

**V64048**  
**SIMPSON**

FREDERICK

WILLIA

D OF D 8-8-44

AWARDS

(NAVY)

D.D.

SIMPSON

Frederick William

V-64048

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Fr. Ger. Star & Clasp

C.V.S.M. & Clasp

War Medal

7635

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR July 45 "REGINA"

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Ada Simpson - Mother

ADDRESS: 5769 Cartier Street,  
Montreal, Que.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Ada Simpson

ADDRESS: 5769 Cartier St., Montreal, Que.

(3) 19-2-45

MEMORIAL BAR	
DATE DESP	.....
REGN. NO	816

# OCCUPATIONAL HISTORY FORM

PLEASE  
LEAVE  
BLANK

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..... **STIMPSON Fred William**..... (b) Reg'l. No. **V-64048**
2. (a) Arm of service..... **NAVY**..... (b) Unit..... **R. C. N. V. R.**..... (c) Rank..... **ORD. SEAMAN**
3. (a) Date of birth..... **28 Aug 1925**..... (b) Have you any dependents?..... **No**..... (c) Place of residence at time of enlistment..... **Montreal, Que.**
4. (a) Place of enlistment..... **Montreal, Que.**..... (b) Date of enlistment..... **16th June, 1943**

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **15**..... (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.)..... **Seventh Year Grammar 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?..... **FRENCH ENGLISH**..... (b) What languages do you read well?..... **ENGLISH FRENCH**

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were **WORKING** or **NOT WORKING** at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... **WORKING**.....
- (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

18. Name of employer..... **Fairchild's Aircraft Limited**..... Address..... **Longueuil, Que.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... **Aircraft Mfr.**
20. (a) Your specific occupation..... **Production Clerk**..... (b) Number of years' experience at this occupation with any employer..... **2 years**
21. (a) Did your employer promise definitely to give you employment on discharge?..... **NO**..... (b) Did your employer refuse to promise you employment on discharge?..... **NO**..... (c) Do you wish to return to your former employment?..... **YES**

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

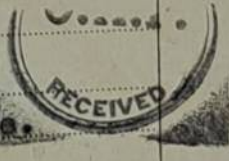
22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... **NO**..... (b) Do you feel competent to operate a farm?..... **NO**..... (c) If so, in what kind of farming?..... **//**
25. (a) Were you born on a farm?..... **NO**..... (b) How many years' actual farming experience have you had?..... **//**..... (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..... **Would prefer machinist trade.**



DATE..... **16th June, 1943**..... 194..... SIGNATURE.....

Mrs. Ada Simpson,  
5769 Cartier St.,  
Montreal, Quebec.

FEB - 7 1945

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. NS.V. 64048 FD 942

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.



February 1 1945

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

SIMPSON, Frederick William, A/Smn.

V. 64048 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:

HRW/JL

*A. A. Wacker*  
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.....	none		
2	Children of the Deceased and dates of their Births.....	none		
3	Father of the Deceased.....	ERNEST JAMES SIMPSON DECEASED	57	DECEASED MARCH 29/33
4	Mother of the Deceased.....	ADA SIMPSON	56	5769 CARTIER
5	Brothers of the Deceased	Full Blood	THOMAS JAMES SIMPSON 36 GEORGE PERCIVAL SIMPSON 31	5144 PARTHENAIS 7045 DELAROCHE
		Half Blood	/	/
6	Sisters of the Deceased	Full Blood	ADA CATHERINE ALBERT 35 DORIS MAY DIVENCINZO 33 HAZEL ETHEL LALONDE 29 ROSE BLANCHE HOLLOWAY 27 RUTH GERTRUDE EVANS-DAVIS 23	8523 LAJEUNNESSE 6361 ST ANDRE 5818 CARTIER 431 BOUCHER 3470 SIMPSON
		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.	FREDERICK WILLIAM SIMPSON
9	Date of his birth.	AUGUST 28 <sup>th</sup> / 1925
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	CHURCH OF THE ASCENSION. PARK AVENUE. OCT. 11 <sup>th</sup> / 1908.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	407 DARAGON ST VILLEMARIE
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) MONTREAL QUEBEC (b) (c) (d)
14	Nature of employment before enlistment.	CLERK
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.	MONTREAL

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NONE AT HOME
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.	_____
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	PRUDENTIAL 500.00 PRUDENTIAL 92.00 MUTUAL LIFE 500.00 } MOTHER.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NONE
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.)

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. ADA SIMPSON.

{ Signature of Informant

5769 CARTIER ST.

Address

CERTIFICATE

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

\*See above. Mrs Ada Simpson { 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 Montreal this 7th day of February 1945

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

[Signature]

Qualification

Justice of the Peace

Address

6673 ~~Delmore~~ Street Montreal P.Q.

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

IF POSSIBLE WOULD LIKE TO SEE WILL MADE BY R.E.N.V.R.  
IF ANY,





JO'B



CANADA

**ATTESTATION FORM**  
 (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SIMPSON OFFICIAL No. V-64048  
 CHRISTIAN NAMES Fred William MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
<u>6221 Delaroché St., Montreal, Que.</u>		<u>Church of England</u>
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>28 August, 1925</u>	Town <u>Montreal, Que.</u>	Mother: <u>Mrs. Ada Simpson,</u> <u>Same address.</u>
*Original Nationality of:		
Father <u>English</u>	County	
Mother <u>English</u>	Province	

\*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>37</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>None</u>
Inches <u>7</u>	Deflated <u>35</u>				
<u>153</u>	Mean <u>36</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Seventh Year Public School</u>	<u>Production Clerk:</u> <u>Fairchild's Aircraft Ltd.,</u> <u>Longueuil, Que.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>DIVISIONAL STRENGTH</u> <u>16th June, 1943</u>	<u>ORD. SEAMAN</u>	<u>HMCS "MONTREAL"</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, Air Force, Reserve or Territorial Force.

