

V68471
AVEY
SYDNEY CHARL

RCNVR Jan 45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mrs. Winnifred Avey - Mother

158 Campbell St.,

ADDRESS:

BRANDFORD, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Winnifred Avey

158 Campbell St., Brantford, Ont.

ADDRESS:

MEMORIAL BAR

DATE DESP

REGN. NO 2264

(2)

(3)

22-9-44

D OF D 1944

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

NAVY

AVEY Sydney Charles		V-68471	Sto. 1/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	873. 23. 11. 49
C.V.S.M. & Clasp War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OK

V68471 OFFICIAL NUMBER

NAME AVEY Sydney Charles
(Surname) (Given Names)

V68471 OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Star"	Stoker 1	11	8	43	Div. Str. Hamilton	V.G.	Sat.	31	12	43							
" "	"	1	9	43	Active Service (DL. 7.9.43)	V.G.	Sat.	7	5	44							
" Cornwallis	"	19	10	43	Ser. Cert.												
" Stadacona	"	18	12	43	Ser. Cert.												
" "Valleyfield"	"	25	12	43	Ser. Cert.												
" Avalon "	"	1	3	44	Ser. Cert.												
DISCHARGED	"	7	5	44	"DEAD" Enemy Action												

GENERAL REMARKS

Canadian Memorial Cross awarded to Mother. Mrs. Winnifred Avey.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK		
11	8	24	11	333	0	40	2	1	03	01	0	20	0	15	94
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
11	09	43	01	09	43					1220			15	94	
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
01	09	43	10	00	00	21	09-05-44			71117 JWD					



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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined Sydney Charles Avey 7

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

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. <u>19</u>	Mos. <u>11</u>	(j) Date of last Vaccination	<u>child</u>		
(b) Height with bare feet	Feet <u>5</u>	In. <u>5 3/4</u>	(k) General Development	<u>good</u>		
(c) Weight without clothes	<u>137</u>		(l) Nose, Throat and Tonsils	<u>T-111</u>		
(d) Ears and Hearing	NORMAL		(m) Heart and Lungs	NORMAL		
(e) Chest Girth	Max. <u>36</u>	Min. <u>33</u>	Mean <u>34 1/2</u>	(n) Abdomen Hernia, etc.	NORMAL	
(f) Teeth	Deficient <u>1</u>	Defective <u>2</u>	Dentures <u>0</u>	(o) Limbs and Joints	<u>Belat. mod. no planus</u>	
(g) Vision by Snellens Types	without glasses	Rt. <u>6/7</u>	Lt. <u>6/7</u>	Both <u>6/6</u>	(p) Skin	<u>Acne vulgaris</u>
	with glasses where worn	Rt.	Lt.	Both		(q) Anus Haemorrhoids
(h) Colour Vision	Ishihara <u>Normal</u>	R.C.N. Lantern		(r) Testes Varicocele	NORMAL	
(i) Chest x-ray	<u>not taken</u>	<u>approved</u>	<u>positive</u>	<u>doubtful</u>	(s) Urine	<u>Aug. all</u> NORMAL

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.

Sydney Avey
Signature of Candidate

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

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

This Candidate is the subject of History of penile sore 1 1/2
ago. BW req aug 7/43 (LWR)

*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 SICK BAY the 5 of 1943

AUG 5 1943
H. M. C. S., "STAR"
HAMILTON, - ONT.

J. C. Rathbun
Examining Medical Officer
SURGEON-LIEUTENANT, R.C.N.V.R.

Unemployment Insurance - Yes
 ED: 93
 PD: 41



RdeP

P153748

113-A-1892
 N. V. 5
 100M-12-42 (7804)
 N.S. 815-11-5

ATTESTATION FORM
 (HOSTILITIES FORM)

with **4**

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... AVEY OFFICIAL No. V68471
 CHRISTIAN NAMES..... Sydney Charles MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
158 Campbell Street, Brantford, Ontario	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
11th August, 1924	Town Brantford County Brant Province Ontario	(Mother) Mrs. Winnifred Avey 158 Campbell Street Brantford, Ontario
*Original Nationality of: Father <u>Canadian</u> Mother <u>English</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>36</u>	Brown	Brown	Medium	None
Inches..... <u>53</u>	Deflated..... <u>33</u>				
<u>137</u>	Mean..... <u>34.5</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade IX	Apprentice Toolmaker Cockshutt Plow Company Brantford, Ontario

