

V16586
DAWES

JAMES

CALVIN

D OF D 7-5-44

AWARDS NAVY

D.D.

DAWES	James Calvin	V-16586	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Defence Medal	
C.V.S.M. & Clasp	
War Medal	
	7340

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

MASON
Mrs. Jean G. Dawes - Widow (Remarried)

(1)

ADDRESS:

~~28 Spring Bank Road, Box 217,~~
~~PAISLEY, Scotland.~~ VANCOUVER, B.C.

(2) MEMORIAL CROSS

WIDOW

412 Cambridge St., 20-3-51
Mrs. Jean G. Dawes

MEMORIAL BAR

DATE DESP

9-1-52

5279

(2)

ADDRESS:

c/o Mrs. L. Dawes, 53 - 7th St.,
Portage La Prairie, Man. (Issued 22-9-44)

REG ~~CANCELLED~~

(3) MEMORIAL CROSS

MOTHER

Mrs. Laura Dawes

(3)

53 7th St. N.W., Portage La Prairie, Man.

22-9-44

ADDRESS:

File No. 113-D-1153

DEPARTMENT OF NATIONAL DEFENCE
NAVAL SERVICE

NAME Howes James Calvin
Surname Christian names

RATING .. Act. Snn .. OFFICIAL NUMBER V.16586 ..

ACTIVE SERVICE (date of commencement) 1-10-41

Authority .. N. V. 10 A

Initials..... JCH

Checked by..... fy

DATE OF ACTIVE SERVICE

Noted by..... [Signature]

Date..... 3-7-42

TFH:FMB

REG I S
BOMBER MAIL

~~XXXXXX~~
~~XXXXXX~~

FILE: V-16586 (Pers.N.)

9th May, 1944

Dear Mrs. Dawes:

I deeply regret that I must confirm the information passed on to you from the Senior Canadian Naval Officer, London, England, that your husband, James Calvin Dawes, Able Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-16586, is missing at sea.

According to the report received, your husband 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 husband's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Able Seaman Dawes' mother, Mrs. Laura Dawes, 53 - 7th Street N.W., Portage La Prairie, Manitoba, has been notified.

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 husband has helped to maintain.

Yours sincerely,

SR
MAY 9 1944
SECRETARY, NAVAL BOARD

Mrs. Jean G. Dawes,
28 Springbank Road,
PAISLEY, Scotland.

AIR MAIL

FILE: V-16586 (Pers.N.)

9th May, 1944

Dear Mrs. Dawes:

I deeply regret that I must confirm the telegram of the 9th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, James Calvin Dawes, Able Seaman, Official Number V-16586, Royal Canadian Naval Volunteer Reserve, is missing at sea. 29

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.

Able Seaman Dawes' wife, Mrs. Jean G. Dawes, 28 Springbank Road, Paisley, Scotland, has been notified.

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,

[Signature]
MAY 9 1944
SECRETARY, NAVAL BOARD

Mrs. Laura Dawes,
53 - 7th St. N.W.,
PORTAGE LA PRAIRIE, Man.

FORM 5

PROVINCE OF MANITOBA
OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality..... AT SEA Sec..... Twp..... Rge.....
(Name)
If in City, Town or Village..... Street..... House No.....
(Name) (If in hospital or Institution, give 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 DAWES James Calvin
(Surname) (Given name or names in usual order)
RESIDENCE 53 Seventh W.W., Portage La Prairie, Manitoba.
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY (Citizenship) Canadian 6. RACIAL ORIGIN Scotch 7. Single, Married, Widowed or Divorced (Write the word) Married 8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)

9. DATE OF BIRTH Month May Day 16 Year 1921 10. AGE IN Years 23 Months Days If less than one day
(Write the word) hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as Clerk
spinner, teamster, office clerk, etc.
12. Kind of industry or business, as C.P.R. Express Co.
cotton-mill, lumbering, bank, etc.
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 Mrs. Jean G. Dawes

PARENTS 16. Name of father
17. Birthplace of father (same as item No. 8)
18. Maiden name of mother
19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant Rayn. Cndr. H.C.R.C. Officer i/c Naval Personnel Records,
Address Naval Service Headquarters, Ottawa, Ontario. 21. Relationship to deceased

22. Place of burial, cremation or removal Body not recovered Date of burial 19.....

23. Burial Permit was issued by..... Address.....

24. Signature of Undertaker or person acting as Undertaker..... Address.....

MEDICAL CERTIFICATE OF DEATH

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

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

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

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

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

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

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by..... M.D.

Address..... Date..... 19.....