\* (b) I served in ~~XXXXXX~~ for the period shown, and attach my record of service in collaboration of this statement XV

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>//</u>	<u>//</u>	<u>//</u>	<u>//</u>

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

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

(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 by the prospect of being transferred at some future date to any other branch or rating.

Dated this 16th day of JUNE 1943

Signature of applicant X Fred W. Simpson

(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 16th

day of JUNE 1943

My authority for attestation is \_\_\_\_\_

D. H. DeLark

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

(D) **OATH OF ALLEGIANCE**

I, Fred William SIMPSON 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 X Fred W. Simpson

Witness D. H. DeLark

Date 16th June, 1943

Rank Sub. Lieutenant, RCNVR

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.

TO	FROM	RANK	REMARKS

(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.



M.

# 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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined SIMPSON, Fred William  
candidate for entry as O/Sea RCNVR  
and I believe him to be \* in all respects fit for His Majesty's Service  
unfit for His Majesty's Service for the reason stated below } He has signed the Certificate  
given below in my presence.

†Strike out if inapplicable. \*Delete one.

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

(a) Age	Yrs. 17	Mos. 9	(j) Date of last Vaccination	Childhood.		
(b) Height with bare feet	Feet 5	In. 7	(k) General Development	Good.		
(c) Weight without clothes	153		(l) Nose, Throat and Tonsils	Normal		
(d) Ears and Hearing	Rt. Lt. Normal		(m) Heart and Lungs	Normal		
(e) Chest Girth	Max. 37	Min. 35	Mean 36	(n) Abdomen Hernia, etc.	Normal	
(f) Teeth	Deficient Good.	Defective	Dentures	(o) Limbs and Joints	Normal	
(g) Vision by Snellens Types	without glasses	Rt. 6/12	Lt. 6/12	Both 6/9	(p) Skin	Normal
	with glasses where worn	Rt.	Lt.	Both		
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(q) Anus Haemorrhoids	Normal	
(i) Chest x-ray	<del>not taken approved positive doubtful</del>	188735 D.P.N.H.		(r) Testes Varicocele	Normal	
				(s) Urine	<del>Normal</del> Not done.	

BP 130/80

### 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.

Fred William Simpson  
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 Montreal, Que. the 24th of May 1943

[Signature]  
Examining Medical Officer  
(Rank) Surg-Lieut, RCNVR

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

*C* Fred William SIMPSON

ICNS 103987

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-64048</i>
	<i>HMS Montreal</i>	"
		"

Date of Birth *28th August 1925* **O.H.F.**

Place of Birth *Montreal, Quebec*

Place of Residence *622 Delarocche St Montreal Que*

Trade brought up to *Production Clerk*

Religion *Church of England*

Name and Address of Nearest Relative or Friend (in pencil)  
*Mother  
Ada  
same address  
1/1/43*

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>16 June 43</i>	<i>Duration 7 1/2 Months</i>	<i>Ordinary</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>7</i>	<i>36</i>	<i>153</i>	<i>Brown</i>	<i>Blue</i>	<i>Medium</i>	<i>None</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







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

NAME IN FULL SIMPSON, FRED Wm..... RANK/RATING A.B...... OFF. NO. V-640

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.
	7-7-43									
<i>Regina</i>	7-12-43	8-8-44	246	<i>France &amp; Germany</i>	6-6-44					
				<i>Dutch-Dead</i>						
				<i>8-8-44</i>						

VERIFIED BY *J. Gehab*.....

VERIFIED BY .....



VERIFICATION FORM

NCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
GENERAL SERVICE MEDAL (1915).

ING *A.B.* OFF.NO. *V-64048* ADDRESS .....

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>Star</i>
							ATLANTIC	2	
	<i>Germany</i>	<i>6-6-44</i>					FRANCE G.	1	<i>+ clasp</i>
							AFRICA		
	<i>Dead</i>						PACIFIC		
	<i>44</i>						BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>+ clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *[Signature]* .....

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

DC

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

4  
NAVY

DECEASED MEMBER'S NAME

Frederick William  
(CHRISTIAN NAMES)

SIMPSON  
(SURNAME)

REGISTER NO. 6548  
FILE NO. NSV-64048  
DATE 13 Mch/45  
SERVICE NO. V-64048  
FINAL RANK OR RATING A.B.  
DATE OF DISCHARGE 8 Aug/44

PAYEE

Mrs. Ada Simpson,  
5769 Cartier St.,  
Montreal, Que.

