

V53512  
CORNWALL

JAMES

ANTHO



CANADA

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CORNWALL, OFFICIAL No. V.53512.  
CHRISTIAN NAMES James Anthony MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 2275 Oak Bay Ave., Victoria, B. C. RELIGION Roman Catholic

DATE OF BIRTH 7th. October, 1923. \*PLACE OF BIRTH  
Town Edmonton, NAME AND ADDRESS OF NEXT OF KIN Mrs. Evelyn Cornwall (Mother),  
County Victoria, B. C.  
Province Alberta  
\*Original Nationality of:  
Father Canadian  
Mother Canadian

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

## (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5'</u>	Inflated <u>38</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>None</u>
Inches <u>4 1/2"</u>	Deflated <u>34</u>				
	Mean <u>36</u>				

EDUCATIONAL STANDING 3 years High School TRADE OR CALLING AND IN WHOSE EMPLOY  
Seaman -  
Hydrographic Survey,  
Post Office Building,  
Victoria, B. C .

DATE OF ENROLMENT 18th January, 1943. RATING FOR WHICH ENROLLED Ordinary Seaman for H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED H.M.C.S. "Naden"  
Divisional Strength R.C.N.V.R. (Temp.)

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

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records Division.
-	-	-	1. Noted in Records TO <u>[Signature]</u> 2. Index Card . . . . <u>[Signature]</u> 3. Non Sub. Card. . . . . 4. Statistical Card. <u>[Signature]</u> 5. R neo Strip. . . . . 6. Pension Card. . . . . 8. . . . .

(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. Employer in possession of Unemployment Insurance Book.

O.H.F.

113-6-3913  
NIB 029463  
N. V. 5  
50M-8-42 (5715)  
N.S. 815-11-5  
029463  
029457  
4

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Ordinary Seaman for Communications by the prospect of being transferred at some future date to any other branch or rating.

Dated this 18th day of January, 1943.

Signature of applicant James A. Cornwall

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 18th day of January, 1943.

My authority for attestation is N.S. 114-1-46 N.S. 114-1-7 of September, 1942.

Stewart  
Signature of and rank of Attesting Officer.  
Sub Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, James Anthony Cornwall 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 James A. Cornwall

Witness Stewart  
Rank Sub Lieutenant, R.C.N.V.R.

Date 18th January, 1943.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

V53512

OFFICIAL NUMBER

NAME CORNWALL  
(Surname)

James Anthony  
(Given Names)

OFFICIAL NUMBER

V53512

PIB

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
Div. Str. Esquimalt	Ord. Smn. (Comm.)	18	1	43													
HMCS Naden	"	1	4	43	A/S. D.R.D. 841	V.G.	SAT.	31	12	43.							
" Protector II	"	18	4	43	D.R.D. 921	V.G.	SAT.	7	5	44							
" Cornwallis	"	12	6	43	W.R.D. Sheet 3												
" St. Hyacinthe	"	18	8	43	Ledger.												
"	Ord. Smn.	22	11	43	Trans. to Smn. Br. 249A/47559												
" Stadacona	"	23	11	43	DRD H.-3308.												
" Hochelaga 11	"	29	11	43	DRD H.-3373.												
Valleyfield	A.B.	1	4	44	Service Cert.												
DISCHARGED	"	7	5	44	"Missing" Casualty List.												

"Presumed Dead" Corr. Sheet.

GENERAL REMARKS

Canadian Memorial Cross Awarded to  
(Mother) Mrs Evelyn Cornwall, 2275  
Oak Bay Ave., Victoria, B.C. to date  
22.9.44.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENLI.		RANK OR RATE			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GIOR	E	CTY.	TOWN	SERV.	DIV.	A	BR	TRANK	A	BT	RANK
07	0	23	17	5-40	0	10	4	9	05	10	0	13	0	08	95		
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	BT	RANK	A	BT	RANK	
18	01	43	01	04	43									9690	0	08	95
SENIORITY			STR.		NON-SUB		M		CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.	DY.	MO.	YR.	ESTAB.	A	BT	RANK	A	BT	RANK	
22	11	43	13	05	00	2											

07-05-44

V53512

OFFICIAL NUMBER

FILE NUMBER

113-C-3013

OFFICIAL NUMBER V53512

NAME CORNWALL (Surname) James Anthony (Given Names) DATE OF BIRTH 7 Oct. 1923PLACE OF BIRTH Edmonton, Alta. OCCUPATION SeamanRELIGION R.C. EDUCATION 3 years high schoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 2275 Oak Bay Ave. Town Victoria Province, etc. B.C.

