

V31063
BOUVIER
THEODORE JOSEP

D OF D 7-5-44

AWARDS NAVY

D.D.

BOUVIER	⁸⁰ Thoedore Joseph	V-31063	Sig.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPACHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPACHED
1939-45 Star	14 - 3/10/49
Atlantic Star	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Arthur J. Bouvier - Father

ADDRESS: GRAVELBURG, Sask.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. A.J. Bouvier

Gravelbourg, Sask.

ADDRESS:

(1)

English

MEMORIAL B R
DATE DESP.....
REGN. NO. *183*

(3)

13-10-44

OCCUPATIONAL HISTORY FORM

77029
113 132 723
NS

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 Theodore Joseph BOUVIER (b) Reg'l. No. V 31063
2. (a) Arm of service NAVAL (b) Unit HMCS QUEEN, Regina, Sask. (c) Rank Ord. Smn.
3. (a) Date of birth 8 May '20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Gravelbourg, Sask.
4. (a) Place of enlistment Regina, Sask. (b) Date of enlistment 19th Feb. '42.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 year 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? Yes (b) If so, for what occupation? Linotype Oper. (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English; French (b) What languages do you read well? English; French.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)
- (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

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

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

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

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

18. Name of employer Model Print Shop Address Gravelbourg, Sask.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Printer & Publisher.
20. (a) Your specific occupation Linotype Operator (b) Number of years' experience at this occupation with any employer 6
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? Nil (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? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Engineering.

DATE 19th February, 1942. SIGNATURE Theodore J. Bouvier

FILED

MAR 31 1942

Copy to:
VWD
ES

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

Mr. A.J. Bouvier,
Gravelbourg, Sask.

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

and the following number quoted:—

H.Q. V- 31063 FD 572

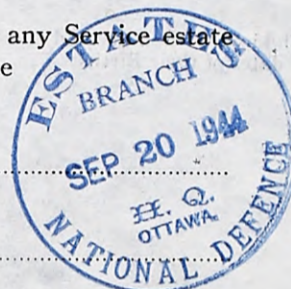
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

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

BOUVIER? Theodore Joseph, Signalman,

V-31063, R.C.N.V.R.



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

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

GC/

H. H. Wachs
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.....	Nil			
2	Children of the Deceased and dates of their Births.....	Nil			
3	Father of the Deceased.....	Arthur Joseph Bouvier	59	Gravelbourg Sask.	
4	Mother of the Deceased.....	Anastasia Bouvier	55	Gravelbourg Sask.,	
5	Brothers of the Deceased	Full Blood	Edgar A. Bouvier Lionel Bouvier Hector Bouvier Andre Bouvier Rodger Bouvier	33 19 17 13 9	Gravelbourg # 264030 R.C.A.F. Overseas Gravelbourg Gravelbourg Gravelbourg
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Mrs. P.K. Skabo Mrs. L. Huel Mrs. B. Haines Valida Bouvier Madelaine Bouvier	31 28 26 21 15	Langdon N. Dak. Gravelbourg Gra- Wilmington, Ohio. # 308389 R.C.A.F. Mossbank Sask. Gravelbourg
		Half Blood	Nil		
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		
	Theodore <i>was 2 yrs old</i> 1917	Nil			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Theodore Joseph Bouvier
9	Date of his birth.	May 8th 1920
10	Place and date of his marriage.	Nil
11	Place and date of his parents' marriage.	Tarsus N. Dak. 25 th Oct 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Gravelbourg Sask.,
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 1920 to 1937 Gravelbourg Sask., (b) 1937 1939 Bathurst N. Brunswick (c) 1937 1939 Bathurst N. Brunswick (d) 1940 Gravelbourg Sask.,
14	Nature of employment before enlistment.	Job Printer / Lino. Operator
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.	Never mentioned

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Unknown
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?	- Nil -
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?	Bank of Toronto Gravelbourg 400.05 Yes
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.	Sun Life Assurance 1,000. Manufacturers Life 1,000. A.J. Bouvier (father)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No 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

*.....Father.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Arthur Joseph Bouvier

{Signature of Informant

Gravelbourg Sask., Address

CERTIFICATE

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

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

Dated at.....Gravelbourg.....this.....18.....day of.....September.....19 44

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

W D Giffen

Qualification Commissioner of Police Dec 31, 1948

Address Gravelbourg Sask.,

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

17 We do not know of a will other than what he mentioned one day that he had signed a statement, that in event of his death either by natural or enemy action that his pay-back pay, effects were to be sent to his father. This is when he joined the R.C.N.V.R.

