

V51452
BROWN

DAVID

EDGAR

OCCUPATIONAL HISTORY FORM

113-B-4552
P289918

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 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 David Edgar BROWN (b) Reg'l. No. V 51452
 2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Seaman
 3. (a) Date of birth 19 Sep. 1924 (b) Have you any dependents? No (c) Place of residence at time of enlistment Eburne, B.C.
 4. (a) Place of enlistment Vancouver, B.C. (b) Date of enlistment 1st Dec., 1942.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 yrs High School
 7. If you attended a university, give name of university and standing or degree secured No
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer David Spencer, Ltd. Address Vancouver, B.C.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail store
 20. (a) Your specific occupation Supply Clerk (b) Number of years' experience at this occupation with any employer 13 mos.
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? (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? 1 yr (c) In what provinces did you have experience? B.C.

Section G—MISCELLANEOUS

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

DATE 1st December, 1942.

SIGNATURE



COPY TO
W/D

DEC 18 1942

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

.....Mr. Edgar Brown,.....
2234 McPherson Ave.,.....
New Westminster, B.C.....

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

and the following number quoted:—

H.Q. V- 51452 FD. 568

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

.....BROWN, David Edgar, Able Seaman,.....

.....V- 51452, 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/

M. J. Swade
 Commanding Officer
 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Edgar Brown	47	2234 McPherson Ave New Westminster B.C.
4	Mother of the Deceased..... <i>Stepmother</i>	Mildred Loise Brown	47	Same.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	Margaret Edna Brown 18 Barbara Mary Brown 13	Same Same
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	David Edgar Brown
9	Date of his birth.	Sept. 19 th 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Toronto April 28 th 1923

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario 3 years (b) British Columbia 15 years. (c) (d)
14	Nature of employment before enlistment.	Stock keeper Drugs Dept store
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Unless service. None
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?	Canadian Bank of Commerce Hraser Ave. Vancouver. Acct # B874 97. cents Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 10.00 Safety Deposit Vancouver
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$ 100.00 Bearer. As above. \$ 50.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Excelsior Life. Two \$1,000. policies Edgar Brown Father
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

Edgar Brown {Signature of Informant
2234 McPherson Ave Burnaby Address
New Westminster B.C.

CERTIFICATE

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

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

Dated at *New Westminster* this *6th* day of *October* 19*44*

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. *B. Gavelton Bishop* Qualification *Pastor*

Address *3307 Kingway New Westminster, B.C.*

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

(5) On being enrolled as a member of the Vancouver 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 First day of December, 1942.

Signature of applicant DE Brown

(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 First day of December, 1942.

Harold Sub-Lieut. RCNVR.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, David Edgar Brown 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 DE Brown

Witness Harold

Date 1st December, 1942 Rank Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

David Edgar Brown 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 Vancouver Division of the R.C.N.V.R. or in the appropriate official documents.

Harold Sub-Lieut. RCNVR.
Attesting Officer.

LST. DECEMBER, 1942 R.C.N.V.R. Division H.M.C.S. "DISCOVERY"
(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.

DE Brown
Signature



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

113.B-4552
N. V. 5
P289915
DOM-1-41 (8973)
N.S. 815-11-5
5

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BROWN OFFICIAL NO. 151452
CHRISTIAN NAMES David Edgar MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 201 #5 Road, Eburne, B. C. RELIGION Church of England

DATE OF BIRTH 19 September, 1924 PLACE OF BIRTH Town Toronto, Province Ont. NAME AND ADDRESS OF NEXT OF KIN Father: Edgar Brown, 201 #5, Road, Eburne, B.C.
Original Nationality of: Father English, Mother Scottish

*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
Fect. <u>5</u>	Inflated <u>36½</u>	<u>Light Brown</u>	<u>Brown Medium</u>	<u>Medium</u>	<u>Small scar on right side of back. 2nd finger, left hand has finger-tip missing.</u>
Inches <u>9</u>	Deflated <u>33</u>				
	Mean <u>34</u>				

EDUCATIONAL STANDING Completed Grade XII TRADE OR CALLING AND IN WHOSE EMPLOY Supply Clerk, with drugs. David Spencer, Ltd., Vancouver, B. C.

