

V19206
BROWN

DAVID

HENRY

OCCUPATIONAL HISTORY FORM

113 B 1335

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 Brown, William (b) Reg'l. No. 19206
2. (a) Arm of service Army (b) Unit 620 R (c) Rank Private
3. (a) Date of birth 3/1/16 (b) Have you any dependents? no (c) Place of residence at time of enlistment 210 St. James
4. (a) Place of enlistment London (b) Date of enlistment 1945

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.) 10th grade West Collegiate
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? welding (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 6 months
9. (a) What languages do you speak fluently? English (b) What languages do you read well? —

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? no

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

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

11. Had you ever been employed fairly regularly since leaving school? no
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 W.M. Railroad Address St. James
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Railroad
20. (a) Your specific occupation Welder (b) Number of years' experience at this occupation with any employer 4 yrs
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? 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? — (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? — (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? —
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. —



DATE May 12 1945 SIGNATURE W. Brown

Copy To
VWD
ES JUL 4 1941

Mrs. Francis Brown,
 R.R. #1, Roseland,
 Ontario.

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

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

and the following number quoted:—

H.Q. V-19206 FD. 575

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 Henry, Leading Seaman,

V-19206, 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. Wadsworth
 Commander
 Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	—		—
2	Children of the Deceased and dates of their Births.....	—		—
3	Father of the Deceased.....	<i>Henry Whitcomb Brown 58 R.R. 1. Roseland</i>		
4	Mother of the Deceased.....	<i>Mignon Frances Brown 56 R.R. 1. Roseland</i>		
5	Brothers of the Deceased	Full Blood	—	—
		Half Blood	—	—
6	Sisters of the Deceased	Full Blood	<i>Frances Mary Warner 33 R.R. 1. Roseland</i>	
		Full Blood	<i>Katherine Margery Chapman 31 Maidstone, Ont.</i>	
		Full Blood	<i>Nellie Clark 26 812 Windsor Ave. Windsor, Ont.</i>	
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.	<i>David Henry Brown</i>
9	Date of his birth.	<i>30th April 1916</i>
10	Place and date of his marriage.	<i>Single</i>
11	Place and date of his parents' marriage.	<i>Immanuel Church, Spide Hill, London, Eng. 25th October 1910</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Perth, Ontario</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Ontario,</i> (b) <i>Midstone, 2 yrs. Essex County</i> (c) <i>Roseland, 6 yrs " "</i> (d) <i>" "</i>
14	Nature of employment before enlistment.	<i>Section hand and Rail welder Perth & Yorkville Railway</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>no.</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>He was living with his parents.</i>

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>Possibly with the Navy. Not in my custody.</i>
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?	<i>Single.</i>
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?	<i>Royal Bank, Walkerville, \$837.82 Joint 1/2 with James M. Brown.</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>1. \$5.00 Royal Bank Walkerville</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>1. \$100.00 BEARER. 4th Vic. Loan. Royal Bank 1. \$50.00 " at home. 5th loan.</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>none</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	<i>none</i>

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.	<i>no none.</i>
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.	<i>no.</i>
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(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

* Mother 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.

Frances Megnon Brown

{Signature of Informant

P.R.I. Roadland Ontario

Address

CERTIFICATE

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

(Mrs.) Frances Brown

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

Dated at Maudstone Ontario this 16th day of Sept. 19 44

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

J.P. Gleason

Qualification

Priest

Address

Maudstone Ontario

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



CANADA

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5

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P092934

DEC -7 1940

N.S. 113-B-1335
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BROWN OFFICIAL NO. V19206
CHRISTIAN NAMES David Henry MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
<u>Maidstone, Ontario</u>		<u>C. of E.</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>April 30th, 1916</u>	Town <u>Perth,</u> County Province <u>Ontario</u>	<u>Harry Brown--father</u> <u>Maidstone, Ontario</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>6</u>	Inflated <u>38½</u>	<u>Brown</u>	<u>Brown</u>	<u>Dark</u>	<u>None</u>
Inches <u>1</u>	Deflated <u>35½</u>				
	Mean <u>37</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>November 20th/40</u>	<u>Ord. Seaman</u>	<u>Welder--Pere Marquet Rly.,</u>			

(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.....for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (c) I have never been rejected 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.

Personnel Records Division.

1. Non-Sub. Card.....
2. Statistical Card.....
3. Roneo Strip.....
4. Pension Card.....
5.
6.
7.
8.
DATE 12 Dec 1940

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

(a) To serve from the date thereof for three consecutive years, ^{and/or for duration of the war} 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 Head-
quarters 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.

Dated this..... 20th..... day of..... November, 1940.....

Signature of applicant..... *David Henry Brown*.....

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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..... 20th.....
day of..... November, 1940.....

G. J. Bell
.....
Signature of Commanding Officer.

Lieutenant, R. C. N. V. R.
Commanding Officer

(D) OATH OF ALLEGIANCE

I,..... David Henry 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..... *David Henry Brown*.....

Witness..... *C. W. Donaldson*.....

Date..... November 20th, 1940..... Rank..... *Poy. Lieut*.....

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

..... David Henry 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..... WINDSOR..... Division of the R.C.N.V.R.

G. J. Bell
.....
Commanding Officer.

Lieutenant, R. C. N. V. R.
Commanding Officer

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.

X - num. 660
2659



CANADA

DUPLICATE

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

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined..... **BROWN, David Henry**
candidate for entry as..... **Ord. Seaman**..... **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.

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Ventricles, etc. (n)	Mouth, Teeth (No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
24 7/12	172 lbs.	6-2 ft. ins.	Good	inches (a) maximum 38 1/2 (b) minimum 35 1/2 (c) mean 37	right eye 6/12 left eye 9/12 colour vision N	Vaccinated 1922	*X-Ray Normal	Normal	Normal	Normal	N 20 ft. 20 ft.	Normal	2 defective 5 deficient None of throat	Normal

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

David 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

Dated at..... **Windsor, Ontario**..... the **20th** of **November**,..... **19 40**

W. J. Butler
Examining Medical Officer
(Rank) *Major*

R 6/17n Bath together 6/9
100.137/80/9

L 6/9

CYN

slight scoliosis to
left in lower thoracic
upper lumbar region
no incapacity

H. H. ...
SURGEON LIEUT.

JUN 10 1941

REPRODUCTION PROHIBITED

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Frances Brown - Mother

ADDRESS: R.R. # 1, ROSELAND,
Ont.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Frances Brown

ADDRESS: RR # 1, Roseland, Ont.