30. Registered number..... filed this..... day of..... 19.....

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

53

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON-VALLEYFIELD" ending 30th June, 1944

List No. 12² 44 (Name) DAWES, James Rank Rating A.B. No. V.16586

When entered Former Book Date of appearance Former Book Whither discharged Dead

	\$	c.
CREDIT from former account.....	34.14	
Pay as Able Seaman from 1st.Apl. to 31st.May (61 days at \$ 1.85 a day)	112.85	
" A.A.III (Rank Rating) " 1st.Apl. " 31st.May 61 " .10 ")	6.10	
" " " " " " " " " " ")		
" " " " " " " " " " ")		
" " " " " " " " " " ")		
Kit Upkeep Allowance. Adj.Mch. .33; 1st.Apl-7th.May 4.47		4.80
OTHER CREDITS:		
Total credits.....	157.89	

DEBT from former account..... NIL

PAYMENTS:—	INCLUSIVE DATE					
	1st	2nd	3rd	4th	5th	
	Mch. c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....	8.94	34.00				Total 42.94
2nd month.....						Total
3rd month.....						Total

Allotment 30.00, 5.00, 3.00 chgd. Apl. and May. 76.00

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

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. 25182 ADM.NAVAL ESTATES (PRESENT WAR) 38.95

LEDGER: <i>W</i>	Total debits	157.89
AUDIT: <i>[Signature]</i>	Balance Cr. or Dr.	NIL
	(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 6th September, 1944

[Signature]
ACCOUNTANT OFFICER
Pay. Lieut. Commander, RCNVR.

File No. N.S. V-16586 PERS. (N) ✓

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

147695

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mrs. Jean G. Dawes,
28 Spring Bank Road,
Paisley, Scotland.

Mother:-

Mrs. Laura Dawes,
53 - 7th St. N.W.,
Portage La Prairie, Man.

Approved
Date forwarded:- SEP 22 1944

Registered Mail No.- 6977

6975

Passing Certificate

This is to Certify

thatJames Calvin DAWES.....


Rating.....Ord.....Smn.....R.C.N.V.R..... Official Number..... V.16586.....

has passed

THE EDUCATIONAL TEST, I R.C.N.V.R.

held on.....4th-5th November, 1941.....

For advancement to Petty Officer



.....
Naval Secretary
Director of Education

Department of National Defence,

Ottawa, this.....1st.....day of.....December.....19 41.....

C.N.S. 2431

10M-7-40 (6232)

N.S. 815-9-2431

144854

FILE NOS.:

V-796	V-35412
V-19239	A-1271
V-68471	V-41543
V-54372	V-35526
V-12143	V-46463
V-25531	V-22563
V-4538	V-65055
A-2453	O-44950
A-4681	O-45010
V-31063	V-41461
V-4427	V-15283
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
	V-2299
V-56590	V-34242
V-10506	V-44790
V-11244	V-18039
V-53512	V-399
V-61903	A-4506
V-49761	V-64486
<u>V-16586</u>	N-4649
V-23508	V-57455
V-39924	N-4122
V-59892	N-4323
A-5954	V-5995
O-22420	O-62255
O-23950	V-13701
V-30201	O-65010
V-22262	V-48962
V-38722	V-17305
V-31768	V-41902
V-55196	V-63143
V-905	O-70570
V-65619	V-50046
V-55803	V-35344
N-4472	V-5794
V-50475	O-71320
V-23128	V-17781
	V-14540
V-65496	V-516
O-35660	V-25850
V-54304	V-3386
V-3538	V-688
V-43818	V-50598
V-52497	O-76380
V-64138	V-5911
V-25279	V-37893
V-50961	N-21989
V-57850	V-56565
V-51441	V-599
V-65120	N-21498
V-62261	V-8662
V-49646	V-50658
V-35602	V-51989
O-47000	V-6388
V-44690	V-17703
V-67335	
V-54554	

- NAVAL SERVICE -

CASUALTY NOS.

436 - 486 incl.
488 - 550 incl.

NAVAL INFORMATION

D.N.P.A.

C.T.O. (N) (NAVAL ALLOTS.)

C.T.O. (N) Re: Dependents' Allowance

With reference to Canadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from HMCS "VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ord. Smn., V-47125, has been deleted from page 99 (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

H. B. Money

(H. B. Money),

Paymr. Lieut. Cdr., R.C.N.R.,
Officer i/c, Naval Personnel Records

OTTAWA, Ont.

SEP 20 1944

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

ALL R.C.N.V.R. DIVISIONS advised on above date.
See File 30-17-1.



MG

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

4
 NAVY

DECEASED MEMBER'S NAME

James Calvin
 (CHRISTIAN NAMES)

DAWES
 (SURNAME)

REGISTER NO.

12336

FILE NO.

NSV-16586

DATE

27 Sep/45

SERVICE NO.

