V61903
DAOUST
JOSEPH HAROL

DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

AWARDS (NAVY)

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
D'AOUST	Joseph Harold Hector	V-61903	Sto.1	FILE No.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	9626 23-11-49
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO Mr. Joseph D'Aoust - Father

ADDRESS: WILLIAMSTOWN, Ont.

(2) MEMORIAL CROSS WIDOW

ADDRESS:

(3) MEMORIAL CROSS MOTHER Mrs. Helen Daoust

ADDRESS: Williamstown, Ont.

(Issued 22-9-44)

(1) English

(2)

MEMORIAL BAR

DATE DESP.....

(3)

REGN. NO. 2239

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Daoust Joseph Harold Hector (b) Reg'l. No. V61903
2. (a) Arm of service NAVY (b) Unit H.M.C.S. "CORNWALLIS" (c) Rank Stoker 2/c
3. (a) Date of birth 4th June 1924 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 21st May 1943

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 Year High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? TOOL MAKER (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 1½ Year
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Northern Electric Co. Ltd., Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Telephone Equipment
20. (a) Your specific occupation Apprentice Tool Maker (b) Number of years' experience at this occupation with any employer 1½ 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? None (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

DATE 21st May 1943 SIGNATURE Hector Daoust

Can. B. 207
150M—9-42 (6269)
N.S. 815-2-207

C

CANADA

3

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 DAOUST HECTOR

‡candidate for entry as STOKER 1I

and I believe him to be *{in all respects fit for His Majesty's Service / unfit for His Majesty's Service for the reason stated below} He has signed the Certificate given below in my presence.

‡Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 18	Mos. 11		(j) Date of last Vaccination	Childhood
(b) Height with bare feet	Feet 5	In. 6		(k) General Development	Fair
(c) Weight without clothes	114			(l) Nose, Throat and Tonsils	Submerged tonsils
(d) Ears and Hearing	Rt. Normal	Lt.		(m) Heart and Lungs	Normal
(e) Chest Girth	Max. 35	Min. 32	Mean 33½	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 0	Defective 2	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses	Rt. 6-9	Lt. 6-9 / Both 6-9	(p) Skin	Clear
	with glasses where worn	Rt.	Lt. / Both	(q) Anus Haemorrhoids	Clear
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(r) Testes Varicocele	Normal
(i) Chest x-ray {~~not taken~~ / approved / ~~positive~~ / ~~doubtful~~}	188515 D.P.N.H.			(s) Urine	Not taken

B.P. 118-82

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.

Hector Daoust
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 the 20th of May 1943

Jas Macdonald
Examining Medical Officer

(Rank) Surg-Lieut R.C.N.V.R.

NOT IN POSSESSION OF AN UNEMPLOYMENT INSURANCE BOOK

NATIONAL WAR SERVICES QUESTIONAIRE DULY COMPLETED

113-D-2924

N. V. 5
100M—12-42 (7804)
N.S. 815-11-5

4

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

106436

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME DAOUST OFFICIAL No. V61903

CHRISTIAN NAMES Joseph Harold Hector MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS	RELIGION
WILLIAMSTOWN, ONTARIO	ROMAN CATHOLIC

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
4th JUNE 1924	Town WILLIAMSTOWN	MOTHER Mrs. Helen Daoust
*Original Nationality of: Father Fr. Can. Mother Irish Ca n.	County GLENGARRY Province ONTARIO	Williamstow n, Ontario

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5' Inches 6" 114	Inflated 35 Deflated 32 Mean 33½	Brown	Brown	Fair	NIL

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
1 YEAR HIGH SCHOOL	Apprentice Tool Maker Northern Electric Co. Ltd., Montreal, P. Q.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strength 21st May 1943	Stoker 2/c	H.M.C.S."CARTIER"

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	---NOT APPLICABLE---		

(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.

Personnel Records Division.
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Trades Strip
6. Pension Card
7.
8.
DATE 5-6-43

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertak[illegible]nd 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 STOKER 2/c by the prospect of being transferred at some future date to any other branch of rating.

