

V54372
BAREFOOT
GORDON

WILLIA

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

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

AT SEA

1. PLACE OF DEATH { County or District of 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 BAREFOOT GORDON WILLIAM
 (Family name) (Given name or names in usual order)

RESIDENCE No. 101 Street. Kothsay Ave. City, Town, Village or Township Hamilton Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male	5. Nationality (Citizenship) Canadian	6. Racial Origin British	7. Single, Married, Widowed or Divorced (Write the word) Single
----------------	---	-----------------------------	--

8. BIRTHPLACE Antelope, Sask.
 (Province or Country)

9. DATE OF BIRTH September 2nd 1923
 (Month) (Day) (Year)

10. AGE in	Years 21	Months 8	Days	If less than one day old hrs. or min.
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OCCUPATION	11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.	Fitter
	12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.	National Steel Car Corp.
	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

FATHER	16. NAME
	17. BIRTHPLACE (Province or Country)

MOTHER	18. MAIDEN NAME
	19. BIRTHPLACE (Province or Country)

20. Person giving information sign here: W.B. Payne
 Payor, Cndr., R.C.N.R.,
 Address: Naval Service Headquarters, Ottawa.
 Relationship to deceased: O/c Naval Personnel Records

21. Place of Burial, Cremation or Removal No burial
 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 7 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) "Missing" presumed dead when H.M.C.S. "VALLEYFIELD" was sunk by enemy action due to	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) due to (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)

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

REMARKS:

.....

The following casualty has been reported -

NAME: _____

RANK OR RATE: _____

DATE OF ENLISTMENT: _____

DATE OF DISCHARGE: _____

HOSPITAL: _____

(If discharged in hospital under jurisdiction of D. G. S. R.)

SERVICE: _____

(Indicate whether in Canada only, or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability

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.

(Indicate whether death or disability occurred in Canada, or on the high seas or elsewhere outside Canada.)

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.

RELATIONSHIP: _____

ADDRESS: _____

Golden Form "D" (Rev. 1952)
to Allied (W) on

SECRETARIES, NAVAL BOARD

Secretary, Canadian Pension Commission,
Room 225, Bay Building, Ottawa, Ont.

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

(See reverse side for further instructions)

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

Sir:

10th May, 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BAREFOOT, Gordon William	Stoker 2nd Class	V54372 R.C.N.V.R.

DATE OF ENLISTMENT - 12th February, 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 serving
when and where any disability
was incurred, or where death was lost by enemy action. While this casualty is
occurred.

listed as missing, it is impossible to make an estimate as to his chances ofsurvival. Should no information be received to the contrary, you will be notifiedwhen 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. Mary Barefoot

ADDRESS- 251 Ferry Road, ST. JAMES, Manitoba

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. *em*

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

*B2
12/18/44
NPR/5
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)

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.

J.P. Barefoot
751 Ferry Road, St James

{ Signature of Informant
Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Gordon Leslie Barefoot { 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 St James Man this 7th day of October 1944

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

J.P. W. J. J.
184 1/2 Redwood St James Man

A Commissioner for Oaths, in and for the Province of Manitoba. My Commission expires Jan. 24, 1945

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

Grid area for additional remarks with faint text and lines.

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Gordon William Barefoot.
9	Date of his birth.	Sept. 2nd. 1923
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	Kamsack Sask. 14-2-1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Antelope Sask.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Sask. 9 yrs (b) Man. 9 yrs. (c) Ont 6 months (d)
14	Nature of employment before enlistment.	air craft. War work
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.	He intended to fly Pres. Hockey

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?	Not married
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? <i>yes</i>	Post Office Bank at Halifax. Amount not known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$300 known of held by Mother bearer
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

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.	Nil
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.	

(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.)

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.....	<i>Not married</i>		
2	Children of the Deceased and dates of their Births.....	<i>no children</i>		
3	Father of the Deceased.....	<i>G. L. Barefoot.</i>	<i>50</i>	<i>251 Ferry Rd St James, Mem.</i>
4	Mother of the Deceased.....	<i>Mary. Barefoot</i>	<i>46</i>	<i>251 Ferry Rd St James</i>
5	Brothers of the Deceased	<i>Geo. Barefoot</i>	<i>23</i>	<i>R. C. N. Halifax</i>
		<i>Frank</i>	<i>22</i>	<i>Missing France</i>
		<i>Harry</i>	<i>19</i>	<i>R. C. N. at sea.</i>
		<i>Phyllis</i>	<i>16</i>	<i>St James</i>
		<i>Tom</i>	<i>14</i>	<i>St James</i>
			Half Blood	<i>None</i>
6	Sisters of the Deceased	<i>Phyllis</i>	<i>16</i>	<i>251 Ferry Rd St James</i>
	Half Blood	<i>None</i>		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		<i>None</i>		

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

Mrs. Mary Barefoot,
251 Ferry Road,
St. James, Manitoba.