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

8 Aug/44

DATE OF DISCHARGE

8 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 399 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 246 LESS 9 INELIGIBLE DAYS, EQUAL TO 237 DAYS @ 25C. PER DAY

\$ 59.25

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.	\$ .25	
	\$	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$ 25.00	\$ .85	
TOTAL	\$ 4.20	X7 = \$ 29.40
NO. OF DAYS 237		X \$ 29.40
	183	

\$ 38.07

D. WAR SERVICE GRATUITY

\$ 194.82

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

\$ 194.82

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS—

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

-\$194.82

check # 118359 - 20/3/45

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

PREPARED BY		CHECKED BY		TREASURY	
SJD		R.S. Hoblyn		DATE 16/3/45	

*[Signature]*  
SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

*lypd*

Decedent's Name Frederick William SIMPSON  
 (Christian Names) (Surname)

Register No. 6548  
~~6584~~  
 File No. V64048  
 Date 3.3.45  
 Service No. V64048  
 Final Rank or Rating A-B  
 Date of Discharge 8 Aug 44

Payee M<sup>rs</sup> Ada SIMPSON  
 Address 5769, Cartier Street  
Montreal, Que.

Date of termination of overseas service 8 Aug 44  
 A. TOTAL QUALIFYING SERVICE  
 No. of days 399 equal to 13 complete periods at \$7.50

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 246 less 9 ineligible days equal to 237 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay	\$		
<i>H.L.M.</i>	\$	.25	
Dependents' Allowance 1/30 of \$	25.00	.85	
Total	4.20		x 7 = \$ 29.40
No. of days	237		x \$ 29.40 = 38.07
	183		

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

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

*Paul*

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 194.82  
 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>[Signature]</i>	6	<i>[Signature]</i>
2	<i>[Signature]</i>	7	<i>[Signature]</i>
3	<i>[Signature]</i>	8	<i>[Signature]</i>
4	<i>[Signature]</i>	9	<i>[Signature]</i>
5	<i>[Signature]</i>	10	<i>[Signature]</i>

6578

PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Fred Wm. SIMPSON Rank or Rating A B O.No. 64048

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A.	<u>25<sup>00</sup></u>	<u>Mr. Ada Simpson</u>
A.P.	<u>20<sup>00</sup></u>	<u>(mother)</u>
D.A.	<u>—</u>	<u>—</u>
A.P.	<u>—</u>	<u>—</u>

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from:

Mr. Ada Simpson (mother)  
5769 Cartier St.  
Montreal, Que

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: mother as above In the proportion of: 1

- and -

to: In the proportion of: 1

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)  
Group "C" of the above mentioned Directive.

Date 28/2/45

[Signature]  
for D.N.P.A. (G) 40

W.S.G. Application No. 6548 ✓

TO: D.N.P.A. "G"

FILE NO. N.S. V-64048 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>SIMPSON, Fred William</u>	<u>V-64048</u>	<u>Able Smn.</u>
SURNAME	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
CHRISTIAN NAMES IN FULL		

CAUSE OF DISCHARGE: Dead ✓

Application made by Mother of deceased: P.P. \$20.00  
DA \$25.00

TOTAL SERVICE	366
	26
	8
	<u>399</u>

Date of Active Service 7 July 1943 ✓  
 Date of Discharge 8 Aug 1944 ✓  
 Total No. of Days 399 ✓

# Less non qualifying service \_\_\_\_\_ Total Days 399 ✓

OVERSEAS SERVICE

% Total No. of Days 246 ✓  
 # Less non qualifying service \_\_\_\_\_

Total Days 246 ✓

RECORD OF SERVICE:

(2) Record of Service in other Forces (per Naval Records)

Branch of Service nil ✓  
 Date of Active Service \_\_\_\_\_  
 Date of Discharge \_\_\_\_\_

# & % Overleaf \_\_\_\_\_

Computed By [Signature]  
Checked By [Signature]

[Signature]  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records

DATE: FEB 27 1945

FOR CONTINUING SERVICE

67216

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			<u>Total Days</u>

(%)  
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
<i>Regina</i>	<i>7 Dec '43</i>	<del><i>St. John's</i></del> <i>8 Aug '44</i>	<i>246</i> ✓
			$\begin{array}{r} 366 \\ - 120 \\ \hline 246 \end{array}$

Navy  
 Army  
 Air Force

(Mark X opposite Force in which you last served.)

416531

DEPARTMENT OF NATIONAL DEFENCE

F549  
M.F.M. 441  
1 Mil. 9-44 (5449)  
H.Q. 1772-39-2326

NAVAL PERSONNEL RECORDS  
6548  
FEB 22 1945  
WAR SERVICE GRATUITY SECTION

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service SIMPSON (Print)
2. Christian Names FREDERICK, WILLIAM. (Print)
3. Service No. V-64048 4. Paid rank or rating at date of termination of Service A/B. SEAMAN
5. Address, in full, to which payments of gratuity are to be forwarded  
5769 CARTIER STREET  
MONTREAL, QUEBEC  
CANADA.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY (RCNVR)</u>	<u>V-64048</u>	<u>A/B. SEAMAN</u>	<u>July 7, 1943</u>	<u>August 8, 1944.</u>

*70  
6  
Feb  
1944*

- X 7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? If so, state name of Force or Forces  
N.A.
- X 8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? If so, state the Force or Forces, with dates of commencement and termination of service.  
N.A.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

February 19<sup>th</sup> 1945  
(Date)

Mrs Ada Simpson  
(Signature of Applicant)

MOTHER and DEPENDENT OF DECEASED

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:  
X Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)  
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.  
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

**DISTRIBUTION OF SERVICE ESTATES**  
NAVY

AM Estates Form "P. 4"

Name: SIMPSON, Fred. No.: V-64048  
Surname Christian Names  
Rank A/B Unit R.C.N. O/S Date of Death 8-5-44

AMOUNT

Date: 21 June 45  
L.P.C.....\$ 127.97  
Other Credits.....  
Total..... 127.97

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Ada Simpson, 5769 Cartier Street, Montreal, Quebec.  (Sole beneficiary under will)	127.97

P4. TO TREAS.  
31/7/45 aw

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	127.97
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED  
Original signed by

*[Signature]*  
.....  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer



Six copies to be rendered to Naval Service Headquarters

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

H.M.C.S. NAVAL SERVICE HEADQUARTERS, at OTTAWA, Ont.