DATE OF ENROLMENT 1st December, 1942. RATING FOR WHICH ENROLLED Ord. Seaman R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. "DISCOVERY".

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) ~~I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.~~
- * (b) I served in # 72 Seaforth Cadets for the period shown and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

Personnel Records Division.	
1. Noted in Record	<u>mc</u>
2. Index Card	<u>mc</u>
3. Non-Sub. Card	
4. Statistical Card	<u>mc</u>
5. Roneo Strip	
6. Original Card	
7.	
8.	
DATE	<u>19.12.42</u>
TO	

SERVED IN	RANK	FROM	TO
<u># 72, The Seaforth Highlanders Cadet Battalion.</u>	<u>Private</u>	<u>Jan. 14th, 1940</u>	<u>March 27th, 1942.</u>

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

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

In possession of U.I. Book? Held by David Spencer, Ltd. of Vancouver, B.C.



CANADA

113-B-4552

Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

P289917

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 David Edgar BROWN
candidate for entry as Ord. Smn. R.C.N.V.R.
and I believe him to be ^{in all respects fit for His Majesty's Service} ~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate given below in my presence.

†Strike out if inapplicable *Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 18	Mos. 2	(j) Date of last Vaccination for Smallpox	1937	
(b) Height with bare feet	Feet 5	In. 9	(k) General Development	Fairly good	
(c) Weight without clothes	128		(l) Nose, Throat and Tonsils	Tonsils small N & T--clear	
(d) Ears and Hearing	Repeats W.V. at 20' Drums dry and intact		(m) Heart and Lungs	Heart normal Lungs clear	
(e) Chest Girth	Max. 36½	Min. 33	Mean 34	(n) Abdomen Deformed Hernia, etc.	3rd digit.
(f) Teeth	Deficient 1	Defective 1	Defectures = Carious 1	(o) Limbs and Joints	No masses No hernia
(g) Vision by Snellens Types NV 0.50D	without glasses where worn	Rt. 6/6	Lt. 6/6	(p) Skin	Clear
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(q) Anus Haemorrhoids	Normal
(i) Chest x-ray	S.H. No. 55025		(r) Testes Varicocele	Normal	
			(s) Urine	Negative	
			All reflexes present and equal.		

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.

DE Brown

Signature of Candidate

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

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

4

Dated at Vancouver the 25th of November 19 42.

David M. Bean
Examining Medical Officer

(Rank) Surgeon Lieutenant R.C.N.V.R.

DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.B.

BROWN

David Edgar

V-51452

A.B.

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 AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

M. IN D.

85-50

25-4-50

25-D

MEDALS RET'D. UND
7158 RET'D. TO ST
CANCELLED

02-64288

M



P

(THE REVERSE TO

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Apr. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Edgar Brown - Father

ADDRESS:

~~2234 McPherson Ave.,~~ 2380 PINE ST.
~~NEW WESTMINSTER, B.C.~~ VANCOUVER, B.C.

(1)

25/50
ER

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

no later address

(2)

(3) MEMORIAL CROSS

MOTHER deceased.

ADDRESS:

MEMORIAL BAR

DATE DESP

(3)

REGN. N. ~~CANCELLED~~

V51452 OFFICIAL NUMBER

NAME BROWN
(Surname)

David Edgar
(Given Names)

OFFICIAL NUMBER V51452 **P.L.B.**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. "Discovery"	Ord. Snn.	1	12	42	Div. Strength Vancouver						S.I.	16	10	43	219A-0389		
" "	"	25	2	43	Active Service D.L. 25-2-43	V.G.	Sat.	31	12	43							
Tecumseh	"	1	3	43	D.L. 1-3-43	V.G.	Sat.	7	5	44							
Naden	"	3	5	43	D.L. 3-5-43												
Givenchy	"	29	10	43	DRD E-1776												
Stadacona	"	6	11	43	DRD E-1805												
Hochelaga II	"	26	11	43	DRD H-3342												
Valleyfield	"	6	12	43	Ledgers												
DISCHARGED	"	7	5	44	"Missing" (Casualty List.)	V.G.	Sat.	7	5	44							
	Able Snn.	25	2	44	Rated (Correction Sh. #39) "Presumed Dead" Corr. Sheet.												

