

V4538  
BOUCHER

GEORGE

ARTHUR

OCCUPATIONAL HISTORY FORM 02599

JUL 17 1941  
173831954

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

PLEASE LEAVE BLANK

1. (a) Print name in full George Arthur BOUCHER (b) Reg'l. No. 14538  
 2. (a) Arm of service ROYAL (b) Unit Cartier Division (c) Rank ord. smn  
 3. (a) Date of birth 22nd Feb. 1911 (b) Have you any dependents? no (c) Place of residence 5161 Fabre St., MtL at time of enlistment  
 4. (a) Place of enlistment Cartier Division, Montreal (b) Date of enlistment 15th July 1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs old (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.) 7th Grade Commercial  
 7. If you attended a university, give name of university and standing or degree secured no  
 8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? xxx (c) Did you finish it? xxx (d) If you did not finish it, how long did you serve at it? xxx  
 9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & 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? no

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 UNAPPLICABLE  
 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 UNAPPLICABLE (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 Domition Ornaments Co., Address 442 Ste Helene St.,  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Metal ornaments  
 20. (a) Your specific occupation buffer-polisher (b) Number of years' experience at this occupation with any employer 1 year 3  
 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 (b) Where was it located? UNAPPLICABLE  
 23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? xx  
 25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? no (c) In what provinces did you have experience? xx

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.) permanent navy  
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 15th July 1941 SIGNATURE G. Boucher



COPY TO  
VWD  
ES

JUL 25 1941





ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

|    |  |   |
|----|--|---|
| 8  | Full names of the deceased.              | Boucher <del>George</del> George Arthur |
| 9  | Date of his birth.                       | <del>1920</del> February 22 - 1921      |
| 10 | Place and date of his marriage.          | nil                                     |
| 11 | Place and date of his parents' marriage. | nil                                     |

## PARTICULARS OF DOMICILE

|    |  |   |
|----|--|---|
| 12 | Place where deceased was born.   | 1251 Laurier East<br>Montreal P.Q.                      |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) }<br>(b) } Montreal P.Q.<br>(c) }<br>(d) }          |
| 14 | Nature of employment before enlistment.  | Orpiment Industries,<br>Solicitor of smokes accessories |
| 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.   | Not mention   |

## PARTICULARS OF ESTATE

|    |  |  |
|----|--|--|
| 17 | Did he leave a Will? If in your custody, please forward.   | Not known.   |
| 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?   | None   |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.   | Not known  |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.  | Not known  |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.   | 400-1000.00 Endowment<br>Policy No 125195, National Life Ins. Co. of Canada.<br>Beneficiary: Arthur Boucher (father) |
| 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:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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. | none   |
| 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.  | Funeral expenses paid by<br>Arthur Boucher. \$50.00<br>account attached herewith |
| <p>(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.)</p> |  |  |

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.

Arthur Boucher

{ Signature of Informant

5161. Fabre St. Montreal J. 2

} Address

CERTIFICATE

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

\*See above. Arthur Boucher { 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 Montreal this 20<sup>th</sup> day of September 1944.

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

P. Lincelle

Qualification Prest

Address St Jacques presbytery 445 est rue St Catherine

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



CANADA

N. V. 5

50M-1-41 (8973)

N.S. 815-11-5

NATIONAL DEFENCE

JUL 17 1941

N.S. 11378-1954  
CANADA

P 92598

# ATTESTATION FORM (HOSTILITIES FORM)

## FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BOUCHER OFFICIAL NO. 4538  
CHRISTIAN NAMES George Arthur MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS 5161 Fabre St., Montreal, QUE. RELIGION R.C.

DATE OF BIRTH 22nd Feb. 1921 PLACE OF BIRTH Montreal, Quebec NAME AND ADDRESS OF NEXT OF KIN Father: ARTHUR same address  
Original Nationality of: Canadian  
Father Canadian  
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 <u>5</u>       | Inflated <u>35</u> | <u>Brown</u> | <u>Brown</u> | <u>Fair</u> | <u>Nil</u>           |
| Inches <u>3 1/4</u> | Deflated <u>34</u> |              |              |             |                      |
| <u>117</u>          | Mean <u>34 1/2</u> |              |              |             |                      |

EDUCATIONAL STANDING 7th Grade Commercial TRADE OR CALLING AND IN WHOSE EMPLOY Polisher Dominion Ornaments Co., 442 St Helene St., Montreal, Que.

DATE OF ENROLMENT 10th July 1941 RATING FOR WHICH ENROLLED ord. smn R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED Cartier

### (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 ~~have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force, and I have never been in the possession of a commission or other rank in any of the armed forces of any country, and I have never been in the possession of a commission or other rank in any of the armed forces of any country, and I have never been in the possession of a commission or other rank in any of the armed forces of any country.~~

\*Cross out Clause not applicable.

| SERVED IN | RANK | FROM | TO |
|-----------|------|------|----|
|           |      |      |    |

ENTERED IN PAY LEDGERS  
H. McCIS have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.  
ROUGH

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

Personnel Records Division.

1. Noted in Records ...
2. Index Card ...
3. Home Sub Card ...
4. Statistical Card ...
5. Roneo Strip ...
6. Pension Card ...
7. ...
8. ...

DATE 24-7-41



(5) On being enrolled as a member of the Cartier Division of the Royal Canadian Naval Volunteer Reserve, I undertake to 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 if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

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

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

Dated this 15th day of July 1941.

Signature of applicant XX G. Boucher

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 15th day of July 1941.

Gudrie Legendre Lieutenant, R.C.N.V.R.  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, George BOUCHER 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 XX G. Boucher

Witness Gudrie Legendre

Date 15th July, 1941 Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

George BOUCHER 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 Cartier Division of the R.C.N.V.R. or in the appropriate official documents.

Gudrie Legendre  
Attesting Officer.  
Lieutenant, R.C.N.V.R.  
R.C.N.V.R. Division Cartier  
(or other establishment)

15th July 1941

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

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

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

U-4538



CANADA

Can. B. 207

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

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined BOUCHER, George

† candidate for entry as C. D.  
and I believe him to be \* in all respects fit for His Majesty's Service. } He has signed  
unfit for His Majesty's Service for the reason stated below. } 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 (Years / Months) | (b) Weight without Clothes (lbs.) | (c) Height with Bare Feet (ft. ins.) | (d) General Development | (e) Chest Girth (inches)                        | (f) Vision by—<br>(i) Snellen's Types<br>(ii) Colour Vision | (g) Vaccinated or re-vaccinated for Small Pox (Date) | (h) Lungs, Heart, etc. | (i) Abdomen, Hernia, etc. | (k) Limbs and Joints | (l) Skin | (m) Ears and Hearing | (n) Testes, Varicocele, etc. | (o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. | (p) Anus, Hemorrhoids, etc. |
|--------------------------|-----------------------------------|--------------------------------------|-------------------------|---|---|--|------------------------|---------------------------|----------------------|----------|----------------------|------------------------------|---|-----------------------------|
| 20 6/23                  | 117                               | 5' 9 1/2"                            | Good                    | (a) maximum 36<br>(b) minimum 34<br>(c) mean 35 | right eye 6/6<br>left eye 6/6<br>*colour vision N           | 1 6.2.40   | normal                 | normal                    | normal               | normal   | normal               | normal                       | P.U.P<br>1 deficient<br>1 defective   | clear                       |

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

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

84723 Approved

Write in the appropriate notation, and any remarks necessary.

### CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, † *Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡ I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

*George Boucher*

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 Montreal the 13th of July 1941

*R. Schick 4/9/41 com*  
*Rings relaxed 20/11/41 com*

*Chas. C. Macdonald*  
Examining Medical Officer  
(Rank) *Surg. Lt. R.C.N.V.R.*

## CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

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

|                            |                            |                                     |
|----------------------------|----------------------------|-------------------------------------|
| NAME<br><br>BOUCHER George | OFFICIAL No.<br><br>V-4538 | Date of Birth<br><br>22nd Feb. 1921 |
|----------------------------|----------------------------|-------------------------------------|

### ON LEAVING HARBOUR TRAINING SERVICE

| Subject                                    | Ability       | REMARKS<br>(percentages obtained, etc.) | Initials of<br>Instructing<br>Officer |
|--|---------------|---|---------------------------------------|
| *School.....                               | <i>Sat</i>    | <i>math 60% Eng 60%</i>                 | <i>JLB</i>                            |
| Seamanship—<br>Boat work:                  |               |   |                                       |
| (a) Pulling.....                           | <i>Indiff</i> |   | <i>JM</i>                             |
| (b) Sailing.....                           |               |   |                                       |
| Gunnery and<br>Disciplinary Training.....  | <i>Sat.</i>   |   | <i>JM</i>                             |
| Shooting.....                              |               |   |                                       |
| Swimming—P. P. T. ....                     |               | Date qualified.....                     |                                       |
| Physical and Recreational<br>Training..... | <i>Sat</i>    |   | <i>JM</i>                             |
| Special qualifications.....                |               |   |                                       |
| Call Boy.....                              |               |   |                                       |
| Bugler (Sea Service).....                  |               |   |                                       |
| Special Remarks                            |               |   |                                       |
| e.g., C. W. Candidate.....                 |               |   |                                       |
| .....                                      |               |   |                                       |
| .....                                      |               |   |                                       |
| .....                                      |               |   |                                       |

On joining:— Weight 117 Height 5' 3½" Date 15th July 1941.

On leaving:— Weight 133 Height..... Date.....

\* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. "Cartier". Date 2/11/41 Russell Captain.

## PROGRESS UNDER TRAINING FOR ABLE SEAMAN

| Educational Examinations   | Date                               | Ship | Signature and Rank of Divisional Officer |
|----------------------------|------------------------------------|------|--|
| Passed Educationally {     | Accelerated Advancement.....       |      |  |
|                            | For Able Seaman (if G.C. III)..... |      |  |
|                            | 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             |         | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship |
|            | Hours   |                |                    |                                    |                             |                                 |                                       |                         |         |       |                   |  |
|            | %       |                |                    |                                    |                             |                                 |                                       |                         |         |       |                   |  |
|            | %       |                |                    |                                    |                             |                                 |                                       |                         |         |       |                   |  |
| TORPEDO    | Subject | Whitehead      | Low Power          | High Power                         | Instruments                 | Explosives                      | Paravanes                             |                         |         | 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 (Special Service).

---

Qualified for advancement to Able Seaman (S.S.)

on ..... Date. ....

Commodore

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

Rated Able Seaman and Recommendations inserted on History Sheet

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

Date

..... Captain.

Six copies to be rendered to Naval Service Headquarters

# REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at Sea

Name George Arthur BOUCHER  
(Christian names in full)

Rank of Rating Able Seaman Official No. Y. 1077 RENVR  
(If unknown, date of first entry)

Place of Birth Montreal, Quebec Date of Birth 22nd February, 1921

Occupation in Civil Life Roller Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) Two Years, Seven Months

Date of Death 7th May, 1944 Place of Death At Sea

Cause of Death Enemy Action. Torpedoing of H.M.C.S. "VALLEYFIELD"  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Arthur BOUCHER Relationship Father  
Address 5161 Fabre St., Montreal, Que.

Date on which the above was informed by Ship Informed by H.M.C.S.

Date on which death was registered with local Officials Not Registered

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalided

*[Signature]*  
Commanding Officer, (Avalon)  
A/Captain, R.C.N.  
17th May, 1944

The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

# ACCOUNTS OF MEN DISCHARGED

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

Name BOUCHER, George A. Rating A.B.  
 Official No V.4538 H.M.C.S. AVALON " VALLEYFIELD List 12<sup>2</sup>/11  
 Who\* DISCHARGED DEAD on the 7 May 1944

|   | \$  | cts. |
|---|-----|------|
| Net sum due on ledger on account of Wages.....  |     |      |
| Proceeds of sale of Effects charged against Wages, brought from the other side                                | NIL |      |
| CASH—   |     |      |
| Proceeds of sale of Effects, brought from the other side.....   |     |      |
| Found amongst Effects.....  |     |      |
| Debts collected \$.....   |     |      |
| Cash deposited by official Receipt No. <u>25181</u> payable <u>Adm. Naval Estates</u><br><u>(Present War)</u> | 89  | 01   |
| Cash debited in the Accountant Officer's Cash Acct.....   |     |      |
| If in debt in ledger, amount to be stated (in red ink).....   |     |      |
| Rate of allotment (in words) <u>TEN DOLLARS</u> charged to <u>31 May</u><br><u>1944</u>                       |     |      |
| Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>  |     |      |
| Total†.....   | 89  | 01   |

42

Note  
now  
done  
3-7-44

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of.....AVALON for "VALLEYFIELD" amounting to a net balance†.....CREDITOR of EIGHTY-NINE dollars ONE cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S  
NFLD. this FIFTH day of JUNE 1944

Approved PAY. LIEUT. CDR., R.C.N.V.R. Accountant Officer  
[Signature] { Initials of the Assistant Accountant Officer  
A/CAPTAIN. RCN Commanding Officer.