20-21 We do not hold any certificates or Bonds here with some of his personal effects that he left at home on his last leave. He mentioned a few times about bonds. But whether he bought any we don't know. I think his pay sheet or pay master would know better than us here. Those will be found with his documents, I should imagine -

Ed. J. Giffen



CANADA

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **BOUVIER** OFFICIAL NO. **Y. 31063**
CHRISTIAN NAMES **Theodore Joseph** MARRIED, SINGLE OR WIDOWER **Single.**

PERMANENT ADDRESS **Gravelbourg, Saskatchewan.** RELIGION **R. C.**

DATE OF BIRTH **8th May, 1920.** PLACE OF BIRTH **Gravelbourg, Saskatchewan.** NAME AND ADDRESS OF NEXT OF KIN **Father: Mr. A. J. Bouvier, Gravelbourg, Sask.**

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 37"	Black	Brown	Dark	Scar on throat.
Inches 8½	Deflated 34"				
	Mean 35½"				

EDUCATIONAL STANDING **Grade 9 - Gravelbourg, Sask.** TRADE OR CALLING AND IN WHOSE EMPLOY **Linotype Operator - Model Print Shop, Gravelbourg, Sask.**

DATE OF ENROLMENT **19th February 1942. Divisional Strength** RATING FOR WHICH ENROLLED **Ord. Smn.** R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED **R E G I N A.**

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) ~~.....~~

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records Division
2nd. Bn. South Sask. Reg. (R)	A/Cpl.	12 August '40 (Discharge Obtained.)	18 February '42 1. Noted in Records..... 2. Index Card..... 3. Non-Sub Card..... 4. Statistical Card..... 5. Rones Strip..... 6. Pension Card..... 8. DATE 26.3.42

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

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

ENTERED IN PAY LEDGERS
FAIR
ROUGH

3

NATIONAL DEFENCE
MAR 23 1942
N.S. 11313-2721
CANADA

3

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

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

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

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

Dated this nineteenth day of February, 1942.

Signature of applicant Theodore Joseph Bouvier

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this nineteenth day of February, 1942.

E. Schoum Lieut. RCNVR.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Theodore Joseph BOUVIER do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant Theodore Joseph Bouvier

Witness E. Schoum

Date 19th February, 1942. Rank Lieutenant, R.C.N.W.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Theodore Joseph BOUVIER having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the REGINA Division of the R.C.N.V.R. or in the appropriate official documents.

E. Schoum Lieut. RCNVR
Attesting Officer.

19th February, 1942. R.C.N.V.R. Division REGINA
(or other establishment)

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

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

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

This is to acknowledge that I have not been induced to enter the Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Witness: E. Schoum Theodore Joseph Bouvier
Signature

S.—1246 (late S.—1326).
T.S.—97.

To be kept attached to the Service Certificate until final discharge from the Service.

SIGNAL HISTORY SHEET.

(Established—July, 1901.)

(Revised—May, 1938.)

5M—4-42 (4317)
N.S. 815-9-1246

Name BOUVIER T.J.

I. EXAMINATION RECORD.

To be filled up according to the result obtained after examination.