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
11th August, 1943 - Div.	Str. Stoker 1st class	"STAR"

(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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	NOT APPLICABLE		

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

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

Personel Records Division.
1. Note in Records <i>Miss</i>
2. Info. Card <i>Miss</i>
3. N n Sub Card
4. Medical Card
5. R neo Strip
6. Pension Card
7.
8.
DATE <u>24. 8. 43.</u>

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

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

(b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

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

(e) I have not been induced to enter as.....Stoker 1st class.....by the prospect of being transferred at some future date to any other branch or rating.

Dated this.....11th.....day of.....August, 1943.....

Signature of applicant.....Sydney Grey.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this.....11th.....day of.....August, 1943.....

My authority for attestation is.....RD 7-3-1 of 8th April, 1943.....

Signature and rank of Attesting Officer.
Harry P. Carr
Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....Sydney Charles Avey.....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.....Sydney Grey.....

Witness.....Harry P. Carr.....

Date.....11th August, 1943..... Rank.....P/ Sub-Lieutenant, R.C.N.V.R......

The Oath of Allegiance must be administered by a Commissioned Officer of the Naval Service.
NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.
Certificates of previous service will be returned after examination.

N.V. 17
60M-9-42 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

Sydney Charles AVEY

in the Royal Canadian Naval Volunteer Reserve

NS 115892

Training Headquarters	R.C.N.V.R. Division	Official Number
	H.M.C.S. STAR	<i>168471</i>

Date of Birth *11 August, 1924*
 Place of Birth *Bradford, Ontario*
 Place of Residence *159 Campbell St. Bradford Ont*
 Trade brought up to *Apprentice toolmaker*
 Religion *United Church*

Name and Address of Nearest Relative or Friend (in pencil)
Mr. Matthews
Mr. Matthews
Same address

Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....
 P.S.T. Date.....19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>11 AUG '43</i>	<i>Navigation</i> <i>Hostilities</i>	<i>Star/c</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>5 3/4</i>	<i>34 1/2</i>	<i>137</i>	<i>Brown</i>	<i>Brown</i>	<i>None</i>	
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

WILL

(1) I,.....**Sydney Charles Avey**.....,of his Majesty's Canadian Ship.....**"STAR"**.....do Hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH UNTO my mother, Mrs. Winnifred Avey, 158 Campbell Street, Brantford, Ontario, all my estate.
Relationship, names and addresses of beneficiaries, and what each is to receive.

(3) ~~I GIVE / DEVISE / AND / BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~
Relationship, names and addresses of residuary beneficiaries

(4) I appoint...**Mrs. Winnifred Avey**.... **158 Campbell Street Brantford, Ontario**....
(Name) (Address)
.....**Housewife**.....to be the ~~Executor~~ Executrix of this my
(Civil Occupation)
Last Will

IN WITNESS WHEREOF I have hereunto set my hand this...**11th** day of **August**.....**19..43**

Signed, published and declared by the)
above-named testator as and for his) ...**Sydney Avey**.....
last will and testament in the presence) (Name)
of us both present at the same time,)
who at his request and in his presence) **Stoker 1st class**.....
have hereunto subscribed our names as) (Rank or rating) (Official No)
witnesses.

(5) Signature **Harry K. Avey**
Civil Address **H.M.C.S. "STAR"**
Civil Occupation **Sub-Lieutenant, R.C.N.V.R.**

(6) Signature **J. Hayman**
Civil Address **H.M.C.S. "STAR"**
Civil Occupation **Writer, R.C.N.V.R.**

(Beneficiaries are not to be witnesses)

Department of National Defence

Ottawa, Canada



Date March 14 1945

Received this date from the Treasury Branch cheque for the sum of

TWO HUNDRED - - - - - 88 Dollars (\$ 200.88)
100

being in connection with my son's Service estate.