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

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



D OF D 7-5-44

RUN (I) AWARDS NAVY

D.D.

|                            |                 |          |                   |               |
|----------------------------|-----------------|----------|-------------------|---------------|
| BOUCHER                    | George Arthur   | V-4538   | A.B.              | FILE No.      |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS     | REGISTRATION NUMBER AND DATE DESPATCHED |
|---------------------|---|
| 1939-45 Star        |   |
| Atlantic Star       | 161                                     |
| Africa Star & Clasp | 3-10-49                                 |
| C.V.S.M. & Clasp    |   |
| War Medal           |   |
|                     |   |
|                     |   |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR Jan. 45 "VALLEYFIELD"

(1) MEDALS  
PERSON

ENTITLED TO

Mr. Arthur Boucher - Father

ADDRESS:

5161 Fabre St.,  
MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. A. Boucher

ADDRESS:

5161 Fabre St., Montreal, Que.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

484

(2)

(3) 28-10-44

FRENCH

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name **George Arthur Boucher**  
(Christian Names) (Surname)

Payee **Director of Estates** for service estate of **George A. BOUCHER**  
Address **308 Sparks St. Ottawa, Ont. N.S. V4S3B**

Register No. **11293**  
File No. **U-4538**  
Date **5-7-45**  
Service No. **U-4538**  
Final Rank or Rating **A.B.**  
Date of Discharge **7 May 44**

Date of termination of overseas service **7 May 44**

A. TOTAL QUALIFYING SERVICE  
No. of days **941** equal to **31** complete periods at \$7.50  
30 **232.50**

B. QUALIFYING OVERSEAS SERVICE  
No. of days **581** less **11** ineligible days equal to **570** days @ 25¢ per day **142.50**

C. SUPPLEMENT FOR OVERSEAS SERVICE  
DAILY RATES AT DISCHARGE  
Pay \$ **1.85**  
Subsistence or Lodging and Provision Allowance \$ **1.45**  
Additional Pay **H.K.M.** \$ **.13**  
Dependents' Allowance 1/30 of \$ **—**  
Total **3.43** x **183** = \$ **627.59**  
No. of days **581** x \$ **24.07** = \$ **14004.61**  
**1327**  
**328**

D. WAR SERVICE GRATUITY **481.23**  
**448.33**

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

F. TOTAL AMOUNT PAYABLE **451.23**

G. YOUR PORTION OF GRATUITY IS  
Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ **451.23**  
Total Dependents' Allowance in issue \$ \_\_\_\_\_

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by \_\_\_\_\_ Checked by \_\_\_\_\_  
Treasury Checked by \_\_\_\_\_ Date \_\_\_\_\_  
Service Representative

D.N.P.A. CHECK  
1 **ASB**  
2 **ASB**  
3 **ASB**  
4 **ASB**  
5 **ASB**  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

IG

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

4  
 NAVY

REGISTERED  
 MEMBER'S  
 NAME

George Arthur  
 (CHRISTIAN NAMES)

BOUCHER  
 (SURNAME)

REGISTER NO. 11293

FILE NO. NS.V-4538

DATE 16th July '45

SERVICE NO. V-4538

FINAL RANK OR RATING A.B.

PAYEE  
 ADDRESS

Director of Estates, for Service Estate of  
 308 Sparks St., George A. Boucher,  
 Ottawa, Ont. NS. V-4538

DATE OF TERMINATION OF OVERSEAS SERVICE 7th May '44.

DATE OF DISCHARGE 7th May '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 941 EQUAL TO 31 COMPLETE PERIODS AT \$7.50

232.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 581 LESS 11 INELIGIBLE DAYS, EQUAL TO 570 DAYS @ 25C. PER DAY

142.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.85  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$1.45  
 ADDITIONAL PAY H.L.M. \$ .13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$3.43 X7 = \$ 24.01  
 NO. OF DAYS 581 X\$ 24.01

76.23

D. WAR SERVICE GRATUITY

451.23

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

451.23

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 451.23

Voucher 1353- July 26/45

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  
 JSB

CHECKED BY

TREASURY  
 CHECKED BY  
 DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT

NON QUALIFYING SERVICE

| (#)        | Date      | Reason         | No. of Days |
|------------|-----------|----------------|-------------|
| 7          | 22 DEC 41 | DESERPTION AND | 22 ✓        |
| "          | 12 JAN 42 | WAITING TRIAL  | —           |
| "          | 13 JAN 42 | CELLS          | 17 ✓        |
| "          |           |                |             |
| "          |           |                |             |
| "          |           |                |             |
| "          |           |                |             |
| Total days |           |                | 36 ✓        |

DATE OF DISCHARGE  
 DATE OF VICTIM'S DEATH  
 (%) OF SERVICE

OVERSEAS SERVICE:

| Where Serving | From         | To          | No. of Days |
|---------------|--------------|-------------|-------------|
| BADDECK       | 17 SEPT 42 ✓ | 19 NOV 42 ✓ | 429 ✓       |
| VALLEYFIELD   | 8 DEC 42 ✓   | 7 MAY 43 ✓  | 152 ✓       |
|               |              |             | 581 ✓       |
| 365           | 24           |             |             |
| 14            | 31           |             |             |
| 31            | 29           |             |             |
| 19            | 31           |             |             |
|               | 30           |             |             |
| 429           | 7            |             |             |
|               | 152          |             |             |

CAUSE OF DISCHARGE:

REMARKS ON DISCHARGE

COMMISSION OF SERVICE  
 NAVY SERVICE RECORD

DATE OF DISCHARGE  
 LIFE NO. 12  
 ADDRESS

W.S.G. Application No. 11293 ✓

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

FILE NO. N.S. ✓-4538 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

|                  |                            |                    |                                |
|------------------|----------------------------|--------------------|--------------------------------|
| <u>Boucher</u> ✓ | <u>GEORGE ARTHUR</u> ✓     | <u>V-4538</u> ✓    | <u>A.B.</u> ✓                  |
| SURNAME          | CHRISTIAN NAMES<br>IN FULL | OFFICIAL<br>NUMBER | RANK OR RATING<br>ON DISCHARGE |

CAUSE OF DISCHARGE: DEAD (HMS VALLEYFIELD)  
APPLICANT FATHER - A.P. \$10.00 (to mother)

|                               |                         |            |                         |
|-------------------------------|-------------------------|------------|-------------------------|
|                               |                         | 42-365     |                         |
|                               |                         | 43-365     |                         |
|                               | <u>TOTAL SERVICE</u>    | 27         |                         |
| Date of Active Service        | <u>4 SEPT 41</u> ✓      | 31         |                         |
| Date of Discharge             | <u>7 MARCH 42</u> ✓     | 30         |                         |
| Total No. of Days             | <u>977</u> ✓            | 31         |                         |
| # Less non qualifying service | <u>36</u> ✓             | 31         |                         |
|                               |                         | 30         | Total Days <u>971</u> ✓ |
|                               |                         | 7          |                         |
|                               |                         | <u>977</u> |                         |
|                               | <u>OVERSEAS SERVICE</u> |            |                         |
| % Total No. of Days           | <u>581</u> ✓            |            |                         |
| # Less non qualifying service | <u>N/A</u>              |            | Total Days <u>581</u> ✓ |