Official No. N-31063

9421/D5234 4250/7/39 Wt & Sons Ltd 221c*/64315/

Date	Nature of Examination Qualifying or Requalifying		Fleet Work		Miscellaneous		Procedure		Coding		W/T Paper	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Mast and Marching Manœuvres	Paper	Oral	Paper	Practical	Paper	Practical		T	R			Mechan- ical	Hand Flags			
	FOR T.O. (V/S) (Provisional)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR T.O. (V/S) (Final)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
		% Obtained																		
	<u>24 Mch 44</u> FOR V/S 3	% Required	80	—	—	80	80	—	80	80	75	80	90	97	96	98	98	—	—	—
	State whether after a qualifying course	% Obtained																		
	FOR V/S 2	% Required	80	80	80	80	80	80	80	80	75	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR V/S 1	% Required	80	85	80	80	80	85	80	80	80	85	90	97	96	98	98	—	—	—
		% Obtained																		

II. Date of Granting of Non-Substantive Rate.

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (V/S)	<u>24 Mch 44</u>		V/S 3			V/S 2			V/S 1		

S.—1246.
T.S.—97.

III. Boys Examinations.

(I.) ON PASSING OUT OF TRAINING ESTABLISHMENT.

Date		Paper	Oral	School	Pro- cedure Pract.	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Training Establishment	Initials of Examining Officer
						T	R			Mech.	H.F.			
	% Required	75	65	40	75	75	85	90	88	90	90	—	—	—
	% Obtained													

(II.) FOR ACCELERATED ADVANCEMENT TO ORDINARY SIGNALMAN.

Date		Paper	Oral	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
					T	R			Mech.	H.F.			
	% Required	75	75	70	75	85	95	92	96	96		—	—
	% Obtained												
	% Obtained												

IV. Examination for Ordinary Signalman (S.S.).

Date		Fleet Work		Oral	Procedure		Co- ding Pract.	W/T Paper	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Initials of Examining Officer
		Paper	Mast		Paper	Pract.			T	R			Mech.	H.F.		
	% Required	75 65	90	80	65	80	65	75	75	85	75 96	75 88	75 96	75 96	—	
3-7-42	% Obtained	77									95	100	98	100	P	<i>[Signature]</i>

V. Training Class Certificate.

No Ordinary Signalman is eligible for advancement to the rating of Signalman until this Certificate has been obtained.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	W/T	75				

VI. Examination for Signalman.

Date		Fleet- work Paper	Misc. Oral	Pro- cedure Paper	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
						T	R			Mech.	H.F.			
	% Required	75	75	75	75	75	85	95	92	96	96			
28 Aug 42	% Obtained	81			84.5			99	100	98	98	Passed	S. Hyacinthe	<i>[Signature]</i>
	% Obtained													
	% Obtained													

* One combined Paper.

N.V. 17
60M-11-40 (7836)
N.S. 815-11-17

Woodsstock

Identification Card # 50291

CERTIFICATE of the SERVICE of

Theodore Joseph BOUVIER

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-31063</u>
	<u>REGINA</u>	"
		"

Date of Birth..... <u>5th May, 1920</u>	Name and Address of Nearest Relative or Friend (in pencil) <u>(Father)</u> <u>Arthur J. Bouvier</u> <u>Gravelbourg Sask.</u>
Place of Birth..... <u>Gravelbourg, Sask.</u>	
Place of Residence..... <u>Gravelbourg, Sask.</u>	
Trade brought up to..... <u>Linstype operator</u>	
Religion..... <u>Roman Catholic</u>	
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	
<u>9 Feb. '42</u>	<u>19 Feb '42</u>	<u>Duration Card. Iss.</u>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>8 1/2</u>	<u>35 1/2</u>	<u>139</u>	<u>Black</u>	<u>Brown</u>	<u>Dark</u>	<u>Scar on throat</u>
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

Works well, learns quickly. Keen & reliable rating. Good power of Command, will make a good leading Signalman. A satisfactory rating.

H.M.C.S. Woodstock

Elstahy S/Lt.

Officer of Division.

Date 31 Dec 43

Works well. learns quickly. Keen & reliable rating. at times sulky & slightly insolent. Will make a good 21 Sig. a satisfactory Rating

H.M.C.S. Woodstock

Elstahy lieut

Officer of Division.

Date 15 Mar 1944

H.M.C.S.

Officer of Division.

Date

H.M.C.S.

Officer of Division.

Date

H.M.C.S.

Officer of Division.