Dated this 21st day of May 19 43

Signature of applicant xx Hector Daoust

(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 21st day of May 1943

My authority for attestation is

P C Noble

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

(D) OATH OF ALLEGIANCE

I, Joseph Harold Hector DAOUST 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 xx Hector Daoust

Witness P C Noble

Date 21st May 19 43 Rank Lieutenant R.C.N.V.R.

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.

VERIFICATION FORM

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

NAME IN FULL ....D'AOUST Joseph Howard Victor.... RANK/RATING ....Stoke.... OFF.NO

SHIP	SERVICE			AREA	QUALIFYING PERIODS			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	9/6/43							
Valleyfield	6/12/43	7/5/44	154	Atl				
Disch. "Dead"		7/5/44						

VERIFIED BY .....

VERIFIED BY .....

VERIFICATION FORM

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

NAVAL GENERAL SERVICE MEDAL (1915).

Hector

RANK/RATING ....Sto/e.......... OFF.NO. ....V61903.... ADDRESS ....

AREA	QUALIFYING PERIODS IN DAYS						
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL

STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
1939-45	/	star
ATLANTIC		
FRANCE G.		
AFRICA		
PACIFIC		
BURMA		
ITALY		
DEFENCE		
C.V.S.M.	2	& clasp
" CLASP		
WAR 1945	/	medal
WAR 1915		

VERIFIED BY J. Renaud

IFIED BY ....

....
DIR.OF PERSONNEL RECORDS.

N.V. 17
60M—9-42 (5943)
N.S. 815-11-17

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

Joseph Harold Hector DAOUST

in the Royal Canadian Naval Volunteer Reserve

J.C.N.S. 106747

Training Headquarters	R.C.N.V.R. Division	Official Number V-61903
	HMCS "Cartier"	"
		"

Date of Birth: 4 June, 1924

Place of Birth: Williamstown, Ont

Place of Residence: Williamstown Ont

Trade brought up to: Apprentice Tool Maker

Religion: Roman Catholic

O.H.F.

Name and Address of Nearest Relative or Friend (in pencil)

Mornea Helen

same address

Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	21 May '43	Duration of Hostilities	Sto. 2/c

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	6	33½	114	brown	brown	fair	nil
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Cartier		Sto. 2/c	21 May 43	8 June 43	
	On Active Service 9 June 43					
	Cartier		Sto. 2/c	9 June 43	27 July 43	
	Cornwallis		—"—	28 July 43	1 Oct 43	
	Stadacona		—"—	2 Oct 43	25 Nov 43	
	Hochelaga		—"—	26 Nov 43	5 Dec 43	
	Stadacona (Valleyfield)		—"—	6 Dec 43	29 Feb 44	
	Avalon (—"—)		—"—	OVER 6 mths 8 Dec 43 1 Mch 44	4 Apl 144	
	—"—		STO 1/c	5 Apl 144	7 May 44	"D. D."

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

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

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

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
11 Oct 43	Q.A.G. ½ day #27216	L Davis			

Name Joseph Harold Hector Drouet Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON ~~COMPLETION OF TRAINING~~, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat (Sto II)	31 Dec 43	[illegible]
		V.G.	Sat (Sto 1/c)	7 May 44	[illegible]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

TFH/VD

REGISTERED

AIR MAIL

V-61903 PERS (N)

8th May, 1944.

10

Dear Mrs. Daoust:

I deeply regret that I must confirm the telegram of the 8th May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Joseph Harold Hector Daoust, Stoker Second Class, Official Number V-61903, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

LETTER dispatched by PERSONNEL NAVAL
MAY 9 1944

SECRETARY, NAVAL BOARD.

Mrs. Helen Daoust,
WILLIAMSTOWN, Ontario.

Notes @ NPR/S 6/90 #687.

V61903. 2000870

Many thanks for the memorial Cross forward to us, in memory of our dear son Hector, who lost his life in the Valley field

Mr & Mrs Jas Daniel
Williamstown

Gratefully acknowledging
and thanking you for your kind
expression of sympathy

LA/HS

N.S. V-61903,F.D.129,PERS.(N)

34

3rd October, 1944.

