

A2453
BOUDREAU

LEONARD

JAMES

OCCUPATIONAL HISTORY FORM

123-B 301

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

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

Section A—GENERAL INFORMATION

- 1. (a) Print name in full... (b) Reg'l. No.
2. (a) Arm of service... (b) Unit... (c) Rank...
3. (a) Date of birth... (b) Have you any dependents?... (c) Place of residence at time of enlistment...
4. (a) Place of enlistment... (b) Date of enlistment...

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... (b) Were you attending school or college up to the time of enlistment?
6. State definitely highest standing reached at public, technical or high school...
7. If you attended a university, give name of university and standing or degree secured...
8. (a) Did you ever enter upon a trade apprenticeship?... (b) If so, for what occupation?... (c) Did you finish it?... (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently?... (b) What languages do you read well?...

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment... (b) At time of enlistment of what trade union or professional society were you a member?...

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

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

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

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

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

- 18. Name of employer... Address...
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)...
20. (a) Your specific occupation... (b) Number of years' experience at this occupation with any employer...
21. (a) Did your employer promise definitely to give you employment on discharge?... (b) Did your employer refuse to promise you employment on discharge?... (c) Do you wish to return to your former employment?...

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war?... (b) Do you feel competent to operate a farm?... (c) If so, in what kind of farming?
25. (a) Were you born on a farm?... (b) How many years' actual farming experience have you had?... (c) In what provinces did you have experience?...

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
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.)...
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form...

DATE... 194... SIGNATURE...



21-9-W

FOR COMPLETION AND RETURN BY

1

Form P. 64

Miss. Irene Boudreau,
63 Morris Street,
Halifax, N.S.

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

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

and the following number quoted:—

H.Q. NS. A-2453. ED. 608.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

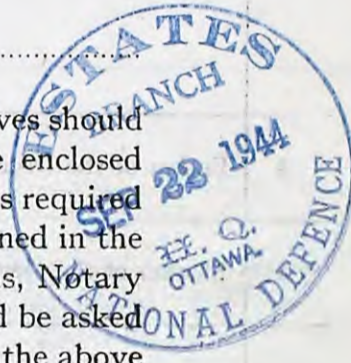
September 13 1944

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

BOUDREAU, Leonard James Stoker Petty Officer,

A-2453, R.C.N.R.

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



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

GC/

W. A. ...
Commander ...
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Sister Widow of the Deceased.....	Mrs Bondrean ²⁴		
2	Children of the Deceased and dates of their Births.....	Father & Mother deceased Two Sisters living Mrs Guy Pease 106 Highland Ave Mass. USA		
3	Father of the Deceased.....			
4	Mother of the Deceased.....	Miss Mary Bondrean 549 Bowdoin Place Halifax Brothers Arthur Bondrean Edw F. Turner		
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	+ debarant Miss Irene Bondrean 105 Morris St Halifax N.S.	
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Leonard Bondreau
9	Date of his birth.	Oct 1915
10	Place and date of his marriage.	Amegh
11	Place and date of his parents' marriage.	Amegh 2/10/18

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Amegh 2/10/18
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Amegh 2/10/18
14	Nature of employment before enlistment.	Cool Miner
15	State whether he owned the premises in which he lived, and, if so, where situated.	yes
16	Name place where deceased stated he intended to make his permanent home.	Amegh

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Don't know
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?	Amegh
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?	BK MS River Street MS
20	Amount of War Savings Certificates held by deceased. Indicate where located.	?
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	?
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	?
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	?

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	?
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	?

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in 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.)

(PLEASE TURN OVER)

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

Arthur 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.

Jane Bondreau

Signature of Informant

105 Marlborough St. Halifax N.S.

Address

CERTIFICATE

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

*See above. *Bondreau* { Name of informant } is the* *Arthur* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *Halifax* this *19* day of *Sept* 19*44*

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

A. J. [Signature]

Qualification

Address

Halifax N.S.

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

21	Did the deceased ever claim any other estate?
22	Describe other assets if any, and estimated value thereof.
23	Has the deceased had any other relatives paid the funeral expenses of any person? If so, attach detailed accounts showing amount paid and by whom.
24	Has the deceased ever been a member of any of the following societies, and if so, give the name and address of the society? (a) Friendly societies (b) Trade unions (c) Friendly societies (d) Friendly societies (e) Friendly societies
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50	Has the deceased ever been a member of any of the following societies, and if so, give the name and address of the society? (a) Friendly societies (b) Trade unions (c) Friendly societies (d) Friendly societies (e) Friendly societies

1199 P055742



NATIONAL DEFENCE
AUG 22 1940
723. B 301
UNION



928
m.

ATTESTATION FORM

2

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME.....**BOUDREAU**.....OFFICIAL No.....**A2453**

CHRISTIAN NAMES.....**Leonard James**.....MARRIED, SINGLE OR WIDOWER.....**Single**

PERMANENT ADDRESS	RELIGION
Box 60, Joggins, Cumb. Co., N. S.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
12th Oct. 1916.	Town Lower Cove, County Cumberland Province N. S.	Miss Irene Boudreau, (Sister) Box 60, Joggins, Cumb. Co., N. S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 38	Brown	Blue	Fresh	Nil
Inches..... 11	Deflated..... 36				
..... 1.65	Mean..... 37				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
27th July, 1940.	Stoker (Temp)	Fireman (Diesel)

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) ~~That it is my intention to follow the sea for a period of five years from this date~~
- (b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.
- (c) ~~That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above
 Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above
 Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above
 Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above

Personnel Records Division.	
1. Noted in Records	<i>J. W.</i>
2. Index Card	<i>J. W.</i>
3. Non-Su. Card	
4. Statistical Card	<i>J. W.</i>
5. Roneo Strip	<i>J. W.</i>
6. Pension Card	
7.	
8.	
DATE	26/8/40

W.E.V.

*Cross out clause not applicable.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* ~~XXXXXXXXXXXXXXXX~~..... for the period shown.

Served in	Rank	From	To
	N I L		



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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— **AND/OR DURATION OF HOSTILITIES**

(a) To serve from the date thereof for five consecutive years, 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 27th day of July, 1940.

Leonard James Boudreau
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Leonard James Boudreau do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant *Leonard James Boudreau*
Witness *[Signature]*

Date 27th July, 1940. Rank Lieutenant, R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 27th day of July, 1940.

[Signature]
(Signature of Officer and rank)
Lieutenant, R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

APPROVED:-
J. C. I. EDWARDS
Commander R. C. N.



P055743

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207E

ORIGINAL

AUG 22 1940

123-17301

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 Boudreau Leonard James
candidate for entry as Stoker R.C.N. R(F)
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.

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. defective and No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
24 9/12	162 lbs.	5 9 ft. ins.	Good.	inches (a) maximum 39 (b) minimum 34 (c) mean 36.	right eye 6/5 left eye 6/5 colour vision N (D.S.H)	chickenpox	Normal *X-Ray	Normal	Normal	Clear	Normal	Normal	Deficient? Infective! Throat OK	Normal

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

Leonard Boudreau
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 speech impediment which as stoker NR (F)
* 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 Halifax NS the 26 of July 1940
D. D. Chad
Examining Medical Officer

(Rank) **SURGEON LIEUT.**

RCNR May 46 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Miss Irene Boudreau - Sister

ADDRESS: 105 Morris St.,

HALFIAX, N.S. *No Later add.*

Hold Pending Application

(1)

6/7/50

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

deceased

ADDRESS:

(3)

D OF D 7-5-44

(NAVY)

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

BOUDREAU	Leonard James	A X-2453	Sto. P.O.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	<p>MEDALS RET'D. UNDELIVRD RET'D TO STOCK.</p> <p>CANCELLED</p>
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	(THE REVERSE TO

02-62134 M



P

A 2453

OFFICIAL NUMBER

FILE NUMBER

123-B-301

OFFICIAL NUMBER A 2453

NAME BOUDREAU (Surname) Leonard James (Given Names) DATE OF BIRTH 12 October, 1916
 PLACE OF BIRTH Lower Cove, Cumberland Co., N.S. OCCUPATION Fireman (Diesel)
 RELIGION Roman Catholic EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. Box 60, Town Joggins, Cumberland Co., Province, etc. N.S.

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE		
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates
Day	Month	Year								From	To
27	7	40	Hostilities only	5' 11"	brown	blue	fresh	Nil.			

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) Greene Boudreau
 ADDRESS (in pencil): Street and No. 63 Morris Street Town Halifax Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC. <u>C 21 537 (14/10/43)</u>								
Date (in figures)			Particulars			Date (in figures)			Particulars		
Day	Month	Year				Day	Month	Year			
			Eligible for award <u>C.V.S.M. & Clasp</u>	13	10	41	Granted A.W.K. Certificate				
			Eligible for award <u>1939-43 Star</u>	31	1	42	Qual. for C.M.M. & Prov. sel. for Mechanician candidate				
			<u>249 A A13915/17/44</u>	6	1	42	Passed E.T.1. RCN				
				14	10	43	Qual. for F.B.A. 4/c. (249A # 6618)				
				13	7	40	Qual A/G. 1 day				

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES						
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
27	7	43	1st GCB	Granted							



FILM
 NUMBER 4506-1
 DATE _____

Date (in figures)			DAYS FORFEITED						In diff. Char.	O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial			
									<u>Last Will & Testament Dated 8-12-42 Received</u>	
									<u>Entered in error - see V. 46170.</u>	

SECOND CLASS FOR CONDUCT

From

To



A 2453

OFFICIAL NUMBER

NAME BOUDREAU
(Surname)

Leonard James
(Given Names)

PIB

OFFICIAL NUMBER

A 2453

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Stadacona"	Sto. I	27	7	40													
Venture (Fleur de Lis)	"	11	10	40													
"Nootka"	"	9	11	40													
Venture (Rayon D'Or)	"	4	3	41													
HMCS "Stadacona"	"	11	10	41													
M.T.E. Pictou	"	8	11	41	for training												
	A/Ldg. Sto. (ty)	1	11	41													
HMCS Stadacona	A/Ldg. Sto. (ty)	3	2	42													
Venture (Q. 062)	"	2	4	42	(1002293)												
Stadacona	"	27	7	42	(DRD)												
Preserver	"	7	8	42	(H.D.O. B.6450)												
Stadacona	"	27	8	42	(HDO B7842)												
York	"	1	10	42	(DRD)												
"	A/Sto. P.O. (ty)	1	10	42	Advanced by memo of 21-10-42												
Naden	"	24	12	42	(DRD 343)												
"	Sto. P.O.	1	10	43	Confirmed (249A #6528)												
Givenchy	"	19	10	43		V.G.	Sat.	31	12	41							
Stadacona	"	23	10	43	(DRD H-3174)	V.G.	Sat.	31	12	42							
Hochelaga 11	"	26	11	43	(DRD H-3341)	V.G.	Sat.	31	12	43							
Valleyfield	"	8	12	43		V.G.	Sat.	7	5	44							
DISCHARGED	"	7	5	44	"Missing" after sinking of HMCS "Valleyfield" (Casualty List) S.C. Presumed Dead 7-5-44 (Correction Sheet Pg. # 49)												

GENERAL REMARKS



*Available Recommendation for Mechanic's License
WT 22532/1/9/42*

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL. DIV.	RANK OR PAY	
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION			P.	CTV.	TOWN		SERV.	A
12	0	16	14	5	25	0	10	X	4	0	5	0	15	94
ENLIST. DATE			ACT. SERV. DATE			STR. CAT.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR PAY			
DY.	MO.	YR.	DY.	MO.	YR.		DY.	MO.	YR.		A	BR.		
27	07	40	27	07	40					1220	0	15	92	
SENIORITY			STR. CAT.	NON-SUB		M. ST.	CODED			CHECKED				
DY.	MO.	YR.		A	B		ST.							
1	10	43	09	00	00	20	26	11	43	YMO	70			

(ORIGINAL)

S. 1246A. (Revised—July, 1938.)
2M—3-40 (4340)
N.S. 815-9-1246a

ORIGINAL

Valleyfield
6-12-43

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

NAME		Official Number	Port Division
Surname	Christian		
Boudreau	Leonard James	A 2453	Halifax

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	1-8-40	10-9-40			Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	1-9-40	10-9-40	65%		<i>J. H. Sedds</i> Engineer Officer.

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—Date _____ Signature and Rank:— _____

Entered H.M. Service as Stoker 2nd Class 27-7-40 Completed 2 years' training for Mechanician

Advanced to Stoker 1st Class _____

Advanced to ~~Leading~~ Stoker (M) NS-123 B-301-1-11-41 Rated Mechanician 2nd Class _____

Advanced to Stoker Petty Officer (A) 1-10-42 Com 1-10-43 (#1528) " " 1st Class _____

Advanced to Chief Stoker _____ Advanced to Chief Mechanician _____

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Granted Auxiliary Watchkeeping Certificate	13/10/41	<i>W. S. Williams</i>	<i>W.M.</i>
On completion of 3 months course of mechanical training (I.C.E.), qualified for C.M.M. and provisionally selected as Mechanician Candidate. MARKS: 83.8% TRADE: Diesel ABILITY IN TRADE: Superior	31-1-42	<i>J. H. Sedds</i>	<i>W.M.</i>
Passed Educational Test Part 11	6-1-42		
On completion of E.R.A. Candidates course No. 5 qualified for E.R.A. 4/c (confirmed) granted 2nd class (Educational) Cert. with 66.75%, granted 1st class Cert (Practical with 86.3% and recomm. for accel. adv. to E.R.A. 3/c after 12 months as E.R.A. 4/c (confirmed)	24-10-43	<i>J. H. Sedds</i>	<i>R.P.R.</i>

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

STOKER RATING

Employment and Ability Record

Special Remarks :

NOTE:—When a Stoker rating has become a Mechanician the words "Refitting and Maintenance" are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfactory," "Fair," "Unsatisfactory," "Poor."

Date	← Watchkeeper →								← In Charge of →							
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room
10/10/40	Completed new entry training															
1940	General duties on steamer Desik ship															
Oct 11 7 th 1940																
8/11 1941																
3/3																
11/10	Barracks Routine & Employed in Charge of Dockyard Work															
7/11 1942	Employed M.T.F. Course															
3/2	Barracks Routine & Employed in Charge Dockyard Work															
23/3																
27/7	Barracks Routine & Employed in Charge Dockyard Work															
5/8																
21/8 30 Sept	Barracks Routine EMPLOYED IN CHARGE OF WORK															
5 Oct 22 Dec	Completed Machinist Course															
1943	Completed ERA Candidate Course #5															
18 Oct	BARRACK'S ROUTINE EMPLOYED NORTH MACHINE SHOP															
10-11-43																
25-11-43																
6-12-43																

STOKER RATING Performance and Ability Record

NAME Boudreau Leonard James

As a Mechanician the words "Refitting and Maintenance" 3, 4, 5, 6, 7 and 8.

Official Number A 2453

as "Superior," "Satisfactory," "Moderate," or "Inferior."

In Charge of →						19	20	21	22	23	24	25
13	14	15	16	17	18	Engineer's Writer	Charge of Engineers' Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
									Sto 1/2		Stadacona	<i>[Signature]</i>
									Sto 1/2		Flotilla de la	SA
									Sto 1/2		Nootka	
									Sto 1/2		RAYON D'OR	
									A/L/STO		STADACONA	<i>[Signature]</i>
									A/L/STO		PICTOU	<i>[Signature]</i>
									A/L/STO		STADACONA	<i>[Signature]</i>
									A/L/STO		Q 062	
									A/L/STO		Q 073	
									A/L/STO		STADACONA	<i>[Signature]</i>
									A/L/STO		PRESERVER	<i>[Signature]</i>
									A/L/STO		STADACONA	<i>[Signature]</i>
									A/SPO		YORK	<i>[Signature]</i>
									S.P.O.		Naden	<i>[Signature]</i>
									S.P.O.		STADACONA	<i>[Signature]</i>
											HOCHELAGA	
											VALLEYFIELD	

Ship
of Dockyard Work Party.
Dockyard Work Parties.
Dockyard Work Parties.
CHARGE OF WORK PARTY

5
NORTH MACHINE SHOP

[Red Signature]
STADACONA
HOCHELAGA
VALLEYFIELD

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

PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of AT SEA Municipality of _____ Registered No. _____
 (For use of Registrar General only)
 If in City or Town _____ Street _____ House No. _____
 (Name) (if death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED BOUDREAU Leonard James
 (Surname) (Given name or names)

RESIDENCE No. _____ Street Box 60, City, Town or Rural Division Joggins, Camb. Co. Province Nova Scotia.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)



4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin	7. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
8. BIRTHPLACE <u>Nova Scotia</u> (Province or Country)			
9. DATE OF BIRTH <u>October</u> <u>12th</u> <u>1916</u> (Month) (Day) (Year)			
10. AGE in	Years	Months	Days
	<u>27</u>	<u>7</u>	
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Fireman (Diesel)</u>			14. Total yrs. spent in this occupation _____
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. _____			13. Date deceased last worked at this occupation _____
15. If married give name of wife or husband of deceased _____			
16. NAME _____			
17. BIRTHPLACE _____ (Province or Country)			
18. MAIDEN NAME _____			
19. BIRTHPLACE <u>N.B. Nova Scotia</u> (Province or Country)			
20. Signature of informant _____ Address <u>Paymr. Cdr. R.C.N.R., Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Records</u>			
21. Place of burial, cremation or removal <u>Body not recovered.</u> Date of burial or removal _____			
22. UNDERTAKER _____ (Name and address)			

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 1944
 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: _____
 _____ 19 _____ to _____ 19 _____
 and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

I
 Immediate cause (a) "Missing" presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to _____
 (b) _____
 (c) _____

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 II
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause. _____

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

26. Was there a surgical operation? _____ Date of operation _____ 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 of injury _____ 19 _____
 (State which)
 Manner of injury _____ (How sustained)
 Nature of injury _____
 Specify whether injury occurred in industry, in home, or in public place _____

Signed by _____ M.D.
 Address _____ Date _____ 19 _____

28. Registrar's Record Number _____

29. Filed _____ 19 _____ (Division Registrar)

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

Province of Nova Scotia

County of Cumberland, S.S.

In the Court of Probate

I, FREDERICK L. BLAIR, of Amherst, in the County of Cumberland, Registrar of His Majesty's Court for the Probate of Wills and for granting Letters of Administration within and for the said County,

DO HEREBY CERTIFY to all whom it may concern to know:

That on the twenty seventh day of August, A. D., 1945
the last Will and Testament of Leonard J. Boudreau,
late of Joggins, in the County of Cumberland, Stoker,
deceased, was duly proved before the said Court of Probate, and that thereupon Probate of
the said Will was granted and decreed by the said Court to Irene Elizabeth Boudreau,
of Halifax, in the County of Halifax, she

being first duly sworn well and faithfully to execute said Will according to law and the true tenor thereof; also to file a full and true Inventory of the goods and estate of the said deceased and to account for the same when thereto by law required.

I FURTHER CERTIFY that the said Will is now in my custody as such Registrar, and that the same is duly recorded in the Registry of the said Court in Will Book "L" page 61a, and that the Probate thereof, so granted, as aforesaid, has not been revoked.

I FURTHER CERTIFY that the Paper Writing hereto annexed, marked "A" and initialed by me is a true copy of said Letters Probate, with a copy of said Will attached.

IN TESTIMONY WHEREOF, I have hereto subscribed my name and affixed the Seal of the said Court at Amherst, in the County of Cumberland, this fifth day of December, A. D., 1945.



F. L. Blair

REGISTRAR.

Province of Nova Scotia,
County of Cumberland. §§.

In the Court of Probate,

In the Estate of Leonard J. Boudreau,
late of Joggins, in the
County of Cumberland, Stoker, deceased.

To Irene Elizabeth Boudreau, of Halifax, in the
County of Halifax, student nurse,



GREETING:

WHEREAS, on the twenty seventh day of August, in the year
of Our Lord One Thousand Nine Hundred and forty five, the last Will and Testament
of Leonard J. Boudreau,
late of Joggins, in the said County, Stoker,
deceased, (a true copy of which is hereunto annexed,) was proved, approved and registered in the Registry
of the Court at Amherst in said County, and said deceased having whilst living, and at the time of h is
death, Goods, Chattels or Credits within the said County and a fixed place of abode therein, by reason
whereof the proving and registering the said Will - - - - - and the granting
administration of all and singular the said Goods, Chattels and Credits; and also the auditing, allowing
and final discharging the accounts thereof, are well known to appertain to the Court of Probate in said
County;

AND WHEREAS, Harry Walker, the surviving executor named in said Will, has
renounced his right and title to the probate thereof.

We therefore being desirous that the said Goods, Chattels and Credits of said deceased
may be well and faithfully administered, applied and disposed of,
according to law, do therefore by these presents grant full power and authority to you the aforesaid

Irene Elizabeth Boudreau,

in whose fidelity we confide, to administer and faithfully dispose of the Goods, Chattels and Credits of said
deceased Leonard J. Boudreau, according to tenor and effect of the said Will and as
by law provided, and to ask, demand, recover and receive all the Debts and Credits, which whilst living
and at the time of h is death did in any way belong to h is Estate, and to pay whatever debts the said
deceased at the time of h is death, did owe, so far as such Goods, Chattels and Credits - - - - -
- - - - - will extend and the law charge you; you being first sworn, well and
faithfully to administer the same, by paying the just debts of the deceased and the lawful expenses and by
distributing the residue, if any, according to law; and to make a full and true Inventory of all and singular
the Goods, Chattels, Credits and Real Property of the said deceased Leonard J. Boudreau
and to exhibit the same unto the Registry of the said Court within three months from the date
hereof—also to render a just and true Account thereof at the expiration of eighteen months from the date
hereof—and further to obey, abide by and perform all such orders and decrees as are from time to time
made by the said Court, touching the Estate, Goods, Chattels and Effects of the said deceased. And we
do by virtue of these presents, ordain and depute you Administratrix

of all and singular the Goods, Chattels and Credits of the said deceased
with the said Will - - - - - annexed

Given at Amherst aforesaid in the Registry of the said Court under the
Seal thereof, the twenty seventh day of August, in the
year of our Lord, One Thousand Nine Hundred and forty five.

(L. S.)

(Signed)

F. L. Blair

REGISTRAR.

I, Leonard J. Boudreau, of Joggins, in the County of Cumberland (stoker), do make and publish this as my last will and testament, that is to say:-

(1) I appoint Harry Walker, of River Hebert, in the County of Cumberland (miner) and Syndey Greer, of Joggins, in the aforesaid county (magistrate), executors of this will.

(2) I give, devise and bequeath all of my property, real, personal and mixed, of every kind and description, of which I shall seized or possessed, to my sister Irene Elizabeth Boudreau, absolutely.

Irene

In testimony whereof, I have hereto set my hand this 23rd day of October, A. D., 1941.

(Signed)

LEONARD JAMES BOUDREAU

Signed, published and declared by the above named Leonard J. Boudreau as and for his last will and testament, in the presence of each of us, who, in his presence and at his request, and in the presence of each other, have hereto set our hands as witnesses.

(Signed)

Adlor White

Sadie White

No. 741

Province of Nova Scotia
County of Cumberland S.S.
Court of Probate

CERTIFIED COPY

of the

LAST WILL AND TESTAMENT

of *A-2453*

LEONARD J. BOUDREAU

Deceased

Registered in

Book....."L".....

Page.....61a.....

FREDERICK L. BLAIR,
Registrar.

Stad

✓ 1533
✓ 13-2-42

Passing Certificate

This is to Certify

that Leonard James BOUDREAU

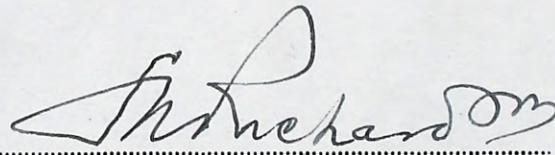
Rating Leading Stoker (M), R.C.N.R. Official Number A.2453

has passed

THE EDUCATIONAL TEST, I, R.C.N.

held on 6th January, 1942.

For advancement to Petty Officer



~~Naval Secretary~~
Director of Education.

Department of National Defence,

Ottawa, this 15th day of January, 1942.

028757

FORM—S-234.

Authority: K.R. and A.I., Appendix XVII, Part 1, No. 34b.

DEPT.
NATIONAL DEFENCE

FEB 1944

N.S. 23-B-301
CANADA

Report on Leading Stoker or Stoker 1st Class Noted as
— Provisional Candidates for the Mechanician Course

Name, Official Number, and Port Division	Rating	Date of Birth	1. Date of first entry in H.M. Service 2. Date and period of last C.S. Engagement	Where Serving
BOUDREAU, Leonard James A.2453 Halifax	Acting Leading Stoker (M)	October 12th 1916	1. 27th July, 1940	R.C.N. Barracks Halifax, N.S.

SECTION 1.

Results obtained on passing out of " EAST COAST " (M.T.E.) on..... Class No.7
31st JAN/42.

Educational subjects Marks, Percent.		Engineering Marks Percent.		Practical Work Marks Percent.	Course Marks Percent.	Remarks, (Manner bearing, conduct, etc.) Percent.
Compul- sory	Optional	Compul- sory	Optional			
88%	81.6%	82%	88%	80%	83.8%	Very Hard Worker. High Mechanical Ability. Not recommended for Mechanician Candidate. (Very bad speech impediment)

SECTION 2.

MEDICAL, To be completed with Section 1.

Is he considered a medically suitable candidate for the Mechanician Course?	Does he possess 6/9ths Normal Vision?	Has he an impedi- ment in his speech?	Does his physical condition and medical history entitle him to re-engage?
yes.	6/9 6/9.	Stutters	yes.

CERTIFICATE REQUIRED FROM CANDIDATE -- K.R. AND A.I.
APPENDIX XVII, Pt. 1, 34 (Biii)

Are you willing to re-engage should your selection for
Mechanician Course be subject to the above regulations?

NO.

Leonard J. Boudreau
SIGNATURE OF CANDIDATE

R. M. MacDonald
MEDICAL OFFICER

W. D. Dods (E)
ENGINEER OFFICER I/C M.T.E.

DATE 10th Feb. 1942.

To: CAPTAIN,
R.C.N. BARRACKS,

INSTRUCTIONS FOR RENDERING FORM: This form is to be raised by the Mechanical Training Estab-
lishment, forwarded to the Captain, R.C.N. Barracks, for information and necessary action by Departments
concerned. After completion, the form is to be retained at the Mechanical Training Establishment for forward-
ing to Naval Service Headquarters.

Any further remarks may be made on the back of this form.

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>
<u>BOUDREAU, Leonard James</u>	<u>Stoker Petty Officer</u>	<u>A2453 R.C.N.R.</u>

DATE OF ENLISTMENT - 27th July, 1940

DATE OF DISCHARGE - Will be reported later

24

HOSPITAL -
(If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serving
when and where any disability was incurred, or where death was lost by enemy action. While this casualty is
occurred. listed as missing, it is impossible to make an estimate as to his chances of

survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.
(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- ~~wife~~ SISTER NAME- Mrs Irene Boudreau

ADDRESS- 63 Morris Street, HALIFAX, N.S.

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.

A.B. Money

for
SECRETARY, NAVAL BOARD. *emc*

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

*B.O. 12/18/44
NPR/5
C*

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

(See reverse side for further instructions)

- NAVAL SERVICE -

N.S.....

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

31

This is to certify that -

BOUDREAU, Leonard James, Stoker Petty Officer,
A-2453, R.C.N.R.
was serving in ...H.M.C.S. "VALLEYFIELD"..... as at Q210Z.
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:-

[Handwritten signature]
.....
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.



Department of National Defence

Naval Service

30 August, 1944.

OTTAWA, Ont. (5 February 1945.)

IN REPLY PLEASE QUOTE

N.S. A-2453 PERS. (N)

CORRECTED COPY

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:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
BOUDREAU, Leonard James Stoker Petty Officer, A-2453, R.C.N.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEY-FIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Sister: Miss Irene Boudreau, 63 Morris St., HALIFAX, N.S.

In favor of	ALLOTMENTS IN FORCE		
		Amount	Initials
Miss Irene Boudreau	63 Morris St., Halifax, N.S.	\$15.00	M.W.

WILL: "NO RECORD"

Yours truly,

J. H. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name Lieutenant James Buchanan
(Christian names in full)

Rank of Rating SENIOR RATE OFFICER Official No. A-2453 RCNR
(If unknown, date of first entry)

Place of Birth Lower Cove Date of Birth 12th October, 1916
Cumberland Co., N.S.

Occupation in Civil Life FISHER 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) 3 YEARS, 10 MONTHS

Date of Death 7 May, 1944 Place of Death AT SEA

Cause of Death ENEMY ACTION - SINKING 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 James Buchanan Relationship SISTER
Address 1000 St. John's St., Halifax, N.S., Canada.

Date on which the above was informed by Ship INFORMED BY H.M.C.S. NOT RECORDED.

Date on which death was registered with local Officials

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 invalidated

[Signature]
17th May 1944 Commanding Officer,
RCNR
.....194.....

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.

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DEPARTMENT OF NATIONAL DEFENCE

NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

DECEASED
MEMBER'S
NAME

Leonard James
(CHRISTIAN NAMES)

BOUDREAU
(SURNAME)

REGISTER NO. 3358

FILE NO. NSA-2453

DATE 15 May/45

SERVICE NO. A-2453

FINAL RANK OR RATING Sto. P.O.

DATE OF DISCHARGE 7 May/44

PAYEE ADDRESS
Miss Irene Boudreau,
99 Morris St.,
Halifax, N.S.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1381 EQUAL TO 46 COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 654 LESS 1 INELIGIBLE DAYS, EQUAL TO 653 DAYS @ 25C. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.65
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45
ADDITIONAL PAY	\$.05
1 G.C.B.	\$.15
H.L.M.	\$	

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$	4.30	X 7 = \$	30.10
NO. OF DAYS	<u>653</u>		X \$	30.10

D. WAR SERVICE GRATUITY

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

NIL

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 15101- 26/5-45

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		CHECKED BY		DATE	
DHJ		PK Boudreau		17/5/45	

TREASURY

for Dir. Naval Pay. Acct