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

# & % Overleaf

Computed By G. Dewar

Checked By J. Boucher

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

DATE: JUN 28 1945

CFC  
NDA

Marine  
 Armée  
 Aviation  
 (Apposer un X vis-à-vis de l'arme dans laquelle vous avez servi en dernier lieu)

MINISTÈRE DE LA DÉFENSE NATIONALE

M.F.M. 441a  
 100M-9-44 (5450)  
 H.Q. 1772-39-2326

**Demande de Gratification de Service de Guerre**  
*(Forces armées canadiennes)*

Il faut donner une réponse complète à chaque question de cette demande. Lorsqu'une question ne s'applique pas, il faut insérer "N.A."

1. Nom de famille au terme de votre service **BOUCHER** (BOUCHER)  
 (Lettres moulées)  
 2. Prénoms **GEORGE ARTHUR** (George Arthur)  
 (Lettres moulées)  
 3. Matricule **V-4538 R.C.N.V.R.** 4. Grade effectif au terme de votre service **Matelot breveté**  
 5. Adresse au complet à laquelle les versements de gratification devront être envoyés (Able Seaman)  
**Succession Feu George Arthur Boucher, (Estate of the late George Arthur BOUCHER)**  
**par Arthur Boucher 5161 rue Fabre, Montreal.**  
 (by Arthur Boucher, 5161 Fabre St., Montreal)

6. Spécifiez ci-dessous la période ou les périodes de votre service dans les Forces armées du Canada pendant la présente guerre.

| Arme<br>(Marine, Armée ou Aviation) | Matricule     | Grade final            | Date du début du service | Date du terme du service    |
|-------------------------------------|---------------|------------------------|--------------------------|-----------------------------|
| <b>Marine</b><br>(Navy)             | <b>V-4538</b> | <b>Matelot breveté</b> | <b>5 juillet 1941</b>    | <b>34 mois</b><br>34 months |

NAVAL PERSONNEL  
 (July 5/1941)  
 RECORDS  
 11293  
 JUN. 27 1945  
 WAR SERVICE GRATUITY SECTION

7. Au cours de votre service militaire dans les Forces canadiennes pendant la présente guerre, avez-vous été détaché ou prêté à une unité quelconque des Forces navales, militaires ou aériennes de Sa Majesté ou de n'importe quelle autre puissance alliée ou associée avec sa Majesté ou mis hors cadre? **N.A.**

Le cas échéant nommez la force ou les forces **N.A.**

8. Pendant la présente guerre, alors que vous ne serviez pas dans les Forces armées canadiennes, avez-vous été nommé ou vous êtes-vous engagé dans l'une quelconque des Forces navales, militaires ou aériennes de Sa Majesté (autres que les Forces armées canadiennes)? **N.A.** Le cas échéant, nommez la force ou les forces ainsi que les dates du début et du terme du service **N.A.**

(Estate George Arthur Boucher)  
 Ayant maintenant cessé de servir dans les Forces actives, je demande, par les présentes, qu'on me verse la gratification de service de guerre. **SUCCESSION GEORGE ARTHUR BOUCHER**

**Montréal, le 16 juin, 1945**  
 (Date)

Par: *Arthur Boucher*  
 (Signature du requérant)

(June 16/1945)

**5161 rue Fabre, Montreal.**

Si le nom signé dans l'espace ci-dessus n'est pas le même que celui donné dans la réponse à la question 1, insérer ici le nom que vous portiez au terme de votre service. Comme les chèques seront faits au nom donné dans la réponse à la question 1, il est tout à fait essentiel de donner une adresse précise dans la réponse à la question 5.

NOTE: Une fois ce modèle rempli, vous devrez l'envoyer au quartier général de l'arme dans laquelle vous avez servi en dernier lieu, savoir:  
 Marine—Le secrétaire, Conseil naval, Quartier général du Service naval, Ottawa (dans le cas des marins, le modèle doit être accompagné du certificat de service).  
 Armée—Le secrétaire, Ministère de la Défense nationale, (Armée), Ottawa, a/s du trésorier-payeur général.  
 Aviation—Le secrétaire, Ministère de la Défense nationale pour l'Air, Ottawa, a/s du chef des Archives.

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

|  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
|--|---|------------------------------|--------|------------------|---|--|--------|------|-----------------|-------|--------|------|------------------------------|-------|--------|------|
| 1. PLACE OF DEATH  | Municipal county  | AT SEA                       |        |                  | Official name of civil municipality or township | Place an X over the word which applies to this municipality or this territory<br>City   Town   Village   Parish   Township |        |      |                 |       |        |      |                              |       |        |      |
|  | Street  | No.                          |        |                  | Hospital or Institution                         |  |        |      |                 |       |        |      |                              |       |        |      |
| 2. LENGTH OF STAY  | (a) In hospital or institution  | Years                        | Months | Days             | (b) In municipality where death occurred        | Years  | Months | Days | (c) In Province | Years | Months | Days | (d) In Canada (if immigrant) | Years | Months | Days |
|  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 3. NAME OF DECEASED  | Surname   | BOUCHER (Block letters)      |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | Given names   | George Arthur                |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 4. RESIDENCE   | Street  | Folbre Street No. 5163       |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | Official name of civil municipality or township                                 | MONTREAL, Quebec.            |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 5. SEX   |   | 6. NATIONALITY (Citizenship) |        | 7. RACIAL ORIGIN |   | 8. Single, Married, Widowed or Divorced (Write the word)   |        |      |                 |       |        |      |                              |       |        |      |
| Male   |   | Canadian                     |        |                  |   | Single   |        |      |                 |       |        |      |                              |       |        |      |
| 9. If married give name of wife or husband of deceased   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 10. BIRTHPLACE (Province or Country)   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Quebec   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 11. DATE OF BIRTH  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| February 22 1921 (Month) (Day) (Year)  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 12. AGE OF DECEASED  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 23 3 (Years) (Months) (Days) If less than one day old hrs. or min.   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| OCCUPATION   | 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | Polisher  |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | 14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.         |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Dominion Ordnance Co.  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 15. Date deceased last worked at this occupation   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 16. Total years spent in this occupation   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 17. NAME   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 18. BIRTHPLACE (Province or Country)   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| FATHER   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| MOTHER (Maiden Name)   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 19. Place of burial, cremation or removal  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Body not recovered.  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 20. Date of burial   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 19   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 21. PLACE OF REGISTRATION OF THIS BURIAL   | (a) Name of parish or church  |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | (b) Civil municipality of   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| (c) Municipal county   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| (d) Date   |   | 19 (Month) (Day) (Year)      |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 22. Date of death  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| May 7th 1944 (Month) (Day) (Year)  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 23. I HEREBY CERTIFY that I attended deceased from   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 19 to 19   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| and last saw him alive on 19   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 24. CAUSE OF DEATH   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| I  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Immediate cause  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, athenia, etc. |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| (a) "Missing" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.               |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 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.                      |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| If a communicable disease is mentioned on this certificate, give   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| (a) Date of appearance 19  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| (b) Duration of disease days   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 25. If a woman, was there a puerperal condition?   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 26. Was there a surgical operation? Date of 19   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| State findings Was there an autopsy?   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 27. If death was due to external causes (violence) fill in also the following:—  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Accident, suicide or homicide Date 19 (State which)  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Manner of injury (How sustained)   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Nature of injury   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Specify whether injury occurred in industry, in home, or in public place   |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Signed M.D.  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Address Date 19  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)                                      |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| A. D. Money  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.                     |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Pastor, C. G. R. C. N. P.  |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |
| This signature authorizes the collector to accept this form as valid personnel records, voir l'autre côté pour le français     |   |                              |        |                  |   |  |        |      |                 |       |        |      |                              |       |        |      |

