

V49761  
DAVEY  
WILLIAM



RCNVR Mar. 45 "VALLEYFIELD"  
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS  
PERSON

ENTITLED TO Mr. William S. Davey - Father

ADDRESS: 3191 Shelbourne St.,  
VICTORIA, B.C.

DATE DESP.....

(1)

REGN. NO.....

286

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. M. Davey

ADDRESS: 3191 Shelbourne Street,  
Victoria, B.C.

(3)

22-9-44

D OF D 7-5-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

|                            |                 |          |                   |               |
|----------------------------|-----------------|----------|-------------------|---------------|
| DAVEY                      | William         | V-49761  | A.A.B.            | FILE No.      |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS  | REGISTRATION NUMBER AND DATE DESPATCHED |
|------------------|---|
| 1939-45 Star     |   |
| C.V.S.M. & Clasp | 1424                                    |
| War Medal        | 23-11-49                                |
|                  |   |
|                  |   |
|                  |   |
|                  |   |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)







VERIFICATION FORM

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

RANK/RATING A.A.B. OFF.NO. 49761 ADDRESS .....

| NAME | QUALIFYING PERIODS IN DAYS |    |         |          |         |                   |               | STARS<br>MEDALS | ✓<br>1<br>2 | ELIGIBLE<br>FOR AWARDS OF |
|------|----------------------------|----|---------|----------|---------|-------------------|---------------|-----------------|-------------|---------------------------|
|      | FROM                       | TO | 1939-45 | ATLANTIC | DEFENCE | CLASP<br>C.V.S.M. | 1915<br>MEDAL |                 |             |                           |
|      |                            |    |         |          |         |                   |               | 1939-45         | 1           | Star                      |
|      |                            |    |         |          |         |                   |               | ATLANTIC        |             |                           |
|      |                            |    |         |          |         |                   |               | FRANCE G.       |             |                           |
|      |                            |    |         |          |         |                   |               | AFRICA          |             |                           |
|      |                            |    |         |          |         |                   |               | PACIFIC         |             |                           |
|      |                            |    |         |          |         |                   |               | BURMA           |             |                           |
|      |                            |    |         |          |         |                   |               | ITALY           |             |                           |
|      |                            |    |         |          |         |                   |               | DEFENCE         |             |                           |
|      |                            |    |         |          |         |                   |               | C.V.S.M.        | 2           | Clasp                     |
|      |                            |    |         |          |         |                   |               | " CLASP         |             |                           |
|      |                            |    |         |          |         |                   |               | WAR 1945        | 1           | medal                     |
|      |                            |    |         |          |         |                   |               | WAR 1915        |             |                           |

VERIFIED BY SS .....

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



CERTIFICATE of the SERVICE of

*William DAVEY*

in the Royal Canadian Naval Volunteer Reserve

|                       |                     |                                |
|-----------------------|---------------------|--------------------------------|
| Training Headquarters | R.C.N.V.R. Division | Official Number <i>V-49761</i> |
|                       | <i>NADEN</i>        | "                              |
|                       |                     | "                              |

Date of Birth *12th July, 1923* Name and Address of Nearest Relative or Friend *MOTHER (in pencil)*  
 Place of Birth *Victoria, B.C.* *Margaret*  
 Place of Residence *3191 Shelburne St. VICTORIA* *(Same Address)*  
 Trade brought up to *Steel Worker* **O.H.F.**  
 Religion *Church of England*  
 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>22 Oct '42</i>                 | <i>Duration of Hostilities</i> | <i>Ord. Ann</i>                     |                           |              | <i>CVSM</i>          |
|                             |                                   |                                |                                     |                           |              |                      |
|                             |                                   |                                |                                     |                           |              |                      |
|                             |                                   |                                |                                     |                           |              |                      |

| PERSONAL DESCRIPTION                   |          |          |               |        |                  |             |            |                                      |
|--|----------|----------|---------------|--------|------------------|-------------|------------|--------------------------------------|
|  | Height   |          | Chest (mean)  | Weight | Hair             | Eyes        | Complexion | MARKS, WOUNDS, SCARS                 |
|  | Feet     | Inches   |               |        |                  |             |            |                                      |
| On Entry.....                          | <i>5</i> | <i>9</i> | <i>35 1/2</i> |        | <i>lt. Brown</i> | <i>Blue</i> | <i>Med</i> | <i>operation scar on right wrist</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 |
|                            |    |      |                        |      |           |
|                            |    |      |                        |      |           |
|                            |    |      |                        |      |           |















113-D-2296

APPROVAL: N.S. 114-1-46 of September, 1942.  
N.S. 114-1-7

N. V. 5  
50M-1-41 (8973)  
N.S. 815-11-5



CANADA

**ATTESTATION FORM**  
(HOSTILITIES FORM)

P265348

4

MS A H  
9/20/52

**FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE**

SURNAME DAVEY, OFFICIAL NO. 149761  
CHRISTIAN NAMES William MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 3191 Shelbourne Street, Victoria, B. C. RELIGION Church of England

DATE OF BIRTH 12th July, 1923. PLACE OF BIRTH Victoria, B. C. NAME AND ADDRESS OF NEXT OF KIN Mother: Mrs. Margaret Davey, 3191 Shelbourne Street, Victoria, B. C.