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

and the following number quoted:—

H.Q. V- 54372 FD. 565

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

BAREFOOT, Gordon William, Stoker First Class,

V-54372, 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.



A. H. Wachs
Commander
Director of Estates.

GC/

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full Gordon William Barefoot (b) Reg'l. No. V 54372
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Smn.
3. (a) Date of birth 2nd Sept. '23 (b) Have you any dependents? No (c) Place of residence at time of enlistment Hamilton, Ontario
4. (a) Place of enlistment Hamilton, Ontario (b) Date of enlistment 12th Feb. '43

PLEASE LEAVE BLANK

3

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... 3 years high school
7. If you attended a university, give name of university and standing or degree secured..... X
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? X (c) Did you finish it? X (d) If you did not finish it, how long did you serve at it? X
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)..... Working (b) At time of enlistment of what trade union or professional society were you a member?..... None

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?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
15. Give details of last employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer NATIONAL STEEL CAR CORP. LTD. Address Hamilton, Ontario
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 Fitter (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... X (b) Where was it located?..... X
23. (a) Number of years engaged in this business..... X (b) Have you made, or will you make plans to return to the same or a similar business on discharge?..... X

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?..... Yes (c) If so, in what kind of farming?..... Mixed
25. (a) Were you born on a farm?..... No (b) How many years' actual farming experience have you had?..... 5 years (c) In what provinces did you have experience?..... Saskatchewan

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.)..... X
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... Professional Hockey Player



DATE 12th February 1943 SIGNATURE Gordon W. Barefoot

FEB 27 1943

Copy To:
VWD
ES

VERIFICATION FORM
 NCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 GENERAL SERVICE MEDAL (1915).

ING *Alto* OFF. NO. *V-54372* ADDRESS

QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
						1939-45	1	<i>Star</i>
						ATLANTIC		
						FRANCE G.		
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.		<i>2 + clasp</i>
						" CLASP		
						WAR 1945		<i>1 Medal</i>
						WAR 1915		

VERIFIED BY *[Signature]*
[Signature]

F

BAREFOOT		Gordon William	V-54372	Sto. 1	FILE No.
SURNAME (IN BLOCK LETTERS)		CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	5125 22/11/49
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan.45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mary Barefoot - Mother

251 Ferry Road,

ADDRESS: ST. JAMES. Manitoba.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

Mrs. Mary Barefoot

MOTHER

251 Ferry Road,

St. James, Man.

ADDRESS:



(2)

(3) 22-9-44

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

Gordon William, BAREFOOT
ICNS. 89141

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>HMCS "STAR"</i>	<i>V-54372</i>

Date of Birth... *2nd September 1923*

Place of Birth... *Antelope, Saskatchewan*

Place of Residence... *101 Rothway Avenue, Hamilton, Ontario*

Trade brought up to... *Fitter*

Religion... *United Church*

Name and Address of Nearest Relative or Friend (in pencil)
(Mother)
Mary Barefoot
251 Ferry Road
St. James, Manitoba

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>12 Feb '43</i>	<i>Duration of hostilities</i>	<i>Stoker 2nd class</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>11</i>	<i>37</i>	<i>189</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar on nose and forehead</i> <i>Scar right lower abdomen</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

V54372

OFFICIAL NUMBER

FILE NUMBER

113-B-4852

OFFICIAL NUMBER V54372

NAME BAREFOOT (Surname) Gordon William (Given Names) DATE OF BIRTH 2 Sept. 1923.PLACE OF BIRTH Antelpe, Sask. OCCUPATION FitterRELIGION United Church EDUCATION 3 Years High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 101 Rothsay Ave. Town Hamilton Province, etc. Ont.

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
12	2	43	H.I.O.	5'11"	Brown	Blue	Fair	Scar on nose and forehead. Scar right lower abdomen				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Miss Mary BarefootADDRESS (in pencil): Street and No. 231 Ferry Road Town Hamilton Province, etc. Ont.