V-16586

FINAL RANK OR RATING

A.B.

PAYEE ADDRESS

Mrs. Jean Dawes,
 c/o Mrs. L. Dawes,
 53 - 7th. St. N.W.
 Portage La Prairie, Man.

7 May/44

DATE OF DISCHARGE

7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 950 EQUAL TO 31 COMPLETE PERIODS AT \$7.50

\$ 232.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 505 LESS 20 INELIGIBLE DAYS, EQUAL TO 485 DAYS @ 25C. PER DAY

121.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.13
 A.A.III \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.24

TOTAL \$ 4.77 X7 = \$ 33.39

NO. OF DAYS 505 X \$ 33.39

92.14

D. WAR SERVICE GRATUITY

445.89

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

OTHER DEDUCTIONS \$ Nil

F. TOTAL AMOUNT PAYABLE

445.89

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 445.89

Cheque 87943 Oct. 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

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

Col. Ellis.



Department of Mines and Resources

IMMIGRATION BRANCH

IN YOUR REPLY REFER TO
No. 705276

DIRECTOR OF IMMIGRATION

OTTAWA, April 17th, 1945.

FERRY DISPATCH

Re your file 19 - 5 - 2083

Commissioner, London, England.

MD10
The settlement arrangements are satisfactory for Mrs. Jeanie Goldie Dawes of 28, Springbank Road, Paisley, widow of V.16586, Able Seaman James Calvin Dawes, R.C.N.V.R. She may proceed to her parents-in-law, Mr. and Mrs. E. G. Dawes, of 53 - 7th Street, Portage la Prairie, Manitoba.

Director.



3 July 45

REPAT 2 (B)

(Navy)

To:

Director of Records

May this pro forma be placed on the H.Q. 405 file of

Regt'l No. V.16585 Rank A/Sea

Name DAVES JAMES G.

Dependents of the soldier, as shown below, have arrived
from Overseas, ex W.876 on 18th May 45

Wife:

Children:

jeanie Goldie

Destined to:

Mr. and Mrs. W.C. Dawes

53-7th St. Portage la Prairie, Man.

Parents-in-law

J. W. H. H. H.
Director of Repatriation



CANADA

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

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Daves OFFICIAL NO. V16586
 CHRISTIAN NAMES James Calvin MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 53-7th St. N.W. Portage La Prairie, Man. RELIGION Church of England.

DATE OF BIRTH May 16, 1921 *PLACE OF BIRTH Portage La Prairie NAME AND ADDRESS OF NEXT OF KIN Mother: Mrs Laura Daves 53 7th St. N.W. Portage La Prairie, Ont.

*Original Nationality of:
 Father Scotch Province Man.
 Mother English

*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>35</u>	<u>Light</u>			
Inches..... <u>3</u>	Deflated..... <u>31</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>None</u>
	Mean..... <u>33</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade X</u>	<u>C.P. Express Portage La Prairie</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Aug 11, 1941</u>	<u>O/S</u>	<u>Port Arthur</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) I served in..... for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

(5) On being enrolled as a member of the Port Arthur, Ont. 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 11th day of August 1941

Signature of applicant James Hawes

(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 11th day of August 1941

J. A. Bryan Lieut (T)
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, James Hawes do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant James Hawes

Witness J. A. Bryan

Date Aug 11/41 Rank Lieut (T)

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

(E) CERTIFICATE OF ATTESTING OFFICER

James Calvin Hawes 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 Port Arthur Division of the R.C.N.V.R. or in the appropriate official documents.

J. A. Bryan
Attesting Officer.

Aug 11 1941 R.C.N.V.R. Division Port Arthur
(or other establishment)

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.



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

P. 117998

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

113-D1153
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Naves OFFICIAL NO. 116586
CHRISTIAN NAMES James Calvin MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS 53 - 7th St. N.W. Portage La Prairie, Man. RELIGION Anglican

DATE OF BIRTH May 16, 1921 *PLACE OF BIRTH
Town Portage La Prairie NAME AND ADDRESS OF NEXT OF KIN Mother, Mrs. Laura Naves, 53 - 7th St. N.W. Portage La Prairie, Ont.
County
Province Man.
*Original Nationality of:
Father Scotch
Mother English

*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>35</u>	<u>Light</u>	<u>Blue</u>	<u>Fair</u>	<u>None.</u>
Inches..... <u>3</u>	Deflated..... <u>31</u>	<u>Brown</u>			
	Mean..... <u>33</u>				

EDUCATIONAL STANDING Grade X. TRADE OR CALLING AND IN WHOSE EMPLOY C.P. express. Portage La Prairie

DATE OF ENROLMENT Aug. 11/41 RATING FOR WHICH ENROLLED O/S R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED Pt - Arthur

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) I served in..... for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM

Military, Reserve or Territorial
Personnel Records
Division

1. Noted in Records OK

2. Index Card OK

3. Non-Sub. Card OK

4. Statistical Card OK

5. Homeo Strip OK

6. Pension Card

7.