AVEY, Sydney G., Sto.1 (Deceased)
No. V.68471, R.C.N.V.R.

Mrs Winnifred Avey
Signature

R

Mrs. Winnifred Avey,
158 Campbell Street,
Brantford, Ontario.

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

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. V- 68471 FD. 553

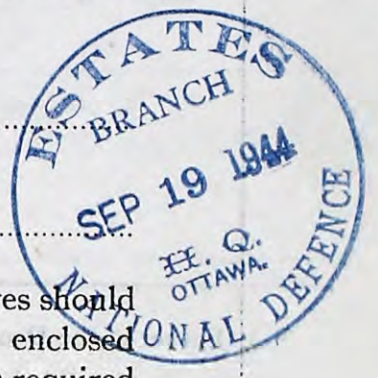
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12 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

AVEY, Sydney Charles, Stoker First Class,

V-68471, 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.

GC/

A. J. Wade
Commander R.C.N.V.R.
Director of Estates.

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:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		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 Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Edward W. Avey	59	158 Campbell	
4	Mother of the Deceased.....	Annifered A. Avey	50	Brantford Ont	
5	Brothers of the Deceased	Full Blood	Russell H. Avey	25	Ontario Hospital Hamilton
			Allan E. Avey	23	158 Campbell St
			Douglas W. Avey	18	@ home "
			Lorne J. Avey	13	@ home "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ruth J. Avey	15	@ home "
		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		

Majorie Avey.
Borne 1923 died 1923

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Sidney Charles Avey
9	Date of his birth.	Aug 11 th 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Brantford March 20. 1918

12	Place where deceased was born.	Brantford, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	Apprentice tool-maker
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF 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?	
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?	Yes, Ontario Province of Ontario Bank. Brantford. Yes.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 30.00 at home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$400.00 @ home
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

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 amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* father 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.

Harold W. Avey {Signature of Informant
158 Campbell St Brantford Ont Address

CERTIFICATE

See above. Harold W. Avey { Name of informant } is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Brantford this 16th day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

H. A. Madden Qualification Clergyman

Address 29 Elgin St., Brantford.

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

10021

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

NAVY

DECEASED
 MEMBER'S
 NAME

Sydney Charles

(CHRISTIAN NAMES)

AVEY

(SURNAME)

REGISTER NO.

64731

FILE NO.

NS 68471

DATE

1-2-46

PAYEE

Director of Estates, } For Service Estate of

ADDRESS

308 Sparks St.,
 Ottawa, Ontario.

Sydney C. AVEY
 NS 68471

SERVICE NO.

V 68471

FINAL RANK OR RATING

Sto.1c

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May 44.

DATE OF DISCHARGE

7 May 44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 250 EQUAL TO 8 COMPLETE PERIODS AT \$7.50

\$ 60.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 135 LESS 10 INELIGIBLE DAYS, EQUAL TO 125 DAYS @ 25C. PER DAY

31.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
ADDITIONAL PAY	\$		
	\$	HLM	.13
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	3.38	23.66
		135	23.66
NO. OF DAYS		183	

X7 = \$ 17.46

D. WAR SERVICE GRATUITY

108.71

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil.

F. TOTAL AMOUNT PAYABLE

108.71

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 108.71
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 5310 - March 4/46

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
 A.S.

CHECKED BY

TREASURY
 CHECKED BY
 DATE

For Dir. Naval Pay Accting. SERVICE REPRESENTATIVE

158 Campbell Street.

Brantford, Ont. Sept. 30 1945.

The Secretary, Naval Board,
Naval Service Headquarters.
Ottawa.