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	
12	2	44	Eligible for award C.V.S.M. & CLASP 249A/A13916. 1939-45 Star War Medal 1939-45	31	5	43	Qual. Anti-Gas, 1 day.				

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. W412-5426-8
DATE

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

SECOND CLASS FOR CONDUCT	
From	To



V54372 OFFICIAL NUMBER

NAME BAREFOOT Gordon William
(Surname) (Given Names)

OFFICIAL NUMBER V54372 PIB

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
HMS STAR	Sto. 11	12	2	43	Div. Str. Hamilton	V.G.	SAT.	7	5	44.							
" "	" "	12	2	43	A.S.DL.13-2-43.	V.G.	Sat.	31	12	43							
" Cornwallis	"	20	4	43	DL 20-4-43												
" Stadacona	"	12	6	43	Service Cert.												
York	"	9	7	43	" "												
Stadacona	"	6	9	43	# "												
	A/Sto. 1	12	2	44	Back Dated												
Valleyfield	"	23	2	44	Service Cert.												
Avalon	"	1	3	44	Service Cert.												
DISCHARGED	"	7	5	44	"Missing" Casualty List. A13925												

" Presumed Dead" Corr. Sheet.

GENERAL REMARKS
Canadian Memorial Cross awarded to (Mother) Mrs. Mary Barefoot, 251 Ferry Road, St. James Man. to date 22.9.44.

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
02	9	23	19	264	X	40	4	1	55	02	0	20	0	15	95
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		
12	02	43	12	02	43					1220	0	15	95		
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.									
12	02	43	13	00	00	21	07-05-44								

(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 Ordinary Seaman by the prospect of being transferred at some future date to any other branch or rating.

Dated this 12th day of February, 1943

Signature of applicant Gordon W. Barefoot

(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 12th

day of February, 1943

My authority for attestation is XX

C. N. Blagnane
Signature of and rank of Attesting Officer.
Sub Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Gordon William Barefoot 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 Gordon W. Barefoot

Witness C. N. Blagnane
Sub Lieutenant, R.C.N.V.R.

Date 12th February, 1943

Rank

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.

NO.	NAME	RANK	SERVED IN

Unemployment Insurance Yes

ED 200
FD 55



CANADA

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **BAREFOOT** OFFICIAL No. **V-54372**
CHRISTIAN NAMES..... **Gordon William** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS	RELIGION
101 Rothsay Avenue, HAMILTON, Ontario.	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
2nd Sep. 1923	Town Antelope	(Mother) Mrs. Mary Barefoot,
*Original Nationality of:	County	251 Ferry Road,
Father Canadian	Province Saskatchewan	ST. JAMES, Manitoba
Mother Canadian		

*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..... 5	Inflated..... 39	Brown	Blue	Fair	Scar on nose and forehead. Scar right lower abdomen
Inches..... 11	Deflated..... 35				
189	Mean..... 37				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
3 years High School	Fitter National Steel Car Corp., HAMILTON, Ontario

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
12th February, 1943 Active Service	Stoker II	H.M.C.S. "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, Reserve, or Territorial Force.

* (b) I served in..... 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.



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 Barefoot, Gordon W.
candidate for entry as Ord. Seaman
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>6</u>	(j) Date of last Vaccination	<u>never</u>
(b) Height with bare feet	Feet <u>5</u> In. <u>11</u>	(k) General Development	<u>Good</u>
(c) Weight without clothes	<u>189</u>	(l) Nose, Throat and Tonsils	<u>T. #1</u>
(d) Ears and Hearing	Rt. <u>N</u> Lt. <u>N</u>	(m) Heart and Lungs	<u>N</u>
(e) Chest Girth	Max. <u>39</u> Min. <u>35</u> Mean <u>37</u>	(n) Abdomen Hernia, etc.	<u>N</u>
(f) Teeth	Deficient <u>0</u> Defective <u>2</u> Dentures <u>—</u>	(o) Limbs and Joints	<u>Fracture left forearm no deformity</u>
(g) Vision by Snellens Types	without glasses Rt. <u>6/6</u> Lt. <u>6/9</u> Both <u>6/6</u>	(p) Skin	<u>Scar on nose & forehead</u> <u>Scar Rt. lower abdomen</u>
	with glasses where worn Rt. Lt. Both	(q) Anus Haemorrhoids	<u>N</u>
(h) Colour Vision	Ishihara <u>Normal</u> R.C.N. Lantern	(r) Testes Varicocele	<u>N</u>
(i) Chest x-ray	<u>FEB 12 1943</u>	(s) Urine	<u>neg.</u>

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.