(3) 22-9-44

MEMORIAL BAR

DATE DESP.....

REGN. NO. 2155.....

D OF D 7-5-44

AWARDS NAVY

D.D.

BROWN	David Henry	V-19206	Ldg. Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6705
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
M. IN D.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V19206

OFFICIAL NUMBER

NAME BROWN
(Surname)David Henry
(Given Names)

OFFICIAL NUMBER

V19206

P.T.B. 1

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
Windsor Div. Str.	Ord. Smn.	20	11	40		V.G.	Supr.	31	12	40	A/S.T.	4	10	41			
Duty Div. Hdqtrs.	" "	30	4	41		V.G.	Sat.	31	12	41	S.T.	2	2	42			
Stadacona	" "	17	6	41		V.G.	Sat.	31	12	42	L.T.O.	17	9	42			
Prince David	" "	4	10	41		V.G.	Sat.	31	12	43							
" "	Able Smn.	2	2	42	Rated. (249A/17890)	V.G.	Sat.	7	5	44							
Naden	" "	16	6	42													
Prince Robert	" "	12	11	42													
Givenchy	" "	1	1	43	(Prince Robert) DRD E-325												
Outarde	" "	16	3	43	DRD E-739												
Givenchy	" "	12	5	43	DRD E-1048												
Sans Peur	" "	26	5	43	DRD E-1111												
Naden	" "	4	6	43	DRD H-1163												
	A/Idg. Smn. (ty)	15	5	43	Rated. (249A #6288)												
Stadacona	" "	13	11	43	DRD H-3196												
Chaleur 11	" "	20	11	43	DRD H-3263												
Valleyfield	" "	8	12	43	WRD #069												
DISCHARGED	" "	7	5	44	"Missing" per Casualty List.												

Presumed Dead (per Correction Sheet P.#95.)

GENERAL REMARKS

Allowed to count 116 days Instructor' time (26th June '43 to 19th Oct. '43) as sea-time for purpose of advancement. 249A(6612)

Canadian Memorial Cross Awarded to Mother: rs. Frances Brown, R.R. #1, Roseland, Ontario. 22-9-44.

DATE OF BIRTH			PLACE	CIVIL OCCU.		REL.	ED.	PERM.	RESIDENCE	PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK
30	4	16	11	336	0	30	X	1	12	00	0	11	0	08 75
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	
20	11	40	30	04	41					1220	1	08	93	
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.								
15	05	43	13	24	00		E.P.D.							

V19206

OFFICIAL NUMBER

FILE NUMBER 113-B-1335

OFFICIAL NUMBER V19206

NAME BROWN (Surname) David Henry (Given Names) DATE OF BIRTH 30 April 1916PLACE OF BIRTH Perth, Ont. OCCUPATION WelderRELIGION Church of England EDUCATION _____RESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town Maidstone Province, etc. Ont.

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
20	11	40	H.O.	6'1"	Brown	Brown	Dark	None.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother, 204 NAME (in pencil) Miss Suzanne BrownADDRESS (in pencil): Street and No. R.R. #1 Town Rosebank Province, etc. Ont.

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	
28	2	44	C.V.S.M. (P. & C.) (1012-5-5 44 49)	11	3	41	Passed E.T. "one" R.C.N.V.R.				
26	2	44	1939-43 Star.	11	7	41	P.P.T. Fair				
5	12	44	Posthumous Mention in Despatches.	2	8	41	Marked "Ta"				
				10	5	43	Passed Prof. for Ldg. Snn. (348 #6/72)				

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		
30	4	44	1st. G.C.B.	Granted							

FILM
NO. WAR 5439-1
DATE

DAYS FORFEITED				O.H.T. Received.				
Date (in figures)			Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
Day	Month	Year						

Last Will and Testament No. 1841

SECOND CLASS FOR CONDUCT

From _____ To _____



6/A

RECEIVED
MAY 27 1941
NS/12-101335
CANADA

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

P 60851

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant..... **BROWN**.....

2. Full Christian name or names..... **DAVID HENRY**.....

3. Official Number..... **V-19206**..... 4. Rank..... **Ordinary Seaman**.....

5. Unit, Station, or Establishment..... **Windsor Division, R.C.N.V.R.**.....

6. Date appointment or enlistment..... ~~5th September,~~ ^{20th November} **1940**.....

7. Date reported for duty..... **30th April, 1941**.....

8. Are you a member of the permanent forces, military or air?..... **NAVAL (Temp)**.....

If so (a) State permanent establishment, unit or station..... **Windsor Div. R.C.N.V.R.**.....

(b) Are you receiving permanent force rates of pay and allowances?..... **Yes.**.....

Question 7:

In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

Questions 9 & 10:
Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment..... **No**.....

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month..... **No.**.....

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....
Welder employed preceding 6 months--Total earnings \$700.00

12. Name of dependent..... **BROWN**..... **FRANCES**..... **MRS.**.....
Surname Christian Name Mr. Mrs. or Miss

Question 13:

Give street name and number or post office box number, R.R. No. city, town or village and province.

13. Address..... **Maidstone, Ontario**.....

14. Age of dependent.....53..... 15. Relationship.....Mother.....

Questions 16 to 28
Have a bearing on
the eligibility for
the allowance and
the amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

David Henry BROWN, Maidstone, Ontario -- Son
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....

(State relationship) Mrs. Millard Warrner--Daughter

18. Is dependent being maintained in a Public Institution at the public's expense?.....No.....

Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address

of family doctor, if any.....Housewife.....

20. From what date have you been contributing to the support of this dependent?.....

April, 1937

21. Are you the sole or partial support?.....Sole.....

State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months.....\$40.00 per month -- \$240.00 for six.....

months period.