824

1194359

Dear Sirs;

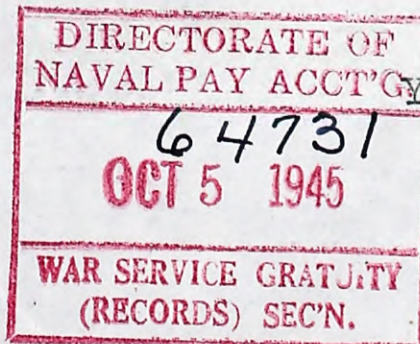
Re- The late Chas. Sydney Avey-Stoker 1st. Class, O.N.V-68471, R.C.N.V.R.

Reply request- V-68471.Pers.(N) (N-15)

In reply to your letter of June 7th. last with reference to our late sons war service gratuity which (for the reason that our late son had no dependents) will form part of his service estate. As I his mother being next-in-kin and further as my late son has willed to me his whole estate I now make application that this war service gratuity which automatically becomes part of my late sons estate be surrendered to me as the rightful one to receive such.

This is my first letter of application for this War Service Gratuity and I must state that mothers who gave their young unmarried sons have been poorly recompensed for the ones who paid the supreme sacrifice. Our Government knows perfectly well the investment we have in each one of these boys and I am convinced that the grief of losing these sons is great enough without losing that which one has invested. My late Sons' services were very short and he was advanced very rapidly because he could bend his will to the will of others and the few that have this quality go to top fast. Our late son left here in October and was on the Frigate (Valleyfield) on convey duty early in the following year which was lost in May 5th. Other boys can come home with a nice sum to start in again with and some never were in active service. Married men are treated fairly good, but I can't understand why mothers who gave their son who never came back should lose both the son and their investment in the son.

If upon receiving this letter you find it not complete in my application please be kind enough to state by another letter just what more is expected of me. I remain,

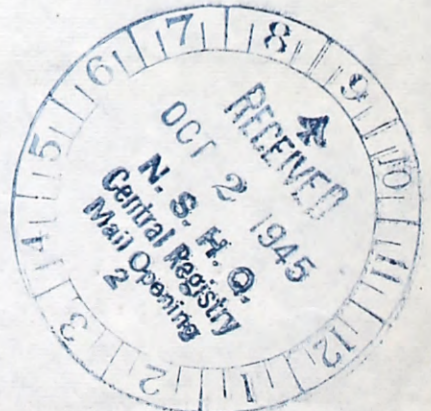


Yours very truly,

Mrs Winnifred Avey

1945

October 2, 1945



no 16

7

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

XX

OTTAWA, CANADA



Date April 28 1946

RECEIVED this date Treasury cheque for the sum of

ONE HUNDRED and EIGHT- - - - -71 Dollars (\$ 108.71)

War Service Gratuity

in connection with the ~~estate~~ of the below-named deceased,

AVEY, Sydney C. Sto. 1/c
V-68471 R.C.N.V.R.

Mrs. Winnifred A. Avey
Signature

Bene. Mother

Mrs. Winifred A. Avey
158 Campbell St.
Brantford, Ont.

(Sole bene. per will)

\$ 108.71

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

2
 NAVY

DECEASED
 MEMBER'S
 NAME

Sydney Charles
 (CHRISTIAN NAMES)

(SURNAME)

AVEY

REGISTER NO. 64731

FILE NO. NS 68471

DATE 1-2-46

SERVICE NO. V 68471

FINAL RANK OR RATING Sto.1c

PAYEE
 ADDRESS

Director of Estates,) For Service Estate of
 308 Sparks St.,) Sydney C. AVEY
 Ottawa, Ontario.) NS 68471

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May 44.

DATE OF DISCHARGE 7 May 44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 250 EQUAL TO 8 COMPLETE PERIODS AT \$7.50
30

\$ 60.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 135 LESS 10 INELIGIBLE DAYS, EQUAL TO 125 DAYS @ 25C. PER DAY

31.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY \$

HLM \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.38 X 7 = \$ 23.66

NO. OF DAYS 135 X \$ 23.66
183

17.46

D. WAR SERVICE GRATUITY

108.71

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil.

F. TOTAL AMOUNT PAYABLE

108.71

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 108.71

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
 A.S.

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

For Dir. Naval Pay Accting.