Gordon W. Barefoot

Signature of Candidate

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

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

This Candidate is the subject of.....

*which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at N. West Star the FEB 11 1943 of 19

E. P. Rubin

Examining Medical Officer

(Rank) SURGEON-LIEUTENANT; R.C.N.V.R.

DEPARTMENT OF NATIONAL DEFENCE
Revised Examination "M"

Last Name	BAREFOOT	Test 1	20
Christian Name	GORDON W.	Test 2	16
Official No.		Test 3	21
Rating	STOKER II	Test 4	29
Unit	R.C.N.V.R	Test 5	23
Date	16/3/43.	Test 6	14
Age	19	Test 7	19
Previous Occupation	FITTER	Test 8	29
Schooling	GRADE ELEVEN XI	TOTAL	166
Language	ENGLISH	Rating	B

ROYAL CANADIAN NAVAL SERVICE

CAMPAIGN AND SERVICE AWARDS

This is to certify that:-

V-54372 A/ston.I Bacefoot, Gordon William
(Number) (Rank) (Name)

is entitled to the following Campaign and Service Awards in respect of service with the Royal Canadian Navy:

Theatres of Service:-

Canada ✓

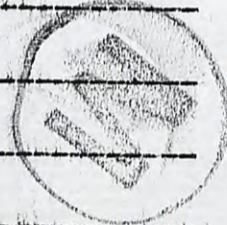
Newfoundland Zone ✓

United Kingdom Zone

Atlantic Zone ✓

Pacific Zone

Mediterranean Zone



Other Zones:-

1939-45 Star OK (or) Burma Star

Atlantic Star Italy Star

(or) France & Germany Star Defence Medal

(or) Aircrew Europe Star C.V.S.M. OK

Africa Star with Clasp OK

Pacific Star War Medal 1939-45 OK

Verified by Ray Thomas

Date 11.12.47

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <i>London William BAREFOOT.</i>	OFFICIAL No. <i>V. 54372.</i>	Date of Birth <i>20 Sept. 1923</i>
---	----------------------------------	---------------------------------------

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Sat</i>	<i>80%</i>	<i>J.P.S.</i>
Seamanship— Boat work:			
(a) Pulling.....			
(b) Sailing <i>GENERAL</i>	<i>SAT.</i>	<i>90%</i>	<i>J.P.S.</i>
Gunnery and Disciplinary Training.....	<i>MOD</i>	<i>61%</i>	<i>J.P.S.</i>
Shooting.....			
Swimming—P. P. T.	<i>MOD</i>	Date qualified <i>8.4.43</i>	<i>J.P.S.</i>
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date.....

On leaving:— Weight..... Height..... Date.....

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. STAR
H.M.C.S.

Date **APR 17 1943**

J.P.S. Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations		Date	Ship	Signature and Rank of Divisional Officer
Passed Educa- tionally	Accelerated Advancement.....			
	For Able Seaman.....			
	Educational Test I.....			
Rated Ordinary Seaman.....				

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%											
	%											
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%											
	%											
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%											
	%											

* In the event of failure to pass any examination, the percentage is to be noted in RED. and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†

Ordinary Seaman

Qualified for advancement to Able Seaman

on.....Date.....Commodore.....

.....Depot.....Date.....

Rated Able Seaman and Recommendations inserted on History Sheet

H.M.C.S.....Date.....

.....Date.....

.....Captain.....

The particulars stated on this form are important. It is to be retained with the Service documents of the rating concerned. A notation of the award of this certificate is to be made on the man's Service Certificate and History Sheet.

ROYAL CANADIAN NAVY

TECHNICAL TRAINING COURSES

This is to certify that Gordon W. Barefoot

O. N. V.54372 Rating Sto. 2 Seniority 12-2-43.

Date of Birth 2-9-23 Completed a course of training
in as Motor Operator.

of 8 weeks duration at Danforth Tech.-Toronto.

commencing 12-7-43.