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								Period	From
18	1	43	5' 1 1/2"	brown	blue	medium	none				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Miss Evelyn Cornwall  
ADDRESS (in pencil): Street and No. 2275 Oak Bay Ave. Town Victoria Province, etc. B.C.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.						
Date (in figures)			Date (in figures)			Date (in figures)		PARTICULARS	
Day	Month	Year	Day	Month	Year	Day	Month		Year
			Eligible for award of C.V.S.M. and Clasp 249A/A14055.			2	7	43	Qual. Anti-Gas 1 dy 249A#12293
			13	8	43	Marked "TR"			

BADGES, G.C. OR G.S.			BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES						
Date (in figures)			SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year			Day	Month	Year		

FILM  
NO. W412-5407-3  
DATE

Date (in figures)			DAYS FORFEITED					O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	

SECOND CLASS FOR CONDUCT	
From	To

W.S.G.  
APPLICATION  
1542

## CERTIFICATE of the SERVICE of

*James Anthony CORYWALL*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number... <i>V-53512</i>
	<i>Esquimalt, B.C.</i>	" .....
		" .....

Date of Birth... <i>7th October, 1923</i>	Name and Address of Nearest Relative or Friend <small>(in pencil)</small>
Place of Birth... <i>Edmonton, Alberta</i>	
Place of Residence... <i>2225 Oak Bay Ave Victoria B.C.</i>	
Trade brought up to... <i>Seaman</i>	
Religion... <i>Roman Catholic</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>18 Jan '43</i>	<i>Duration Fortilities</i>	<i>Ord. Smm.</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>4 1/2</i>	<i>36</i>		<i>Brown</i>	<i>Blue</i>	<i>Med</i>	<i>Nil.</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









D OF D 7-5-44

CORNWALL

James Anthony

V-53512

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON  
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALSREGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. &amp; Clasp

War Medal

02-72655

M



P

(THE REVEAL

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "VALLEYFIELD"

(1) MEDALS  
PERSON

ENTITLED TO

Mr. James K. Cornwall - Father

ADDRESS:

2275 Oak Bay Ave.,  
VICTORIA, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. E. Cornwall

ADDRESS:

2275 Oak Bay Avenue,  
Victoria, B.C.

(1) 5070-10/4/52

MEMORIAL BAR  
DATE DESC 10-6-58  
CANCELLED  
(2)  
REGN. NO.....

(3) 22-9-44





029413363913  
3913  
3913

# OCCUPATIONAL HISTORY FORM

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 James Anthony CORNWALL (b) Reg'l. No. V53512
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (Temporary) (c) Rank Ord. Seaman for Communications
3. (a) Date of birth 7/10/1923 (b) Have you any dependents? No (c) Place of residence at time of enlistment Victoria, B. C.
4. (a) Place of enlistment Esquimalt, B. C. (b) Date of enlistment 18/1/1943

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? -
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 years High School
7. If you attended a university, give name of university and standing or degree secured -
8. (a) Did you ever enter upon a trade apprenticeship? 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? X
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked X (b) State how long you had worked at this trade or occupation X
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified X
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment X
15. Give details of last employer, if any: Name X Address X
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) X
17. (a) If your last employment was in a business of your own, state nature and address of business X (b) Date of discontinuing it X

## 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 Hydrographic Survey Address Victoria, B. C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Surveying
20. (a) Your specific occupation Seaman (b) Number of years' experience at this occupation with any employer 59 months
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? Uncertain

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? - (c) In what provinces did you have experience? -

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) -
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Go to college.



DATE 18th January, 1943 SIGNATURE James A. Cornwall



Mrs. Evelyn Cornwall,  
 2275 Oak Bay Ave.,  
 Victoria, B.C.