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings?.....Yes.....Entitled me to board and.....

lodging.

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?.....

24. If dependent is your mother, is your father living?.....Yes.....

Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

Earnings amount to not more than \$8.00 per week, hence unable to provide support.

WARRNE
CHAPM
CLARK

28. Fifteen day
per month mu
assigned to dep
to obtain allowa
If 15 days' pa
month has bee
signed to dep
wife and childr
additional 5 day
per month mu
assigned to thi
pendent.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
WARNER, Mary Katherine	Roseland, Ont.	30	Housewife	Married
CHAPMAN, Marjorie	Maidstone, Ont. 812 Windsor Ave.,	28	Housewife	Married
CLARK, Nellie	Windsor, Ont.	22	Housewife	Married

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

No contributions made by any of the above named persons.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: No.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

<i>Dependent's Average Monthly Income from:</i>	<i>Dependent's Average Monthly Allowances from:</i>
Personal earnings.....\$ <u>NIL</u>	Workmen's Compensation
Contributions and allowances from other members of family. \$ <u>NIL</u>	Award.....\$ <u>NIL</u>
Insurance.....\$ <u>NIL</u>	Widow's Pension.....\$ <u>NIL</u>
Dividends from shares, bonds, etc.....\$ <u>NIL</u>	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority).....\$ <u>NIL</u>
Interest on loans or mortgages.....\$ <u>NIL</u>\$.....
Rentals.....\$ <u>NIL</u>\$.....
Other.....\$.....\$.....
Total.....\$ <u>NIL</u>	Total.....\$ <u>NIL</u>

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

15 days' pay. 423.00

29. Date assigned pay effective.....June, 1941.....

30. Have you made a prior assignment of pay. If so state number of days and to whom

No.

31. Have you made a previous claim for dependent's allowance? No.

If so give particulars of previous unit and official number under which applied for and date of application.

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

C. L. Loring
Paymaster
D.N.A.
30-5-41

David Henry Brown
Signature of Applicant

Date 14th May, 1941

Establishment, unit or station

Windsor Div. R.C.N.V.R.

Place Windsor, Ontario

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

N.V. 17
16M-4-40 (4717)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

David Henry BROWN

I.C. NS 5574X

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax, N.S.	Windsor	V-19206

Date of Birth..... 30th April, 1916

Place of Birth..... Perth, Ontario

Place of Residence..... *Maidstone, Ontario*

Trade brought up to..... **Welder**

Religion..... Church of England

Can Swim:—P.P.T. Date *(Fair)* 11 July 1941. Signature *[Signature]* Rank *Alt VR*

P.S.T. Date..... 19..... Signature..... Rank.....

Name and Address of Nearest Relative or Friend *30 Oct 42*
(in pencil)
Mother Francis
R.R. 1
Roseland Ontario
20-10-43

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	
16th June 1940	20th Nov. 1940	Hostilities.	Ordinary Seaman		26 Feb 44	<i>Canadian Volunteer Service Medal Class. Prov. award.</i>
					26 Feb 44	<i>1939-45 Star. Prov. award.</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	6	1	37	172	Brown	Brown	Dark	None
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

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940-41	Windsor Division			Active	Service	30 April '41	
	Stadacona			O. S.	30 April '41	17 June '41	
	STAD (PR. DAVID)			A.S.	18 June '41	3 Oct '41	
	Prince David			---	4 Oct '41	1 Feb '42	
	"Naden"			A.B.	2 Feb '42	14 June '42	
	Prince Robert			---	15 June '42	11 Nov '42	
	Givensby (Pr Robt)			---	12 Nov '42	31 Dec '42	
	Givensby			---	1 Jan '43	9 Mch '43	
	Quenchy (Outarde)			---	10 Mch '43	15 Mch '43	
	Givensby			---	16 Mch '43	11 May '43	
	Naden (Sans Peur)			A. Ldg. Smm (sq)	12 May '43	25 May '43	
	Naden			---	15 May '43	1 June '43	
	Naden			"	2 June '43	17 May '43	
				A. Ldg. Smm (sq)	15 May '43	23 Dec '43	
	Stadacona			---	24 Dec '43	19 Nov '43	
	Chaleur II			---	20 Nov '43	6 Dec '43	
	Stadacona (Valleyfield)			---	7 Dec '43	29 Feb '44	
	Avalon (---)			---	1 Mch '44	7 May '44	"D.D."

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature

20 Nov
 11-12 Nov
 2 Aug
 4 Oct
 2 Feb
 17 Sep
 10 Mch
 13 Nov

pu. 11/24
 10. 11/24

NAVAL TRAINING and ACTIVE SERVICE

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

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

RECORD OF RATING

Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
20 Nov 1940	Ident. card N.S. 14574	<i>J. M. Hunt</i>			
11-12 Mar 1941	Passed E.T. 1	<i>J. M. Hunt</i>			
2 Aug '41	"TR"	<i>J. M. Hunt</i>			
4 Oct '41	Qual. Rated A/S.T.	<i>J. M. Hunt</i>			
2 Feb '42	Confirmed S.T.	<i>J. M. Hunt</i>			
17 Sep '42	Rated L.T.O.	<i>J. M. Hunt</i>			
10 May '43	Passed Prof for hdy <i>S. B. B. Co</i>	<i>J. M. Hunt</i>			
13 Nov '43	NIGHT VISION - GOOD	<i>J. M. Hunt</i>			

Issued Burlough warrant B-2912, Apr 18/42.

Name

David Henry BROWN

Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)			CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To		Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
			V. G.	Superior (OS)	31 Dec. 40	W. J. Elmer
			V. G.	Sgt (Ord. Smm)	31 Dec '41	W. J. Elmer
			V. G.	Sgt (A. B.)	31 Dec '42	W. J. Elmer
			V. G.	SAT (A/1st Dec)	31 Dec '43	W. J. Elmer
			V. G.	Sgt (A/1st Dec Smm (57))	7 May 44	W. J. Elmer
R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES						
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored			
30 Apr 44	G.C.B.	1st	Granted			
TIME FORFEITED						
Date	P., D.C., C.P., or W.T.	No. of Days				
		Awarded	Served			

IN THE NAME OF GOD, AMEN

I, **David, Henry, BROWN.** of His Majesty's Ship **H.M.C.S. "SANS PEUR".**
(now a Patient in _____),

V19206

4841

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my **(MOTHER) Francis, BROWN.**
OF R.R.#1 ROSELAND, ONTARIO.