GENERAL REMARKS

DATE OF BIRTH DY. MO. YR.	PLACE OF BIRTH CITY TOWN	CIVIL STATUS MARRIED	OCCUPATION MAIN SUB	RELIGION GION	EDUCATION ED	PERM. RESIDENCE P. CTY. TOWN	PREV. ENL. SERV. DIV.	RANK OR RATE ON ENLISTMENT A BR RANK		
19 9 21 11	830	0 30	9 04 00 0	08	0	08	0	08	05	15
ENLIST. DATE DY. MO. YR.	ACT. SERV. DATE DY. MO. YR.	STR. CAT.	ACT. SERV. DATE DY. MO. YR.	SHIP OR	RANK OR RATE BR. RANK					
01 12 42	25 02 43				9690	0 08	95			
SENIORITY DY. MO. YR.	SER. NON-SER. A B ST.	M		CODED		CHECKED				
25 02 43	10 25 00 21			C.D.		C.B.				

07-05-44

V51452

OFFICIAL NUMBER

FILE NUMBER

113-B-4552

OFFICIAL NUMBER V51452

NAME BROWN (Surname) David Edgar (Given Names) DATE OF BIRTH 19th September, 1924.PLACE OF BIRTH Toronto, Ont. OCCUPATION Supply Clerk:RELIGION Church of England EDUCATION Grade XIIRESIDENCE AT TIME OF ENLISTMENT: Street and No. 201 #5 Road Town Eburne Province, etc. B.C.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
1	12	42	H.O.	5'9"	L. Brown	Brown	Medium	Small scar on right side of back. 2nd finger, left hand, has finger-tip missing.	#72, The Seaforth Highrs. Cadet Bn.	Pte.	1940	1942

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Edgar Brown 6-5-43ADDRESS (in pencil): Street and No. 301 #5 Road Town Eburne Province, etc. B.C.

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	
			Eligible for award of CVSM & Clasp (249A#A13912.)	20	8	43	Qual. "Tr" 249A-6369.				
5	12	44	Posthumous Mention in Despatches.								

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.	

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35

FILM
NO. WSR 5757-5
DATE

**PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH**

Reg. No. (Office use only)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

1. PLACE OF DEATH AT SEA Name of Municipality (if any).....
 Name of city or place.....
 Street or road..... House No.....
 (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED BROWN David Edgar
 (Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED: Name of Municipality (if any)..... B.C.
 Name of city or place..... Blaine
 Street or road..... 45 Road House No..... 201

5. SEX Male **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** British **8. Single, Married, Widowed or Divorced** Single **9. BIRTHPLACE** (Province or Country) Toronto, Ontario

10. Date of Birth September 19 1924 **11. AGE** } Years 19 Months 8 Days..... If less than one day..... hrs. or..... min.

OCCUPATION **12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.** Supply Clerk, with drugs,
(b) Kind of industry or business, as paper mill, lumber, bank, etc. David Spencer Ltd., Vancouver, B.C.
 (If labourer specify kind of work above)

13. Date deceased last worked at this occupation..... **14. Total years spent in this occupation**.....

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.....

16. Name of father..... (Surname or last name) (Given or Christian names)
17. Maiden name of mother..... (Surname or last name) (Given or Christian names)

18. Birthplace:—
 Father..... Mother..... (Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
 Given under my hand at..... this..... day of..... 19.....
 Signature of informant..... H.B. Money Relationship to deceased.....
 Address..... Fayr, Cdr., R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.

20. Burial, Cremation or Removal..... Body not recovered. Date..... 19.....
 (Month by name) (Day) (Year)
 Place of Burial..... Cemetery..... (Municipality)

21. Undertaker:—
 Name..... Address.....

22. Marginal Notations (Office use only)

40

MEDICAL CERTIFICATE OF DEATH

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

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

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
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 due to</u>			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) <u>by enemy action in the Atlantic.</u>			
(c).....				
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

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

26. Was there a surgical operation?..... Date of operation..... 19.....
 State findings..... Was there an autopsy?.....

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19.....
 (State which) (How sustained)
 Manner of injury.....
 Nature of injury.....
 Specify whether injury occurred in **industry**, in **home** or in **public place**.....

Signed by..... **Designation**..... M.D., Coroner, etc.
Address..... **Date**..... 19.....

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

District Registration No.....