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- 53512 FD. 566

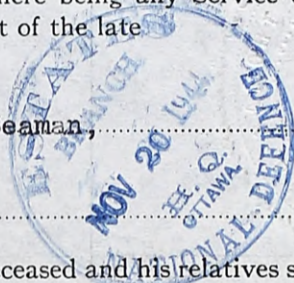
DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

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

CORNWALL, James Anthony, Able Seaman,

V-53512, 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. A. Wade*  
 Commander R.C.N.V.R.  
 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.....	JAMES		
3	Father of the Deceased.....	J. K. CORNWALL		
4	Mother of the Deceased.....	EVELYN B. CORNWALL		
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	(Mrs) G. F. HUDSON (Miss) N. K. CORNWALL	
		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.	JAMES ANTHONY CORNWALL
9	Date of his birth.	OCTOBER 7 <sup>th</sup> - 1922
10	Place and date of his marriage.	NOT MARRIED.
11	Place and date of his parents' marriage.	VANCOUVER. B.C. DEC 30 <sup>th</sup> - 1908

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	EDMONTON. ALTA.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ALBERTA - 7 YRS (b) British Columbia - 13 1/2 YRS (c) (d)
14	Nature of employment before enlistment.	Student & Geological Survey Asst.
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.	British Columbia

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 20 <sup>00</sup> - In my possession
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$ 50 <sup>00</sup> Bond - In my possession - other bonds taken before starting of "Valleyfield" - not here.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Had insurance in my favor but -
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	"Mutual Life" do not pay when Inoonee died on Active Service or out of Home Area -

2 more out to 1 + 5 last  
+ 4 sheets of 16 WS stamp book

## 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

\* 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.

(Mrs) Evelyn Beatrice Cornwall { Signature of Informant  
2275 Oak Bay Ave  
Victoria - B.C. Address

## CERTIFICATE

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

\*See above. Evelyn B. Cornwall { 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 Edmonton this 18<sup>th</sup> day of November 1944

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

E. J. Hop Qualification A Notary Public in and for the Province of Alberta  
 Address 6 Richardson Bldg Edmonton Alberta

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

My son, James Anthony Cornwall, had an allotment made to me monthly - when an O-S. he sent me \$15<sup>00</sup>, & in a letter - dated 17<sup>th</sup> April/44 (the last received from him), as the "Valley field" was torpedoed & sunk on May 7<sup>th</sup> /44 - "They were to land in NFD - next day - & get their raise in Rank & raise in pay - He then was having \$30<sup>00</sup> allotted to me monthly, through same source. They were allowed their raise in rank as you will see - Able Seaman - J.A. Cornwall. on post-leaf of this document; - & now ask if raise in allotment. Evelyn B. Cornwall will come through - I have not received anything at all. (Mother of deceased) since May last. - Audley explain why?

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. 12  
CORNWALL, James Anthony Ordinary Seaman V-53512, R.C.N.V.R.

DATE OF ENLISTMENT - 18 Jan., 1943. Active Service: 1 April, 1943.

DATE OF DISCHARGE - Will be reported later.

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

SERVICE - Canada and 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  
when and where any disability was incurred, or where death servicing was lost by enemy action. While this  
occurred. 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- Mother NAME- Mrs. Evelyn Cornwall,

ADDRESS- 2275 Oak Bay Ave., Victoria, 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)

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

Reg. No. (Office use only)

23

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** CORNWALL James Anthony  
 (Surname or last name) (Given or Christian names)

**4. PERMANENT RESIDENCE OF DECEASED:** Name of Municipality (if any).....  
 Name of city or place.....  
 Street or road..... House No.....

**5. SEX** Male **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** Single **8. Single, Married, Widowed or Divorced** (Write the word)..... **9. BIRTHPLACE** (Province or Country) Edmonton, Alberta

**10. Date of Birth** October 7th **11. AGE** 20 7  
 (Month by name) (Day) (Year) } Years Months Days If less than one day  
 hrs. or min.

**12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.** Seaman  
**(b) Kind of industry or business, as paper mill, lumber, bank, etc.** Hydrographic Survey, Post Office Bldg., Victoria  
 (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 N.B. Money, this..... day of..... 19.....  
 Signature of informant..... Relationship to deceased.....  
 Address Naval Service Headquarters, Ottawa, Officer i/e Naval Personnel Records.

**20. Burial, Cremation or Removal**..... Date..... 19.....  
 (Month by name) (Day) (Year)  
 Place of Burial..... Cemetery.....  
 (Municipality)

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

**22. Marginal Notations (Office use only)**

**MEDICAL CERTIFICATE OF DEATH**

**23. DATE OF DEATH** May 7th 44.  
 (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 due to H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u>			
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.	{.....			