Date

C.N.S. 264 (S. 264)

30M-10-41 (2181)

N.S. 815-9-264

Name Theodore Joseph BOUVIER
Sub-Rating and Seniority Ord. Smn. (V/S) 19/2/42 Non-Sub
O.N. V. 31063 S.B. No. _____ W.B. No. _____
Joined Ship 20 March '42 from S. hoie
Engagement: Period Attested: 19/2/42 Expires _____
Active: 20/3/42
Date of Birth 8th May, 1920 Religion R.C.
Character V.G. Efficiency Sat. Date 18 May '42
Badges _____ Class for Conduct _____ Class for Leave _____

Date due for: Next Badge _____
Progressive Pay _____
L.S. & G.C. Recommended _____

Advancement. Wishes to Pass? _____ Recommended? _____ Date Qualified? _____
Educ. Test Pt.1 Written 5 May '42
Higher Educ. Test. _____
Professional or higher Sub-rating _____
do Non-Sub. _____
(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments _____

Swimming Qualification Nm. swimmer

Athletic capabilities _____

General Remarks (including intelligence, energy, initiative, powers of command).

Average intelligence keen and hard working should make a good reliable rating. Has done exceptionally well in new entry training.

H.M.C.S. " QUEEN " _____
[Signature]
Officer of Division.

Date 18th MAY, 1942.

- Notes:**—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.

FEB 28 1942

THE CANADIAN ARMY—RESERVE PERSONNEL
CERTIFICATE OF DISCHARGE

This Certifies that L 447784 A/Cpl. BOUVIER, Theodore,
(Regtl. No.) (Rank) (Name in full)
of Gravelbourg County of
Province of Saskatchewan served continuously in the
2nd. Bn. South Saskatchewan Regiment (R)
(Regiment or Corps)
from the Twelfth day of August 19 40, to
the Eighteenth day of February 19 42, and is now discharged
therefrom, and that he attended and completed Annual Training for the years
1940-41 & 1941-42 and is now discharged on tfr. to the R.C.N.V.R.
(Each year separately, in figures)

(Total number of years, in words)

(Signature of Soldier)

Place WEYBURN, Sask.,

Date February 25th 19 42

Commanding

(Sqn., Bty. or Coy.)

Lieut.-Colonel.

† Commanding 2nd. Bn. S. Sask. R., (R) CA.
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

50M-2-41 (9314)

H.Q. 1772-39-62

AM

R.G. 87-10M-11-41

GOVERNMENT OF THE PROVINCE OF SASKATCHEWAN



DEPARTMENT OF PUBLIC HEALTH
REGISTRAR GENERAL

LM #301

REGINA, MARCH 18, 1942.

TO WHOM IT MAY CONCERN:

This is to certify that Record #25340/20
on file in this office shows the following information;

Name of Child THEODORE JOSEPH BOUVIER
Date of Birth MAY 8, 1920
Place of Birth GRAVELBOURG, SASK.
Name of Father ARTHUR JOSEPH BOUVIER
Maiden Name of Mother ANASTASIE TETREAUULT
Date of Registration MARCH 17, 1942.

F. C. Middleton

F.C. Middleton, M.D.
Deputy Registrar General

~~FEDERAL GRAIN LIMITED~~

#215

FEDERAL GRAIN LIMITED

DEAR SIR:

STATION

Dept L^d
Gravelbourg Sask

REPLYING TO YOUR LETTER OF

July 4 / 1945

WITH REFERENCE TO

N.S.U-31063 (P. 17) (P-181)

943689

Dear Sir: As I haven't heard from the
Dept as yet re: Grant of my late son
Theodore Joseph Bowie U-31063 has Dept done
anything in regards to payment, as I am
anxious to have said estate settle

Kindly, let me know what they intend
to do.