With consult reverse side before making out certificate.

- NAVAL SERVICE -

N.S.....

MEMORANDUM TO D.N.I.

&

V.C.N.S.

This is to certify that -

BROWN, David Edgar, A.B., V-51452, R.C.N.V.R.

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

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

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

The above mentioned rating is, therefore,

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

23

Concurred:-

[Handwritten signature]
.....
Dir. Naval Intelligence.

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

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

O t t a w a, 1943.

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

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

NAME BROWN, David Edgar	OFFICIAL No. V- 51452	Date of Birth 19th Sep., 1924
---------------------------------------	-------------------------------------	---

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	Satis.	Math 41% Eng. 86% Gen. Kn. Fair	<i>W.C.P.</i>
Seamanship— Boat work:	Satis.	Seamanship Examination 74%	<i>E.L.</i>
(a) Pulling.....		No practical work.	
(b) Sailing.....		No practical work.	
Gunnery and Disciplinary Training.....	Satis.	Drill 70% Power of Command 65%	<i>E.L.</i>
Shooting.....			<i>E.L.</i>
Swimming—P. P. T.....	Good	Date qualified... PPT 15/3/43	<i>E.L.</i>
Physical and Recreational Training.....	<i>SAT</i>	Baseball, rugby and lacrosse.	<i>E.L.</i>
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks		3 DAYS ANTI/GAS 10-5-43	
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			

On joining:— Weight **128** Height **5' 9** Date **1st Dec., 1942.**

On leaving:— Weight **133** Height **5' 9"** Date **30th April 1943.**

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

"TECUMSEH"
 H.M.C.S. "**DISCOVERY**". **APR 30 1943** Date..... Captain.
Lieutenant, RCNVR.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

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

SEAMANSHIP		Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours	%		90	95	80	80	90	80			85.5 %	14-8-43	<i>R.L. Garvie</i> LIEUT. R.C.N.V.R. H.M.C.S "NADEN"
	%												
GUNNERY		Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours	%										71.6 %	1-7-43	<i>R.L. Garvie Lt.</i> <i>H.M.C.S. Naden</i>
	%												
TORPEDO		Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours	%												<i>R.L. Garvie Lt.</i> <i>H.M.C.S. Naden</i>
	%							88%			12-7-43		

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

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

Divisional Officer's Remarks	Recommendation for non-sub. rate†
	S.T.

Ordinary Seaman

Qualified for advancement to Able Seaman

on.....Date.

.....Commodore

.....DepotDate.

Rated Able Seaman and Recommendations inserted on History Sheet

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

.....Date

.....Captain.

VERIFICATION FORM

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

RANK/RATING *A.B.* OFF. NO. *11-51422* ADDRESS

DAYS	AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE			
								1939-45	✓ <i>Star</i>
<i>152</i>	<i>Atl.</i>							ATLANTIC	
								FRANCE G.	
								AFRICA	
<i>1" (Adapt)</i>								PACIFIC	
								BURMA	
								ITALY	
								DEFENCE	
								C.V.S.M.	<i>20 Clasp</i>
								" CLASP	
								WAR 1945	<i>1 Medal</i>
								WAR 1915	

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

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

Sir:

.....10 May, 1944.....
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
BROWN, David Edgar Ordinary Seaman V51452 R.C.N.V.R.

DATE OF ENLISTMENT - 1 December, 1942. Active Service: 25 February, 1943.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred.
"Missing" at sea when the ship in which he was serving, was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Father NAME- Mr. Edgar Brown

ADDRESS- 201 - #5 Road, BURNE, B.C.

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

Copies Form "B" fwd. to Allots. (N) on

..... N.P.R./5.

H.B. Money

for
SECRETARY, NAVAL BOARD.

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

B.F. 12/8/44
M PR/5
C

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

(See reverse side for further instructions)

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

Sir:

... **30 August, 1944**
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BROWN, David Edgar	Able Seaman	V-51452 R.C.N.V.R.

DATE OF ENLISTMENT - **1 Dec., 1942.** **Active Service: 25. February, 1943.**

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 Atlantic.**
was incurred, or where death 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. Edgar Brown,**

ADDRESS - **2234 McPherson Avenue, New Westminster, B. C.**

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 <i>6/9/44</i>
INITIAL <i>K</i>

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	NIL.		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	NIL	
<u>To Whom Paid:</u>	NIL		<u>Address</u> NIL
<u>Date of Enlistment:</u>			
<u>Date of Discharge:</u>			
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>			NIL.