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint **Millard, WARNER.**
R.R.#1 ROSELAND, ONTARIO.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In witness whereof I have at **ESQUIMALT, B.C.** hereunto set my hand, this **28th,** day of **MAY**, in the Year of Our Lord One Thousand Nine Hundred **AND FORTY THREE**

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

David Henry Brown
Jo Jambanks, Lieut. R.C.N.V.R.
Home Address - Springhill Rd.
R. J. McKeon, P.O. Corn. R.C.N.V.A.
Home address Winnipeg Man.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Records by.....

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.

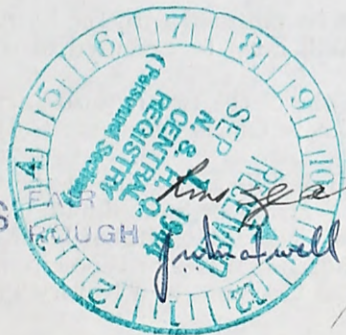
If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

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.

W. F. Ambrose { Signature of the person
Hunt. Rev. R. R. } by whom the Will was prepared.

52/1504 A
LEDGERS



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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of
 { If in City, Town or Village..... Street..... House No.....
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED BROWN David Henry
 (Family name) (Given name or names in usual order)

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

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

8. BIRTHPLACE Perth, Ontario
 (Province or Country)

9. DATE OF BIRTH April 30th 1916
 (Month) (Day) (Year)

10. AGE in { Years 28 Months Days If less than one day old
 hrs. or min.

11. Trade, profession or kind of work as Welder
 spinner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton- Pere Marquet Rly.
 mill, lumbering, bank, etc.

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

15. If married give name of wife or husband of deceased.....

FATHER 16. NAME.....
 17. BIRTHPLACE..... (Province or Country)

MOTHER 18. MAIDEN NAME.....
 19. BIRTHPLACE..... (Province or Country)

20. Person giving information sign here.....
Paymr. CAR. R.C.N.R., Officer i/c Naval Personnel Records,
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased.....

21. Place of Burial, Cremation or Removal Body not recovered.
 Date of burial or removal.....

22. Burial Permit was issued by.....
 Address.....

23. UNDERTAKER.....
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

I. Immediate cause
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) "Missing" presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 (b).....
 (c).....

II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.
 {.....

PHYSICIAN
 Underline the cause to which death should be charged statistically

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

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

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

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19.....
 Manner of injury..... (State which)
 (How sustained)

Nature of injury.....
 Specify whether injury occurred in **Industry, in home, or in public place**.....

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

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

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

~~Copy for retention by Allots. (N) re record purposes~~
Copy to remain on file

MEMORANDUM

31

TO: Allotments (N)

Re *David Henry BROWN, Log. Ser. O.N.V-19206.*
Missing Discharged Dead May 1944 "Valleyfield."

1. It is requested that all allotments for the above named, if not already stopped, be stopped with last payment made *31 May, 1944.*
2. Please acknowledge and list all allotments stopped together with rate of Marriage and/or Dependents' Allowance if any in force.

C. F. G. Hill

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

DATE *17-5-44.*

II

D.N.P.A.

1. Undernoted allotment(s) plus bonus in force has (have) been stopped with last payment made **May 31, 1944.**

Mrs. Frances Brown,
R.R.#1,
Roseland, Ont. \$30.00

2. Rate of Marriage Allowance in force: **NIL.**
3. Rate of Dependents' Allowance in force: **NIL.**

had

Allots. (N)

DATE **May 23, 1944.**

noted
[Signature]

ORIGINAL

H.Q. File No.

MAY 27 1941
N.S. 12-21335
CANADA

DECLARATION OF ALLOTMENT

P 608507

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... BROWN Christian Names } DAVID HENRY	Ord. Smn.	V-19206	\$1.85 \$1.50

060094

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... BROWN Christian Names } FRANCES	Mother	Maidstone, Ontario	\$10.00 \$23.00	June, 1941

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Initials	Date
	<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg);"> <p>These allotments to be disposed of as indicated below. (See Note 2):—</p> <p>Alotment Declarations.</p> <p>Entit. on Index Cards</p> <p>Entit. on Allotment Ledgers</p> </div>			
			D. H. B.	1/6/41

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges.....

David Henry Brown
Rank or Rating Ord. Smn., RCNVR

ENTERED IN FAIR LEDGER

D. J.

ENTERED IN ROUGH LEDGER

F

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

L. L. L.
D. N. A. Accountant Officer
Headquarters
H.M.C.S. Windsor Div. R.C.N.V.R.

Forwarded..... 30th 14th May, 1941

*Match Pay Sub-Lt. R.C.N.V.R.
Windsor Division R.C.N.V.R.*

S. 63

40M-4-40 (4787)
N.S. 815-9-63

R

SEAMAN BRANCH

113-B-1335

414

Application for, and report of result of,

P137419

PROFESSIONAL EXAMINATION

for the rating of LEADING SEAMAN

fm

DRAFTING and ADVANCEMENT DEPOT	
1 History Card.....	<i>[initials]</i>
2 Index Card.....	<i>[initials]</i>
3 Roneo Card.....	<i>[initials]</i>
4 Advancement.....	<i>[initials]</i>
5 A. A. Card.....	<i>[initials]</i>
6 Training.....	<i>[initials]</i>
7 Statistical.....	<i>[initials]</i>
8.....	<i>[initials]</i>
DATE	15/7/43

20

I.—APPLICATION FOR EXAMINATION

H.M.C.S. "NADEH"

Name of Candidate (in full) BROWN, David Henry

Present Rating Able Seaman O.N. V.19206

Port Division R.C.N.V.R. Division, Windsor

Date of Application for Examination 10th. May, 1943.