THIS IS TO CERTIFY that according to official information Joseph Harold Hector Daoust, Stoker First Class, Official Number V-61903, 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 in the North Atlantic.

SECRETARY, NAVAL BOARD.

V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
V-56590	V-2299
V-10506	V-34242
V-11244	V-44790
V-53512	V-18039
V-61903	V-399
V-49761	A-4506
V-16586	V-64486
V-23508	N-4649
V-39924	V-57455
V-59892	N-4122
A-5954	N-4323
O-22420	V-5995
O-23950	O-62255
V-30201	V-13701
V-22262	O-65010
V-38722	V-48962
V-31768	V-17305
V-55196	V-41902
V-905	V-63143
V-65619	O-70570
V-55803	V-50046
N-4472	V-35344
V-50475	V-5794
V-23128	O-71320
V-65496	V-17781
V-17703	V-14540
O-35660	V-516
V-54304	V-25850
V-3538	V-3386
V-43818	V-688
V-52497	V-50598
V-64138	O-76380
V-25279	V-5911
V-50961	V-37893
V-57850	N-21989
V-51441	V-56565
V-65120	V-599
V-62261	N-21498
V-49646	V-8662
V-35602	V-50658
O-47000	V-51989
V-44690	V-6388
V-67335	
V-54554	

H.B. Money

for
SECRETARY, NAVAL BOARD.

Encls.

The Secretary,
Canadian Pension Commission,
228 Daly Building,
Ottawa, Ont.

The Dominion Statistician,
Bureau of Statistics,
Ottawa, Ont.

The Secretary,
Imperial War Graves Commission,
312 Transportation Bldg.,
Ottawa, Ont.

The Director of Records,
Daly Building,
Ottawa, Ont.

Navy

Williamstown Ont.
17128 Nov 27/44

Department of Veterans Affairs, -

I am sending in an application for the gratuities of our son H.H. Daoust Stoker 1st class V61903 who was killed on the H.M.C.S. Valleyfield on May 6th 1944.

During his period of service he assigned twenty dollars monthly towards our support and before enlisting assigned between 10 & 15 dollars weekly. So we feel that we are justly eligible for these gratuities.

We would be very pleased if you would look into this matter.

Sincerely yours

Helen Daoust
Joseph Daoust

14th March, 1945.

NSV-61903 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.

Yours truly,

SECRETARY, NAVAL BOARD.

Mrs. Helen Daoust,
Williamstown, Ont.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: DAOUST, Joseph H. H. No.: V.61903
Surname — Christian Names

Sto. 1 — H.M.C.S. "VALLEYFIELD" — 7-5-44
Rank — Unit — Date of Death

AMOUNT

L.P.C. $ 96.25

Date: 28-12-44

Other Credits

Total 96.25

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/10	Father	Joseph Daoust, c/o Mrs. Helen Daoust, WILLIAMSTOWN, Ontario.	9.63
1/10	Mother	Mrs. Helen Daoust, WILLIAMSTOWN, Ontario.	9.63
1/10	Brother	Lucien Daoust, McMASTERVILLE, P.Q.	9.62
1/10	Brother	Henry Daoust, 91 Lauder Ave., TORONTO, Ont.,	9.62
1/10	Brother	R.293601, L.A.C. Daoust, R. L., No. A.S.O., ST. JOHN, P.Q.	9.62
1/10	Brother	Receiver General of Canada for: R.207255, Sgt. Daoust, J.C.Albert, R.C.A.F. Overseas.	9.62
1/10	Brother	V.23899, R.C.N.V.R., Tel. Daoust, Raymond, H.M.C.S. "STADACONA" II, HALIFAX, N.S.	9.62
1/10	Sister	Mrs. Loretta Scrage, 3827 Casgrain St. MONTREAL, P.Q.	9.63
1/10	Sister	Mrs. Rita Waern, 3827 Casgrain St., MONTREAL, P.Q.	9.63
1/10	Sister	Gabriel Daoust 5313 St. Urbin St., MONTREAL, P.Q. (As next of kin entitled)	9.63