8.

DATE 11.9.41

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

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

(5) On being enrolled as a member of the Port Arthur Ont. 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 11th day of August 1941

Signature of applicant James Hawes

(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 11th

day of August 1941

J. A. Bryan Lieut (R)
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, James Hawes, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant James Hawes

Witness J. A. Bryan

Date Aug 11/41 Rank Lieut (R)

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

(E) CERTIFICATE OF ATTESTING OFFICER

James Calvin Hawes 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 Port Arthur Division of the R.C.N.V.R. or in the appropriate official documents.

J. A. Bryan
Attesting Officer.

Aug 11 1941 R.C.N.V.R. Division Port Arthur
(or other establishment)

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.



Department of National Defence

Naval Service

126733

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. V-76586 Pers.(N)

Sir:

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



NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
DAWES, James. Calvin Able Seaman. Official Number, V-16586, 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.	Wife: Mrs. Jean G. Dawes, 28 Spring Bank Road, Paisley, Scotland.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. J. Dawes 28 Springbank Rd., Paisley, Scotland		\$37.20 D.A. \$30.00 A.P.	stop notice 31st May 1944
Metropolitan Life Ins. Co., Ottawa, Ont.		\$3.00	stop notice 31st May 1944
Motris Goldberg 588 Barrington St., Halifax, N. S.		\$5.00	stop notice 31st May 1944

Will: No Will.

Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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



RECEIVED
 SEP 6 1944
 N. S. H. Q.
 CENTRAL
 REGISTRY
 (Personal Section)

[Faint, mostly illegible text, possibly a list or ledger entries]

[Faint, mostly illegible text, possibly a list or ledger entries]

[Faint, mostly illegible text]

[Faint, mostly illegible text, possibly a list or ledger entries]

Mrs. G. Dawes,
 28 Springbank Road,
 Paisley, Renfrewshire,
 Scotland.

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:—

~~XXXX~~ C.S.V. 16586

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

4th September 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

James Calvin DAWES, Able Seaman, V-16586



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.

It is requested that this Form may be completed so far as information is available, and returned to Naval Estates Officer, c/o C.N.M.O., 10 Haymarket, London, S.W.1.

J. T. Blueband

Paymaster Lieutenant, R.C.N.V.R.,
 for Director of Estates.

~~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.....	JEANIE, GOLDIE, CAMPBELL DAWES.	19.	28, SPRINGBANK, RD., PAISLEY, SCOTLAND.
2	Children of the Deceased and dates of their Births.....	NONE.		
3	Father of the Deceased.....	Mr. Clarence Dawes.		
4	Mother of the Deceased.....	Laura Dawes (Mrs. Jeffrey)		
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JAMES CALVIN DAWES.
9	Date of his birth.	16 th MAY 1921.
10	Place and date of his marriage.	MOSSVALE CHURCH. PAISLEY. SCOTLAND.
11	Place and date of his parents' marriage.	PORTAGE LA PRAIRIE MAN. CANADA.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	PORTAGE LA PRAIRIE MAN. CANADA.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) PORTAGE LA PRAIRIE (c) (d)
14	Nature of employment before enlistment.	EXPRESS MAN
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.	MANITOBA. CANADA.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NOT KNOWN.
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?	NO.
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?	NOT KNOWN.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NOT KNOWN.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	TOTAL SUM. AND LOCATION UNKNOWN
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NOT KNOWN.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NOT KNOWN.

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. 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.)

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

* wife 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.

Jeanie Goldie Campbell Dawes

{ Signature of Informant

..... 28 Springbank Rd., Paisley, Renfrewshire, Scotland Address

CERTIFICATE

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

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

Dated at *Paisley* this *1st* day of *October* 19 *44*.

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

R. J. Fredericks

Qualification *Justice of Peace County of Renfrew*

Address *131 Whitehaugh Avenue Paisley*

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

ESTATES BRANCH

HQ.NS. V-16588 FD.618

January 2, 1945.

Mrs. Jeanie G.C. Dawes,
28 Spring Bank Road,
Paisley, Scotland.

DAWES, James C., A.B. (Deceased)
No. V.16586, R.C.N.V.R.

Dear Mrs. Dawes:

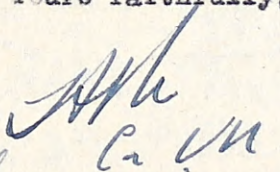
Distribution can now be made of the amount of money here at credit of your late husband.