Date and Particulars of Previous Failures:—

Failed Anchor Work, Rule of the Road, Boatwork, 1st. June, 1942.

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient ~~First Officer~~ Leading Seaman, and I consider that he has a reasonable chance of passing.

To The President,
Squadron Examination Board,
Esquimalt, B.C.

[Signature]
(F.G. Hart) Captain, RCN.

NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).

Previously Noted in Service
Records by *[initials]*
617

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" Passed Fair
 (If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))
 (See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-examination
Rigging.....	50	60	30	40	33	
Anchor Work.....	60	50	25	30	53	
Rule of the Road.....	XX	30	15	15		
Boat Work.....	80	80	48	48	60	
General Duties.....	80	60	30	20	72	
Organization.....	40	40	20	20	28	
Signals.....	30	30	15	15	22	
Watertight Fittings.....	20	10	5	5	17	
Duties in Part of Ship and Mess.....		20		15	19	

(Marks required to pass are 50% in each case)
 (Amended marks reference Naval Monthly Order #2558)

REMARKS—

The Candidate has:—

- (i) Passed a ~~V.G.~~/Good/~~Fair~~ Examination.
 (V.G.—85% and above, Good—70% to 85%, Fair—below 70%)
- (ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date 24th. June, 1943.

E.R.S. Dickson
 President of Board
 LIEUT. COMMANDER, R.C.N.

Candidate's Signature (in full) David Henry Brown

Basic date of passing professionally for Leading Seaman
 (K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is 10th. May, 1943

Re-examined by Ship's Officers in relevant subjects of Section II on board
 H.M.C.S. "....." on..... 194.....

Date.....

Forwarded, the necessary notation has been made on the Service Certificate.

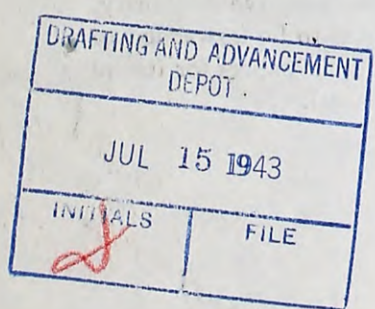
The Commanding Officer,
 R.C.N. Barracks,
 Halifax, N.S.



F.G. Hart
 (F.G. Hart) Captain R.C.N.

H.M.C.S. "NADEN"

Date 30th June, 1943



air mail
DNPA

1511

DEPARTMENT OF NATIONAL DEFENCE
ROYAL CANADIAN NAVY

6762

113-B-133^{5P}146439 HALIFAX, N.S...15th July 1943.

MEMORANDUM:

The undermentioned rating is, according to Drafting Depot Records, eligible in all respects for advancement.

It is approved to advance this rating if, in your opinion, he is fit to perform the duties of the higher rating and subject to your verification that he is qualified according to regulations, particularly as regards "V.G." Conduct, time and sea service.

21

IMPORTANT: If any doubt exists whether this rating is suitable in ALL respects for advancement, this form may be retained for a period of not more than one month, while the rating is under observation. At the end of this period, the rating must either be advanced, effective from the date shown on this form, or the permission for advancement cancelled and returned with the original form and cancellation noted thereon. (See Canadian Naval Regulations)

1. Name of Advancer	ENI
2. Index Card	
3. Eoneo Card	
4. Advancement	
5. Remarks	
6. Training	
7. Statistical	
8. References	
Naval Order	418/43
DATE	2219

Name and Official Number	Present Rating	Rating to which to be advanced	Effective date of Advancement
David Henry BROWN <i>Torp School</i> V 19206	A.B.	ACTING LEADING SEAMAN (TY)	15th MAY 1943

Note movement from 16th June 1942 to 11th March 1943 on this form. (see over)

To: The Commanding Officer
H.M.C.S. "NADEN"
Esquimalt, B.C.

Recommended
Al. Freeman Lt. Rtd.

R. Campbell
DRAFTING COMMANDER
R.C.N. DEPOT, HALIFAX, N. S.

Noted in H.M.C.S. "NADEN" It has been verified that this man is qualified under the regulations for advancement, and I consider him to be fit to perform the duties of the higher rating.

He has been advanced to.. Acting Leading Seaman.....(TY) to date...15th May.....1943.

Noted in DNPA's Office
SMS. 17-8-43

.....(F. G. Hart)...CAPTAIN... R.C.N.
COMMANDING OFFICER
DATE.....28th July.....1943

- FOOT -

Advancement may only be made on the precise terms shown and a man is not advanced until he has seen the Captain and been formally rated by him. If, therefore, the man concerned has committed a serious offence recently he is not eligible for advancement, even if the offence was committed after the date to which advancement may be antedated according to this form. In such circumstances, the form is to be returned, and a report enclosed of the details of the offence and punishment. Any amendment to this form (e.g. in the date) must have prior approval of the DRAFTING DEPOT.

This form is to be returned to the DRAFTING COMMANDER, R.C.N. DEPOT, HALIFAX, N.S.

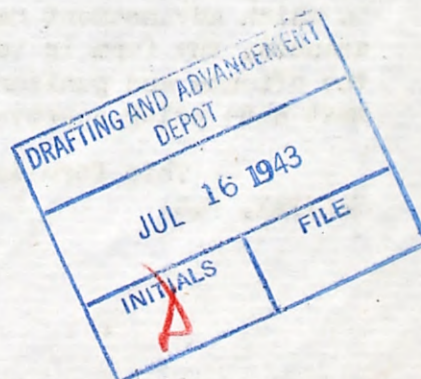
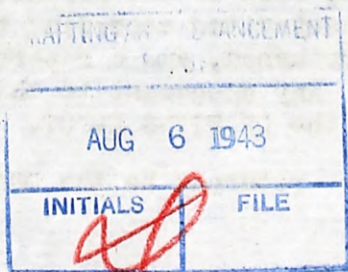
Noted in Service
Records by
Exp 1 x 88

Handwritten signature

Handwritten signature

"Naden" 15th June, 1942 - 11th November, 1942
 "Prince Robert" 12th November '42 - 9th March, 1943
 "Givenchy" 10th March, 1943 - 15th March, 1943
 "Givenchy" -
 (Outarde) 16th March, 1943 - 11th May, 1943
 "Givenchy" 12th May, 1943 - 25th May, 1943
 "Naden (Sans
 "Peur") 26th May, 1943 - 21st June 1943
 "Naden" 1st June, 1943 -

Handwritten initials



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

Sir:

.....10. Mar., 1944.....
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
BROWN, David Henry	Leading Seaman	V19206 R.C.N.V.R.