**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.....  
 Manner of injury..... (State which)  
 (How sustained)  
 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.....

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

## INSTRUCTIONS

**Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal", e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide or homicide**, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to	due to	due to	due to	due to
	(b) ———	(b) ———	(b) Acute appendicitis	(b) Operation	(b) Chronic nephritis
	due to	due to	due to	due to	due to
	(c) ———	(c) ———	(c) ———	(c) Strangulated inguinal hernia	(c) ———
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	———	———	———	Chronic interstitial nephritis	Chronic bronchitis

### STILLBIRTH

"A dead-birth (stillbirth) is the birth of a (viable) foetus, after at least twenty-eight weeks pregnancy, in which pulmonary respiration does not occur: such a foetus may die either: (a) before, (b) during or (c) after birth, but before it has breathed."

**The special stillbirth registration form (green coloured) must be used in registering a stillbirth.**

A I R M A I L

N.S. V-53512 PERS(N)

11th May, 1944

13

Dear Mrs. Cornwall:

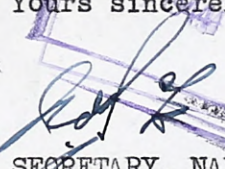
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

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

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

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

Yours sincerely,

  
SECRETARY, NAVAL BOARD

Mrs. Evelyn Cornwall,  
2275 Oak Bay Avenue,  
VICTORIA, British Columbia.

13



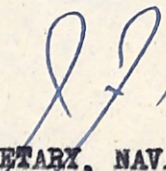


EMC

N.S. V-53512 PERS. (N)

7 November, 1944.

THIS IS TO CERTIFY that according to official information James Anthony Cornwall, Able Seaman, Official Number V-53512, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

  
SECRETARY, NAVAL BOARD.


re



8th March, 1945.

NSV-53512, Pers. (N(18))

Dear Madam: ✓

I am directed to inform you that your application for the War Service Gratuity in respect of your late son has been referred to the Dependents' Allowance Board for decision concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that you were not in receipt of Dependents' Allowance as at the death of your late son.

Immediately upon receipt of a decision from the Dependents' Allowance Board, steps will be taken to place your claim in line for payment, if eligible.

In the meantime, would you kindly inform this department of any change of address.

LETTER dispatched by  
Yours truly,  
MAR 9 1945  
*[Signature]*

SECRETARY, NAVAL BOARD. *[Signature]*

Mrs. Evelyn B. Cornwall, ✓  
2275 Oak Bay Ave., ✓  
Victoria, B.C. ✓

*[Handwritten notes and a red arrow pointing down]*  
C.K.  
for  
P.O.

P.A.'S CHECKED IN  
C.R. BY *[Signature]*

REPORT OF PARTICULARS OF PERSONNEL REPORTED  
DEAD, MISSING, PRISONER OF WAR OR INTERNEE.

CASUALTY NO. 464

FILE NO: N.S. V-53512 PERS.(N)

NAVAL INFORMATION

D. N. P. A.  
C.T.O. (N). (N. ALLOTS.)  
C.T.O. (N) Re: Dependents' Allowance

It is notified for your information that James Anthony Cornwall, Ordinary Seaman, Official No. V-53512, Royal Canadian Naval Volunteer Reserve, is 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.

Next of kin as recorded in this office is:

Mother: Mrs. Evelyn Cornwall,  
2275 Oak Ave.,  
Victoria, B.C.

*H.B. Money*

(H. B. Money),  
Paymr. Lieut. Cdr., R.C.N.R.,  
Officer i/c, Naval Personnel Records.

Ottawa, Ont.,  
Date - 10 May, 1944.

CURRENT	
D.A.	
A.P.	
TOTAL	
CHECKED	
LEDGER	

Certified that Ledger Action has been taken

.....  
for C. T. O. (N)

LP

OTTAWA, Ont., 10 May,

4

V-53512 (Pers. N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name.. **CORNWALL**..... **James Anthony**.....  
(Surname) (Christian Names)

Rank/Rating .. **Ordinary Seaman**.....

Official No... **V-53512, R.C.N.V.R.**.....

Nature of Casualty **"Missing" at sea from ship in which serving.**

Date of Casualty ... **Will be reported later.**.....