Naval Service Headquarters, Ottawa, Ont.

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

Sir:

10th May, 1944

(Date)

The following casualty has been reported -

| <u>NAME</u>            | <u>RANK or RATING</u> | <u>NAVAL NO.</u> |
|------------------------|-----------------------|------------------|
| BOUCHER, George Arthur | Able Seaman           | V4538 R.C.N.V.R. |

25

DATE OF ENLISTMENT - 10th July, 1941 Active Service 4th September, 1941

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 when and where any disability was incurred, or where death serving was lost by enemy action. While this occurred. casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date is 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- Father NAME- Mr. Arthur Boucher

ADDRESS- 5161 Fabre Street, MONTREAL, Quebec

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.

*AB Money*

for SECRETARY, NAVAL BOARD.

*EMC*

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

*B 12/18/44 N.P.R.15*

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:

.....

The following details have been reported -

NAME OF THE VESSEL: \_\_\_\_\_

NAME OF THE CAPTAIN: \_\_\_\_\_

NAME OF THE CREW MEMBER: \_\_\_\_\_

DATE OF THE INCIDENT: \_\_\_\_\_

LOCATION OF THE INCIDENT: \_\_\_\_\_

DESCRIPTION OF THE INCIDENT: \_\_\_\_\_

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.

If records indicate that records were destroyed from the vessel, details of other records, details to be furnished and copy of any Court Order, the certificate agreement, etc., to be furnished.

of the  
that  
of  
in

Details copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for consideration respecting the details of service allowances, dependants' allowances, etc., and subsequent transmission to you.

(See reverse side for further instructions)

- NAVAL SERVICE -

N.S.....

MEMORANDUM TO D.N.I.  
&  
V.C.N.S.

28

This is to certify that -

.BOUCHER, George Arthur, A.B. V-4538, R.C.N.V.R.

was serving in ..... H.M.C.S. "VALLEYFIELD" ..... as at .0210Z.  
7th May, 1944.

*[Handwritten signature]*  
.....  
Chief of Naval Personnel

This rating lost his life as the result of enemy action while  
serving aboard H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned rating is, therefore,

..... Missing, Presumed Dead. ....

Concurred:-

..... *C.H. Liddle* .....  
Dir. Naval Intelligence.

..... *[Handwritten signature]* .....  
A/Captain, R.C.N.,  
DIRECTOR OF OPERATIONS DIVISION.

..... *[Handwritten signature]* .....  
Approved for Staff.

O t t a w a, ..... 1943,

ML.

AUG 30 1944

V-4538 (Pers.N)

30

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,<br/>Official No., UNIT</u>              | <u>PARTICULARS RE<br/>DEATH</u>   | <u>NEXT OF KIN</u>   |
|---|---|--|
| BOUCHER, George<br>Arthur, Able Seaman,<br>V-4538, 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. | Father: Mr. Arthur Boucher,<br>5161 Fabre Street,<br>Montreal, Quebec. |

ALLOTMENTS IN FORCE

| <u>In favor of</u>  | <u>Amount</u> | <u>Initials</u>                   |
|---|---------------|-----------------------------------|
| Mrs. Etienne Boucher,<br>5161 Fabre Street,<br>Montreal, P.Q. | \$10.00       | Stopped May 31/44.<br><i>hall</i> |

Will: No Will.

Yours truly,

*A.B. Money*  
for SECRETARY, NAVAL BOARD.

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

30 August, 1944.

Dear Mr. Boucher:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, George Arthur Boucher, Able Seaman, Official Number V-4538, 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.

Mr. Arthur Boucher,  
5161 Fabre Street,  
Montreal. Que.

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

*B.F.  
30-9/44  
NPR-5  
8/8*

Royal Canadian  
Message ✓ Condolence ✓  
Date Sent 30/8/44 NPR 5

*91*

*[Handwritten mark]*

*a*

V4538

OFFICIAL NUMBER

FILE NUMBER

113-B-1954

OFFICIAL NUMBER V4538

NAME

BOUCHER  
(Surname)George, Arthur.  
(Given Names)

DATE OF BIRTH 22nd February, 1927

PLACE OF BIRTH

Montreal, Quebec.

OCCUPATION

Policher

RELIGION

Roman Catholic.

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

5161 Fabre Street,

Town

Montreal,

Province, etc.