\*Original Nationality of:  
Father Australian  
Mother Scottish

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

**(A) PERSONAL DESCRIPTION ON ENROLMENT**

| HEIGHT          | CHEST MEASUREMENT      | HAIR               | EYES        | COMPLEXION    | WOUNDS, SCARS, MARKS                    |
|-----------------|------------------------|--------------------|-------------|---------------|---|
| Feet <u>5</u>   | Inflated <u>38 1/2</u> | <u>Light Brown</u> | <u>Blue</u> | <u>Medium</u> | <u>Operational scar on right wrist.</u> |
| Inches <u>9</u> | Deflated <u>35</u>     |                    |             |               |   |
|                 | Mean <u>35 1/2</u>     |                    |             |               |   |

EDUCATIONAL STANDING Completed Grade 10. TRADE OR CALLING AND IN WHOSE EMPLOY Steel Worker, Yarrows Limited, Victoria, B. C.

DATE OF ENROLMENT 22nd October, 1942. RATING FOR WHICH ENROLLED Ordinary Seaman R.C.N.V.R. (Temporary) R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. "NADEN"

**(B) DECLARATION TO BE MADE BY APPLICANT**

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* (b) I have served in ~~any other service~~ for the period shown, and attach my record of service in collaboration of this statement.

\*Cross out Clause not applicable.

| SERVED IN | RANK      | FROM      |
|-----------|-----------|-----------|
| <u>--</u> | <u>--</u> | <u>--</u> |

| Personnel Records Division |                 |
|----------------------------|-----------------|
| TO                         | DATE            |
| 1. Noted in Records        | <u>11/11/42</u> |
| 2. Index Card              | <u>11/11/42</u> |
| 3. Non-Sub. Card           | <u>11/11/42</u> |
| 4. Statistical Card        | <u>11/11/42</u> |
| 5. Roneo Strip             | <u>11/11/42</u> |
| 6. Pension Card            | <u>11/11/42</u> |
| 7. . . . .                 |                 |
| 8. . . . .                 |                 |

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

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

**O.H.F.**



(5) On being enrolled as a member of the NA DEN Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 22nd day of October, 1942.

Signature of applicant William Davey

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 22nd day of October, 1942.

C. W. Sweeney  
Signature of and rank of Attesting Officer.

Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, William DAVEY 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 William Davey

Witness C. W. Sweeney

Date 22nd October, 1942. Rank Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

William DAVEY having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the NADEN Division of the R.C.N.V.R. or in the appropriate official documents.

C. W. Sweeney  
Attesting Officer.  
Sub-Lieutenant, R.C.N.V.R.

22nd October, 194 2 R.C.N.V.R. Division (or other establishment) H.M.C.S. "NADEN"

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

This is to acknowledge that I have not been induced to enter the ORDINARY SEAMAN Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

William Davey  
Signature





CANADA

113-D-2296

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

9265349

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

3

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

I, the undersigned, have examined DAVEY William  
candidate for entry as O/sec. R.C.N.V.R.  
and I believe him to be <sup>\*{in all respects fit for His Majesty's Service</sup>  
~~{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. White Acre.

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

|                              |  |   |                           |
|------------------------------|--|---|---------------------------|
| (a) Age                      | Yrs. 19<br>Mos. 3  | (j) Date of last Vaccination for Smallpox | never                     |
| (b) Height with bare feet    | Feet 5<br>In. 9  | (k) General Development                   | good                      |
| (c) Weight without clothes   | 155 1/2  | (l) Nose, Throat and Tonsils              | normal                    |
| (d) Ears and Hearing         | normal   | (m) Heart and Lungs                       | B.P. 146/80<br>normal     |
| (e) Chest Girth              | Max. 38 1/4<br>Min. 35<br>Mean 35 1/2                                    | (n) Abdomen<br>Hernia, etc.               | normal                    |
| (f) Teeth                    | Deficient 2<br>Defective 2<br>Dentures 0                                 | (o) Limbs and Joints                      | rest as above<br>at wrist |
| (g) Vision by Snellens Types | without glasses Rt. 6/6<br>Lt. 6/6<br>with glasses where worn Both 6/5-1 | (p) Skin                                  | normal                    |
| (h) Colour Vision            | Ishihara normal<br>R.C.N. Lantern N.V.D.-0.5                             | (q) Anus<br>Haemorrhoids                  | normal                    |
| (i) Chest x-ray              | (not taken approved positive doubtful)<br>22-10-42                       | (r) Testes<br>Varicocele                  | normal                    |
|                              |  | (s) Urine                                 | neg. B.G. A=2             |

### 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.

William Davey  
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 Essexville B.C. the 22 of October 1942

H. H. Rocklinson  
Examining Medical Officer  
(Rank) Sens. Lieut. R.C.N.V.R.



16th. March, 1945

N.S. V-49761 (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 time 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. Margaret S. Davey,  
3191 Shelbourne Street,  
Victoria, B. C.