Yours truly,
A. J. Bowie
Gravelbourg Sask

FEDERAL GRAIN LIMITED

FEDERAL GRAIN LIMITED

DEAR SIR:

REFERRING TO YOUR LETTER OF

YOUR REFERENCE TO

STATION



NOTE—ONLY ONE SUBJECT FOR A LETTER

4
NAVY

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

DECEASED
MEMBER'S
NAME

Theodore Joseph
(CHRISTIAN NAMES)

BOUVIER
(SURNAME)

REGISTER NO. 10591
 FILE NO. NS.V31063
 DATE 6 July/45
 SERVICE NO. V31063
 FINAL RANK OR RATING Sig.
 DATE OF DISCHARGE 7 May/44

PAYEE **Director of Estates,**
 ADDRESS **308 Sparks St.,**
Ottawa, Ont.

for Service Estate of
Theodore J. Bouvier
 NS.V-31063
 7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 760 EQUAL TO 26 COMPLETE PERIODS AT \$7.50

\$ 195.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 573 LESS N11 INELIGIBLE DAYS, EQUAL TO 573 DAYS @ 25C. PER DAY

143.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45

ADDITIONAL PAY

H.L.M. \$.13
 T.O.V/S \$.05

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.63 X 7 = \$ 25.41
 NO. OF DAYS 573 X \$ 25.41
 183

79.57

D. WAR SERVICE GRATUITY

417.82

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

417.82

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 417.82

Voucher cheque 1124 - 13/7 - 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 LJM	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY <i>[Signature]</i>	DATE 10-7-45
---------------------------	----------------------------------	--	-----------------

SERVICE REPRESENTATIVE
 for Dir. Naval Pay Acct'g.

DEAR SIR:

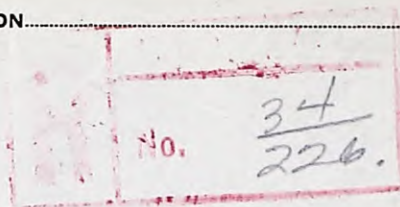
STATION.....

REF TO YOUR LETTER OF

June 7 / 45

WITH REFERENCE TO

N.S. U-31063 Pers. (M) 1A-15



Gravelbourg Sask
June 14 1945

Exctroy Naval board
Ottawa.

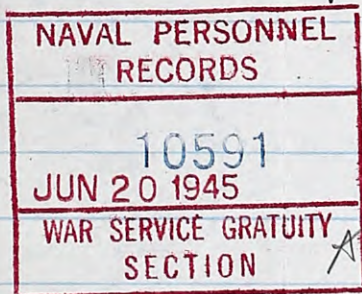
P617194

Gentlemen:

Re - your letter 7th June I wish
to say that our late son had no dependences
So as the father of my late son I am
acting on behalf of the next of kin which he
will to me before enlisting

as member of Deceased Service Estate
I claim my war service gratuity that
is coming to him

So I here with make application
for such gratuity coming to him.



Yours truly
A.J. Dower



NOTE—ONLY ONE SUBJECT TO A LETTER

NOTE—ONLY ONE SUBJECT TO A LETTER



NO. 1
 NAME
 ADDRESS
 CITY

MAIL TO THE
 DIRECTOR
 OF THE
 NATIONAL SECURITY AGENCY
 WASHINGTON, D. C.

MAIL SERVICE
 TO THE NATIONAL SECURITY AGENCY
 WASHINGTON, D. C.

STATE

DISTRIBUTION OF SERVICE ESTATES HD

Estates Form "P. 4"

NAVY

Name: **BOUVIER** Surname **Theodore Joseph** Christian Names No.: **V-31063**

Sig. Rank **R.C.N.V.R.** Unit **7-5-44** Date of Death

<u>AMOUNT</u>	WSG	417.82
	L.P.C.....\$	74.36
Date: 7th, September 1945	Other Credits.....	401.53
	Total.....	893.71
	Prev. Dist	475.89
	This Dist.	417.82

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Arthur J. Bouvier, Gravelbourg, Sask. (Sole Beneficiary per will)	417.82

SEP 1 1945
P4. TO TREAS.

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	417.82
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

COPPEN, Sask.,
Jan. 4, 1945.

Dept. Attorney General,
Regina, Sask.

COPY

Dear Sir:

I am applying for application to administer Estate
of my son who lost his life on the Sea.

