa, Canada

		Date	1 Lani	cary 1945
	Received this day from t	he Treasury	Branch cheque	for the sum of
	TWO HUNDRED & TEN		<u>40</u> Dollars	(\$210,40)
being	in connection with my husba	nd's Service e	estate.	
ATTWOOD, .	Albert J., Ldg.Std.(Deceased)		mrs agnes	attwood Signature

2M-9-44(M-4800)

eres or Dates of Peath, of all the relatives that the deceased ever

Mrs. Agnes Attwood,

1545 Church Street,

Windsor, Ont.

Any further communication on this subbe addressed to:—	ject should
THE DIRECTOR OF ESTATES, DEPARTMENT OF NATIONAL I	DEFENCE
OTTAWA, ONTARIO.	DEFENCE.
and the following number quoted:-	

H.Q. V- 19239 FD. 577

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

September 13 1944 ...

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

ATTWOOD, Albert James, Leading Steward,

Official Number, V-19239, R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

Director of Estates.

GC/

ANSWER 'IN FULL ALL APPLICABLE QUESTIONS

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

	INFORMANT'S STATEMENT				ENT
Degrees of Rela- tion- ship	RELAT required to be a		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the De	eceased	mes agnes attwood	42	1545 church St Windsor ont
2	Children of the I dates of their	Deceased and Births	Jean Loobel attwood 23rd October 1928	16	1545'church St Wundsor 6ret
3	Father of the De	eceased	Charles. R.		1902
4	Mother of the Deceased		Minnie Pater		1902
5	Brothers of the Deceased	Full Blood	Charles. William Atthur Frank.	50 48	London En g Sty Steaded John Sty Steaded John Sty Steaded 12603 Westphalia Detroit Mie h
		Half Blood	n.a		
6	Sisters of the Deceased	Full Blood	N.a.		
	1	Half Blood	n.a		
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
			n.a.		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	PARTICULARS AS 1	O IDENTITY
8	Full names of the deceased.	albert James attwood
9 .	Date of his birth.	17th October
10	Place and date of his marriage.	Hamilton Ont. 31st December 1927
11	Place and date of his parents' marriage.	? England
	PARTICULARS OF D	
12	Place where deceased was born.	Kent England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) IN ENGLAND from hirTh to (b) 1923 (Came to Canada in 1923. (d)
14	Nature of employment before enlistment.	fas Station attendans
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Canada.
	PARTICULARS OF	F ESTATE
17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	DO NOT KNOW of any
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	#42232 hondon Life INSEVENCE CO #283.00 With Excelsion h 163210. for 1000.00 with Excelsion h
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No ·
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Governuthorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estated	mment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", statement of all to "Brother", etc.	are that all the particulars shown on this form are correct, and a true and complete he relatives that the deceased ever had in the degrees specified; and that I am the	
* lordon	of the deceased.	
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.	Thus agnio attivo od Signature of Informant 1545 Church St Windsor Address	
England	CERTIFICATE	
I hereby cert	fy that to the best of my knowledge and belief.	
See above. Agrees All	Name of } is the Louis of the Deceased	
above described.	The above Declaration was made by the Informant and signed in my presence.	
Dated at Amile	2 Phi this 28 day of Systember 19 40	4
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.	Jess landin Prosen lowers.	10
7100	bet the House homen.	and .

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

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

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

meattwood did have a bank account in Victoria B.C. but I do not know the name of the bank I am sure he had one while in Habifat when home on leave last belober he showed me the bank book.

North Charles is made Overseas as well as where death occurs and burial is made in Carada or also been in the North American and burial is made in Carada or also been in the North American and if a relative has already paid those excesses the Courament will reimburse such relative to the extent of such expenses in excess of those authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Courament now is it chargeable as and she estate of the deceased.)

Describe other assets, if any, and a timated value thereof. Use

(a) its own scarate bake and ladging while on service (b) Service clothing and equipment.

An included account for each such debt should be attached be estached be estached be estached be estached be estached be estached by and sign same. If believed incorrect, give