W  
10-3-45

~~Mary~~

March 8<sup>th</sup> 1945

3191 Shelburne St  
Victoria B.C.

Dept of National Defence  
Naval Service  
Estates Branch  
Ottawa



Dear Sir I am writing to ask about the Victory Loan Bonds  
& War saving Certificates which I forwarded to your branch  
on request on November of last year of my late son A.B.  
William Davey V49761 R.C.N.V.R. and as I have never  
heard any thing more also a Credit Balance you said of  
\$128-74 of July. One of the Bonds was registered in my  
name the other was not so I would like if you would let  
me have word soon I am Yours Truly

Margaret S Davey {Mother}

19-3-45



# OCCUPATIONAL HISTORY FORM

113-D-  
P285350

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF 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 William DAVEY (b) Reg'l. No. 149761  
 2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (Temporary) (c) Rank Ord. Seaman  
 3. (a) Date of birth 12th July '23 (b) Have you any dependents? No (c) Place of residence at time of enlistment Victoria, B. C.  
 4. (a) Place of enlistment Esquimalt, B. C. (b) Date of enlistment 22nd Oct. '42

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Completed Grade 10.  
 7. If you attended a university, give name of university and standing or degree secured ---  
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? --- (c) Did you finish it? --- (d) If you did not finish it, how long did you serve at it? ---  
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Yarrows Limited Address Victoria, B. C.  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Shipbuilding  
 20. (a) Your specific occupation Steel Worker (b) Number of years' experience at this occupation with any employer 3 mo.  
 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? No

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 Electrician



DATE 22nd October, 1942 SIGNATURE William Davey



Copy To  
VWD  
ES

NOV 20 1942



OTTAWA, Ontario, 10 May,

V-49761 (Pers. N)

10

Dear Sir:

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

Name... DAVEY ..... William .....  
(Surname) (Christian Names)

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

Official No. .. V-49761, 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 .. 3191 Shelbourne Street, ...  
Victoria, B.C. .....

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

Occupation. .. Steel Worker .....

Name & Address of Next of Kin .. Mother: Mrs. Margaret Davey,  
3191 Shelbourne Street, Victoria, B.C. .....

Yours truly,

*H.B. Money*

for

SECRETARY, NAVAL BOARD.

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

*Common  
2 white feed.*



- NAVAL SERVICE -

N.S.....

17

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

This is to certify that -

DAVEY, William, A.B. V-49761, R.C.N.V.R.

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

*[Handwritten signature in blue ink]*  
.....  
Chief of Naval Personnel

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

The above mentioned rating is, therefore,

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

Concurred:-

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

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

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

O t t a w a, ..... 1943.



ML.

19

AUG 30 1944

V-49761 Pers.(N)

Sir:

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

| <u>NAME, RANK/RATING,<br/>Official No., UNIT</u>                           | <u>PARTICULARS RE<br/>DEATH</u>   | <u>NEXT OF KIN</u>   |
|--|---|--|
| DAVEY, William.<br>Able Seaman,<br>Official Number,<br>V-49761, R.C.N.V.R. | Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic. | Mother:<br>Mrs. Margaret Davey,<br>3191 Shelbourne Street,<br>Victoria, B.C. |

| <u>In favor of</u>                            | <u>ALLOTMENTS IN FORCE</u> | <u>Amount</u> | <u>Initials</u>                |
|---|----------------------------|---------------|--------------------------------|
| Rec. Gen. of Canada 4th V. L.<br>Ottawa, Ont. |                            | \$8.40        | stop notice<br>30th Nov. 1943  |
| Rec. Gen. of Canada 5th V. L.<br>Ottawa, Ont. |                            | \$8.40        | stop notice<br>30th April 1944 |

Will: No Will

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

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



20

File No.: N.S. V-49761 Pers. (N)

30 August, 1944.

Dear Mrs. Davey:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, William Davey, Able Seaman, Official Number V-49761, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

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

Yours sincerely,

*W.L.*

Deputy SECRETARY, NAVAL BOARD.

*Noted on Estates Card. G.P. 5-9-44*

Mrs. Margaret Davey,  
3191 Shelbourne Street,  
Victoria, B. C.

*BF*  
*30-9-44*  
*NPR/5*

Royal Canadian  
Message ✓ Condolence ✓  
Date Sent *30-9-44* NPR 5



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

12

Sir:

10 May, 1944.

(Date)

The following casualty has been reported -

| <u>NAME</u>    | <u>RANK or RATING</u> | <u>NAVAL NO.</u>    |
|----------------|-----------------------|---------------------|
| DAVEY, William | Ordinary Seaman       | V-49761, R.C.N.V.R. |

DATE OF ENLISTMENT - 22 Oct. 1942. Active Service: 12 Jan. 1943.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and - "Missing" at sea when the ship in which he was when and where any disability was incurred, or where death occurred. 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. Margaret Davey,  
ADDRESS- 3191 Shelbourne Street, Victoria, B.C.

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

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

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

*H.B. Money*  
for  
SECRETARY, NAVAL BOARD.

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

B8  
12/8/44  
NPR/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:

.....

The following casualty has been reported -

NAME: \_\_\_\_\_

RANK OR RATE: \_\_\_\_\_

DATE OF MILEAGE: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

(It is suggested in hospital water purification of ...)

(Indicate whether in Canada only or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where was disability ...

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.

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

Copy of Form W-2 and ...

... (Name) ...

... (Address) ...