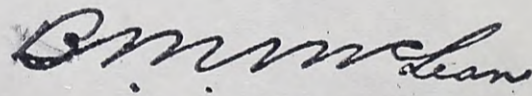
He secured marks as follows:

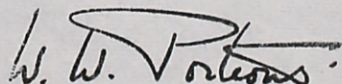
Subjects:	Grading:*
<u>Gen. Knowledge</u>	<u>B+</u>
<u>Shop</u>	<u>B+</u>
<u>Diesel</u>	<u>A</u>
<u>Application</u>	<u>B+</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Order of merit 1 Number in class 18

Dated Sep. 3/43 Qualified for: Motor Operator.

Remarks: **Satisfactory.**

Signature 


(W.W. Porteous)
A/CAPTAIN (E), R.C.N.,
DIRECTOR OF ENGINEERING PERSONNEL.

* A. (80 - 100)
B. (40 - 79)
C. (0 - 39)

TFH/CED

REGISTERED

AIR - MAIL
NS:V-54372 (Pers"N")

13

11th May, 1944.

Dear Mrs. Barefoot:

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,

LETTER dispatched by
PERSONNEL NAVAL
MAY 12 1944
SECRETARY, NAVAL BOARD.

Mrs. Mary Barefoot,
251 Ferry Road,
ST. JAMES, Manitoba.

EP

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

Sir:

AUG 30 1944

(Date)

26

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BAREFOOT, Gordon William	Stoker 1st Class	V-54372 R.C.N.V.R.

DATE OF ENLISTMENT - 12th Feb., 1943

DATE OF DISCHARGE - 7th 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. "WALLEYFIELD"
when and where any disability was torpedoed and sunk by enemy action in the
was incurred, or where death Atlantic.
occurred.

(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. Mary Barefoot,

ADDRESS - 251 Ferry Rd., ST. JAMES, Man.

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 MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

P.A.'S CHECKED IN
C.R. BY R

C. R.
P. A.
NAVAL TREASURY
DATE 6/9/44
INITIAL B

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
NIL			

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	NIL	NIL
<u>To Whom Paid:</u>	NIL.	<u>Address</u>	NIL

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: NIL.

The final deduction of Assigned Pay for NIL has been made for the period from 1st to _____ of _____ 194

Remarks:

Computed by.....
Checked by.....

for Alfred Boonell
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

ML.

REGISTERED

File No. N.S. V-54372 Pers.(N)

25

30th August, 1944.

Dear Mrs. Barefoot:

Further to my letter of the 11th May, 1944, in view of the length of time that has elapsed since your son, Gordon William Barefoot, Stoker First Class, Official Number V-54372, 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 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. Mary Barefoot,
251 Ferry Road,
St. James, Man.

Royal ✓ Canadian ✓

Message Condolence

Date Sent 30/8/44 NFR 5

*B 7 30/9/44
NPR
OM.*

ML.

OTTAWA, Ontario, 30 August,

4.

V-54372 (Pers.N)

24

Sir:

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

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
BAREFOOT, Gordon William, Stoker First Class. V-54372.R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Mary Barefoot, 251 Ferry Road, St. James, Manitoba.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Rec. Gen. 5th Victory Loan, Ottawa, Ont.		25.20	<i>mu</i>

Will: Will attached.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

mu

MS

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Gordon William
 (CHRISTIAN NAMES)

BAREFOOT
 (SURNAME)

REGISTER NO.

13203

PAYEE
 ADDRESS

Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

for Service Estate of
 Gordon W. BAREFOOT
 NSV-54372

FILE NO.

NSV-54372

DATE

19 Oct. 45

SERVICE NO.

V-54372

FINAL RANK OR RATING

A/Sto.1/c

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May 44

DATE OF DISCHARGE

7 May 44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 451 EQUAL TO 15 COMPLETE PERIODS AT \$7.50
30

\$ 112.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 75 LESS 1 INELIGIBLE DAYS, EQUAL TO 74 DAYS @ 25C. PER DAY

18.50

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 \$ N11

TOTAL \$ 3.38 X7 = \$ 23.66
 NO. OF DAYS 75 X\$ 23.66
183

9.70

D. WAR SERVICE GRATUITY

140.70

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ N11

F. TOTAL AMOUNT PAYABLE

140.70

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 140.70
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 3068- Oct. 27/45

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 DM CHECKED BY [Signature]

TREASURY
 CHECKED BY A. Friday DATE 23/1/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT