

**A4681**  
**BOUTILIER**

RALPH

HOWAR

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

Mary E. Boutilier,  
330 First St. West.,  
Cornwall, Ont.

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

and the following number quoted:—

H.Q. A- 4681 FD. 567

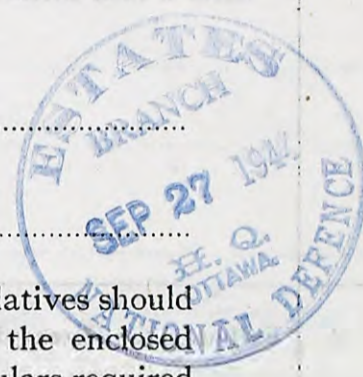
DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

September 12 1944

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

BOUTILLIER, Ralph H. Stoker Petty Officer

Official Number A-4681, R.C.M.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/

*H. H. Macdonald*  
Commander  
for Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Mary E. Boutilier.	32.	41 Cumberland St. Cornwall, Ont.
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	A. Foster Boutilier.	52.	Windsor Junction, Nova Scotia.
4	Mother of the Deceased.....	Sarah M. Boutilier.	50.	"
5	Brothers of the Deceased	Full Blood	Martin A. Boutilier.	27. R. C. A. F. (In Canada)
		Half Blood	James E. Boutilier	1-yr. 4 months.
6	Sisters of the Deceased	Full Blood	Helen C. Hunter	22. 44 Ropelough St. W. Toronto.
			Ruth M. Cox.	19 Windsor Junction Nova Scotia.
		Half Blood	Margaret E. Boutilier.	13. Windsor Junction Nova Scotia
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	
	James E. Boutilier died Feb. 21st 1920.	_____	_____	

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ralph Howard Boutilier.
9	Date of his birth.	November 5, 1914.
10	Place and date of his marriage.	Cornwall, Ontario. July-24-1936.
11	Place and date of his parents' marriage.	Calgary, Alberta. August, 14, 1914.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bedford, Nova Scotia.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Nova Scotia 18 years. (b) Ontario 8 years. (c) (d)
14	Nature of employment before enlistment.	Bookkeeper.
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.	Cornwall, Ontario

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No will to my knowledge.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life. Approx. \$1021.27 " " \$928.23 Mary E. Boutilier.
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.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(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

\* Wife 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.

Mary E. Boutilier

{Signature of Informant

41 Cumberland St, Cornwall, Ont. Address

CERTIFICATE

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

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

Dated at Windsor Junction this 25<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.

(Rev.) H.H.F. Blanchard Qualification Clergyman

Address Berford, Nova Scotia.

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

New Address:

Mary E. Boutilier  
41 Cumberland St.  
Cornwall,  
Ontario

P 67809

N. R. 5

30M-7-40 (5982)  
N.S. 815-12-5



JUN 22 1941  
N.S. 123 B-479  
CANADA

9

**ATTESTATION FORM**

**FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE**

SURNAME..... **BOUTILIER,** ..... OFFICIAL No. **A 4681**

CHRISTIAN NAMES..... **Ralph H. <sup>ward</sup>** ..... MARRIED, SINGLE OR WIDOWER..... **Married**

PERMANENT ADDRESS	RELIGION
<b>21 Elm Street - Cornwall, Ont.</b>	<b>United</b>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<b>5th. November 1914</b>	Town <b>Bedford,</b> County Province <b>N.S.</b>	<b>Wife: Mrs. Ralph Boutilier, 21 Elm Street, Cornwall, Ont.</b>

**PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <b>5</b>	Inflated..... <b>39</b>	<b>Brown</b>	<b>Brown</b>	<b>Fair</b>	<b>Scar on Back of left leg.</b>
Inches..... <b>5½</b>	Deflated..... <b>38</b>				
<b>154 lbs.</b>	Mean..... <b>38½</b>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<b>26th. May, 1941.</b>	<b>Stoker I (Temp.)</b>	<b>Book-keeper: Wells Shoe Shoppe, Cornwall, Ont.</b>			

**(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 at least 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.

1. Noted in records..... <b>J.H.</b>
2. Index Card..... <b>J.H.</b>
3. Non-Ser. Card.....
4. Statistical Card..... <b>J.H.</b>
5. R. neo Serp..... <b>J.H.</b>
6. Pension Card.....
7.....
8.....
DATE <b>6-6-41.</b>

*no ed*

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

\*Cross out  
clause not  
applicable.

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

~~I have served in XXX for the period shown~~

Served in	Rank	From	To
	NIL		

(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:—

- (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 26th day of May, 1941.

*R. H. Boutilier*  
.....  
(Signature of Applicant)

### (C) OATH OF ALLEGIANCE

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

Signature of Applicant..... *R. H. Boutilier*

Witness.....

Date 26th. May, 1941. Rank *R. H. Boutilier*  
Sub-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 26th. day of May, 1941.

*R. H. Boutilier*  
.....  
(Signature of Officer and rank)

Sub-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



CANADA

P 67810

Can. B. 207

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

123-6479

# 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 Boutillier Ralph H.

† candidate for entry as Writer Stoked i

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

† 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	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Ams. Hemorrhoids, etc.
26 6/12	154	5 5 1/2	Good	inches (a) maximum 39 (b) minimum 38 (c) mean 38 1/2	right eye 6/6 left eye 6/12 *colour vision N		Normal	Normal	Moderate flat foot	Scars on back of left leg	Normal	Normal	3 deficient 4 defective Submerged tonsils	None

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

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

77713 negative

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.

R. H. Boutillier

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

† Strike out if inapplicable.

Signature of Candidate

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 ..... of ..... 19.....

Rechecked 5/26/41 com

MAY 5 1941

Chas. C. McDonald  
Examining Medical Officer

(Rank) Surg. Lt. RCNVR



RCNR Dec. 41 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO	Mrs. Mary E. Boutilier - Widow
ADDRESS:	<del>330 First St., West,</del> RR # 3 <del>CORNWALL, Ont.</del> Prescott, Ont.
(2) <u>MEMORIAL CROSS</u> WIDOW	Mrs. M.E. Boutilier
ADDRESS:	41 Cumberland St., Cornwall, Ont.
(3) <u>MEMORIAL CROSS</u> MOTHER	Mrs. S.M. Boutilier
ADDRESS:	Windsor Junction, Halifax Co., N.S.

**MEMORIAL BAR**  
DATE DESP .....  
REGN. NO. 1884

(2) 22-9-44

(3) 13-10-44

D OF D 7-5-44

DEPARTMENT OF VETERANS AFFAIRS

NAVY

AWARDS

D.D.  
WAR SERVICE RECORDS

BOUTILIER          Ralph Howard		A-4681	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	7655
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

A 4681

OFFICIAL NUMBER

FILE NUMBER

123-B-479

OFFICIAL NUMBER

A 4681

NAME BOUTILIER (Surname) Ralph Howard (Given Names) DATE OF BIRTH 5 November, 1914PLACE OF BIRTH Bedford, N.S. OCCUPATION Bookkeeper: Wells Shoe Shoppe, Cornwall, OntarioRELIGION United Church EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 21 Elm Street, Town Cornwall, Province, etc. Ontario

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To
26	5	41	5'5 1/2"	Brown	Brown	Fair	Scar on back of left leg.				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Mary E Boutilier  
ADDRESS (in pencil): Street and No. 41 Cumberland St., Town Cornwall, Province, etc. Ont

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.					
Date (in figures)			Date (in figures)			Date (in figures)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
28	2	44	21	1	42	29	12	42
C.V.S.M. Ribbon & Clasp issued.			Qual. for S.P.O. Prov. Sel. Mech. Cand.			Completed <u>Medical (Mech. Candidate) Course</u>		
26	2	44	24	1	42	29-12-42 (2404 4143)		
Prov. awarded 1939-43 Star (A1233)			Qual. Mechanician Candidate					
			2	10	43	Qualified for E.R.A. 4/c		

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

**FILM**  
NO. NSR-4431-4  
**DATE**

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

SECOND CLASS FOR CONDUCT

From

To



A 4681

OFFICIAL NUMBER

NAME BOUTILLIER  
(Surname)

Ralph Howard  
(Given Names)

P.I.D.

OFFICIAL NUMBER

A 4681

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Quoted		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Montreal D.H.O.	Stoker 1	26	5	41													
HMCS "Stadacona"	Stoker 1	18	6	41	(D)												
"	Ldg. Stoker	8	8	41													
HMCS "Burlington"	"	6	9	41	(N.I.)												
HMCS "Stadacona"	"	23	10	41													
" "Rosthern"	"	22	1	42													
" "Stadacona"	"	23	7	42	(DRD)												
"	A/Sto. P.O. (Ty)	15	8	42	Advanced (Memo 15-8-42)												
York	"	2	10	42	H.D.O. 10162												
"aden	"	24	12	42	DRD 342												
"	Sto. P.O.	15	8	43	Confirmed												
Givenchy	"	9	10	43		V.G.	Sat.	31	12	41							
Stadacona	"	23	10	43	DRD 1750	V.G.	Sat.	31	12	42							
Hochelaga II	"	26	11	43	DRD H 3344	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									

GENERAL REMARKS

Canadian Memorial Cross issued to Mother: Mrs. Sarah M. Boutillier Windsor Junction, Halifax Co., N.S. 13.10.44

DATE OF BIRTH		PLACE	CIVIL	OCCU.	RELI.	ED.	PERM.	RESIDENCE	PREV.	ENL.	RANK OR RATE			
BY	MO.	YR.	BIRTH	MAIN	SUB.	GIOR.	R.	CIV.	TOWN	SERV.	DIV.	A	BB	RANK
05	X	14	14	P10	0	40	X1	47	01	0	09	0	15	74
ENLIST. DATE		ACT. SERV. DATE		STR.		ACT. SERV. DATE		SHIP		RANK OR RATE				
BY	MO.	YR.	BY	MO.	YR.	BY	MO.	YR.	ESTAB.	A	BB	RANK		
26	05	41	26	05	41									
SENIORITY		STR.		NON-SUB		M		1220		15		72		
BY	MO.	YR.	CAT.	A	B	ST.	OR	CODED		CHECKED				
15	08	43	09	00	00	20	0-05-44	E.W.		J.W.				

S. 1246A. (Revised—July, 1938.)  
 5M—7-40 (5842)  
 N.S. 815-9-1246a

ORIGINAL

**ORIGINAL**

**HISTORY SHEET FOR STOKER RATINGS**

*Valleyfield  
 16/2/45  
 (Red)*

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		
<b>BOUTILIER</b>	<b>RALPH H</b>	<b>A 4681</b>	<b>HALIFAX</b>

**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	20-6-41	25-7-41			Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	20-6-41	25-7-41	90%	Intelligent	<i>J. Rodds</i> Engineer Officer.

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

Issued with Stoker's Manual: B.R. 77 Date 20-6-41 Signature and Rank: *J(E) Wilson*

Entered H.M. Service as Stoker 2nd Class	Completed 2 years' training for Mechanician
<del>ON ENTRY</del> Promoted to Stoker 1st Class <u>26.5-41</u>	
Advanced to Leading Stoker <u>8-8-41</u>	Rated Mechanician 2nd Class
Advanced to Stoker Petty Officer <u>15th AUG/42 15th Aug '43</u>	" " 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
On completion of 3 months course of mechanical training, qualified for Stoker Petty Officer, and provisionally selected as mechanician candidate. MARKS: 85% TRADE: Fitter & Coppersmith ABILITY IN TRADE: Superior	21-1-42	<i>J. Rodds</i>	<i>ALD</i>
Machinist Course (Mech. Candidate) Dan. Tech. Toronto, Ont	5/10/42		
On completion of ERA Candidates Course #4 qualified for ERA 4/c (Confirmed) granted 1st class Certificate (Educational) with 83.5%, granted 1st class Certificate (Practical) with 90.5%, and recommended for accelerated advancement to ERA 3/c after 6 months as ERA 4/c (Confirmed).	22/12/42 2-10-43	<i>H. Galbit</i> <i>J. Rodds</i>	<i>RRR</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.

Employment and Ab

Special Remarks :

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

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

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
19-6-41	Completed New Entry training and employed working													
4-9-41	Sat.	Sat.	Sat	Sat	-	-	-	-	-	-	-	-	-	-
22-10-41	-	-	M. J. E.	Course	-	-	-	-	-	-	-	-	-	-
22-1-42 1942 6/8														
1/10 1943 18 Oct	Start 22 Dec 1942 - Mechanista course (Mech)													
10-11-43	Completed FRM Candidate Course #4													
20-11-43	BARRACK'S ROUTINE													
6-12-43														

# ENGINEER RATING Performance and Ability Record

NAME BOUTILLIER RALPH H.

mechanician the words "Refitting and Maintenance"  
5, 6, 7 and 8.

Official Number A 4681

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
Boiler Water Tender	Boiler Cleaning Party	Engineeroom Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties							
-	-	-	-	-	-	-	-	-	Sto I		Stad.	
-	-	-	-	-	-	-	-	Fair	Sto I	Burlington		
-	-	-	-	-	-	-	-	GOOD	Sto I	Stad.		
-	-	-	-	-	-	-	-		Sto I	Rosthern		
Mech. Candidate) Toronto									Sto. I		STADACONA	
44									H/SPO		YORK	
									S.P.O. to S.P.O. 15-8-43		Nadon	
									S.P.O.		STADACONA	
									S.P.O.		HOCHELAGA	
											VALLEYFIELD	

2059

# CERTIFICATE of the SERVICE of

Ralph H. BOUTILIER

## in the Royal Canadian Naval ~~Volunteer~~ Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number..... <i>A-4681</i>
R.C.N.B., Halifax	Montreal	"
		"

Date of Birth..... <i>5th November, 1914</i>	Name and Address of Nearest Relative or Friend <small>(in pencil)</small>
Place of Birth..... <i>Bedford, N.S.</i>	<i>Wife: 20/10/43</i>
Place of Residence..... <i>772 Morse St. Toronto Ont</i>	<i>Mary Ellen</i>
Trade brought up to..... <i>Book-keeper</i>	<i>330 First St West</i>
Religion..... <i>United Church of Canada</i>	<i>Cornwall Ontario</i>
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>26 May '41</i>	<i>Duration of hostilities</i>	<i>Sto. 1</i>		<i>26 Feb '44</i>	<i>Canadian Volunteer Service Medal &amp; Clasp Prov. award.</i>
					<i>26 Feb '44</i>	<i>1939-45 Star Prov. award.</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>5½</i>	<i>38½</i>	<i>154</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Scar on back of left leg.</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







# NAVAL TRAINING and ACTIVE SERVICE

SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
	List	No.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
17th June 1941	Naval Identity Card #NS 2318 issued.	<i>Pearce</i>			
8 Aug '41	Rated Leading Stoker	<i>M. G. Galt</i>			
21 Jan '42	Qual. prof. for S.P.O. Fitters & Copper Smith - 85%	<i>P. B. Hooper</i>			
21 Jan '42	Prog. selected as qual. Candidate	<i>P. B. Hooper</i>			
29 Dec '42	Completed Machine Course	<i>Lt. K. K. K.</i>			
2 Oct '43	Qual. & RA 41C Educ. 83.5% Prac. 90.5%	<i>Lt. K. K. K.</i>			

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

## PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

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

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

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

3. PRINT FULL NAME OF DECEASED BOUTILIER Ralph Howard  
(Family name) (Given name or names in usual order)

RESIDENCE No. 21 Street Elm City, Town, Village or Township Cornwall Province Ontario  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
-----------------------	---------------------------------	------------------	--

8. BIRTHPLACE Bedford, Nova Scotia  
(Province or Country)9. DATE OF BIRTH November 5th 1914  
(Month) (Day) (Year)10. AGE in { Years 29 Months 6 Days If less than one day old  
hrs. or.....min.11. Trade, profession or kind of work as Book-keeper  
spinner, teamster, office clerk, etc.....12. Kind of industry or business, as Wells Shoe Store  
mill, lumbering, bank, etc.....

13. Date deceased last worked at this occupation.....

14. Total years spent in this occupation.....

15. If married give name of wife or husband of deceased Mrs. Mary Ellen Boutilier

16. NAME.....

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

18. MAIDEN NAME.....

19. BIRTHPLACE.....  
(Province or Country)20. Person giving information J. B. Money  
sign here.....  
Paym. Cdr. R.C.N.R.  
Address Naval Service Headquarters, Ottawa, Ont.  
Officer i/c Naval Personnel Records.  
Relationship to deceased.....21. Place of Burial, Cremation or Removal Body not recovered.  
Date of burial or removal.....22. Burial Permit was issued by.....  
Address.....23. UNDERTAKER.....  
(Name and address)

## MEDICAL CERTIFICATE OF DEATH

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

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

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

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

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

Signed by.....M.D.

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

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

31. Filed.....19.....  
(Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

NATIONAL DEFENSE  
 P.O. R. 29.1  
 P017534  
 133 B-499  
 27

## 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
Ralph <b>BOUTILIER</b> O.N.-A. 4681 Port Division-Halifax	Ldg. Sto.	Nov. 5th 1914	1. 26-5-41 (Hostilities)	"Rosthern"

### SECTION 1.

Results obtained on passing out of " **East Coast** " (M.T.E.) on Jan. 21/42.

Educational subjects Marks, Percent.		Engineering Marks Percent.		Practical Work Marks Percent.	Course Marks Percent.	Remarks, (Manner bearing, conduct, etc.)
Compul-sory	Optional	Compul-sory	Optional			
85.3%	100%	78.6%	74.6%	83%	85%	Recommended for P.O. Clever, smart, and studious; should do very well. Recommended for Mechanicians Course. An exceptional rating.

### 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 impediment in his speech?	Does his physical condition and medical history entitle him to re-engage?
yes.	R 6/6 - L 6/6 C.V. N	No.	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.  
*Ralph Boutilier*  
 SIGNATURE OF CANDIDATE

*R. M. McDonald*  
MEDICAL OFFICER

*Shadda L'Edm*  
 ENGINEER OFFICER I/C M.T.E.

DATE 24th January, 1942.

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

INSTRUCTIONS FOR RENDERING FORM: This form is to be raised by the Mechanical Training Establishment, 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 forwarding to Naval Service Headquarters.

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

NOTED.

Records  
Pester

TFH/MHM

REGISTERED

AIR MAIL

N.S. A-4681 Pers.(N)

48

8th May, 1944

Dear Mrs. Boutilier:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband Ralph Howard Boutilier, Stoker Petty Officer, Official Number A-4681, Royal Canadian Naval Reserve, is missing at sea.

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

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

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

Please allow me to express the sincere sympathy of the minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,  
LETTER dispatched by  
PERSONNEL NAVAL BOARD  
MAY 9 1944  
SECRETARY, NAVAL BOARD.

Mrs. Margaret Boutilier,  
330 First St. West,  
CORNWALL, Ont.

E.M.

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

AUG 30 1944

72

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BOUTILLIER, Ralph Howard	Stoker P.O.	A-4681 R.C.N.R.

DATE OF ENLISTMENT - 26 May, 1941

DATE OF DISCHARGE - 7 May, 1944

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

SERVICE - CANADA & HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred.  
Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife; NAME - Mrs. Mary E. Boutilier,

ADDRESS - 330 - First St. West, CORNWALL, Ont.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

P.A.'S CHECKED IN

C.R. BY R.

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

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Mary E. Boutilier 41 Cumberland St., Cornwall, Ontario.	(Wife)		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$37.20	\$45.00	\$92.20

To Whom Paid: Mrs. Mary E. Boutilier      Address: 41 Cumberland St.,  
Cornwall, Ontario.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: May 31, 1944

The final deduction of Assigned Pay for \$45.00 has been made for the period from 1st to 31st of May 1944

Remarks:

Computed by..... *AB* .....

Checked by..... *ME* .....

for *Alec J. Roswell*  
Chief Treasury Officer,  
DEPARTMENT OF NATIONAL DEFENCE,  
(Naval Service).

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



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

## ROYAL CANADIAN NAVY

### TECHNICAL TRAINING COURSES

This is to certify that BOUTILIER R. H.  
 O.N. A.4681 Rating A/S.P.O. Seniority 1/10/42  
 Date of Birth 5/11/14 Completed a course of training  
 in Machinist (Mech. Candidate)  
 of 5 12 weeks duration at Danforth Technical School  
Toronto, Ontario.  
 commencing 1st Oct. 1942

He secured marks as follows:

Subjects:	Mach. Shop Practice	Grading: *	<u>A-</u>
	Mach. Shop Theory		<u>B+</u>
	Application		<u>A+</u>
	Mechanical Knowledge		<u>A+</u>
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

Order of merit 8 Number in class 25  
 Dated Dec. 29, 1942 Qualified for: Machinist Mech. Candidate

Remarks:

*[Handwritten Signature]*

Signature \_\_\_\_\_  
 Director, War Training Classes

Signature W. W. Porteous

Commander (E) W.W. Porteous, R.C.N.,  
 Director of Engineering Personnel.

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

# RESULTS OF PASSING OUT EXAMINATION

Mechanical Training Establishment  
or School

ENGINE ROOM ARTIFICER COURSE

Esquimalt, B.C.

Date Commenced **1st Feb/43**  
Date Completed **2nd Oct/43**  
Class No. **#4**

<del>25</del>	Number in class
7th	Order of Merit for Course
<b>BOUTILIER, Ralph H. A-4681</b>	Name and Official Number
<b>S.P.O.</b>	Rating
<b>15th Aug/42</b>	Seniority
<b>5th Nov/14</b>	Date of Birth
<b>8th</b>	Order of Merit
<b>80</b>	Engineering I (100)
<b>77</b>	Engineering II (100)
<b>44</b>	Mechanics (50)
<b>62</b>	Mathematics (75)
<b>48</b>	Science (50)
<b>23</b>	English (25)
<b>334</b>	TOTAL MARKS (400)
<b>83.5%</b>	PERCENTAGE
<b>1st Class</b>	CERTIFICATE AWARDED
<b>6th</b>	Order of Merit
<b>90.6</b>	Lathe (100)
<b>90.4</b>	Bench (100)
<b>36.55 hrs.</b>	TIME
<b>181</b>	TOTAL MARKS (200)
<b>90.5%</b>	PERCENTAGE
<b>1st Class</b>	CERTIFICATE AWARDED
<b>515</b>	Total Marks for Course (600)
<b>85.83%</b>	Percentage for Course
<b>Yes</b>	Qualified for E.R.A. 4/c (confirmed), rated A/E.R.A. 4/c, and recommended for accelerated advancement to E.R.A. 3/c after 6 months' service as E.R.A. 4/c (confirmed).*
<b>No</b>	Qualified for E.R.A. 4/c, (confirmed), rated A/E.R.A. 4/c, and recommended for accelerated advancement to E.R.A. 3/c after 12 months' service as E.R.A. 4/c (confirmed).*
<b>No</b>	Qualified for E.R.A. 4/c (confirmed), rated A/E.R.A. 4/c, and recommended for advancement to E.R.A. 3/c after 18 months' service as E.R.A. 4/c (confirmed).*
<b>No</b>	Failed course, but specially recommended to N.S.H. Q. to be considered as being qualified for E.R.A. 4/c (confirmed), to be rated as A/E.R.A. 4/c and to be eligible for advancement to E.R.A. 3/c after 18 months' service as E.R.A. 4/c (confirmed).*
<b>Very conscientious, takes a keen interest in his work.</b>	REMARKS
<b>Stad. L/Sto. Cl. #10 21st Jan/42 85%</b>	(1) Name, number and date of completion of Ldg./Sto. or Ldg./Sto. (M) course. (2) Percentage marks obtained for Sec. I, II and III.