Name..... SIMPSON Frederick William  
(Christian names in full)

Rank or Rating..... Able Seaman Official No. 7-64048 Unit R.C.N. (R.C.N.R. R.C.N.V.R.)

Place of Birth..... Montreal, Que. Date of Birth..... 28th August, 1925

Occupation in Civil Life..... Production Clerk 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)..... From 16th June, 1942 to 8th August, 1944.

Date of Death..... 8th August, 1944 Place of Death..... At Sea

Cause of Death..... Missing, presumed dead when H.M.C.S. "REGINA", the ship in which he was serving, was lost by enemy action overseas.  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name..... Mrs. Ada Simpson Relationship..... Mother  
Address..... 5769 Cartier St., MONTREAL, Que.

Date on which the above was informed by Ship Naval Service Headquarters: 11th August, 1944.

Date on which death was registered with local Officials.....

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

If applicable { Place of Burial..... No burial Date of Burial.....  
Location, Number, etc., of grave.....  
Undertaker employed.....

ENTERED IN  
D.N.P.A.'s LOG BOOK  
FEB 1 1945  
CLEEK No. mm

for H. H. Money  
(Commanding Officer)  
SECRETARY, NAVAL BOARD. emc

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

Date..... OTTAWA, 29 January, 1945.

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, Sec. C.P.C., Dir. of Records.

5271

# WILL

(1) I, Ernest William Simpson, of His  
Majesty's Canadian Ship Montreal do  
hereby revoke all former wills by me made and declare this to be my last will.

Relationship,  
names and  
addresses of  
beneficiaries,  
and what  
each is to  
receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother Mrs. A. Simpson  
6221 Delaroché St. Montreal Que. My entire  
estate

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,  
of whatsoever kind and wheresoever situate unto

Relationship,  
names and  
addresses of  
residuary  
beneficiaries.

(4) I appoint Mrs. A. Simpson 6221 Delaroché St.  
(Name) (Address)  
House Wife, to be the Executor of this my Last Will.  
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 16 day of June  
1943.

Signed, published and declared by the  
above-named testator as and for his  
last will and testament in the presence  
of us both present at the same time,  
who at his request and in his presence  
have hereunto subscribed our names  
as witnesses.

Ernest William Simpson  
(Name)

Grd. Seaman  
(Rank or Rating)

164048  
Official No.

First witness  
sign here.

(5) Signature Joseph O'Brien

Civil Address McMasterville, P. Q.

Civil Occupation STOKER II, Engineer's Writer

Second witness  
sign here.

Signature Wm. Ouellet

Civil Address 4970 Coolbrook Ave., N.D.G., Montreal, Que.

Civil Occupation WRITER, RC.NVR

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service  
Records by [Signature]

Department of National Defence

Naval Service

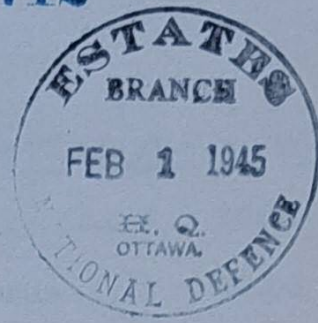


OTTAWA, JAN 29 1945 194.....

IN REPLY PLEASE QUOTE

N.S. V-64048 Pers. (N)

018712



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
SIMPSON, Frederick William, Able Seaman, O.N. V-64048 , R.C.N.V.R.	Missing, presumed dead, to date the 8th of August, 1944, when H.M.C.S. "REGINA", the ship in which he was serving, was lost by enemy action overseas.	Mother: Mrs. Ada Simpson, 5769 Cartier St., MONTREAL, Que.

ALLOTMENTS IN FORCE

<u>In Favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Ada Simpson, 5769 Cartier St., Montreal, Que.	D.A. 25.00	
	A.P. 20.00	
	Total. 45.00	:LV

WILL:  Allotment stopped paid 31st August, 1944.  
Attached

Yours truly,

*Homareef*

for  
SECRETARY, NAVAL BOARD.

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

# DEPENDENTS ALLOWANCE BOARD

## DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-64048 Rank or Rating O. Seaman

SIMPSON  
(Surname)

Frederick William  
(Christian Names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment.....

### DECISION OF THE BOARD

1. Casualty Death Date August 1944 Authority Off. i/c N.P. Records

Dependents' Allowance previously in pay for ..... mother ..... \$ 25.00

Assigned Pay ..... (Amount of 15 days' pay \$23.00) in issue ..... \$ 20.00

2. Effective Sept. 1944 vacate previous award and pay for a period of

Six months to Mrs. Ada Simpson  
5769 Cartier St.,  
Montreal, Que.