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of

{ If in City, Town or Village..... Street..... House No.....
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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 AVEY Sydney Charles
(Family name) (Given name or names in usual order)

RESIDENCE No. 158 Street Campbell City, Town, Village or Township Brantford Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
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8. BIRTHPLACE Ontario
(Province or Country)9. DATE OF BIRTH August 11th 1924
(Month) (Day) (Year)10. AGE in { Years 19 Months 9 Days hrs. or min.
If less than one day old11. Trade, profession or kind of work as Apprentice Toolmaker
spinner, teamster, office clerk, etc.12. Kind of industry or business, as Cockshutt Plow Co.
mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

15. If married give name of wife or husband of deceased.....

16. NAME.....

17. BIRTHPLACE.....
(Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE.....
(Province or Country)20. Person giving information sign here. M. D. MoneyAddress Paymr. Cadr. R.C.N.R.,
c/o Naval Personnel Records,
Naval Service Headquarters, Ottawa, Ont.

Relationship to deceased.....

21. Place of Burial, Cremation or Removal Body not recovered
Date of burial or removal.....22. Burial Permit was issued by.....
Address.....23. UNDERTAKER.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May 7th 1944
(Month) (Day) (Year)25. I HEREBY CERTIFY that I attended deceased from:
..... 19..... to..... 19.....
and last saw h..... alive on..... 19.....

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>"MISSING" presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u>	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)..... (c).....	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance..... 19.....
(b) Duration of disease..... days

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?..... Date of operation..... 19.....
State findings..... Was there an autopsy?.....29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)Manner of injury.....
(How sustained)Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.

Address..... Date..... 19.....

30. Division Registrar's Record No.....

31. Filed..... 19.....
(Division Registrar)Every item of information should be carefully supplied.
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

REGISTERED

AN

FILE NO. N.S. V.68471 PERS(N).

30th August, 1944.

26

Dear Mrs. Avey:

Further to my letter of the 11th of May 1944, in view of the length of time that has elapsed since your son, Sydney Charles Avey, Stoker First Class, Official Number V.68471, 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,

SECRETARY, NAVAL BOARD.

*Noted on Estate Card
5-9-44 G.P.*

Mrs Winnifred Avey,
158 Campbell St.,
Brantford, Ont.

*30/9/44
7 P.M.
P.M.*

Royal ✓

Canadian ✓

Message

Condolence

Date

30/8/44 INK 5

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

Sir:

..... 10th. th May, 1944.
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO. 20
AVEY, Sydney Charles Stoker 1st Class V68471, R.C.N.V.R.

DATE OF ENLISTMENT - 11 August, 1943 Active Service 1 September, 1943

DATE OF DISCHARGE - Will be reported later

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" at sea when the ship in which he was serv-
when and where any disability ing was lost by enemy action. While this casualty
was incurred, or where death is listed as missing, it is impossible to make an estimate as to his chances
occurred. of survival. Should no information be received to the contrary, you will be
notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother NAME- Mrs. Winnifred Avey

ADDRESS- 158 Campbell Street, Brantford, Ontario.

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.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

H.B. Money

for
SECRETARY, NAVAL BOARD.

EMC

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

*B2 12/8/44
NPRS
C*

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:

.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

TFH/HR

REGISTERED

AIR MAIL

N.S. V 68471

11th May, 1944.

Dear Mrs. Avey:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son 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,

11773 dispatched by
1 Lt. COLONEL NAVAL
MAY 12 1944
SECRETARY, NAVAL BOARD.

Mrs. Winnifred Avey,
158 Campbell Street,
BRANTFORD, Ontario.

TFH/JM

REGISTERED

AIR MAIL

N.S. V 68471 Pers.

8th May, 1944

Dear Mrs. Avey:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Sydney Charles Avey, Stoker First Class, Official Number V.68471, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son 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 son'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 son has helped to maintain.

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL

9 1944

SECRETARY, NAVAL BOARD.

Mrs. Winnifred Avey,
158 Campbell Street,
BRANTFORD, Ontario.