SECTION I

SECTION II

See remarks on reverse.  
Printed By M.T.E. 5-2-43

Engineer Officer i/c Instruction

Engineer Officer i/c M.T.E.  
or Director of Training

Six copies to be rendered to Naval Service Headquarters

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

75

H.M.C.S. "VALLEYFIELD" at AT SEA

Howard

Name **RALPH N. DOUTILAN**  
(Christian names in full)

Rank of Rating **STEWARDS MASTER OFFICER** Official No. **1-4631 RCNR**  
(If unknown, date of first entry)

Place of Birth **BUFFALO, U.S.A.** Date of Birth **7th. NOVEMBER, 1924**

Occupation in Civil Life **BOOK-BINDER** Religion **UNITED CHURCH OF CANADA**

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**

Date of Death **7th. MAR, 1944** Place of Death **AT SEA**

Cause of Death **WENT ABOARD TO SUPERVISE 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 **Mrs. Mary Ellen DOUTILAN** Relationship **WIFE**  
Address **330 First St. West, Cornwall, Ont.**

Date on which the above was informed by Ship **NOT DETERMINED.**

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

**S. J. DAVIS**  
H.M.C.S. "VALLEYFIELD" **CAPTAIN, R.C.N.**  
17th. MAR, 1944  
Commanding Officer, 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.



CANADA

Department of National Defence

Naval Service

124108

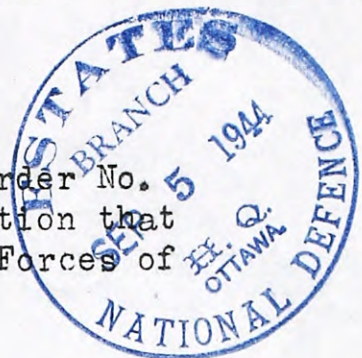
AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. A-4681 Pers.(N).

Sir:

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



<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
BOUTILIER, Ralph H. Stoker Petty Officer Official Number, A-4681, R.C.N.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.	Wife- Mrs. Mary E. Boutilier, 330 First St., West, Cornwall, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Mary Ellen Boutilier	330 First St. W. Cornwall, Ont.	37.20 45.00 <hr/> 82.20	<i>ME</i>

Will; No Will.

Yours truly,

*A.B. Money*

for SECRETARY, NAVAL BOARD.

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

VERIFICATION FORM

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

NAME IN FULL BOUTILIER, Ralph Howard RANK/RATING St. P.O. OFF. NO

SHIP	SERVICE			AREA	QUALIFYING PERIODS			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	26-3-41							
Burlington	6-8-41	22-10-41	47	at.				
Rosthern	23-1-42	22-7-42	181	at.				
Valleyfield	8-12-43	7-5-44	152	at				
		<u>Dis Dead</u>		7-5-44				

VERIFIED BY Pharo VERIFIED BY

VERIFICATION FORM  
 DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP. *A/681*  
 GENERAL SERVICE MEDAL (1915).

RATING *C.P.O.* OFF. NO. *A-4687* ADDRESS .....

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

VERIFIED BY *[Signature]*  
 ✓

BY ..... DIR. OF PERSONNEL RECORDS.

10

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

4  
 NAVY

DECEASED MEMBER'S NAME

Ralph Howard (CHRISTIAN NAMES) BOUTILIER (SURNAME)

PAYEE ADDRESS

Mrs. Mary E. Boutilier,  
 41 Cumberland St.,  
 Cornwall, Ont.

REGISTER NO. 170  
 FILE NO. NB. A-4681  
 DATE 20 Mch/45  
 SERVICE NO. A-4681  
 FINAL RANK OR RATING Stc. P.O. (Ty)  
 DATE OF DISCHARGE 7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1078 EQUAL TO 35 COMPLETE PERIODS AT \$7.50

\$ 262.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 380 LESS 28 INELIGIBLE DAYS, EQUAL TO 352 DAYS @ 25C. PER DAY

\$ 88.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.65  
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45  
 ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.25

TOTAL \$ 5.35 X7 = \$ 37.45

NO. OF DAYS 352 X \$ 37.45

\$ 72.03

D. WAR SERVICE GRATUITY

422.53

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

OTHER DEDUCTIONS \$ NIL

F. TOTAL AMOUNT PAYABLE

422.53

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 422.53  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

Cheque - 120069 - 29/3 - 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		TREASURY	
SJD		[Signature]		DATE 21/3/45	

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.