Red'd T. Fwd'd to S.T.O (Ans) 12/2/45

TO BE SENT TO ESTATES BRANCH

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$96.25

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED
P4. TO TREAS. 29/1/45 P4
Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

74

Name Joseph Harold Hector D'AOUST
(Christian names in full)

Rank or Rating Stoker 1/c ..... Official No. V.61903 RCNVR
(If unknown, date of first entry)

Place of Birth Williamstown, Ontario. ..... Date of Birth 4th June, 1924

Occupation in Civil Life App. Tool Maker ..... 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) 11 months.

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

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

Nearest known relative or friend

Name Helen D'AOUST ..... Relationship Mother

Address Williamstown, Ontario.

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

Date on which death was registered with local Officials Not Registered.

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

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

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

Undertaker employed (If any)

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

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, Dom.Stat., Register.

C.N.S. 1121

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Helen Daoust,
Williamstown, Ont.

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-61903 FD. 555

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 11 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

DAOUST, Joseph Harold Hector, Stoker First Class,

Official Number V-61903, 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.

ESTATES BRANCH
SEP 30 1944
H.Q. OTTAWA.
NATIONAL DEFENCE

A. Weeder
Commander RCNVR
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased				
2	Children of the Deceased and dates of their Births				
3	Father of the Deceased		Joseph Daoust	[illegible]	Williamstown Ont.
4	Mother of the Deceased		Mrs. Helen Daoust	61	Williamstown Ont.
5	Brothers of the Deceased	Full Blood	Lucien Daoust	31	McMasterville Que
			Henry Daoust	29	Toronto 91 Louder ave
			R. L. Daoust	27	Fingall Ont.
			Albert Daoust	22	overseas
			Raymond Daoust	24	overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	mrs. Loretta Scragg.	33	Cesgrain st 3827
			mrs. charles Warin ✓	30	Montreal Que.
					do do
			miss Gabriel Daoust	25	5313 st Urbin st Montreal Que
		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.	Hector Harold Daoust
9	Date of his birth.	June 4th 1924
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	St Telesphore Que aug. 1909

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Williamstown Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario – Canada (b) do do (c) do do (d) do do
14	Nature of employment before enlistment.	Tool maker
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	~~yes~~ no
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?	no
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.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacturers Life – $67.10 – premiums only as policy in force only two years
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the *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 Helen Daoust — Signature of Informant

Williamstown, Ont. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Helen Daoust {Name of informant} is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Williamstown, Ont. this SEP 28 1944 day of 19

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

L. C. Kennedy — L. C. KENNEDY

Qualification Township Clerk

Address Williamstown, Ont.

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

The deceased (Hector Harold Daoust) had in his possession the following personal effects at the time of his drowning —

gold watch — value $40.00 (new)
pen & pencil set — do 8.00
sea vest — new do 15.00
cigarette lighter do 6.50

Mrs Helen Daoust.

Ottawa, Ont., 10 May, 1944.

V-61903 (Pers. N)

11

Dear Sir:

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

Name DAOUST, Joseph Harold Hector
(Surname) (Christian Names)

Rank/Rating Stoker Second Class

Official No. V-61903, 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 Williamstown, Ont.

Marital Status at time of Enlistment Single

Occupation Apprentice Tool Maker

Name & Address of Next of Kin Mother: Mrs. Helen Daoust, Williamstown, Ont.

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Earnin
2 white fam

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

LP

N.P.R./5-1

FORM A.

FILE: N.S. V-61903 PERS.(N)

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

Sir: 10 May, 1944
(Date)

13

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
DAOUST, Joseph Harold Hector	Stoker Second Class	V-61903, R.C.N.V.R.

DATE OF ENLISTMENT - 21 May, 1943. Active Service: 9 June, 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 when and where any disability was incurred, or where death occurred. - "Missing" at sea when the ship in which he was serving was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother NAME- Mrs. Helen Daoust,

ADDRESS- Williamstown, Ont.