The total amount available for distribution is \$38.95, made up entirely of balance of pay and allowances.

Your husband died without having made a Will and his Service estate is, therefore, payable to you as the next of kin entitled under the Intestacy Laws of his province of domicile.

Treasury has been requested to send you direct a cheque for the amount of \$38.95 above, and on receipt of same will you kindly sign and return the enclosed form of acknowledgment to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa.

Yours faithfully,


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

HRW/JN
Encl. ✓

ESTATES BRANCH

H.Q. V-16586 PD.618

March 15, 1945.

The Accountant,
Canadian Bank of Commerce,
Portage la Prairie, Man.

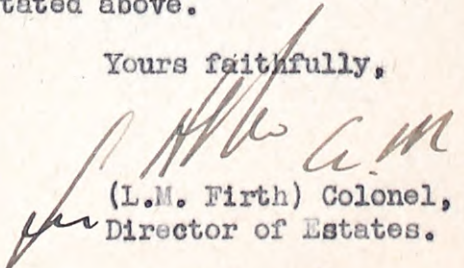
DAWES, James C., A.B. (Deceased)
No. V.16586, RCNVR

Dear Sir:

In reply to your letter of the 26th ult. I have to inform you that the casualty notice received at this Directorate indicated that there is no record of any Service Will on file at Naval Service Headquarters and the widow of the abovenamed deceased apparently knows of none. No personal effects may be expected from any of the casualties of H.M.C.S. Valleyfield in which this rating was lost, so no Will may be expected from that source and in all probability any available Service estate herein will be distributed as an intestacy for the province of domicile of the deceased which is understood to have been Manitoba. The Intestacy Law of Manitoba, under these circumstances, provides that the full amount devolve upon the widow and the proceeds of the sale of any Bond or War Savings Certificates should go to her by law or be re-registered in her name and forwarded to her.

This Directorate has authority under Order-in-Council to deal with War Savings Certificates and Victory Loan Bonds as abovementioned and in view of the fact that you have apparently been in communication with the mother, Mrs. Laura Dawes, who is to benefit under the estate, as mentioned in your letter, I would be glad if you would kindly let me have your observations as to the above suggested distribution as it would seem that the War Savings Certificates and Victory Loan Bond should be forwarded to this Directorate to be dealt with as stated above.

Yours faithfully,


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

HRW/BW

CERTIFICATE of the SERVICE of

I.C.N.S.

James Calvin DAWES

46202x

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number.....
<i>Esquimault</i>	<i>Port Arthur</i>	<i>V.16586</i>
		"
		"

Date of Birth.....	<i>16th May 1921</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth.....	<i>Portage La Prairie, Manitoba</i>	
Place of Residence.....	<i>Suite 2, 225 McPhillips St. P.A.</i>	
Trade brought up to.....	<i>C.P. Express clerk</i>	
Religion.....	<i>Anglican Church of England</i>	
Can Swim:—P.P.T. Date.....	19.....	Signature.....
P.S.T. Date.....	19.....	Signature.....

*MOTHER:
Mrs James Dawes
53-7th St N.W.
Portage La Prairie, Man.*

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>11th Aug 41</i>		<i>Hospitality Red Sea</i>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>3</i>	<i>31</i>	<i>119</i>	<i>Light Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>None</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

P.118000
N.113-DMSB
CANADA
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 INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full Dames, James (b) Reg'l. No. V.16586
2. (a) Arm of service Naval (b) Unit Port Arthur (c) Rank Ad. Sea
3. (a) Date of birth May 11 1921 (b) Have you any dependents? no (c) Place of residence at time of enlistment Port Arthur
4. (a) Place of enlistment Port Arthur (b) Date of enlistment 11th August 1941

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.) two years high school
7. If you attended a university, give name of university and standing or degree secured.
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? no (c) Did you finish it? no (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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? no

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

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

11. Had you ever been employed fairly regularly since leaving school? yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked clerk (b) State how long you had worked at this trade or occupation 6 months
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 July 21st 1941
15. Give details of last employer, if any: Name C.P.R. Express Address Port Arthur, Ontario
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Railway Express
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.....Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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? none
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? none

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. as farmer occupation
Railroad work