29

DATE OF ENLISTMENT - 20 November, 1940 Active Service: 30 April, 1941.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and - "Missing" at sea when the ship in which he was serving, was lost by enemy action. While this casualty was incurred, or where death occurred. While this casualty occurred, 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- Mother NAME- Mrs. Frances Brown.

ADDRESS- R.R. #1, ROSELAND, Ontario.

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
N.P.R. 15
C

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

(See reverse side for further instructions)

- NAVAL SERVICE -

N.S.....

33

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

This is to certify that -

..BROWN, David Henry, Ldg. Seaman, V-19206,
R.C.N.V.R.
was serving in ...H.M.C.S. "VALLEYFIELD"..... as at 0210Z,
7th May, 1944.

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

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

The above mentioned rating is, therefore,

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

Concurred:-

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

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

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

O t t a w a, 1943.

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

Sir:

AUG 30 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BROWN, David Henry	Leading Seaman	V-19206 R.C.N.V.R.

DATE OF ENLISTMENT - ~~20 Nov., 1940~~ Active Service: ~~30 April, 1941~~

DATE OF DISCHARGE - ~~7 May, 1944~~

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

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

Reason for discharge and - ~~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 - ~~Mother~~ NAME - ~~Mrs. Frances Brown,~~

ADDRESS - ~~R. R. #1, ROSELAND, Ont.~~

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

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

P.A.'S CHECKED IN
C.R. BY R.

C. R.
P. A.
NAVAL TREASURY
DATE <u>6/9/44</u>
<u>K</u>

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Frances Brown, R.R.# 1, Roseland, Ontario.	(Mother)		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	NIL.	\$30.00	\$30.00
To Whom Paid:	Mrs. Frances Brown		Address R.R.# 1, Roseland, Ontario.

Date of Enlistment:

Date of Discharge:

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

The final deduction of Assigned Pay for \$30.00 has been made for the period from 1st to 31st of May 1944

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.



Department of National Defence

124104

Naval Service

AUG 30 1944

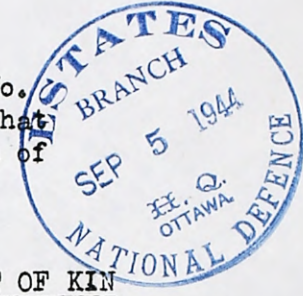
194

IN REPLY PLEASE QUOTE

N.S. V-19206 (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

BROWN, David Henry,
Leading Seaman,
V-19206, 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.

Mother: Mrs. Francis Brown,
R.R. #1, Roseland,
Ontario.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Mrs. Frances Brown,
R.R. #1,
Roseland, Ont.

\$30.00 Stopped May 31/44. *fol*

Will: Attached.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

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

Rec'd (n) 12/9/ 142626

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 H. Rating A/L/SMN.
Official No. V. 19206 H.M.C.S. AVALON "VALLEYFIELD" List 12²/92
Who* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....		
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 25182 adm. Naval Estates (Present War)	74	54
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) THIRTY DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total CREDITOR	74	54

\$ cts.
N I L

49

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 SEVENTY-FOUR - - - - - dollars - - - - - FIFTY-FOUR - - - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD. this FIFTH day of JUNE 19 44

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

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

5M-2-42 (3801)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 249a #A13929 dated 19 May, 1944

LEDGER: *[Signature]*

AUDIT: *[Signature]*

LP/HJR

NS. V-19206(PERS(N))

M E M O R A N D U M

TO - THE DIRECTOR OF ESTATES

David Henry Brown, Ldg. Smn., O.No. V-19206
D.D. 7th May, 1944 - H.M.C.S. "VALLEYFIELD"

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

1. Report of death at folio 40.
2. Balance of wages as per C.N.S. 46 at folio 49
(Official Receipt No. 171-25182) ✓ \$74.54 *Wages*
3. Service Certificate at folio 38.
4. Will is in the hands of the Director of Estates.
5. Funeral expenses are not known.
6. Allotments stopped last payment 31st May, 1944.
\$30.00 Mrs. Frances Brown (mother)
7. War Savings Certificates:
\$ 8.00 from January, 1943 to February, 1943.
In favour of Mr. David H. Brown,
H.M.C.S. "GIVENCHY" for "BUTARDE".

Bonds:

\$16.80 from May, 1943 to October, 1943
8.40 from Nov., 1943 to April, 1944

- (1) Mr. David H. Brown, R.R.1, Roseland, Ontario.
- (2) Mrs. Frances Brown, R.R.1, Roseland, Ontario.

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

PREPARED BY: *S. Proulx*.....

CHECKED BY: *C. Coops*.....

OTTAWA, Ont, 20th October, 1944.

DISTRIBUTION OF SERVICE ESTATES AK

Estates Form "P. 4"

NAVY

Name: BROWN Surname David H. Christian Names No.: V19206
LDG/Snr. Rank RCNVR. O/S Unit 7/5/44 Date of Death

AMOUNT

Date: 15/12/44
 L.P.C. \$ 74.54
 Other Credits
 Total 74.54

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Frances Brown, R.R. # 1, Roseland, Ontario. (Sole beneficiary per will)	\$74.54

TO BE FORWARDED BY REG. MAIL DIRECT.

Recs.

EA TO TR
EA TO TREAS.
2-1-45 mw

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$74.54
CLASSIFIED BY			EXAMINED BY		
Original Signed by K. L. McCUAIG			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

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA

29 Dec 44



The Registrar, War Savings Certificates, OTTAWA, Ont.

~~BROWN, David H., L.S.M., (Deceased)~~
No. V.19206 R.C.N.V.R.