Quebec.

| 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 |
| 10                | 7     | 41   | H.O.   | 5'3 1/2"    | Brown | Brown | Fair       | Nil.           |                  |                |       |    |

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY |       |      |                                       | EXAMINATIONS, CERTIFICATES, ETC. |       |      |                      |                   |       |      |             |
|--|-------|------|---------------------------------------|----------------------------------|-------|------|----------------------|-------------------|-------|------|-------------|
| Date (in figures)                              |       |      | Particulars                           | Date (in figures)                |       |      | Particulars          | Date (in figures) |       |      | PARTICULARS |
| Day  | Month | Year |                                       | Day                              | Month | Year |                      | Day               | Month | Year |             |
|  |       |      | C.V.S.M. (R&C) 1939-43 Star (A13906). | 4                                | 4     | 42   | "TR"                 |                   |       |      |             |
|  |       |      |                                       | 22                               | 11    | 43   | Night Vision (Good). |                   |       |      |             |

| 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 |                              |                |
|                      |       |      |                              |   | Stadacona             | 617     | 13                | 1     | 42   | Desertion.                   | 14 days Cells. |

FILM  
NO. 10412-5185-5  
DATE

| Date (in figures) |       |      | DAYS FORFEITED |       |       |          |          |                | O.H.F. received. |
|-------------------|-------|------|----------------|-------|-------|----------|----------|----------------|------------------|
| Day               | Month | Year | Prison         | Det'n | Cells | C. Power | W. Trial | In diff. Char. |                  |
| 13                | 1     | 42   |                |       | 14    |          |          |                |                  |

| SECOND CLASS FOR CONDUCT |    |
|--------------------------|----|
| From                     | To |
|                          |    |



P.I.B.

V4538 OFFICIAL NUMBER

NAME (Surname) BOUCHER (Given Names) George, Arthur.

OFFICIAL NUMBER V4538

| Ship or Establishment | Rating    | From |       |      | Remarks  | Character | Efficiency | Date |       |      | Non-Sub. Rating | Qualified |       |      | W Qualified |       |      |
|-----------------------|-----------|------|-------|------|--|-----------|------------|------|-------|------|-----------------|-----------|-------|------|-------------|-------|------|
|                       |           | Day  | Month | Year |  |           |            | Day  | Month | Year |                 | Day       | Month | Year | Day         | Month | Year |
| Cartier Div. Str.     | Ord. Smn. | 10   | 7     | 41   |  | V.G.      | Sat.       | 31   | 12    | 41   |                 |           |       |      |             |       |      |
| Duty Div. Hdqtrs.     | " "       | 4    | 9     | 41   |  | Good.     | Sat.       | 31   | 12    | 42   |                 |           |       |      |             |       |      |
| Stadacona             | " "       | 25   | 11    | 41   |  | V.G.      | Sat.       | 31   | 12    | 43   |                 |           |       |      |             |       |      |
| Stadacona             | " "       | 21   | 12    | 41   | To desertion.  | "         | "          | 7    | 5     | 44   |                 |           |       |      |             |       |      |
| Stadacona             | " "       | 10   | 1     | 42   | From desertion.  |           |            |      |       |      |                 |           |       |      |             |       |      |
| Baddeck               | " "       | 7    | 5     | 42   | #98235   |           |            |      |       |      |                 |           |       |      |             |       |      |
| "                     | Able Smn. | 10   | 1     | 43   | 249A #-27382.  |           |            |      |       |      |                 |           |       |      |             |       |      |
| Stadacona             | "         | 21   | 11    | 43   | DRD H-3268   |           |            |      |       |      |                 |           |       |      |             |       |      |
| Hochelaga 11          | "         | 27   | 11    | 43   | DRD H-3345   |           |            |      |       |      |                 |           |       |      |             |       |      |
| Valleyfield           | "         | 6    | 12    | 43   | Ledger.  |           |            |      |       |      |                 |           |       |      |             |       |      |
| DISCHARGED            | "         | 7    | 5     | 44   | "MISSING" per Casualty List. (249A #-A13929).<br>"Presumed Dead" (per Correction Sheet Page 94). |           |            |      |       |      |                 |           |       |      |             |       |      |

GENERAL REMARKS

R.C.N. Hospital-19-6-42--29-6-42.  
 AWARDED: Canadian Memorial Cross,  
 MOTHER: Mrs A. BOUCHER,  
 5161 Fabre St.,  
 Montreal, QUE.

| DATE OF BIRTH |    |    | PLACE OF BIRTH |         | CIVIL OCCU |      | RELIED        | 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  |
| 22            | 2  | 21 | 12             | 298     | 0          | 10   | X             | 2   | 23             | 02       | 0                          | 04 | 0    | 08 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 |       |
| 10            | 07 | 41 | 04             | 09      | 41         |      |               |     |                | 9690     | 0                          | 08 | 94   |       |
| SENIORITY     |    |    | STR            | NON-SUB |            | M    | CODED         |     |                | CHECKED  |                            |    |      |       |
| DY            | MO | YR | CAT            | A       | B          | ST   |               |     |                |          |                            |    |      |       |
| 10            | 01 | 43 | 13             | 00      | 00         |      |               |     |                |          |                            |    |      |       |

TFH/CED

REGISTERED  
AIR MAIL  
N.S. V-4538 Pers (N)

11th May, 1944.

22

Dear Mr. Boucher:

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 10 1944

SECRETARY, NAVAL BOARD.

Mr. Arthur Boucher,  
5161 Fabre St.,  
MONTREAL, Que.

L.D.

FOR TRANSLATION - FRENCH

ESTATES BRANCH

File No: H.Q. N.S. V-4538

Date: 17th August, 1945.

Mrs. Etienne Boucher,  
5161 Fabre St.,  
Montreal, Quebec.

BOUCHER George A. A.B. (Deceased)  
No. V-4538 R.C.N.

Dear Mrs. Boucher:

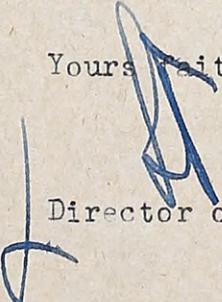
The War Service Gratuity due to your son has been determined in the amount shown on the attached award form.

As your son died without having made a will, this amount is distributable in accordance with the intestacy laws of his province of domicile, which provide that one-half be shared equally between his parents and the remaining one-half be shared equally amongst his brothers and sisters.

A cheque has been requisitioned from Treasury payable to your order for your one-quarter share as next of kin entitled and on receipt of same will you kindly sign and return the enclosed form of acknowledgment.

Yours faithfully,

ENC:  
HLV/MM

  
Director of Estates.