DATE Aug 27 1941 SIGNATURE James Dames



COPY TO
VWD
ES

SEP 12 1941

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

NAME IN FULL P.A.W.E.S. James Calvert RANK/RATING A.P. OFF. NO. 1-16586 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
<u>Pantadder</u>	<u>1-10-42</u>	<u>2-9-42</u>										<u>1939-45</u>	<u>1</u>	<u>Medal</u>
<u>Greenhow</u>	<u>16-4-42</u>	<u>12-10-42</u>	<u>27</u>	<u>atl.</u>								<u>ATLANTIC</u>	<u>1</u>	<u>Medal</u>
<u>Kislar</u>	<u>28-10-42</u>	<u>18-8-43</u>	<u>295</u>	<u>UK</u>								<u>FRANCE G.</u>		
<u>Greenhow</u>	<u>14-8-43</u>	<u>16-9-43</u>	<u>29</u>	<u>atl.</u>								<u>AFRICA</u>		
<u>Valleyfield</u>	<u>6-12-43</u>	<u>7-2-44</u>	<u>57</u>	<u>atl.</u>								<u>PACIFIC</u>		
												<u>BURMA</u>		
												<u>ITALY</u>		
												<u>DEFENCE</u>	<u>1</u>	<u>Medal</u>
<u>Discharged Dead</u>												<u>C.V.S.M.</u>	<u>2</u>	<u>& Clasp</u>
<u>No date</u>	<u>7-5-44</u>											<u>" CLASP</u>		
												<u>WAR 1945</u>	<u>1</u>	<u>Medal</u>
												<u>WAR 1915</u>		

VERIFIED BY P.A.W.E.S. James Calvert

VERIFIED BY P.A.W.E.S. James Calvert

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

GUNNERY HISTORY SHEET

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

Name DAWLES J. C. A./A.B. Official No. V16586
(Surname in BLOCK LETTERS)

Port Division ESQUIMAULT, B.C.

RECORD OF GUNNERY STATIONS IN SHIPS AT SEA

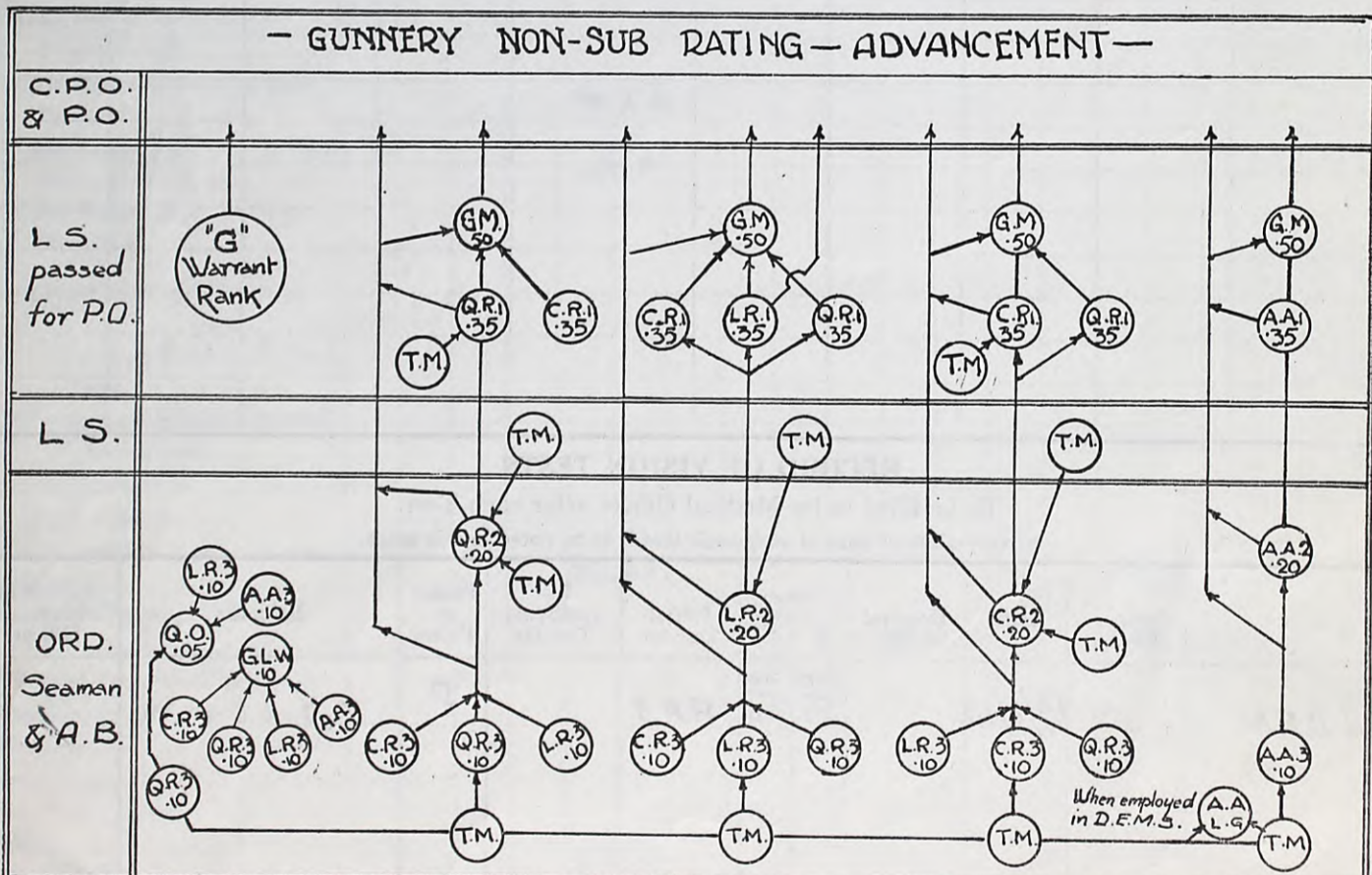
To be filled in, in H. M. C. Ships at sea, when duties are performed for not less than six months.
Where a rating is found unsuited for any particular Gunnery duty, a notation to that effect is to be made in RED.
Should any man be subject to severe seasickness, and therefore unsuitable for employment in ships smaller than cruisers, this fact is to be reported to the Commodore of the man's Depot, and a notation made on Page 1.