The m/n member of the Canadian Armed Forces is reported deceased May 7th, 1944. This Branch has received from his next of kin War Savings Certificate(s) issued in his name. The person legally entitled to his estate has been determined to be:

Mrs. Frances Brown,
R. R. #1,
Roseland, Ont.

Submitted herewith therefor, for transmission in favour of the person named above are War Savings Certificate(s) as listed below. When the new certificate(s) have been issued may they please be forwarded by your Committee directly to the new registered owner.

May your receipt of the enclosed certificate(s) be acknowledged to this Branch, please, by signing and returning the duplicate copy of this letter attached hereto.

RECEIPT IS ACKNOWLEDGED RETURNED CERTIFICATE SECTION
WAR SAVINGS DIVISION

JAN 3 1945

Date

(on duplicate only)

for Registrar, W.S.C.

(L.M. Firth) Colonel,
Director of Estates.

L.M. Firth

JBR/MEN

W.S.C. 1 x 5; 2 x 10--\$25.

21

STATEMENT OF ACCOUNT

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

List 122 No. 92 (Name) BROWN, David H. Rank Rating A/L/SMN No. V.19206

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

		\$	c.
CREDIT from former account.....		49	91
Pay as <u>A/L/SMN.</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>2.10</u> a day)		128	10
(Rank Rating)			
" <u>S.T.</u> " <u>1 Apl</u> " <u>31 May</u> (<u>61</u> " <u>.10</u> ")		6	10
" <u>L.T.O.</u> " <u>1 Apl</u> " <u>31 May</u> (<u>61</u> " <u>.15</u> ")		9	15
" <u>1 GCB</u> " <u>30 Apl</u> " <u>31 May</u> (<u>32</u> " <u>.05</u> ")		1	60
" " " " " " " "			
" " " " " " " " Adjustment March, 1944 1 Apl - 7 May		4	33
Kit Upkeep Allowance.....			47
OTHER CREDITS: <u>G.M. 1 Apl - 7 May, 37 days, @ .064</u>		2	22
Total credits.....		201	88

DEBT from former account..... N I L

PAYMENTS:—	1st	2nd	3rd	4th	5th	Total
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....	49.00	8.94				57 94
2nd month.....						Total
3rd month.....						Total

Allotment 30.00, 8.40 Chged Apl; 30.00 chged May 68 40

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. 25181 payable Adm. Naval Estate (Present War) 74 54
I.C.N.S. lost 1 00

LEDGER: <i>Act</i>		Total debits	201	88
AUDIT: <i>Dr</i>	<i>Noted in Bnd for 24-3-45 gsw</i>	Balance Cr. or Dr.		
		(Balance Dr. to be shown in red)		N I L

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

[Signature]
PAY LIEUT. CDR., R.C.N.V.P.
ACCOUNTANT OFFICER

C.N.S. 2426
25M-5-42 (4546)
N.S. 815-9-2426

R. C. N. V. R.

Passing Certificate

This is to Certify

that David Henry BROWN,

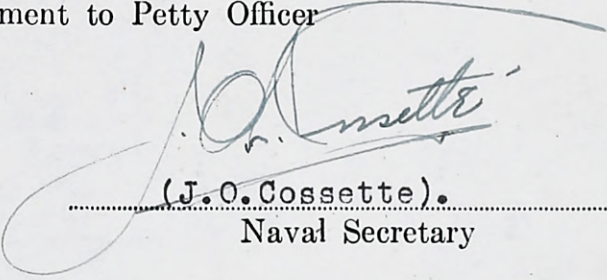
Rating Ordinary Seaman, Official Number V.19206
R.C.N.V.R.

has passed

THE EDUCATIONAL TEST, I

held on 11th-12th March, 1941.

For advancement to Petty Officer


(J.O. Cossette).

Naval Secretary

Department of National Defence,

Ottawa, this 1st day of April 1941.

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

NAME IN FULL *B.P.O. W.V. David Henry* RANK/RATING *A/Ltj/Snrm* OFF.

SHIP	SERVICE			AREA	QUALIFYING PERIOD			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	30/4/41							
<i>Br. David</i>	<i>4/10/41</i>	<i>14/6/42</i>	<i>254</i>	<i>Atl x. w. c.</i>				
<i>" Robert</i>	<i>12/11/42</i>	<i>9/3/43</i>	<i>118</i>	<i>w. c.</i>				
<i>Quinterde</i>	<i>16/3/43</i>	<i>11/5/43</i>	<i>57</i>	<i>w. c.</i>				
<i>Long River</i>	<i>26/5/43</i>	<i>1/6/43</i>	<i>7</i>	<i>w. c.</i>				
<i>Valley field</i>	<i>7/12/43</i>	<i>7/5/44</i>	<i>153</i>	<i>Atl.</i>				
<i>Rank "Lead"</i>								
<i>To date</i>	<i>7/5/44</i>							

VERIFIED BY *[Signature]*

VERIFIED BY

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

V19206

id. Henry RANK/RATING *A/Ltd Surgeon* OFF. NO. *4906* ADDRESS

DAYS	AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE			
							1939-45	1	<i>star</i>
<i>2</i>	<i>254</i>	<i>Atl</i>					ATLANTIC	1	<i>star</i>
<i>3</i>	<i>118</i>	<i>w.c.</i>					FRANCE G.		
<i>3</i>	<i>57</i>	<i>w.c.</i>					AFRICA		
<i>3</i>	<i>7</i>	<i>w.c.</i>					PACIFIC		
<i>1</i>	<i>153</i>	<i>Atl</i>					BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *B. Bennett*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "Valleyfield" at Sea

Name David Henry Brown (Christian names in full)

Rank of Rating Leading Steward (1st) Official No. 110806 RCNVR (If unknown, date of first entry)

Place of Birth Perth, Ontario Date of Birth 30th April, 1916

Occupation in Civil Life welder Religion Church of England

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

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 Mrs Francis Brown Relationship Mother Address R.R. No. 1 Russell, Ontario.