DISTRIBUTION OF SERVICE ESTATES

Estates Form <sup>MH</sup> "P. 4"

NAVY

Name: BOUCHER, Surname George A. Christian Names No.: V-4538  
A. B. Rank HMCS VALLEYFIELD Unit 7-5-44 Date of Death

Date: 10-8-45  
 AMOUNT  
 W.S.G. 451.23  
 L.P.C. \$ 89.01  
 Other Credits.....  
 Total..... 540.24  
 Prev. dist. 89.01  
 This dist. 451.23

| SHARE | RELATIONSHIP | NAME AND ADDRESS   | AMOUNT |
|-------|--------------|--|--------|
| 11/20 | Father       | Arthur Boucher, ✓<br>5161 Fabre St.,<br>MONTREAL, Que. X               | 248.18 |
|       |              | (5/20 as next of kin entitled)<br>(6/20 for benefit of 6 minors)       |        |
| 1/4   | Mother       | Mrs. Etienne Boucher, ✓ X<br>(As above)                                | 112.81 |
| 1/20  | Sister       | Mrs. Aline Petelle, ✓ ✓ X<br>5287 Fabre St.,<br>MONTREAL, Que.         | 22.56  |
| 1/20  | Sister       | Mrs. Eveline Vanier, ✓ ✓ X<br>5287 Fabre St.,<br>MONTREAL, Que.        | 22.56  |
| 1/20  | Sister       | Mrs. Laurette Page, ✓ ✓ X<br>6391 St. Dominique St.,<br>MONTREAL, Que. | 22.56  |
| 1/20  | Sister       | Mrs. Berengere Boilleau, ✓ X<br>7456 Chateau Briand,<br>MONTREAL, Que. | 22.56  |
|       |              | (As next of kin entitled)  |        |
|       |              | <u>P4. TO TREAS.</u><br><u>14/8/45</u>                                 |        |
|       |              |  | WSG    |

| AUTHORITY     |      |     |                            |      |          |
|---------------|------|-----|----------------------------|------|----------|
| H.O. F.E. No. | VOTE | PRI | H.O. SUB.                  | OBJ. | AMOUNT   |
| 9999          | 831  | 00  | 50                         | 000  | \$451.23 |
| CLASSIFIED BY |      |     | EXAMINED BY                |      |          |
|               |      |     | For Chief Treasury Officer |      |          |

DISTRIBUTION APPROVED AND AUTHORIZED

*(Signature)*  
 (L. M. FIRTH) Colonel  
 Director of Estates

AUDITED FOR PAYMENT

.....  
 For Chief Treasury Officer



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

*A.B.*.....OFF.NO. *V 4538*.....ADDRESS .....

| QUALIFYING PERIODS IN DAYS |               |         |          |         |                   | STARS<br>MEDALS | ✓<br>1<br>2 | ELIGIBLE<br>FOR AWARDS OF |
|----------------------------|---------------|---------|----------|---------|-------------------|-----------------|-------------|---------------------------|
| FROM                       | TO            | 1939-45 | ATLANTIC | DEFENCE | CLASP<br>C.V.S.M. |                 |             |                           |
|                            |               |         |          |         |                   | 1939-45         | 1           | <i>Star</i>               |
|                            |               |         |          |         |                   | ATLANTIC        | 1           | <i>Star</i>               |
|                            |               |         |          |         |                   | FRANCE G.       |             |                           |
|                            |               |         |          |         |                   | AFRICA          | 2           | <i>@ b. clasp</i>         |
| <i>12-42</i>               | <i>9-3-43</i> |         |          |         |                   | PACIFIC         |             |                           |
|                            |               |         |          |         |                   | BURMA           |             |                           |
|                            |               |         |          |         |                   | ITALY           |             |                           |
|                            |               |         |          |         |                   | DEFENCE         |             |                           |
|                            |               |         |          |         |                   | C.V.S.M.        | 2           | <i>@ b. clasp</i>         |
|                            |               |         |          |         |                   | " CLASP         |             |                           |
|                            |               |         |          |         |                   | WAR 1945        | 1           | <i>Medal</i>              |
|                            |               |         |          |         |                   | WAR 1915        |             |                           |

EARNED PRIOR TO "RUM"

*WAR MEDAL*

VERIFIED BY *L. Albert...*

|         |                 |      |          |
|---------|-----------------|------|----------|
|         |                 |      | Ward "B" |
|         | R.C.N. Hospital |      | 4224     |
|         | BOUCHER         |      | George   |
| O/Sea.  | V-4538          | V.R. | Baddeck  |
| 19.6.42 |                 |      | 29.6.42  |

Acute Follicular Tonsillitis with peritonsillar inflammation.  
 Light duty four days, to return in two weeks  
 for T. and A.

COMPLAINTS: Sore Throat ..... three days.  
 Headaches ..... three days  
 Various Joint Pains ..... one days.

HISTORY PRESENT ILLNESS: Some language difficulty. Has had scarlet fever and diphtheria. Thought he had some cardiac complications with diphtheria. No other illnesses.

FAMILY HISTORY: Mother alive - not well. Cardiac semi invalid.  
 Father alive - has had partial gastrectomy. Eight sisters all well except one who is in the Sanitarium with T.B. Three brothers alive and well. No family diseases elicited.

PERSONAL HISTORY: Unmarried, 21 years old, is second in family.  
 Five cigarettes daily, occasionally beer.  
 Denies V.D.G. Scar left thigh. Wr. to be done.

FUNCTIONAL ENQUIRY: At present time - H.P.I. Normally - all negative.

HISTORY PRESENT ILLNESS: Well until three days ago developed headache, sore throat, mild coryza. Sore throat increasing in severity. Twenty-four previous to admission developed fleeting joint pains, right wrist and ankle most sore. Unable to eat as cannot swallow.

PHYSICAL EXAMINATION: White adult male of stated age, lying quietly in bed, face somewhat flushed. Well nourished individual.

Head: No bumps, etc., Ears: Both external meati filled with cerumen. Hearing diminished in left ear. Nose: Slight rhinitis present unable to breathe freely through nose. Neck: Cervical glands palpable. Thorax well developed. Chest negative to all forms of examination. Heart: P.M.I. fifth interspace. Sounds clear and distinct. No pathology present. Abdomen: Scaphoid, not tender, no masses. Genitals: normal. Extremities: Small scar left thigh. History of boil. No swelling about joints. Right ankle tender to full flexion. Left elbow slightly tender. Reflexes: Present equal and active.

DIAGNOSIS: Acute Follicular Tonsillitis with peritonsillar.  
inflammation.

(A.M.Pain) Surg.Lieut; V.R.

/hmg.

REPORT BY SURG.LIEUT. GAVIN CHISHOLM:

Marked peritonsillar infiltration left, no fluctuate. (G.Chisholm)

URINALYSIS:

- 20.6.42: colour - amber, sp.gr. 1020, acid, alb. and glu. nil, occ. leucocytes, few epithelium.  
21.6.42: Colour - yellowish, sp.gr. 1024, strongly acid, alb. and glu. nil, amorphous urates ++++ occasional epithelium.  
22.6.42: color - yellowish, sp. gr. acid, alb. gluc. nil, few leucocytes. some sulphate crystals.  
24.6.42: color - yellowish, sp.gr. 1025, strongly, acid, alb. glu. nil, amorphous urates ++++, some sulph. crystals,  
25.6.42: color - straw, sp.gr. 1017, strongly, alb. and glu. nil, amorphous urates ++++ occ. leucocytes.  
26.6.42: color - yellowish, sp.gr. 1024, strongly acid, nil for albu., and glu. amorphous urates, ++++, some sulph. crystals.