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

Remarks:

Computed by
Checked by

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

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

TFH/MWM

REGISTERED

AIR - MAIL
N.S. V-51452 Pers. (N)

8th May, 1944

Dear Mr. Brown:

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, David Edgar Brown, Ordinary Seaman, Official Number V51452, 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,

SECRETARY, NAVAL BOARD

Mr. Edgar Brown,
201 - #5 Road,
EBURNE, B.C.

LETTER dispatched by
PERSONNEL NAVAL
MAY 9 1944

E.P.

CERTIFICATE of the SERVICE of

David Edgar BROWN

in the Royal Canadian Naval Volunteer Reserve

Identification Card No. *65458* Issued

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>H.M.C. "Discovery"</i>	<i>V-51452</i>
Date of Birth	<i>19th September, 1924</i>	Name and Address of Nearest Relative or Friend (In pencil)
Place of Birth	<i>Toronto, Ontario</i>	<i>Father: 8/5/43</i>
Place of Residence	<i>201 #5 Road, Eburne, B.C.</i>	<i>Edgar Brown</i>
Trade brought up to	<i>Supply Clerk</i>	<i>201 #5 Road</i>
Religion	<i>Church of England</i>	<i>Eburne, B.C.</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>1 Dec '42</i>	<i>Duration Hostilities</i>	<i>Red Cross</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9</i>	<i>34</i>	<i>128</i>	<i>tight Brown</i>	<i>Brown</i>	<i>Med</i>	<i>Small scar on right side of back, 2nd finger, left hand has finger tip missing</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

DISCHARGE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

RECORD OF RATING

Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
10 May '43	Qual A.I.G (2 days)	<i>[Signature]</i> for CO			
20 Aug '43	"TR"	<i>[Signature]</i>			
16 Oct '43	Qual & Rated S.T.	<i>[Signature]</i>			
18 Nov '43	NIGHT VISION - Good.	<i>[Signature]</i>			

Signature

51113

Valleyfield

KIT LIST - MEN DRESSED AS SEAMEN

BROWN D. E.
Name.

0/3 sea.
Rating.

V51452
Official No.

<u>ARTICLES</u>	<u>REMARKS</u>	<u>NAME</u>
Bags, Kit. /		<i>D. E. Brown</i>
Bags, soap /		
Belts, Life —		
Belts, waist /		
Boots, half 2		
Boxes, Cap —		
Brushes Hard /		
" Polishing /		
" Clothes /		
" Hair /		
" Tooth /		
Caps, blue cloth /		
Caps, white duck 2		
Cases, attache /		
Combs, horn /		
Collars, blue jean 3		
Coats, oilskin /		
Drawers 2		
Jerseys, naval /		
Jerseys, sport 2		
(b)Knives, with spike /		
Lanyards, knife /		
Overcoats /		
Ribbons, Cap 2		
Scarves, black silk 2		
Shoes, black leather —		
Shoes, gymnastic /		
Shorts, recreational, drill 2		
Shorts, tropical —		
Singlets, tropical —		
Socks, pairs 2		
Stockings, pairs 2		
(a)Suits, blue overall /		
Towels 2		
Type /		
Vests, flannel 3		
Jumpers, serge 2		
Jumpers, duck working 2		
Trousers, serge 2		
Trousers, duck 2		
Beds /		
Blankets 2		
Bed covers 2		
Hammocks 2		
Clews and Lanyards, sets		
Lashing /		
(b)Manual of Seamanship /		

KIT MUSTERED BY:-

J. M. C.

"It is an offence under the Official Secrets Act for unauthorized persons to retain possession of this booklet, or of parts of it, or to communicate its subject matter by any means to any persons other than those who require to know it in connection with their duty or with action undertaken at the request or with the approval of an Officer or Official of the Department of National Defence, authorized by the Department in that behalf."