Address at time of Enlistment .. **2275 Oak Bay Ave.**.....  
**Victoria, B.C.**.....

Marital Status at time of Enlistment..... **Single**.....

Occupation... **Seaman**.....

Name & Address of Next of Kin .. **Mother: Mrs. Evelyn Cornwall,**  
**2275 Oak Bay Ave., Victoria, B.C.**.....

Yours truly,

*H.B. Money*

for

SECRETARY, NAVAL BOARD.

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.

*Edmon  
2 white fund.*

10

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

24

H.M.C.S. VALLEYFIELD at SEA

Name James Anthony CORNHALL (Christian names in full)

Rank or Rating Able Seaman Official No. V.33513 RENVR

Place of Birth Edmonton, Alberta Date of Birth 7 Oct. 1923

Occupation in Civil Life Seaman Religion Roman Catholic

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 yr. 1 mo

Date of Death 7th Nov. 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. Evelyn CORNHALL Relationship MOTHER Address 2275 Oak Bay Ave., Victoria, B.C.

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

A/Captain, R.C.N. Commanding Officer H.M.C.S. "AVALON" 15th June 1944

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

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

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

## CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

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

NAME <i>James Anthony Cornwall</i> <i>01 Sea.</i>	OFFICIAL No. <i>V-53512</i>	Date of Birth <i>7-10-23</i>
---	--------------------------------	---------------------------------

**ON LEAVING HARBOUR TRAINING SERVICE**

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Poor.</i>	<i>Does not apply himself</i>	<i>J.A.H.</i>
Seamanship— Boat work:			
(a) Pulling.....			
(b) Sailing.....			
Gunnery and Disciplinary Training.....			
Shooting.....			
Swimming—P. P. T. ....		<i>No facilities available</i> Date qualified.....	
Physical and Recreational Training.....	<i>Good</i>	<i>Fries hard, shows interest</i>	<i>J.C.C.</i>
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date.....

On leaving:— Weight..... Height..... Date.....

\* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. "*Protector II*".

Date *10/10/23* *J.C.C.* Captain.

\_\_\_\_\_  
 Commander, RCNVR.  
 Commander, RCNVR.

**PROGRESS UNDER TRAINING FOR ABLE SEAMAN**

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally { Accelerated Advancement..... For Able Seaman (if G.C. III)..... Educational Test I.....			
Rated Ordinary Seaman.....			

SEAMANSHIP			GUNNERY			TORPEDO			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Subject	Hours	%	Subject	Hours	%	Subject	Hours	%			
Beat Work		100	Field Training			Whitehead			65% 24/7/43	Comelli s/c Comelli	
Anchors and Cables		50	Gun Drill			Low Power					
Compass and Wheel Rule of the Road		55	Stripping			High Power					
Rigging Sheers and Derricks		50	Fire Control			Instruments			60% 27/43	Comelli s/c Comelli	
<del>Sounding Machine, Lead and Line</del>		40	Ammunition			Explosives					
Bends and Hitches, Blocks and Tackles		50	Director and Sighting			Paravanes					
Part of Ship Evolutions			Machine Gun								
Signals		81									

\* 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†
Trained 13/8/43. [Signature]	

Ordinary Seaman (Special Service).  
 Qualified for advancement to Able Seaman (S.S.)  
 on.....Date.  
 .....Commodore  
 .....Depot .....Date.

Rated Able Seaman and Recommendations inserted on History Sheet  
 H.M.C.S.....  
 .....Date  
 .....Captain.

# ACCOUNTS OF MEN DISCHARGED

27

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 CORNWALL, James A. Rating Able Seaman  
 Official No. V.53512 H.M.C.S. AVALON-VALLEYFIELD List 12-2-21  
 Who\* Discharged Dead on the 7th. May, 1944

	\$	cts.
Net sum due on ledger on account of Wages.....	NIL	
Proceeds of sale of Effects charged against Wages, brought from the other side		
<b>CASH—</b>	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
<b>Cash Deposited by O.R.No.25182 ADM.NAVAL ESTATES (PRESENT WAR)</b>		
Cash debited in the Accountant Officer's Cash Acct.....	72.63	
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>Fifteen Dollars</u> charged to <u>31 May 44</u>		
Name of ship from which transferred..... <u>VALLEYFIELD</u>		
Total†..... <b>Creditor</b>	72.63	

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-TWO dollars SIXTY-THREE cents.