PROGRESS NOTES:

- 22.6.42: No improvement in condition. Throat has appearance of developing peritonsillar abscess, both sides, Uvula entirely obliterated. Cervical glands quite large and tender. Unable to swallow solids. Continue with treatment.  
24.6.42: Throat resolving. Tonsils still markedly hypertrophied. Swollen and injected. Uvula can now be seen again. To continue on sulphathiazole, and irrigations.  
27.6.42: Throat back to normal. Tonsils very hypertrophied. Thiazole discontinued p.m. 26.6.42. To be discharged June 29th/42. and to return in two weeks for T. and A.

(Sgd.) A.M.Pain,  
Surg.Lieut., V.R.

/hmg.

*M.B.M.*

N.V. 17  
COM-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**

*George Arthur BOUCHER*

**in the Royal Canadian Naval Volunteer Reserve**

|                       |                         |                               |
|-----------------------|-------------------------|-------------------------------|
| Training Headquarters | R.C.N.V.R. Division     | Official Number <i>V-4539</i> |
|                       | <i>Montreal, Quebec</i> | "                             |
|                       |                         | "                             |

Date of Birth *22 February 1921* Name and Address of Nearest Relative or Friend (in pencil)

Place of Birth *Montreal, Quebec* *Arthur, Arthur*

Place of Residence *5161 Sakre St. Montreal, Que.* *5161 Sakre St.*

Trade brought up to *Palisher, Dominion Ornaments Co.* *Montreal, Que.*

Religion *Roman Catholic*

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>10 July 41</i>                 | <i>Duration Hostilities</i> | <i>Ord. Smo</i>                     |                           |              |                      |
|                             |                                   |                             |                                     |                           |              |                      |
|                             |                                   |                             |                                     |                           |              |                      |
|                             |                                   |                             |                                     |                           |              |                      |

|                                   | Height   |              | Chest (mean)  | Weight     | Hair         | Eyes         | Complexion  | MARKS, WOUNDS, SCARS |
|-----------------------------------|----------|--------------|---------------|------------|--------------|--------------|-------------|----------------------|
|                                   | Feet     | Inches       |               |            |              |              |             |                      |
| On Entry                          | <i>5</i> | <i>3 1/4</i> | <i>34 1/2</i> | <i>117</i> | <i>Brown</i> | <i>Brown</i> | <i>Fair</i> | <i>Nil</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 |
|                            |    |      |                        |      |           |
|                            |    |      |                        |      |           |
|                            |    |      |                        |      |           |









H.M.C.S. ".....

STADACONA

DEPT. NATIONAL DEFENCE

Warrant No. 617, dated

13th

January

MAY 20 1942

113 B. 1954 19 42 CANADA

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

For..... - - CELLS - -

113523

(a) WHEREAS it has been represented to me by

ACTING COMMANDER ERNEST PATRICK TISDALL, ROYAL CANADIAN NAVY

that on the 21st day of December 19 41,

Name..... George BOUCHER

Date of Birth..... 22nd February, 1921

Rating..... Ordinary Seaman, Royal Canadian Naval Volunteer Reserve

Official Number..... V.4538

Good Conduct Medal..... Nil

Good Conduct Badges..... Nil

Date of Entry in Ship..... 25th November, 1941

List and Number on Ship's Book..... 22/308

Date of First Entry in H.M. Service..... 10th July, 1941

Class for Conduct..... First

Character assessed to date, from the last annual assessment, but not including this offence  
Very Good

Class for Leave..... First

Did [Insert full particulars of Offence.] Did desert from His Majesty's Canadian Ship "STADACONA" at Halifax, Nova Scotia, on 21st December, 1941, surrendering himself to Naval Authorities in Montreal, Quebec, on 8th January, 1942, dressed in uniform.

I do hereby adjudge him the said George BOUCHER

Insert below in the proper columns the particulars of the punishment.

| †To be imprisoned in |          |                | †To be kept in detention in |          | Confined in Cells on Board |                 | Disrated to | Deprived of Medal | Deprived of Badges, No. | Whether reduced to 2nd Class for Conduct | Days  |       |                |               | Whether Reduced to Lower Class for Leave | Grog stop-ped Days | Other Punish-ments |
|----------------------|----------|----------------|-----------------------------|----------|----------------------------|-----------------|-------------|-------------------|-------------------------|--|-------|-------|----------------|---------------|--|--------------------|--------------------|
| Name of Gaol*        | For Days | With Days H.L. | Name of Place of detention* | For Days | No. of Days                | Diet            |             |                   |                         |  | 10    | 15    | Leave stop-ped | Pay forfeited |  |                    |                    |
| - - -                | - - -    | - - -          | - - -                       | - - -    | 14                         | First Three low | - - -       | - - -             | - - -                   | No                                       | - - - | - - - | - - -          | No            | - - -                                    | - - -              |                    |

\*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).  
†See page 4 for proposal to award imprisonment, detention or disrating.

Noted in Service  
Records by [Signature]

Before awarding the foregoing punishment, (b) I did, on the 12th day of January 1942 personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of

ACTING COMMANDER ERNEST PATRICK TISDALL, ROYAL CANADIAN NAVY  
AND  
SUB-LIEUTENANT ALEXANDER GRANT, ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

in support of the charge as well as what the Accused had to offer in his defence, and the evidence of (c)

he calling no one

whom he called on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the First Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship "STADACONA" at  
Halifax, Nova Scotia, the 13<sup>th</sup> day of January 1942

*A. Adams*  
..... Captain

COMMANDER  
ROYAL CANADIAN NAVY

*E. P. Tisdall*  
.....  
ACTING COMMANDER  
ROYAL CANADIAN NAVY

{ Signature and Rank  
of Complainant

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the \_\_\_\_\_ day of \_\_\_\_\_, in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

— "The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant Number 617 dated and read by me this 13<sup>th</sup> day of January, 1942.

*E. P. Tisdall*  
ACTING COMMANDER  
ROYAL CANADIAN NAVY



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

19.....

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations.  
Art. 707 (1).

\* ..... { days { Imprisonment with hard labour } in  
\* ..... { calendar months { Detention

addition to the other punishments indicated.

Art. 776 (2).

To be disgraced to..... in

addition to the other punishments indicated.

Art. 752 (2).

\*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

Your Obedient Servant,

\*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature.....

The Officer Commanding

Rank

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

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.