We have written to the Dpt. at Ottawa but we don't seem to
get any satisfaction. Our boy had been missing on April sometime,
since then we had word in Aug. last that he was officiallly dead,
as he has a few hundred dollars in the Bank of Toronto, Gravelbourg.
We would to get this cleared out and transfer to me acording to his
will as his estate was willed to me.

He was on the Valleyfield when it was hit.
Theodore Josef Bouvier,
Sgm. U31p63 in the Can. Navy.

Kindly lets us here from you.

A. J. Bouvier.

H. L. NEITLING
Proprietor

Neitling Funeral Parlor
and
AMBULANCE SERVICE

ED. A. BOUVIER
Licenced Embalmer
& Manager

3-1-20

Gravelbourg, Sask.

1914

Dept. Nat. Defence
Naval Service -
Estate Branch
Ottawa.



Re. File HQ. NS. V31063 F.D. 572

Bouvier Theodore Joseph sqmn (R.C.)
31063 R.C.N.V.R

Dear Sir -

My father was in the other day and was inquiring about the above estate, if anything had been done about it so far or how far it had progressed. Would you kindly give me some information if possible as to when you expect this file to be closed -

Also is the above or his executor entitled to the bonus or extra pay of 700 or 1500 ^{per month} for home duty and overseas duty as passed by Order in Council last August of I remember right -

Yours truly
Ed. A. Bouvier

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: BOUVIER, Theodore J. No.: 7-31063
 Surname Christian Names
 Rank Sig. Unit R.C.N.V.R. O/S Date of Death 7-5-44

AMOUNT

Date: 14-12-45

L.P.C.....\$ 74.36
 Other Credits..... 401.53
 Total..... 475.89

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	<p><i>Arthur J. Bouvier,</i> <i>Retired General Surgeon,</i> GRAVELBOURO, Sask.,</p> <p align="center">(Sole beneficiary under will)</p> <p align="center">TO BE FORWARDED BY REG. MAIL DIRECT.</p> <p align="center">P4. TO TREAS. <i>mw</i> 2-1-45</p>	475.89

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	475.89
CLASSIFIED BY <i>Original Signed by</i> K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

.....
 (L. M. FIRTH) Lt.-Colonel
 Administrator of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name Theodore Joseph BOWEN (Christian names in full)

Rank of Rating RTR. Official No. V-31003 RENVR (If unknown, date of first entry)

Place of Birth CHATELAIN, QUE. Date of Birth 02d MAY, 1900

Occupation in Civil Life LIMITED OPERATOR Religion IRISH 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) 2 YEARS 1 MONTH

Date of Death 7th 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 MR. ARTHUR BOWEN Relationship FATHER Address CHATELAIN, QUEBEC

Date on which the above was informed by Ship IMPROVED BY H.C.H.C.

Date on which death was registered with local Officials IMPROVED

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

33

Signature: S. J. ... Commanding Officer, H.M.C.S. VALLEYFIELD, R.C.N. 19th May 1944

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

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

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

C.N.S. 1121 15M-6-41 (831) N.S. 815-9-1121

Instructions for filling up the Form

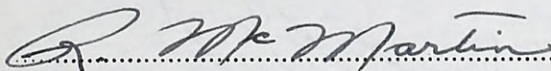
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.



} Signature of the person
} by whom the Will was prepared.



Faint, illegible text, possibly a header or address block.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a date or reference number.

Faint, illegible text, possibly a signature or name.

Faint, illegible text, possibly a date or reference number.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.

Faint, illegible text, possibly a name or title.



Department of National Defence

124101

Naval Service

AUG 30 1944

194.....

IN REPLY PLEASE QUOTE

N.S. V-31063 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:



NAME, RANK/RATING,
Official No., UNIT

PARTICULARS RE
DEATH

NEXT OF KIN

BOUVIER, Theodore
Joseph, Signalman,
V-31063, R.C.N.V.R.

Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Father:
Mr. A.J. Bouvier,
Gravelbourg, Sask.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Bank of Toronto,
Gravelburg, Sask.