*Noted  
D. N. P. A.  
3-1-45  
C. L.*

A. A sum equal to Dependents' Allowance ..... \$ .....  
and an assignment of ..... days' pay of rank ..... \$ .....  
Total ..... \$ .....

(ONLY A OR B TO BE FILLED IN)

OR

B. A sum equal to Pension Rates, which in this case are higher ..... \$ 50.00 .....

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates \$50.00 and continue until advice is received of Canadian Pension Commission's decision.

4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.

5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.

6. In cases where the Pension Rates are less than \$3.00 greater than the D.A. and A.P. in pay, no change will be made until the end of the six months when the account will be adjusted.

Reviewer L. Farrell

[Signature] (Chairman)  
[Signature] (Member)  
[Signature] (Member)

Date Feb. 14-45

K. Beardley *K.B.*

COPY

31

5769 Cartier St,  
Montreal.  
Oct. 9. 1944.

Mr. R. O. G. Bennett,

Dear Sir,

I take this liberty to write to you, in answer to a letter sent me on Sept. 11th, 1944, re my son Fred W. Simpson V 64048. Missing off the H.M.C.S. Regina. You mentioned in your letter that I was going to receive \$50.00 (dollars) a month for a period of six months.

Do I get it monthly payments or a sum at the end of the 6 months. As I have not received the amount mentioned above, I am wondering if I misunderstood your letter at all. I would of written to you before, only I have been to sick and worried about my Son. What was his wages per month. I was told he was an A. B. not an O. S. Anyway he was promoted shortly before the tragic mishap. I trust you understand my letter clearly. I would like an answer, please.

Yours Respectfully,

Mrs. Ada Simpson

# DOMINION BUREAU OF STATISTICS - QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH  
 Municipal county: **AT SNA**  
 Street: \_\_\_\_\_  
 Official name of civil municipality or township: \_\_\_\_\_

2. LENGTH OF STAY  
 (a) In hospital or institution: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ No. \_\_\_\_\_  
 (b) In municipality where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Hospital or Institution: \_\_\_\_\_

Place an X over the word which applies to this municipality or this territory  
 City | Town | Village | Parish | Township

3. NAME OF DECEASED  
 Surname: **SIMPSON**  
 Given names: **Frederick William**  
 (Block letters)

(c) In Province: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 (d) In Canada (if immigrant): Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

4. RESIDENCE  
 Street: **Delaroché St.**  
 Official name of civil municipality or township: **Montreal**  
 No. **6221**  
 Municipal county: \_\_\_\_\_

5. SEX: **Male**  
 6. NATIONALITY (Citizenship): **Canadian**  
 7. RACIAL ORIGIN: **English**  
 8. Single, Married, Widowed or Divorced (Write the word): **Single**

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

10. BIRTHPLACE (Province or Country): **Montreal, QUEBEC.**

11. DATE OF BIRTH: **August 28, 1925.**

12. AGE OF DECEASED: Years **19** Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day old: \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.: **Production Clerk**  
 14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: **Aircraft**  
 15. Date deceased last worked at this occupation: \_\_\_\_\_  
 16. Total years spent in this occupation: \_\_\_\_\_

17. NAME: \_\_\_\_\_  
 18. BIRTHPLACE (Province or Country): \_\_\_\_\_  
 FATHER: \_\_\_\_\_  
 MOTHER (Maides Name): \_\_\_\_\_

19. Place of burial, cremation or removal: **No burial**

20. Date of burial: \_\_\_\_\_ 19\_\_\_\_

PLACE OF REGISTRATION OF THIS BURIAL  
 (a) Name of parish or church: \_\_\_\_\_  
 (b) Civil municipality of: \_\_\_\_\_  
 (c) Municipal county: \_\_\_\_\_  
 (d) Date: \_\_\_\_\_ 19\_\_\_\_  
 (Month) (Day) (Year)

Do not write in this space

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: **AUGUST 8, 1944.**  
 (Month) (Day) (Year)

23. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

### 24. 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**

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) **H.M.C.S. "REGINA", the ship**  
 (c) **in which he was serving, was**

II  
**Other morbid conditions** (if important) contributing to death but not causally related to immediate cause: **lost by enemy action overseas.**

III  
 If a communicable disease is mentioned on this certificate, give (a) Date of appearance: \_\_\_\_\_ 19\_\_\_\_  
 (b) Duration of disease: \_\_\_\_\_ days

25. If a woman, was there a puerperal condition? \_\_\_\_\_

26. Was there a surgical operation? \_\_\_\_\_ Date of \_\_\_\_\_ 19\_\_\_\_

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

Signed: \_\_\_\_\_ M.D.  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_ 19\_\_\_\_

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)  
**Paymr. Commander, R.C.N.R.**

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

This signature authorizes the collector to accept this form as authentic.  
**NAVAL SERVICE HEADQUARTERS, OTTAWA, Ont.** (Vois l'autre côté pour le français)  
**Director of Personnel Records.**

Do not write in this space

Person

13/11

5769. Cartier St

#233 Montreal

Nov. 16. 1964

To The Secretary

Dear Sir

3466

Seeing your announcement in last night's Montreal Star. I thought I would give in my son's name, as he was my sole support. I do hope I have not made a mistake by doing so. As I know you have him recorded as among the missing off the H.M.C.S. Regence. Which went down in the month of August.