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

Date on which death was registered with local Officials Not registered

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

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

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

Undertaker employed (if any)

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

Handwritten signature of Commanding Officer, Captain RCN

17th May, 1944, 194

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

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

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

MB/CP

HONOURS AND AWARDS

30687

Name: **BROWN, David Henry**

Rank and Service: **Leading Seaman R.C.N.V.R. V-19206**

Home Address: **ROSELAND, Ontario.**

Award: **Mention in Despatches (Posthumous)**

Date recommended:

Date gazetted: **5.12.44 JB**

Previous award, with date:

Citation:-

**"For services in HMCS VALLEYFIELD ~~and GIBBARD~~ for
brave rescue work when HMCS VALLEYFIELD was sunk.
on 6th May, 1944.**

P.A.'S CHECKED IN
C.R. BY **A**

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

351

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NAVYDECEASED
MEMBER'S
NAMEDavid Henry
(CHRISTIAN NAMES)BROWN
(SURNAME)
 REGISTER NO. 7736
 FILE NO. NS.V19206
 DATE 4 Aug/45
 SERVICE NO. V19206
 FINAL RANK OR RATING A/Ldg.Smn.
 DATE OF DISCHARGE 7 May/44

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

 for Service Estate of
 David H. Brown,
 NS.V19206
 7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1104 EQUAL TO 36 COMPLETE PERIODS AT \$7.50

270.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 589 LESS 24 INELIGIBLE DAYS, EQUAL TO 565 DAYS @ 25C. PER DAY

141.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 2.10	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY	\$.10	
S.T.	\$.15	
L.T.O.	\$.05	
G.C.B.	\$.05	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
TOTAL	\$ 3.85	X7 = \$ 26.95
NO. OF DAYS	589	X\$ 26.95

86.74

D. WAR SERVICE GRATUITY

497.99

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

Nil

F. TOTAL AMOUNT PAYABLE

497.99

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 497.99

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

PREPARED BY

CHECKED BY

TREASURY

DATE

AT

W

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

S.—1245B. (Revised—October, 1937.)
 4M—3-40 (4253)
 N.S. 815-9-1245B.

ORIGINAL

TORPEDO HISTORY SHEET

(See K.R. & A.I., Article 609)

To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Surname BROWN Christian Names DAVID HENRY Port Division RCNVR Official Number V-19206

Record of Torpedo Examinations:

Information is to be inserted when a rating qualifies in torpedo for A.B. and as regards examinations for acting as well as confirmed torpedo ratings.

Marks obtained in each subject are to be shown as a fraction of the possible total, thus $\frac{115}{150}$

Date	Ship or School	Rating held	Torpedo Rating examined for	Q., R., or F.	Examination Marks											REMARKS	Captain's Initials	
					School	Whitehead	Mining and P.V.s	High Power	Low Power	Gyro Compass	Torpedo Control	Seaman's Electrical	Stores and Accounts					Total Percentage
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
4/10/41	STADACONA	O.S.	S.T.	Q.		$\frac{108}{150}$	$\frac{83}{100}$					$\frac{228}{250}$				83.8		
17-9-42	"Naden"	A.B.	L.T.O.	Q.	$\frac{78}{100}$	$\frac{152}{200}$	$\frac{85}{100}$	$\frac{201}{250}$	$\frac{193}{250}$								78.8%	
15-10-42	"Naden"	A.B.	L.T.O.	Q.						$\frac{55}{100}$							55%	

GYRO COURSE IN ACC. WITH CORNWALLIS ORDER 10-9-42

[Handwritten signatures and initials]

Surname..... BROWN.....

Christian Names..... DAVID HENRY.....

Record of Torpedo Service

To be filled up by Ships when a man is discharged or the Torpedo Officer superseded: by Schools, on discharge after service as part complement. The insertion of entries in ships is left to the discretion of the Torpedo Officer when his own or the man's period of service in the ship has been less than 3 months.

Period of Service		Ship or School	Seaman Rating	Torpedo Rating	DUTIES ON WHICH EMPLOYED	THE TORPEDO OFFICER'S GENERAL OPINION OF THE RATING	Torpedo Officer's Signature
From	To						
1	2	3	4	5	6	7	8
18.6.42.	12.11.42	"Naden"	A.B.	L.T.O.	Qualify course for L.T.O.		<i>D. G. Freeman</i>
12.11.42	31.12.42	Cm. Robert	A.B.	L.T.O.	Torpedo Party.	Under 3 months.	<i>Shavel</i>
2.6.43	12.10.43	"Naden"	L. Sea	L.T.O.	Employed as Instructor to New Entry Torpedo Classes.	A superior rating of good appearance takes charge well and instructs very well indeed.	<i>D. G. Freeman H. H. S.</i>

Surname BROWN

Christian Names DAVID HENRY

Award, reduction in, and cancellation of Torpedo Ratings

Recommendations for Higher Torpedo Ratings (and for S.T., Torpedo Lieutenant's Writer and Torpedo Coxswain)
To be inserted *immediately* any rating is considered deserving of a recommendation.
Recommendation to be forwarded subsequently on Form S. 1303 in accordance with the instructions on that form.

Date	Ship or School	Torpedo Rating	If torpedo rating reduced or cancelled, state reason briefly	Captain's Initials
4/10/41	STADACONA	S. T.	AWARDED	<i>D.H.</i>
17/9/42	NADEN	L.T.O.	AWARDED	<i>Asst. for.</i>

Date	Ship	For what recommended	Whether special ability shewn in any or all branches of work	Initials of Torpedo Officer

Special Courses

Date	Ship or School	Rating	Course	Percentage obtained	Captain's Initials

Annual Musketry Course

Date	Ship or School	Pts. obtained		Gunnery Officer's Initials	Date	Ship or School	Pts. obtained		Gunnery Officer's Initials
		Rifle	Pistol				Rifle	Pistol	

Field Training

Date	Ship or School	Rating	Q., R., or F.	Percentage obtained	Captain's Initials

A pamphlet "Naval Service," Exchanges in de
 * Name, sub
 † Insert "su
 ‡ See Art. 6
 § Include po

SPECIAL RE

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His gen
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Care and maintenance of and small repairs to

has received Torpedo Sel on electrical

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