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD.

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

B.F. 12/8/44
N.P.R./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)

REMARKS:

.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

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

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

3. PRINT FULL NAME OF DECEASED DAOUST (Family name) Joseph Herold Hector (Given name or names in usual order)

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

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
	Canadian	Fr. Canadian	Single

8. BIRTHPLACE Williamstown, Ontario (Province or Country)

9. DATE OF BIRTH June (Month) 4th (Day) 1924 (Year)

10. AGE in

Years	Months	Days	If less than one day old
19	11		hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Apprentice Tool Maker

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Northern Electric Co. Ltd. Montreal, Que.

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

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

FATHER

16. NAME .....

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

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

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

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

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

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

I. Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) "MISSING" presumed dead when H.M.C.S. "VALLEYFIELD" was
due to
(b) torpedoed and sunk by enemy
due to
(c) action in the Atlantic.

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

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

PHYSICIAN — Underline the cause to which death should be charged statistically

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

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

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

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

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

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

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

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

ACCOUNTS OF MEN DISCHARGED

29

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 D'AOUST, Joseph Hector *Rating* Stoker First Class

Official No. V.61903 *H.M.C.S.* AVALON-VALLEYFIELD *List* 12-2-55

*Who** Discharged Dead *on the* 7th.May, *19* 44

	$	cts.
Net sum due on ledger on account of Wages	NIL	
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No 25182 ADM.NAVAL ESTATES (PRESENT WAR)	96.25	
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) Twenty Dollars charged to 31 May 1944		
Name of ship from which transferred VALLEYFIELD		
Total† Creditor	96.25	

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 NINETY-SIX dollars TWENTY-FIVE cents.

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

Approved

Accountant Officer
Pay.Lieut.Commander, RCNVR.

{ Initials of the Assistant Accountant Officer

A/CAPTAIN, RCN.
Commanding Officer.

For Use at Headquarters. $ cts. credited on Inspector's certificate

No. to

Signature

Date 19

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

C.N.S. 46
5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS.249A. A.14055 of 14th.June, 1944.

LEDGER: AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature | .....Signature

.....Rank | .....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

IG

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Harold Hector (CHRISTIAN NAMES) DAOUST (SURNAME)

REGISTER NO. 2163
FILE NO. NS. V-61903
DATE 12th Apl/45.
SERVICE NO. V-61903
FINAL RANK OR RATING Sto. 1/C
DATE OF DISCHARGE 7 May/44.

PAYEE Mrs. Helen Daoust,
ADDRESS Williamstown, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 334/30 EQUAL TO 11 COMPLETE PERIODS AT $7.50	82.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 154 LESS 4 INELIGIBLE DAYS, EQUAL TO 150 DAYS @ 25C. PER DAY	37.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 2.00; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; H.L.M. $ .13; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
TOTAL $ 3.38 ×7 = $ 23.66; NO. OF DAYS 150/183 ×$ 23.66	19.39
D. WAR SERVICE GRATUITY	139.39
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ N11; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	139.39

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ =$ 139.39

Cheque 5157 — 2/5-45

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
SJD	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	[illegible]

[illegible]
SERVICE REPRESENTATIVE
for Dir. Naval Pay Acting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

typed

Deceased

Member's Name Joseph Harold Hector DAOUST
(Christian Names) (Surname)

Payee Mrs Helen DAOUST.

Address Williamstown, Ont.

Register No. 2163
File No. V61903
Date 10 Apl 45
Service No. V61903
Final Rank or Rating STO. 1/C
Date of Discharge 7 May 44

Date of termination of overseas service 7 May '44

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 334/30 equal to 11 complete periods at $7.50	82. 50
B. QUALIFYING OVERSEAS SERVICE No. of days 154 less 4 ineligible days equal to 150 days @ 25¢ per day	37. 50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 2. 00 Subsistence or Lodging and Provision Allowance $ 1. 25 Additional Pay H.L.M. $ .13 Dependents' Allowance 1/30 of $ ____ Total ~~3.25~~ 3.38 x 7 = $ ~~22.75~~ 23.66 wpg. No. of days 150/183 x $ ~~22.75~~ 23.66	19.39 ~~18.64~~
D. WAR SERVICE GRATUITY	~~138.64~~ 139.39
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	Nil
F. TOTAL AMOUNT PAYABLE	139.39