Yours Respectfully

Mrs Ada Simpson

G/S. F.W. Simpson. (Frederick William)

V.64048

LA/CC

REGISTERED  
AIR MAIL

42

N.S. V-64048 PERS (N)

26<sup>th</sup> January, 1945.

Dear Mrs. Simpson:

Further to my letter of the 15th August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son Frederick William Simpson, Able Seaman, Official Number V-64048, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "REGINA", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 8th of August, 1944.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Ada Simpson,  
5769 Cartier St.,  
MONTREAL, Que.

ENTERED IN  
D.N.P.A.'s LOG BOOK  
FEB 1 1945  
CLERK *Minto*

JAN 31 1945

Despatched by  
Sec. N. B.

Date *26/1/45*  
Time 1130



D.P.R./5-2

LA/CC  
FORM "B"

FILE: V-64048 Para. (N)

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

48

JAN 29 1045

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
SIMPSON, Frederick William	Able Seaman	V-64048 R.C.N.V.R.

DATE OF ENLISTMENT - 16th June, 1943 Active Service - 7 July, 1943.

DATE OF DISCHARGE - 8th August, 1944.

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, presumed dead when H.M.C.S. "REGINA", the  
when and where any disability was incurred, or where death occurred. ship in which he was serving, was lost by enemy  
action overseas.

(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. Ada Simpson

ADDRESS - 5769 Cartier St., MONTREAL, Que.

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, DEPENDENTS ALLOWANCE, etc.

RECORDED IN  
C.R. BY

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. Ada Simpson,	Mother.		
-------------------	---------	--	--

	<u>D. A.</u>	<u>A.P.</u>	<u>TOTAL</u>
Monthly rate:	25.00	20.00	45.00

TO Whom Paid: Mrs. Ada Simpson, Address 5769 Cartier St., Montreal, Que.

Date of Enlistment: See other side.

Date of Discharge: See other side.

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

The final deduction of Assigned Pay for 20.00 has been made for the period from 1st to 31st, of August. 194 4.

Remarks:

Computed by L. P. ...

Checked by ... H. ...

Alec L. Boswell

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

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

57

File No. ✓ V-64048 Pers., (N)...

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

P.A.'S CHECKED BY  
BY *[Signature]*

Mrs. Ada Simpson,  
5769 Cartier St.,  
MONTREAL, Que.

Date forwarded:- FEB 19 1945

Registered Mail No.- 5517

OTTAWA, Ontario, 15 Aug., 4.  
N.S. V-64048, PERS.(N)

Dear Sir:

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

Name.. **SIMPSON**, ..... **Fred William** .....  
 (Surname) (Christian Names)

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

Official No. .. **V-64048, R.C.N.V.R.** .....

Nature of Casualty **Missing at sea when the ship in which he was serving was lost by enemy action overseas.**

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

Address at time of Enlistment **6221 Delarocche St.,** .....

..... **MONTREAL, Quebec.** .....

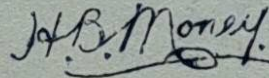
Marital Status at time of Enlistment. **Single** .....

Occupation.. **Production Clerk (Fairchild's Aircraft Ltd.)**

Name & Address of Next of Kin **MOTHER: Mrs. Ada Simpson,**

..... **5769 Cartier St., MONTREAL, Quebec.** .....

Yours truly,



for  
SECRETARY, NAVAL BOARD.

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

File Number. V64048.

22

SERVICE

NAME: SIMPSON, Fred William.

O.N. V64048

PRESENT RANK/RATING: Ordinary Seaman.

DATE TAKEN ON ACTIVE SERVICE: 7th July, 1943

SERVICE

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
HMCS "MONTREAL" Div. Strength,	16-6-43.	
" " Active Service,	7-7-43.	
" " "CORNWALLIS" "	24-8-43.	
" " "STADACONA" "	27-11-43.	
" " "REGINA" "	7-12-43.	

*Canada & Regina Serv.*  
*[Signature]*  
 N.P.R.  
 17/8/44

WILL: Yes.

NAME & ADDRESS OF

NEXT OF KIN: Mother,  
 Mrs. Ada Simpson,  
 5769 Cartier Street,  
 MONTREAL, Quebec.

DISCHARGED PREVIOUSLY? No.

REASON:

DATE:

Initialed by:

Date: 14th Aug., 1944. Section: 3, R.C.N.V.R.

(TO BE COMPLETED IN INK.)

21

15th August, 1944.

Dear Mrs. Simpson:

Further to my letter of the 11th of August, 1944, the following details respecting the loss of the ship in which your son was serving are now being released.

H.M.C.S. "REGINA" was lost off the coast of England while going to the assistance of a merchant vessel in difficulties. After she was damaged, course was steered for shallow water in an attempt to beach the ship, but 40 minutes later the order to "abandon ship" had to be given.

Two ratings are dead and one officer and 26 ratings are missing.

H.M.C.S. "REGINA" was one of the first revised corvettes, being built by Marine Industries, Sorel, Que., and was commissioned in January, 1942. Among her early duties in the spring of 1942 was the successful search for the survivors of a merchant vessel. She was attached to Western Escort forces in the fall of 1942 when she underwent modernization and refitting at Sydney, N.S.