Dated on board H.M.C.S. AVALON at St. John's Newfoundland this 6th. day of September 1944

Approved [Signature] Accountant Officer  
Pay. Lieut. Commander, RCNVR.  
 { Initials of the Assistant Accountant Officer }  
[Signature] Commanding Officer.  
A/CAPTAIN, R.C.N.

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. A.14055 dated 14th. June '44.**

10M-10-40 (7450) H.Q. N.S. 815-9-45 **LEDGER: W** **AUDIT: [Signature]**





4  
NAVY

EM

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

DECEASED MEMBER'S NAME	James Anthony (CHRISTIAN NAMES)	CORNWALL (SURNAME)	REGISTER NO. 1542
PAYEE	Director of Estates	for Service Estate of	FILE NO. NS V-53512
ADDRESS	308 Sparks St., Ottawa, Ont.	James A. CORNWALL NS V-53512	DATE 17 Aug '45
DATE OF TERMINATION OF OVERSEAS SERVICE	7 May 1944	DATE OF DISCHARGE	V-53512 A.B. 7 May 1944

<p><b>A. TOTAL QUALIFYING SERVICE</b></p> <p style="text-align: right;">NO. OF DAYS <u>403</u> EQUAL TO <u>13</u> COMPLETE PERIODS AT \$7.50</p>	\$ 97.50																		
<p><b>B. QUALIFYING OVERSEAS SERVICE</b></p> <p>NO. OF DAYS <u>152</u> LESS <u>13</u> INELIGIBLE DAYS, EQUAL TO <u>139</u> DAYS @ 25C. PER DAY</p>	34.75																		
<p><b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b></p> <p style="text-align: center;">DAILY RATES AT DISCHARGE</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr><td style="padding-right: 20px;">PAY</td><td style="text-align: right;">\$ 1.85</td></tr> <tr><td style="padding-right: 20px;">SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE</td><td style="text-align: right;">\$ 1.25</td></tr> <tr><td style="padding-right: 20px;">ADDITIONAL PAY H.L.M.</td><td style="text-align: right;">\$ .13</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td>DEPENDENTS' ALLOWANCE 1/30 OF \$ <u>NIL</u></td><td style="text-align: right;">\$ <u>NID</u></td></tr> <tr><td style="padding-right: 20px;">TOTAL</td><td style="text-align: right;">\$ <u>3.23</u> X7 = \$ 22.61</td></tr> <tr><td style="padding-right: 20px;">NO. OF DAYS <u>152</u></td><td style="text-align: right;">X \$ 22.61</td></tr> <tr><td style="text-align: center;">183</td><td></td></tr> </table>	PAY	\$ 1.85	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25	ADDITIONAL PAY H.L.M.	\$ .13		\$		\$	DEPENDENTS' ALLOWANCE 1/30 OF \$ <u>NIL</u>	\$ <u>NID</u>	TOTAL	\$ <u>3.23</u> X7 = \$ 22.61	NO. OF DAYS <u>152</u>	X \$ 22.61	183		18.78
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TOTAL	\$ <u>3.23</u> X7 = \$ 22.61																		
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183																			
<p><b>D. WAR SERVICE GRATUITY</b></p>	151.03																		
<p><b>E. DEDUCTIONS</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">OVERPAYMENT OF</td> <td style="width: 30%;">PAY AND ALLOWANCES</td> <td style="width: 40%;">\$</td> </tr> <tr> <td>OTHER DEDUCTIONS</td> <td>DEPENDENTS' ALLOWANCE AND ASSIGNED PAY</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$ NIL</td> </tr> </table>	OVERPAYMENT OF	PAY AND ALLOWANCES	\$	OTHER DEDUCTIONS	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$			\$ NIL										
OVERPAYMENT OF	PAY AND ALLOWANCES	\$																	
OTHER DEDUCTIONS	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$																	
		\$ NIL																	
<p><b>F. TOTAL AMOUNT PAYABLE</b></p>	151.03																		

**G. YOUR PORTION OF GRATUITY IS—**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 151.03

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

Voucher 1925- Aug. 22/45

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

PREPARED BY JA	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY H. L. [Signature]	DATE 29/5/45	SERVICE REPRESENTATIVE <i>[Signature]</i> For Dir. Naval Pay Accting.
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STATEMENT OF WAR SERVICE GRATUITY - NAVY