Date	SHIP	Ratings		Station		Ability	Initials of Gunnery Officer
		Seaman	Gunnery	Gun and Mounting	Duty		

RECOMMENDATIONS FOR GUNNERY RATING AND SPECIAL QUALIFICATIONS NOT PROVIDED FOR ON OTHER PAGES

To be filled in as soon as a man is recommended. Recommendations for qualified men are to be forwarded subsequently on Form S1303 in accordance with the instructions on that form. Column 1 is to show the same date of recommendation as that on Form S1303. Column 4 is to state the rating for which recommended, using the suffix (N.Q.) to distinguish a man not yet qualified by rating or experience, and suffix (H) for a man highly recommended (whether qualified or not).

Date	Ship	Present Gunnery Rating	Recommendation or Special Qualification	Initials of Gunnery Officer



Graph shows the various Sub. & Non-sub rates from which a rating can be recommended for higher non-sub rate. Example:— T.M. can qualify Q.R.3. (if exceptional - Q.R.2) From Q.R.3 can qualify C.R.2, L.R.2, or Q.R.2. Having passed for 2nd Class rate, if L.S. passed for P.O., can qualify for First Class in his section - i.e., cannot now change from Quarter Section to Control or Layer Section. To qualify G.M. must be L.S. passed for P.O., and any rate, 3rd. class upwards, A.A. ratings cannot interchange sections.

broken - R. wrist.

Recheck Oct 1/41 - 120 lbs. (M)

T4A - 19

Recheck 7/8/41 P.A.

116 lb

R.R. 108/70

5'7" 100 lb



CANADA

Recheck 27/3/42

WT. 125 7 ft 6 in

Recheck known
F.I.T. 2-12-42

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined James Calvin Dawes
candidate for entry as OKS RCNVR
and I believe him to be * (in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below.) He has signed
the Certificate given below in my presence.
† Strike out if inapplicable. * Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
	lbs.	ft. ins.		inches (a) maximum (b) minimum (c) mean	right eye (a) left eye (b) *colour vision (c)									
20.	119	5.3.	fair	35 31	right eye 20/36 left eye 20/30 N.	not vaccinated	B.P. normal 124/72	normal	slightly flat on lower part of spine otherwise normal	Back in neck of neck Back muscles on body	normal	normal	8 deficient throat clear	normal

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

X-ray { Not taken.
Approved.
Positive.
Doubtful.

neg 8/8/41

Write in the appropriate notation, and any remarks necessary.

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.

James Calvin Dawes
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.

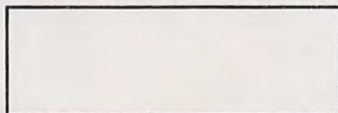
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Port Arthur Ont the 25 of June 19 41.

W. J. W. [Signature]
Examining Medical Officer

(Rank) Sy. Lt. RCNVR.

NAME DAVIES James C. RATING Ord Sea BRANCH V.R.
O.N. V-16386 PLACE Ceylon DATE 2-4/42

THE FOLLOWING QUESTIONS MUST BE ANSWERED
"YES" OR "NO"

Paragraph 1.

Have you ever, at any time in your life, had any of the following?

Rheumatism. no Sore joints. no Pleurisy. no Tuberculosis. no
Bronchitis. no Asthma. no Heart Diseases. no Kidney or Bladder
Diseases. no Stomach or Intestinal trouble. no Chronic Indig-
estion. no Stomach Ulcer. no Rupture. no Piles. no Varicose
Veins. no Trouble with your feet. no Nose trouble. no Ear
trouble. no Eye disease. no Fits. no Dizziness. no Nervous or
Mental disease. no Gonorrhoea. no Syphilis. no Skin trouble. no
Albumin in your Urine. no Sugar in your Urine. no

Paragraph 2.