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $ _____ of $ = $ 139.39
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	Treasury Date

Service Representative

D.N.P.A. CHECK

1	DNP	6	
2	DNP	7	
3	DNP	8	
4		9	
5		10	

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name Joseph Harold Hector DAOUST
(Christian Names) (Surname)

Address Mrs Helen Daoust, Williamstown, Ont.

Register No. 2163
File No. V61903
Date 5/12/44
Service No. V61903
Final Rank or Rating Sto 1/c
Date of termination of overseas service 7 May '44 Date of Discharge 7 May '44

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 334/30 equal to 11 complete periods at $7.50	82.50
B. QUALIFYING OVERSEAS SERVICE No. of days 154 less 4 ineligible days, equal to 150 days @ 25¢ per day	37.50
C. SUPPLEMENT FOR OVERSEAS SERVICE — SUB TOTAL	120.00

DAILY RATES AT DISCHARGE

Pay $ 2.00
Subsistence or Lodging and Provision Allowance $ 1.25
Additional Pay ~~H.L.A. $ NIL~~
Dependents' Allowance 1/30 of $
Total $ 3.25 x 7 = $ 22.75

No. of days 150/183 x $ 22.75 — 18.64

D. WAR SERVICE GRATUITY	138.64
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 $ 3.25 x 30	$ 97.50

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 ~~CRB~~ 6
2 ~~JP.~~ 7
3 8
4 9
5 10

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

V61903 OFFICIAL NUMBER NAME DAOUST (Surname) Joseph Harold Hector (Given Names) OFFICIAL NUMBER V61903 P.1B

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
HMCS "Cartier"	Sto. 11	21	5	43	Div. Str. Cartier	V.G.	Sat.	31	12	43							
"	"	9	6	43	Act.Svce.D.L. 10-6-43.	V.G.	Sat.	7	5	44.							
HMCS Cornwallis	"	27	7	43	D.L. 28-7-43.												
" Stadacona	"	2	10	43	DRD H-2766												
" Hochelaga II	"	26	11	43	DRD H-3341												
Valleyfield	"	6	12	43	Service Certificate.												
DISCHARGED	"	7	5	44	"MISSING" per Casualty List.	"Presumed DEAD" Casualty											
	Sto. 1/c	5	4	44	Correction Sheet # 44. of Casualty List. Rated.	List Page #96.											

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-
Mother,
Mrs. Helen Daoust,
WILLIAMSTOWN, Ontario. (22-9-44)

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
04	6	24	11	333	0	10	2	1	14	00	0	04	0	15	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
21	05	43	09	06	43						9690	0	15	95

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M. ST.		CODED	CHECKED
09	06	43	13	00	00	21	I I	DB	

V61903 OFFICIAL NUMBER | FILE NUMBER 113-D-2924 | OFFICIAL NUMBER V61903

NAME DAOUST (Surname) Joseph Harold Hector (Given Names) DATE OF BIRTH 4 June 1924

PLACE OF BIRTH Williamstown Ontario OCCUPATION Apprentice tool maker

RELIGION Roman Catholic EDUCATION 1 Year High School

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Williamstown Province, etc Ontario

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
21	5	43	H.O.	5'6"	Brown	Brown	Fair	None				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Helen Daoust

ADDRESS (in pencil): Street and No. Town Williamstown Province, etc. Ont.

Medals, Clasps, Hurt Certificates, Prize Money			
Date (in figures) Day	Month	Year	Particulars
			Eligible for Award of C.V.S.M. and Clasp.

Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
11	10	43	Qual. Anti-Gas ½ day				

Badges, G.C. or G.S.				
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

Date (in figures) Day	Month	Year	Days Forfeited Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received.

Second Class For Conduct

From	To

FILM NO. W.S.R. 5914-1 DATE

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35