NOTE: Duplicate copies of this form (Form W-2) have been forwarded to the Chief Treasury Officer (Liaison Section), Department of Defense, Ottawa, for completion respecting the details of ...

(See reverse side for further instructions)



P.M.

C.N.R. /5-2.  
**P. A.**  
 NAVAL TREASURY  
 DATE 31/8/44  
 INITIAL [Signature]  
 SIR:

FORM "B"

FILE: N. S. V-49761 Pers. (N)

21  
12611

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

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

The following casualty has been reported -

| NAME           | RANK or RATING | NAVAL NO.          |
|----------------|----------------|--------------------|
| DAVEY, William | Able Seaman    | V-49761 R.C.N.V.R. |

DATE OF ENLISTMENT - 22 Oct., 1942 Active Service: 12 Jan., 1943

DATE OF DISCHARGE - 7 May, 1944

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

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

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"  
when and where any disability was incurred, or where death was torpedoed and sunk by enemy action in the  
occurred.  
Atlantic.

(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. Margaret Davey,

ADDRESS - 3191 Shelbourne St., VICTORIA, B. C.

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

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

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



REMARKS:.....

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

| <u>Names of Dependents</u> | <u>Relationship</u> | <u>Maiden name of wife</u> | <u>Date of marriage and/or date of birth of children</u> |
|----------------------------|---------------------|----------------------------|--|
|----------------------------|---------------------|----------------------------|--|

|     |     |  |  |
|-----|-----|--|--|
| Nil | Nil |  |  |
|-----|-----|--|--|

|                      | <u>D. A.</u> | <u>A. P.</u> | <u>TOTAL</u> |
|----------------------|--------------|--------------|--------------|
| <u>Monthly rate:</u> | Nil          | Nil          | Nil          |

|                      |     |                |     |
|----------------------|-----|----------------|-----|
| <u>To Whom Paid:</u> | Nil | <u>Address</u> | Nil |
|----------------------|-----|----------------|-----|

Date of Enlistment: see other side

Date of Discharge: see other side

Inclusive date to which D.A. and/or A.P. was Paid: Nil

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

Remarks:

Computed by J.P. 30-7-44

Checked by [Signature]

Alec J. Boswell

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

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



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

Reg. No. (Office use only)

23

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

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

**3. PRINT FULL NAME OF DECEASED** DAVEY William  
(Surname or last name) (Given or Christian names)

**4. PERMANENT RESIDENCE OF DECEASED:**  
Name of city or place \_\_\_\_\_ Name of Municipality (if any) Victoria, B.C.  
Street or road 3191 Shelbourne Street House No. \_\_\_\_\_

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

**10. Date of Birth** July 12th 19 23 **11. AGE** 20 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
(Month by name) (Day) (Year) (Year) hrs. or min.

**OCCUPATION** **12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.** Steel Worker  
**(b) Kind of industry or business, as paper mill, lumber, bank, etc.** Yarrows Limited, Victoria, B.C.  
(If labourer specify kind of work above)

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

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

**16. Name of father** \_\_\_\_\_ (Surname or last name) (Given or Christian names)

**17. Maiden name of mother** \_\_\_\_\_ (Surname or last name) (Given or Christian names)

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

**19. I certify the foregoing to be true and correct to the best of my knowledge and belief.**  
Given under my hand at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
Signature of informant H. B. Money Relationship to deceased \_\_\_\_\_  
Address Phys. Off. R.C.N.R., Officer i/o Naval Personnel Records, Naval Service Headquarters, Ottawa, Ontario.

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

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

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

**MEDICAL CERTIFICATE OF DEATH**

**23. DATE OF DEATH** May 7th 19 44  
(Month by name) (Day) (Year)

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

| I   | CAUSE OF DEATH  | DURATION |      |      |
|---|---|----------|------|------|
|   |   | Yrs.     | Mos. | Dys. |
| Immediate cause<br>Give disease, injury or complication which caused death, <b>not</b> the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) <u>"MISSING" presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk</u><br>due to _____ |          |      |      |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).                                    | (b) <u>by enemy action in the Atlantic.</u><br>due to _____<br>(c) _____                              |          |      |      |
| II<br>Other morbid conditions (if important) contributing to death but <b>not causally related</b> to immediate cause.                                    | _____   |          |      |      |

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

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

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

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

**28. I hereby certify that the above return was made to me at** \_\_\_\_\_  
Dated \_\_\_\_\_ 19\_\_\_\_

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

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

birth consult reverse side before making out certificate.



Mrs. Margaret Davey,  
3191 Shelbourne Street,  
Victoria, B.C.