Have you ever worn glasses. no Have you ever been in hospital. yes

Have you ever had an operation. yes Have you ever had any broken

bones. yes Have you ever had a dislocation. no Have you ever had

an injury. yes Have you consulted a doctor in the last five

years. yes Have you ever been rejected for Life Insurance. no

Have you ever received compensation from any Workman's Compen-

sation Board. no Have you ever received a War Pension. no Have

you ever been rejected for the Navy, Army or Air Force. no

Paragraph 3.

Have any members of your family ever had any of the following:

Tuberculosis. no Diabetes. no Asthma. no Nervous or Mental
Diseases. no

DETAILS:

① tonsillectomy about 10 yrs. ago

② brass st-wick and left hand in sports - remains
good at present.

L. S. Hume. Lt.
SURGEON COMMANDER, R.C.N.V.R.
SENIOR MEDICAL OFFICER, P.C.

J. C. Davies.
Signature of Candidate.

V16586 OFFICIAL NUMBER

NAME DAWES James Calvin
(Surname) (Given Names)

P.T.B. V16586 OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified	
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Month	Year
Port Arthur Div. Str.	Ord. Snn.	11	8	41		V.G.	Sat.	31	12	41	A.A. 3	20	8	42		
Duty Div. Hdqts.	" "	1	10	41		V.G.	Sat.	31	12	42						
Naden	" "	30	3	42	D	V.G.	Sat.	31	12	43						
Cornwallis	" "	4	7	42	DRD #1.9/42	V.G.	Sat.	7	5	44						
Stadacona	" "	22	8	42	DRD											
Hochelaga "Westmount"	" "	26	8	42	DRD											
Stadacona	" "	13	10	42	DRD											
"	A/A.B.	1	10	42	Back Dated-Rated (249A/3679)											
Niobe	"	5	11	42	Niobe DRD #92											
Algoma	"	15	11	42	" D.R.#94											
Niobe	"	16	3	43	" D.R.#113											
Ferret	"	18	8	43	" DRD #235											
Bittersweet	"	19	8	43	DRD #238											
Stadacona	"	16	9	43	DRD H-2646											
Hochelaga 11	"	26	11	43	DRD H-3342											
Chaleur (CN 347)	"	6	12	43	WRD #69											
Valleyfield	"	8	12	43	WRD Q-69											
DISCHARGED	"	7	5	44	"Missing" per Casualty List.											

Presumed Dead. (per Correction Sheet P.#96.)

GENERAL REMARKS
 X-Ray Approved
 Discharged dead to date 7-5-44
 Assessed VG-Sat as at 31-12-43.
 (A-14177)
 Canadian Memorial Cross Awarded to:
 Wife: Mrs. Jean G. Dawes,
 28 Spring Bank Road,
 Paisley, Scotland. 13-10-44.
 Canadian Memorial Cross Awarded to
 Mother: Mrs. Laura Dawes,
 53-7th St. N.W.,
 Portage La Prairie, Man.
 13-10-44.
 Awarded Pension in respect of
 husband's death, with effect from
 8-5-44.

DATE OF BIRTH			PLACE			CIVIL OCCU.			RELIED	PERM. RESIDENCE			PREV. ENLI	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	R	CTV	TOWN	SERV.	DIV.	A	BR	RANK		
16	5	21	16	900	0	30	3	6	06	03	0	10	0	05	03	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP CR	RANK OR RATE					
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK			
11	09	41	01	10	41					1230	1	05	04			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.	E/B									
01	10	42	13	16	00		Maw			38						

EP

V16586

OFFICIAL NUMBER

FILE NUMBER

113-D-1153

OFFICIAL NUMBER

V16586

NAME DAWES James Calvin DATE OF BIRTH 16th May, 1921
(Surname) (Given Names)PLACE OF BIRTH Portage La Prairie, Man. OCCUPATION C.P.R. ExpressRELIGION Anglican EDUCATION Grade XRESIDENCE AT TIME OF ENLISTMENT: Street and No. 53 - 7th St. N. W. Town Portage La Prairie Province, etc. Man.

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
11	8	41	H.O.	5' 3	L. Brown	Blue	Fair	None				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. James A. DawesADDRESS (in pencil): Street and No. C/o Mrs. J. Dawes, 53-7th St. Town Portage La Prairie Province, etc. Man.

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	
19	7	44	C.V.S.M. & Clasp. (A-14177)	4-5	11	41	Passed E.T. "One" R.C.N.V.R.				
				13	6	42	Qual. "TR"				
				20	9	43	Qual. Anti-Gas.				

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

FILM
NO. WSP-5379-7
DATE



1945