In December, 1942, "REGINA" proceeded overseas to begin Convoy Escort duties between the United Kingdom and North African ports. While on this assignment she proceeded far into the area of active hostilities.

An outstanding event in her career came while she was on Convoy duties in the Mediterranean early in 1943. At that time she brought an Italian submarine to the surface with depth charges and engaged it in a spectacular gun duel. The submarine was sunk and "REGINA" picked up 21 prisoners. She returned to Halifax in April, 1943, and subsequently carried on as Escort for North Atlantic Convoys.

In April, 1944, she was assigned to Invasion duties and spent the month of May overseas in exercises preliminary to the Invasion of France. Since "D" Day, "REGINA" had been actively engaged in escorting convoys carrying munitions and supplies to the Allied forces in France.

It is requested, for security reasons, that you will regard this information as strictly confidential until such time as an official announcement is made.

Please be assured if further information is received regarding your son, you will be informed immediately.

Yours sincerely,

  
 SECRETARY, NAVAL BOARD.

Mrs. Ada Simpson,  
 5769 Cartier St.,  
 MONTREAL, Que.

9  
ms

EMC

REGISTERED

AIR MAIL

FILE NO.: N.S. V-64048 PERS.(N)

19

11 August, 1944.

Dear Mrs. Simpson:

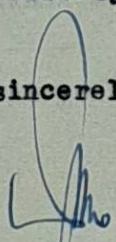
It is with deepest regret that I must confirm the telegram of the 11th of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Frederick William Simpson, Ordinary Seaman, Official Number V-64048, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost by enemy action, overseas. As soon as further particulars can be released, you will be informed.

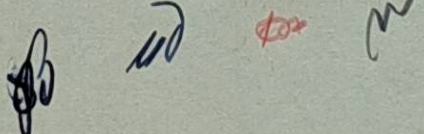
Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Mrs. Ada Simpson,  
5769 Cartier St.,  
Montreal, Que.



6221 Delaroché St  
Montreal  
Canada <sup>16</sup>  
April 16. 1944

P.A.'S CHECKED IN

C.R. BY...

Dear Sir

I am writing to let you know I have  
moved from the above address, to 5769, Cartier St.  
Montreal. I am the mother of C/Smn Fr. W. Simpson  
V-64048. Hoping to receive my usual cheque at  
my new address. Thanking you in anticipation

Yours respectfully

Mrs Ada Simpson



6221, Delarue St  
Montreal.

Que. 73

Oct. 29, 1943.

To The Receiver

General of Canada. 113. S - 5016

1301789

Dear Sir

I received this cheque for the sum of \$1.00, re my son F.W. Simpson V.64048. I would very much like to know if there as been any mistake, I am at loss to understand Please write and let me know I will appreciate it very much.

Yours Respectfully

Mrs Ada Simpson.

2. # 4400  
45.00 Sept.

Sept Supp 1.00  
Oct KA - 14414

ENCLOSURE	
TO N.C.R.	
NO.	NO.
DATE	
INITIALS	
REMARKS	
Initials	

P139859

113-S-5016

M.F.M. 16A  
200M-11-40 (8110)  
H.Q. 1772-39-1665

# CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(NAVAL)

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 Simpson

2. Full Christian name or names Fred William

3. Official Number V 64048 4. Rank O-Smn

5. Unit, Station, or Establishment HMCS "MONTREAL"

6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay 7th July 1943 D.O. No. d/

7. (If "Officer") (a) Date of appointment d/ D.O. No. d/

(b) Date reported for duty d/ D.O. No. d/

8. Are you a member of the permanent forces, military or air? Naval

If so, (a) State permanent establishment, unit or station

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

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment

10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month

(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension"

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment

Fairchild Aircraft \$600.00 for six months

12. Name of dependent Simpson Ada Mrs.  
Surname Christian Name Mr. Mrs. or Miss

13. Address 6221 DeLaroche St. Montreal P.Q.

Question 13: Give street name and number or post office box number, R.R. No., city, town or village and province.

ENTERED IN  
S.N.P.A.'s LOG BOOK  
JUL 21 1943  
CLERK No. 1

*No a/s date yet  
Ord. Smn  
Montreal*

14. Age of dependent ..... 54 ..... 15. Relationship ..... Mother .....

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?  
..... Applicant and Daughter .....  
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....  
(State relationship) ..... 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..... Keeps Home .....

20. From what date have you been contributing to the support of this dependent?.....  
..... Since 1938 .....

21. Are you the sole or partial support? Partial  
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..... \$336.00 for six months .....

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

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? No  
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.

28. Question 28:  
(If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.  
29.  
30. (If "OFFICER") Five days' pay per month must be assigned to this dependent.

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
Tom Simpson	6221 DeLaroche St.,	34	Prod. Clerk	Married
Ada Albert	8523 Lajuensee St.,	33	Housewife	"
Hazel Lalonde	5813 Cartier St.,	27	"	"
Rose Holloway	431 Boucher St.,	25	"	"
Geo. Simpson	7045 DeLaroche St.,	29	Machinist	"
Ruth Simpson	6221 DeLaroche St.,	-	-	Single
Doris Devincenzo	6361 St. Andre St.,	31	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.

Miss Ruth Simpson \$168.00 for six months

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

Included board and lodgings

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

**Question 28:**  
 (If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.  
 (If "OFFICER") Five 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 \$ 19.00

29. Date assigned pay effective 7th July 1943

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

NO

[OVER]

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 and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

I certify that the above is a true statement.