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

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

and the following number quoted:—

H.Q. V- 49761 FD. 547

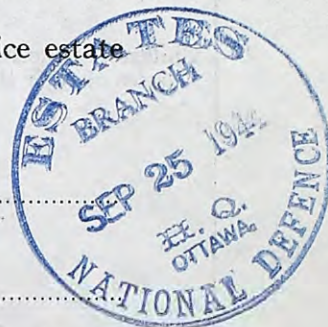
DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

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

DAVEY, William Able Seaman,

Official Number, V-49761, R.C.N.V.R.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

GC/

*J. H. Waddy*  
Commander R.C.N.V.R.  
Director of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for   | INFORMANT'S STATEMENT  |                                 |   |
|-------------------------|--|--|---------------------------------|---|
|                         |  | NAME IN FULL of any Relative, if any, in each degree specified | Age                             | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1                       | Widow of the Deceased.....   | —  |                                 |   |
| 2                       | Children of the Deceased and dates of their Births.....  | —  |                                 |   |
| 3                       | Father of the Deceased.....  | William Stephen Darvey.  | 55                              | 3191 Shelburne Victoria BC  |
| 4                       | Mother of the Deceased.....  | Margaret Darvey.   | 56                              | "   |
| 5                       | Brothers of the Deceased   | Full Blood   | Stephen Chappell Darvey 28      | 1663 Amphion St Victoria BC   |
|                         |  | Full Blood   | Lieut Peter Darvey. 24          | A 23 C + A A T C Halifax  |
| 6                       | Sisters of the Deceased  | Full Blood   | Mary Murray. 21 1/2             | 3191 Shelbourne St Victoria BC  |
|                         |  | Full Blood   | {Twin sister }<br>{to Deceased} |   |
| 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.              | William Davey.                                  |
| 9  | Date of his birth.                       | 12 <sup>th</sup> July 1923                      |
| 10 | Place and date of his marriage.          | Single  |
| 11 | Place and date of his parents' marriage. | 27 <sup>th</sup> November<br>1914 Victoria B.C. |

## PARTICULARS OF DOMICILE

|    |  |   |
|----|--|---|
| 12 | Place where deceased was born.   | Victoria B.C.   |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Victoria B.C.<br>(b) Victoria B.C.<br>(c) 18 yrs<br>(d) |
| 14 | Nature of employment before enlistment.  | Farrows Shepards  |
| 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.   | Victoria B.C.   |

## PARTICULARS OF ESTATE

|    |  |  |
|----|--|--|
| 17 | Did he leave a Will? If in your custody, please forward.   | None   |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | "  |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?   | "  |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.   | 2 Held by myself<br>{Mother}                     |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.  | 2. One Registered in my name<br>{Margaret Davey} |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.   | —  |
| 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:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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 to my knowledge |
| 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) Margaret Davey 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.

Margaret Davey {Signature of Informant}
3191 Shelbourne St, Victoria B.C. Address

CERTIFICATE

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

\*See above. Margaret Davey {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 Victoria this 22nd day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev. J. H. McAllister Qualification Clergyman

Address 3147 Du' Appelle St Victoria B.C.

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

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

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



24

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

Name: WILLIAM DAVEY (Christian names in full)

Rank or Rating: STEEL WORKER Official No. V.49761 RENVR

Place of Birth: Victoria, B.C. Date of Birth: 12 July 1923

Occupation in Civil Life: Steel Worker Religion: Church of England

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings): 21 yrs 4 mos

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: Margaret DAVEY Relationship: Mother Address: 3191 Shelbourne St., Victoria, B.C.

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

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

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

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

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

Undertaker employed: (If any)

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

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

Noted 19-9-44



*Per 12/9/42623* 33  
 #5

## ACCOUNTS OF MEN DISCHARGED

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

Name DAVEY, William Rating Acting Able Seaman  
 Official No. V.49761 H.M.C.S. AVALON-VALLEYFIELD List 12-2-93  
 Who\* Discharged Dead on the 7th May, 1944

|   | \$ | cts.   |
|---|----|--------|
| Net sum due on ledger on account of Wages.....                                  |    | NIL    |
| Proceeds of sale of Effects charged against Wages, brought from the other side  |    |        |
| CASH—   |    |        |
| Proceeds of sale of Effects, paid for in Cash, brought from the other side..... | \$ | cts.   |
| Found amongst Effects.....  |    |        |
| Debts collected \$.....   |    |        |
| Cash deposited by O.R.25182 ADM.NAVAL ESTATES                                   |    | 128.77 |
| Cash debited in the Accountant Officer's Cash Acct.....(PRESENT WAR)..          |    |        |
| If in debt in ledger, amount to be stated (in red ink).....                     |    |        |
| Rate of allotment (in words).....NIL.....charged to.....                        |    |        |
| Name of ship from which transferred..... <u>VALLEYFIELD</u> .....               |    |        |
| Total†..... <u>Creditor</u> .....   |    | 128.77 |

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for VALLEYFIELD amounting to a net balance† Creditor

of ONE HUNDRED TWENTY EIGHT dollars SEVENTY-SEVEN cents.

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

Approved

*[Signature]*  
 Pay-Lieut. Commander, RCNVR.

{ Initials of the Assistant Accountant Officer

*[Signature]*

A/CAPTAIN, R.C.N. Commanding Officer.

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

No.....to.....

Signature.....

Date.....19.....