N^o C 86977

DEPARTMENT OF NATIONAL DEFENCE

Revised Examination "M"

Last name.....BROWN..... Christian name.....DAVID E.....
 Regimental No.....V51452..... Rank.....ORD. SEA.....
 Unit.....H.M.C.S. TECUMSEHON..... Date.....APRIL 6 1943.....
 Age.....18..... Previous Occupation.....DRUG SUPPLY.....
 Schooling...GRADE XII..... Language.....ENGLISH.....

Instructions

1. Do not open this booklet until you are told.
2. This booklet contains 8 short tests. You will have a limited time to work on each. **Do not start work until the Examiner says "Go! Stop as soon as he says "Stop!"**
3. You may not have time to do everything in each test, but do as much as you can. **Both speed and accuracy are important.** If you come to an item which is too hard, skip it and try the next. Each item counts the same. If you have any time left over, you can check what you have done on that page, but you must not turn back to an earlier page.
4. You will be told what to do on each page. **Do not turn over any page except as you are told.**

	Score		Comments
Test 1	17		
Test 2	17		
Test 3	15		
Test 4	23		
Test 5	25		
Test 6	9		
Test 7	21		
Test 8	33		
Total	160	111	B
Rating			

DISTRIBUTION OF SERVICE ESTATES 60

Estates Form "P. 4"

BAYT

Name: BROWN David E. No.: V. 51452
Surname Christian Names

AE H.C.N.V.R. 7-5-44
Rank Unit Date of Death


AMOUNT

Date: 26-3-45
 L.P.C. \$ 102.86
 Other Credits.....
 Total..... 102.86

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	father	Edgar Brown, 2234 McPherson Ave., New Westminster, B.C. (as next of kin entitled)	\$102.86

TO BE FORWARDED BY REG. MAIL DIRECT.
 P4. TO TREAS. 30-4-45/11

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$102.86
CLASSIFIED BY			EXAMINED BY		
Original Signed by K. L. McCUAIG			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED
 Original signed by

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

M E M O R A N D U MTO: DIRECTOR OF ESTATES:

David E. Brown, A.B., O.No. V-51452
D.D. 7th May, 1944 "VALLEYFIELD"

The Service Estate of the above named rating is now ready for disposal.

1. Report of death at folio 41
2. Balance of wages as per CNS 46 at folio 36 - \$102.86
(O.R. 171-25182)
3. Service Certificate at folio 39.
4. No record of a Will as per folio 25.
5. Funeral expenses are not known.
6. Allotments stopped, last payment 31st May, 1944.
\$4.00 - Excelsior Life Ins. Co.,
Head Office, Toronto, Ont.
7. War Savings Certificates - Nil.
Bonds - \$8.40 from May/43 to Oct/43, in favour of
Mrs. Mildred Brown,
201-No. 5 Road, Eburne, B.C.
16.80 - from Nov/43 to Apr/44 in favour of
Mrs. Edgar Brown,
201-No. 5 Road, Eburne, B.C.

credit
24

R. Hill
(C.F.G. Hill)
A/Pay. Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

PREPARED BY: *Et Copp*

CHECKED BY: *P. Pionch*

OTTAWA, 25th Oct. 1944.



142586

ACCOUNTS OF MEN DISCHARGED

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

Name... BROWN. David Rating... A.B.
Official No. V. 51452 H.M.C.S. AVALON " VALLEYFIELD" List 12²/37
Who*... DISCHARGED DEAD on the... 7. May 19. 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		L
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182</u> <u>Adm. Naval Estates</u> <u>(Present War)</u>	102	86
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words).... <u>FOUR DOLLARS</u> charged to <u>31. May</u> <u>1944</u>		
Name of ship from which transferred.... <u>HMCS. "VALLEYFIELD"</u>		
Total†... <u>CREDITOR</u>	102	86

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

Dated on board H.M.C.S. AVALON at ST. JOHN'S
..... NFLD. this FIFTH day of JUNE 19. 44
Approved PAY. LIEUT. CDR., R.C.N.V.R. Accountant Officer
..... { Initials of the Assistant Accountant Officer
..... [Signature]
..... A/CAPTAIN. RCN Commanding Officer.