*[Handwritten Signature]*

(Paymaster)

A/Payr.

(Rank)

Lieut. Commander R.C.N.V.R.

*[Handwritten Signature: Fred W. Simpson]*

Signature of Applicant

Date ..... 19th July 1943

Treasury Officer

Establishment, unit or station

HMCS "MONTREAL"

Place ..... Montreal P. Q.

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

V64048

OFFICIAL NUMBER

NAME  
(Surname)

SIMPSON

Fred William  
(Given Name)

OFFICIAL NUMBER V64048

PTB

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Montreal".	Ord. Smn.	16	6	43	Div. Strength Montreal.	V.G.	Sat.	27	8	43.							
" " (Est.)	"	7	7	43	D.L. 9-7-43. Act. Service	V.G.	SAT.	31	12	43.							
" Cornwallis	"	24	8	43	D.L. 26-8-43.	V.G.	SAT.	8	8	44.							
" Stadacona	"	27	11	43	DRD H-3351 ("Hamilton 23/10/43 to 31/10/43)												
Regina	"	7	12	43	DRD S.#4 P.#21												
DISCHARGED.	A.B.	7	7	44	Rated. Sub. 3/1/45.												
	"	8	8	44	"Missing" Casualty List. "Presumed Dead" Sub. 14/2/45.												

## GENERAL REMARKS

Awarded Canadian Memorial Cross to:  
MOTHER. Mrs. Ida Simpson  
5769 Cartier St., Montreal, Que.  
to date. 19/2/45.

DATE OF BIRTH			PLACE BIRTH			CIVIL OCCU.			RELIGION			PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DAY	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK	A	BR	RANK		
28	8	25	12	8	30	0	30	0	2	2	3	0	2	0	0	9	0	8	95
ENLIST. DATE			ACT. SERV. DATE			STR.			ACT. SERV. DATE			SHIP OR		RANK OR RATE					
DAY	MO.	YR.	DAY	MO.	YR.	CAT.	DAY	MO.	YR.	ESTAB.	A	BR	RANK	A	BR	RANK			
16	0	6	43	07	07	43								2	4	0	8	95	
SENIORITY			NON-SUB			M			CODED			CHECKED							
DAY	MO.	YR.	CAT.	A	B	ST.													
07	17	43	13	00	00		25			32			EX M. H. P.						

SM-EP

M. H. P.

V64048

OFFICIAL NUMBER

FILE NUMBER

113-3-5016

OFFICIAL NUMBER

v64048

NAME SIMPSON (Surname) Fred William (Given Names) DATE OF BIRTH 28 Aug. 1925

PLACE OF BIRTH Montreal, Quebec. OCCUPATION Production clerk

RELIGION Church of England EDUCATION 7th year publ school

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 6221 Delaroché St. Town Montreal. Province, etc. Quebec.

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
16	6	43	H.O.	5'7"	Brown	Blue	Medium	None			

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Ada Simpson  
ADDRESS (in pencil): Street and No. 5719 Cathie St. Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC. 26-4-44						
Date (in figures)			Date (in figures)			Date (in figures)			PARTICULARS
Day	Month	Year	Day	Month	Year	Day	Month	Year	
			27	9	43	Qual. Anti-Gas 1 day 249A 7649			
			5	11	43	Marked TR249A A17527			

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		

FILM NO. W.S.P. 5988-4 DATE

Date (in figures)			DAYS FORFEITED					O.H.F. Rec.	Last Will and Testament #5271 Rec.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		

SECOND CLASS FOR CONDUCT	
From	To



Records 30-10-43

NDI

22

INDIVIDUAL REPORT

For inclusion with S264 at New Entry Training Office,  
Forwarded day New Entries leave ship. Not required for  
Officer Candidates.

NEW ENTRY

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

DATE. 29 October 1943.

Week Sea Training

NAME OF RATING

OFFICIAL NO. V-64048

SIMPSON, Fred. W.

Ability

Smartness in performance.

*good*

*good but inclined to be untidy*

General Bridge Duties  
(Lookout - Helmsman - B'sn Mate)

*good*

Ship Upkeep & Maintenance

*good*

Evolutions (Abandon Ship  
Collisions, Fire Stations)  
etc.

*good*

Remarks:

*Donald J. Coffey*  
Commanding Officer. *D. J. Coffey*



CLASS OF SERVICE

FULL RATE  
DAY LETTER

# TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

TO. MRS. ADA SIMPSON,  
5769 CARTIER ST.,  
MONTREAL, Que.

FROM: NAVAL SERVICE HEADQUARTERS,  
OTTAWA, Ont.

18

*W*

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY REGRETS TO REPORT THAT YOUR

SON  
(FATHER, HUSBAND, SON, ETC.)

FREDERICK WILLIAM SIMPSON,  
(FULL NAME)

ORDINARY SEAMAN,  
(RATING)

OFFICIAL NO. V-64048.

IS MISSING AT SEA. LETTER FOLLOWS.

FILE N.S. V-64048 PERS(N)

DRAFTED BY N.P.R.  
(PAY. LIEUT. T.F. HEARD)

CHECKED BY

*[Signature]* *[Signature]*  
DATE 11-8-44.

NAVAL

CHARGE NAVAL