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







W.S.G. Application No. 7270

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

FILE NO. N.S. V-49761-

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

|              |                            |                    |                                |
|--------------|----------------------------|--------------------|--------------------------------|
| <u>DAVEY</u> | <u>William</u>             | <u>V-49761</u>     | <u>A/A.B.</u>                  |
| SURNAME      | CHRISTIAN NAMES<br>IN FULL | OFFICIAL<br>NUMBER | RANK OR RATING<br>ON DISCHARGE |

CAUSE OF DISCHARGE: Dead (Valleyfield Casualty)  
Application made by mother - no record of Pension, P.A. or A.P.

|                               |                      |                       |
|-------------------------------|----------------------|-----------------------|
|                               | <u>TOTAL SERVICE</u> |                       |
| Date of Active Service        | <u>12 Jan '43</u> x  | 365                   |
| Date of Discharge             | <u>7 May '44</u> 1   | 20                    |
| Total No. of Days             | <u>482</u>           | 29                    |
| # Less non qualifying service | <u>NIL</u>           | 31                    |
|                               |                      | 30                    |
|                               |                      | 7                     |
|                               |                      | <u>482</u>            |
|                               |                      | Total Days <u>482</u> |

|                               |                         |                       |
|-------------------------------|-------------------------|-----------------------|
|                               | <u>OVERSEAS SERVICE</u> |                       |
| % Total No. of Days           | <u>109</u>              |                       |
| # Less non qualifying service | <u>NIL</u>              |                       |
|                               |                         | Total Days <u>109</u> |

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

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

Computed By [Signature]  
Checked By [Signature]

J. B. Mc Gregor  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records

DATE: MAR 12 1945

00F.



NON QUALIFYING SERVICE

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

(%)  
OVERSEAS SERVICE:

| Where Serving | From       | To        | No. of Days |
|---------------|------------|-----------|-------------|
| Valleyfield   | 20 Jan '44 | 7 May '44 | 109         |

12  
29  
31  
30  
7  
109



STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name William DAVEY  
 (Christian Names) (Surname)

Payee Director of Estates, } for service of estate  
 Address 308 Sparks St., } William DAVEY  
Ottawa, Ont. } NS V49761

Register No. 7270  
 File No. NS.V.49761  
 Date 8/6/45  
 Service No. V49761  
 Final Rank or Rating A1A3  
 Date of termination of overseas service 7 May 44 Date of Discharge 7 May 44

A. TOTAL QUALIFYING SERVICE  
 No. of days 482 equal to 16 complete periods at \$7.50 120.00

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 109 less 2 ineligible days equal to 107 days @ 25¢ per day 26.75

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

|  |                    |                |
|--|--------------------|----------------|
| Pay  | \$ 1.85            |                |
| Subsistence or Lodging and Provision Allowance | \$ 1.25            |                |
| Additional Pay                                 | <u>HLM.</u> \$ .13 |                |
| Dependents' Allowance 1/30 of \$               |                    |                |
| Total  | <u>3.23</u>        | x 7 = \$ 22.61 |
| No. of days                                    | <u>107</u>         | x \$ 22.61     |
|  | <u>183</u>         |                |

13.22

D. WAR SERVICE GRATUITY 159.97

E. DEDUCTIONS

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

*Int*

F. TOTAL AMOUNT PAYABLE 159.97

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ 159.97  
 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 | <u>2.00</u> | 6  |  |
| 2 | <u>2.00</u> | 7  |  |
| 3 | <u>2.00</u> | 8  |  |
| 4 |             | 9  |  |
| 5 |             | 10 |  |

*[Handwritten signatures and initials over the table]*



4  
NAVY

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

DECEASED MEMBER'S NAME William (CHRISTIAN NAMES) DAVEY (SURNAME) REGISTER NO. 7270  
 PAYEE Director of Estates, for Service Estates of FILE NO. NS. V49761  
 ADDRESS 308 Sparks St., DATE 11 June/45  
Ottawa, Ont. William Davey, SERVICE NO. V49761  
 DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44 FINAL RANK OR RATING A/A. B.  
 DATE OF DISCHARGE 7 May/44

|  |  |        |
|--|--|--------|
| A. TOTAL QUALIFYING SERVICE                    |  | \$     |
| NO. OF DAYS <u>482</u>                         | EQUAL TO <u>16</u> COMPLETE PERIODS AT \$7.50                          | 120.00 |
| B. QUALIFYING OVERSEAS SERVICE                 |  | \$     |
| NO. OF DAYS <u>109</u>                         | LESS <u>2</u> INELIGIBLE DAYS, EQUAL TO <u>107</u> DAYS @ 25C. PER DAY | 26.75  |
| C. SUPPLEMENT FOR OVERSEAS SERVICE             |  | \$     |
| DAILY RATES AT DISCHARGE                       |  |        |
| PAY  | \$ 1.85  |        |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ 1.25  |        |
| ADDITIONAL PAY <u>H.L.M.</u>                   | \$ .13   |        |
| DEPENDENTS' ALLOWANCE 1/30 OF \$               |  |        |
| TOTAL  | \$ 3.23 X7 = \$ 22.61  |        |
| NO. OF DAYS <u>107</u>                         | X \$ 22.61   | 13.22  |
| D. WAR SERVICE GRATUITY                        |  | 159.97 |
| E. DEDUCTIONS                                  | OVERPAYMENT OF PAY AND ALLOWANCES \$                                   |        |
|  | DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$                              | Nil    |
|  | OTHER DEDUCTIONS \$  |        |
| F. TOTAL AMOUNT PAYABLE                        |  | 159.97 |

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 159.97  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

Voucher 695 - 20/6-45

**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<br><b>IVC</b> | CHECKED BY<br><i>[Signature]</i> | TREASURY<br>CHECKED BY<br><i>[Signature]</i> | DATE<br><u>6-15-45</u>   |
|                           |                                  |  | SERVICE REPRESENTATIVE<br><i>[Signature]</i><br>for Dir. Naval Pay Acct'g. |

AT



STATEMENT OF WAR SERVICE GRATUITY - NAVY

Member's Name William DAVEY  
 (Christian Names) (Surname)  
 Payee Director of Estates for service Estate of William DAVEY  
 Address 308 Sparks St. Ottawa, Ont. N.S. V49761.  
 Register No. 72 70  
 File No. NSV. 49761  
 Date 15/3/45  
 Service No. V.49761  
 Final Rank or Rating A1A8.  
 Date of termination of overseas service 7 May 44. Date of Discharge 7 May 44.