30.00 Stopped May 31/44. *well*

Will: Will Attached, yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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

EMC

N.S. V-31063, P.D. 46
PERS. (N)

16 September, 1944.

THIS IS TO CERTIFY that according to official information Theodore Joseph Bouvier, Signaller, Official Number V-31063, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

37

[Handwritten signature]

~~Deputy SECRETARY, NAVAL BOARD.~~

[Handwritten initials]
[Handwritten initials]
[Handwritten initials]

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.
No. 19

PROVINCE OF SASKATCHEWAN
RECORD OF REGISTRATION OF DEATH

Registration Division of..... Municipality No.....

1. PLACE OF DEATH AT SEA
(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

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

3. PRINT FULL NAME OF DECEASED BOUVIER, Theodore Joseph
RESIDENCE Gravelbourg, Saskatchewan.
(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX <u>Male</u>	5. CITIZENSHIP <u>Canadian</u>	6. RACIAL ORIGIN <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>	8. BIRTHPLACE (Province or Country) <u>Saskatchewan</u>
-----------------------	-----------------------------------	------------------------------------	---	--

9. DATE OF BIRTH May 8th, 1920 10. AGE in }
(Month, day and year) Years Months Days If less than one day
24 hrs. or min.

USUAL OCCUPATION
11. Trade, profession or kind of work as Linotype Operator
12. Kind of industry or business, as agriculture, Model Print Shop, Gravelbourg, Sask.
13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

PARENTS
15. Name of father.....
16. Birthplace of father..... (Province or Country)
17. Maiden name of mother.....
18. Birthplace of mother..... (Province or Country)

19. Signature of informant H.A. Money
Address Paym. Offic. H.C.N.S., Officer i/c Naval Personnel Records,
20. Relationship to deceased

21. Place of burial, cremation or removal Naval Service Headquarters, Ottawa, Ont.
Body not recovered. Date of burial, cremation or removal 19.....

22. Signature of Undertaker or person acting as Undertaker..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 19 44
(Month) (Day) (Year)

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

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

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) (How sustained)
Manner of injury.....
Nature of injury.....
Specify whether injury occurred in **industry**, in **home** or in **public place**.....

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

28. I hereby certify that the above return was made to me at.....
Dated..... 19..... (Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record 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. (See reverse side for instructions) Every item of information should be carefully supplied.

In case of Stillbirth consult definition on reverse side before making out certificate.

REMARKS:

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

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

NIL.

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

Date of Enlistment:

Date of Discharge:

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

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

Remarks:

Computed by..... *AB*

Checked by..... *MW*

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

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

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

AUG 30 1944

Sir:

(Date)

The following casualty has been reported -

NAME BOUVIER, Theodore Joseph RANK or RATING Signalman NAVAL NO. V-31033 R.C.N.V.R.

DATE OF ENLISTMENT - 19 Feb., 1942 Active Service: 30 March, 1942

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. A. J. Bouvier,

ADDRESS - GRAVELBOURG, Sask.

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.

30

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

GRAVELBOURG, SASK. May 29 1944

Dept. Nat. Defense -
Naval Dept.
Ottawa.

Received
PR. 8-5-44

3344
074217

Dear Sirs -

Re. 31063 Sigmn. T.J. Bouvier.
H.M.C.S. Valleyfield.

My son, the above, had a few insurance policies
war bonds, I think and a few other valuables with
him when he left here last July for his new
base. What I wanted to know - Do these boys carry
all their belongings aboard ship - or are there lockers
at their base that they store these valuables
in - when they are out at sea.

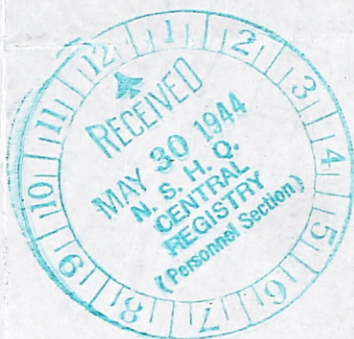
If these bonds are lost what should be
done to recover a facsimile. What about his
pay and back pay in a case of this kind.