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

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

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944.
5M-242 (3601) LEDGER: [Signature]
H.Q. N.S. 815-9-45 AUDIT: [Signature]

36

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. 'AVALON' "VALLEYFIELD" ending 30 June 19 44

List 12² No. 37 (Name) BROWN, David Rank Rating A.B. No. V. 51452

When entered F.B. Date of appearance F.B. Whither discharged DEAD

		\$	c.			
CREDIT from former account.....		35	25			
Pay as	A.B. from 1 Apl to 31 May (61 days at \$ 1.85 a day)	112	85			
"	(Rank Rating) S.I. " 1 Apl " 31 May (61 " .10")	6	10			
Adjust.	A.B. " 25 Feb. " 31 Mch (36 " .35")	12	60			
"	" " " (" " ")					
"	" " " (" " ")					
	Adjustment March, 1944		33			
Kit Upkeep Allowance	1 Apl - 7 May	4	47			
OTHER CREDITS:						
Total credits.....		171	60			
DEBT from former account.....		N I L				
PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....	35.00	8.94				Total..... 43 94
2nd month.....						Total.....
3rd month.....						Total.....
Allotment	16.80, 4.00 chged Apl; 4.00 chged May.					24 80
Pension deduction (Officers) charged to.....	of.....					
Hospital stoppages.....						
Mulcts.....						
OTHER CHARGES:	O.R. No. 25181 Payable Adm. Naval Estates (Present War)					102 86
Total debits						171 60
Balance Cr. or Dr.						N I L
(Balance Dr. to be shown in red)						

LEDGER: *Scott*
 AUDIT: *90*

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc.. IN WHICH BORNE
		FROM	TO		

Date 5 June 19 44

R.M. Dave
 PAY LIUT. CDR., R.C.N.V.R.
 ACCOUNTANT OFFICER

35

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

"VALLEYFIELD"

SEA

H.M.C.S. at

.....
Name **David Edgar BROWN**

Rank or Rating **Able Seaman** (Christian names in full) **v51452 RCNVR**

Place of Birth **Toronto, Ontario.** (If unknown, date of first entry) **19th September 1924**

Occupation in Civil Life **Supply Clerk** Religion **Church of England**

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) **1 year 3 months**

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

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

.....
.....
.....

Nearest known relative or friend Name **Mr. Edgar Brown** Relationship **Father**

Address **201 # 5 Road, Eburne, B.C.**

2234 McPherson Ave, New Westminster, B.C.

Date on which the above was informed by Ship **Informed by N.S.H.Q.**

Date on which death was registered with local Officials **Not registered**

.....

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

Place of Burial (If known)..... Date of Burial (If known).....

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

Undertaker employed..... (If any)

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

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The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

41
A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"
17th May, 1944.....19

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.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

NO. N.S. V-51452 Pers. (N)

124109

OTTAWA, Ont., 30 August, 1944.

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 Off. NO. UNIT.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
Brown, David Edgar, Able Seaman, V-51452 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was 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. Edgar Brown, 2234 McPherson Ave., New Westminster, B.C.

Excelsior Life Asso. Co.
Toronto, Ont.

\$4.00 Stopped May 31/44

hal

WILL: No record.

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

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



10/10/44

RECEIVED

10/10/44

10/10/44

10/10/44

10/10/44

10/10/44

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

114
 2
 NAVY

DECEASED
MEMBER'S
NAME

David Edgar

BROWN

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 10738

FILE NO. NS.V-51452

PAYEE
ADDRESS

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

for Service Estate of

DATE 5th July '45.

David E. Brown,

SERVICE NO. V-51452

NS.V-51452

FINAL RANK OR RATING A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

7th May '44.

DATE OF DISCHARGE 7th May '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 438 EQUAL TO 14 COMPLETE PERIODS AT \$7.50
30

\$ 105.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 152 LESS 18 INELIGIBLE DAYS, EQUAL TO 134 DAYS @ 25C. PER DAY

\$ 33.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY S.T. \$.10
 H.L.M. \$.13

59

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.33 x 7 = \$ 23.31
 NO. OF DAYS 152 x \$ 23.31

\$ 19.36

D. WAR SERVICE GRATUITY

\$ 157.86

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$.39
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

\$.39

F. TOTAL AMOUNT PAYABLE

\$ 157.47

N.P. 20

G. YOUR PORTION OF GRATUITY IS--

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

\$ 157.47

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

JSB

CHECKED BY

1946

TREASURY

CHECKED BY

R. Karanaga

DATE

10/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctg.

AT