A. TOTAL QUALIFYING SERVICE  
 No. of days 482 equal to 16 complete periods at \$7.50  
 30 120.00

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 109 less 2 ineligible days equal to 107 days @ 25¢ per day 26.75

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE  
 Pay \$ 1.85  
 Subsistence or Lodging and Provision Allowance \$ 1.28  
 Additional Pay \$ 1.3 (H.L.M. circled)  
 Dependents' Allowance 1/30 of \$ \_\_\_\_\_  
 Total 3.10 x 7 = \$ 21.70  
 No. of days 107 x \$ 21.70  
 183 12.69

D. WAR SERVICE GRATUITY 159.44

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

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 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 g.h. 6 \_\_\_\_\_
- 2 g.h. 7 \_\_\_\_\_
- 3 g.h. 8 \_\_\_\_\_
- 4 W.D.V. 9 \_\_\_\_\_
- 5 \_\_\_\_\_ 10 \_\_\_\_\_



**DISTRIBUTION OF SERVICE ESTATES**  
**NAVY**

DME

Estates Form "P. 4"

Name..... **DAVEY** ..... **William** ..... No. **V49761**  
Surname Christian Names

**A/AB** ..... **RCNVR O/S** ..... **7-5-44**  
Rank Unit Date of Death

Date..... **6-11-45** .....

|               |                    |               |
|---------------|--------------------|---------------|
| <u>AMOUNT</u> | <b>W.S.G.</b>      | <b>159.97</b> |
|               | L.P.C.....\$       | <b>128.77</b> |
|               | Other Credits..... | <b>113.10</b> |
|               | Total.....         | <b>401.84</b> |
|               | Prev. dist.        | <b>241.87</b> |
|               | This dist.         | <b>159.97</b> |

| SHARE | RELATIONSHIP | NAME AND ADDRESS  | AMOUNT |
|-------|--------------|---|--------|
| 1/2   | father       | William S. Davey,<br>3191 Shelbourne St.,<br>VICTORIA, B.C.         | 79.99  |
| 1/2   | mother       | Mrs. Margaret Davey,<br>(As above)<br><br>(As next of kin entitled) | 79.98  |

**P4. TO TREAS.**

**NOV 9 1945**

**WSG**

| AUTHORITY     |      |     |                            |       |          |
|---------------|------|-----|----------------------------|-------|----------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB.                  | OBJ.  | AMOUNT   |
| 9999          | 831  | 00  | 50                         | 1 000 | \$159.97 |
| CLASSIFIED BY |      |     | EXAMINED BY                |       |          |
|               |      |     | For Chief Treasury Officer |       |          |

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT



V49761

OFFICIAL NUMBER

FILE NUMBER

113-D-2296

OFFICIAL NUMBER V49761

NAME DAVEY William DATE OF BIRTH 12 July, 1923.  
(Surname) (Given Names)PLACE OF BIRTH Victoria, B.C. OCCUPATION Steel Worker:RELIGION Church of England EDUCATION Grade 10RESIDENCE AT TIME OF ENLISTMENT: Street and No. 3191 Shelbourne Street Town Victoria Province, etc. B.C.

| ENGAGEMENTS       |       |      |        | DESCRIPTION |          |      |            |                                  | PREVIOUS SERVICE |                |       |    |
|-------------------|-------|------|--------|-------------|----------|------|------------|----------------------------------|------------------|----------------|-------|----|
| Date (in figures) |       |      | Period | Height      | Hair     | Eyes | Complexion | Marks or Scars                   | Served in        | Rank or Rating | Dates |    |
| Day               | Month | Year |        |             |          |      |            |                                  |                  |                | From  | To |
| 22                | 10    | 42   | H.O.   | 5'9"        | L. Brown | Blue | Medium     | Operational scar on right wrist. |                  |                |       |    |

NEXT OF KIN RELATIONSHIP (in pencil) 211-2-413 NAME (in pencil) W. DaveyADDRESS (in pencil): Street and No. 3191 Shelbourne Street Town Victoria Province, etc. B.C.