*Typed*

Deceased Member's Name **JAMES ANTHONY CORNWALL**  
 (Christian Names) (Surname)

Payee *Director of Estates for Service Estate of*  
 Address *308 Sparks St. Ottawa, Ont.* **JAMES A. CORNWALL**  
 N.S. U. 53512  
 Register No. 1542  
 File No. V53512  
 Date 11-8-45  
 Service No. V53512  
 Final Rank or Rating A.B.  
 Date of termination of overseas service *7 May 44* Date of Discharge *7 May 44*

A. TOTAL QUALIFYING SERVICE  
 No. of days *403* equal to *13* complete periods at \$7.50  
 30 97.50

B. QUALIFYING OVERSEAS SERVICE  
 No. of days *152* less *13* ineligible days equal to *139* days @ 25¢ per day 34.75

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay H.L.M.	\$	.13	
Dependents' Allowance 1/30 of \$ <i>Nil</i>	\$		22.61
Total	\$	<i>3.23</i>	<i>21.709</i>
No. of days <i>152</i>	x \$		<i>22.61</i>
<i>183</i>			<i>18.78</i>
			<i>18.03</i>

D. WAR SERVICE GRATUITY ~~150.289~~  
151.03

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

F. TOTAL AMOUNT PAYABLE 151.03

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ *151.03*  
 Total Dependents' Allowance in issue \$ \_\_\_\_\_

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	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <i>an</i>	6 <i>by</i>
2 <i>na</i>	7 <i>by</i>
3 <i>mp</i>	8 <i>by</i>
4 <i>by</i>	9 <i>by</i>
5 <i>by</i>	10 <i>by</i>

(SA)

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name JAMES ANTHONY CORNHALL Register No. 1542  
 (Christian Names) (Surname) File No. V 53512  
 Address C/O MRS EVELYN B. CORNHALL Date 18 NOV 44  
2275 OAK BAY AVE. Service No. V 53512  
VICTORIA B.C. Final Rank or Rating A.B.  
 Date of termination of overseas service 7 MAY '44 Date of Discharge 7 MAY '44

A. TOTAL QUALIFYING SERVICE  
 No. of days 403 equal to 13 complete periods at \$7.50 97.50  
 30

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 152 less 13 ineligible days, equal to 139 days @ 25¢ per day 34.75

C. SUPPLEMENT FOR OVERSEAS SERVICE SUB TOTAL 132.25

DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay	\$		
Dependents' Allowance 1/30 of	\$		
Total	\$	3.10	x 7 = \$ 21.70
No. of days		<u>139</u>	x \$ 21.70 = <u>16.48</u>
		183	

D. WAR SERVICE GRATUITY 148.73

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

F. AMOUNT PAYABLE (This amount is payable in monthly instalments of \$ each)

G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances \$ 3.10 x 30 \$ 93.00

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									
Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

- 1 6 \_\_\_\_\_
- 2 CWD 7 \_\_\_\_\_
- 3 1788 8 \_\_\_\_\_
- 4 \_\_\_\_\_ 9 \_\_\_\_\_
- 5 \_\_\_\_\_ 10 \_\_\_\_\_

*Applicant mother  
 Receipt of ap \$1000*

*Estate form prepared.*

Penn (m) 12/9/44 42570

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# 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 **CORNWALL, James A.** Rating **Able Seaman**  
 Official No. **V.53512** H.M.C.S. **AVALON-VALLEYFIELD** List **12-2-21**  
 Who\* **Discharged Dead** on the **7th May,** 19**44**

Net sum due on ledger on account of Wages.....	\$	cts.	<b>NIL</b>
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
<b>Cash Deposited by O.R.No.25182 ADM.NAVAL ESTATES (PRESENT WAR)</b>			<b>72.63</b>
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)..... charged to.....			
Name of ship from which transferred.....			
Total†.....			<b>72.63</b>

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-TWO** dollars **SIXTY-THREE** cents.

Dated on board H.M.C.S. **AVALON** at **St. John's Newfoundland** this **6th.** day of **September** 19**44**

Approved **Pay Lieut. Commander, RCNVR.** Accountant Officer  
 { Initials of the Assistant Accountant Officer }  
**A/CAPTAIN, R.C.N.** 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. A.14055** dated **14th. June '44.**