Would you kindly check into this matter
and give me an answer as soon as possible
as this would help me out a great deal.

Thanking you I remain

21

Yours Truly
BW
A.J. Bouvier



TFH/MWM

REGISTERED
AIR - MAIL
N.S. V-31063 PERS. (N)

8th May, 1944

Dear Mr. Bouvier:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Theodore Joseph Bouvier, Signalman, Official Number V31063, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

God K
SECRETARY, NAVAL BOARD

10
Mr. A.J. Bouvier,
Gravelbourg, Sask.

RECEIVED
PERSONNEL NAVAL
MAY 8 1944

ms
MB.

R.D.

MEMORANDUM:

With reference to your
of the it is approved
to transfer
to

BY ORDER

J. S. Money

SECRETARY, NAVAL BOARD.

TFH:GJ

REGISTERED

AIR MAIL

N.S. E-31063 PERS.(N)

11th May, 1944.

Dear Mr. Bouvier:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son, has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mr. A.J. Bouvier,
GRAVELBOURG, Sask.

14

11

V31063

OFFICIAL NUMBER

FILE NUMBER

113-B-2721

OFFICIAL NUMBER

V31063

NAME BOUTIER Theodore Joseph DATE OF BIRTH 8th May, 1920.
 (Surname) (Given Names)
 PLACE OF BIRTH Gravelbourg, Sask. OCCUPATION Linotype Operator.
 RELIGION Roman Catholic. EDUCATION Grade 9.
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town Gravelbourg Province, etc. Sask.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
19	3	42	H.O.	5' 8 $\frac{1}{2}$	Black	Brown	Dark	Scar on throat.	2nd Bn. South Sask. Regt. (R)	A/Cpl	12-8-	18-2
											1940	1942

NEXT OF KIN, RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. A. J. Boutier
 ADDRESS (in pencil): Street and No. _____ Town Gravelbourg Province, etc. Sask.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
7	3	44	1939-43 Star. C.V.S.M. (R & C)	28	8	42	Qual. "Sig."				
				3	7	42	Qual. Ord. Sig.				
				12	9	42	Qual. Anti-Gas 1 dy. (249A, #28197)				

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			

Date (in figures)				DAYS FORFEITED					O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char	
									O.H.F. Received.
									Un. Ins. Book- Regina, Sask. 67-4-11
									Last Will & Testament dated 19-2-42 received

SECOND CLASS FOR CONDUCT
 From _____ To _____

W.S.G.
 APPLICATION
 1959
 REC'D

FILM
 NO. NSR-5561-6
 DATE

P.I.B.

V31063

OFFICIAL NUMBER

NAME BOUVIER
(Surname)

Theodore Joseph
(Given Names)

OFFICIAL NUMBER

V31063

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 "Queen"	Ord. Smn.	19	3	42	Regina Div. Str.	V.G.	Sat.	31	12	42	T.O.V/S.	24	3	44			
"	"	20	3	42	Active Service.	V.G.	Sat.	31	12	43							
HMCS "St. Hyacinthe"	"	18	5	42	T.L.	V.G.	Sat.	7	5	44							
"	Ord. Sig.	3	7	42	Transferred (249A-30551)												
HMCS "Stadacona"	"	9	9	42	DRD												
HMCS "Woodstock"	"	10	9	42	DRD												
"	Sig.	20	3	43	249A/A/12175												
Avalon	"	15	3	44	DRD #3062												
Valleyfield	"	17	4	44	DRD A-3315 P.1												
DISCHARGED	"	7	5	44	"MISSING" per Casualty List.												
					Presumed Dead (Per Correction Sheet P.95)												

GENERAL REMARKS

Awarded Canadian Memorial Cross to, Mother: Mrs. A.J. Bouvier, Gravelbourg Sask. dated 13. Oct., 1944.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK	
08	5	20	19	300	0	10	27	03	09	9	17	0	08	98	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK		
19	03	42	20	03	42					2800	0	11	94		
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.									
20	03	43	13	00	00	21	07-03-44			SAP		ELL			