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY |       |      |                        | EXAMINATIONS, CERTIFICATES, ETC. |       |      |                                 |                   |       |      |             |
|--|-------|------|------------------------|----------------------------------|-------|------|---------------------------------|-------------------|-------|------|-------------|
| Date (in figures)                              |       |      | Particulars            | Date (in figures)                |       |      | Particulars                     | Date (in figures) |       |      | PARTICULARS |
| Day  | Month | Year |                        | Day                              | Month | Year |                                 | Day               | Month | Year |             |
|  |       |      | CVSM(R&C) 249A-A14055. | 12                               | 3     | 43   | Qual. First Aid to the Injured. |                   |       |      |             |
|  |       |      |                        | 3                                | 6     | 43   | "TR"                            |                   |       |      |             |

| BADGES, G.C. OR G.S. |       |      |                              |                           | BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES |         |                   |       |      |                              |  |  |            |
|----------------------|-------|------|------------------------------|---------------------------|---|---------|-------------------|-------|------|------------------------------|--|--|------------|
| Date (in figures)    |       |      | 1st, 2nd or 3rd G.C. or G.S. | Granted Deprived Restored | SHIP OR ESTABLISHMENT   | Wt. No. | Date (in figures) |       |      | BRIEF PARTICULARS OF OFFENCE |  |  | PUNISHMENT |
| Day                  | Month | Year |                              |                           |   |         | Day               | Month | Year |                              |  |  |            |

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

SECOND CLASS FOR CONDUCT

From

To





V49761

OFFICIAL NUMBER

NAME DAVEY

William

(Given Names)

OFFICIAL NUMBER

V49761

P.I.B.

| Ship or Establishment | Rating    | From |       |      | Remarks                           | Character | Efficiency | Date |       |      | Non-Sub. Rating | Qualified |       |      | Re-Qualified |       |      |
|-----------------------|-----------|------|-------|------|-----------------------------------|-----------|------------|------|-------|------|-----------------|-----------|-------|------|--------------|-------|------|
|                       |           | Day  | Month | Year |                                   |           |            | Day  | Month | Year |                 | Day       | Month | Year | Day          | Month | Year |
| Div. Str. Naden       | Ord. Smn. | 22   | 10    | 42   |                                   | V.G.      | Sat.       | 31   | 12    | 43   | S.T.Prob.       | 19        | 7     | 43   |              |       |      |
| Naden                 | " "       | 12   | 1     | 43   | Active Service D.L. 14-1-43       | V.G.      | Sat.       | 7    | 5     | 44   |                 |           |       |      |              |       |      |
| Givenchy.             | " "       | 27   | 7     | 43   | D.R.D.#1402.                      |           |            |      |       |      |                 |           |       |      |              |       |      |
| Burrard               | " "       | 31   | 7     | 43   | D.R.D.#1416                       |           |            |      |       |      |                 |           |       |      |              |       |      |
| Protector 11          | " "       | 17   | 9     | 43   | D.R.D.#1623.                      |           |            |      |       |      |                 |           |       |      |              |       |      |
| Stadacona             | " "       | 15   | 1     | 44   | DRD N/39 p-6.                     |           |            |      |       |      |                 |           |       |      |              |       |      |
| Valleyfield           | " "       | 20   | 1     | 44   | DRD S/47 p-3.                     |           |            |      |       |      |                 |           |       |      |              |       |      |
|                       | A.B.      | 12   | 1     | 44   | Rated. Casualty List.Corr.Sh.#44. |           |            |      |       |      |                 |           |       |      |              |       |      |
| DISCHARGED:           | " "       | 7    | 5     | 44   | "Missing". Casualty List.         |           |            |      |       |      |                 |           |       |      |              |       |      |

Presumed Dead(Corr Sh.96)

GENERAL REMARKS

Mother Mrs. Margaret Davey 3191 Shelbourne St.Victoria B.C. awarded the Canadian Memorial Cross to date the 22nd. September, 1944.

| DATE OF BIRTH |     |     | PLACE           |      | CIVIL OCCU. |          | RELI-ED |                 | PERM. RESIDENCE |        |         | PREV. ENL. |              | RANK OR RATE ON ENLISTMENT |  |  |
|---------------|-----|-----|-----------------|------|-------------|----------|---------|-----------------|-----------------|--------|---------|------------|--------------|----------------------------|--|--|
| DY.           | MO. | YR. | BIRTH           | MAIN | SUB         | GIOR     | P.      | CTY.            | TOWN            | SER.   | DIV.    | A          | BR           | RANK                       |  |  |
| 12            | 7   | 23  | 18              | 380  | X           | 30       | 3       | 9               | 05              | 10     | 0       | 13         | 0            | 08 95                      |  |  |
| ENLIST. DATE  |     |     | ACT. SERV. DATE |      |             | STR.     |         | REV. SERV. DATE |                 |        | SHIP CR |            | RANK OR RATE |                            |  |  |
| DY.           | MO. | YR. | DY.             | MO.  | YR.         | CAT.     | DY.     | MO.             | YR.             | ESTAB. | A       | BR         | RANK         |                            |  |  |
| 22            | 10  | 42  | 12              | 01   | 43          |          |         |                 |                 | 12200  | 0       | 08         | 95           |                            |  |  |
| SENIORITY     |     |     | STR.            |      | NON-SUB     |          | M       |                 | COBES           |        |         | CHECKED    |              |                            |  |  |
| DY.           | MO. | YR. | CAT.            | A    | B           | ST.      |         |                 |                 |        |         |            |              |                            |  |  |
| 12            | 01  | 43  | 10              | 2600 | 2           | 01-05-43 | 0       |                 |                 |        |         |            |              |                            |  |  |