

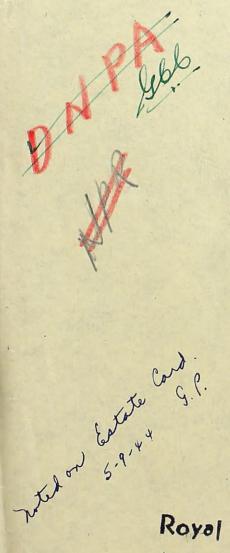
REGISTERED

File No: N.S. V-23508 Pers. (N)

30 August, 1944

Dear Mrs. Brunt:

HS



Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, William Denis, Telegraphist, Official Number V-23508, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEY-FIELD", 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,

Deputy

SECRETARY, NAVAL BOARD.

Mrs. Norine Brunt, 11747 Lavigne Street, Cartierville, Que.

Royal

Canadian + 140 400 Mersage Condolence Date Sent 30/8/44 NPR 5

Despatched Sec. N. B.

Date 1/9/44 Time 1600

V-23508 Pers (N)

2

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

100

DENIS, WILLIAM Telegraphist Official Number V-23508, R.C.N.V.R.

PARTICULARS RE DEATH

ML

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.

NEXT OF KIN

Mother: Mrs. Norine Brunt, 11747 Lavigne Street, Cartierville, Que.

Initials

ALLOTMENTS IN FORCE

In favor of

Rec. Gen. of Can.

5th V. L. Ottawa, Ont.

Mrs. Norine Brunt	11747 Lavigne St.,	\$20.00 A.P.	
-	Cartierville, que.		May 31st 1944

Ottawa, Ont.

\$16.80

Amount

Stopped 30th April 1944

Will: No Will.

Yours truly,

HB Money. for SECRETARY, NAVAL BOARD.

Administrator of Estates, Estates Branch, Department of National Defence,

Ottawa, Ont.

FILE: N.S. V-

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

r URIN F.

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NOL
DENIS, William	Telegraphist	V23508 B.G.N.V.B.
DATE OF ENLISTMENT -	15 Jan., 1941. Active Servi	ce 1 April, 1941.
DATE OF DISCHARGE -	Will be reported later	4

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" at sea when the ship in which he was servwhen and where any disability was incurred, or where death ing was lost by enemy action. While this casualty occurred.

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 noti-

fied 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	NALE - Mr	s. Norine	Burnt.
ADDRESS-	11747 Lavigne St.,	Cariterville,	Que.	

NOTE: If records indicate that rating was separated from his wife, legal, 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.

NOTE:

for

SECRETARY, NAVAL BOARD

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

> Duplicate copies of this form (Form "B") have been forwarded Chief Treasury Officer (Allotment Section), Department of Nat Defence, Naval Service, for completion respecting the details Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

> > (See reverse side for further instructions)

REMARKS:

NOTES:

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

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THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, MONTREAL

......Ottawa, Sept. 13th, 1944.

From......Head Office.....

Y

V-23508 TELCT. DENIS, William.

P. & N. H. 452-W

The Department of National Defence,

Naval Service,

His next of kin is reported as -

Mother -Mrs. Norine Brunt, 11747 Lavigne St., Cartierville, Que.

The Addressograph Stencil shows payment of Assigned Pay of

a month to -

\$ 20.00

Mother -Mrs. Norine Brunt, 11747 Lavigne St., Cartierville, Montreal, P.Q.

As no D.A. was payable the Commission will not take

any action unless a claim is filed.

/A8

E. Clewes, for Canadian Pension Commission. D OF D 7-5-44

DEPARTMENT O	F VETERANS AF	FAIRS AW	ARDS (I	IAVY)	WAR SERVICE RECORDS
DENIS	William		∇-23508	Tel.	FILE No.
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(CLASS)	No,	DATE D	ESPATCHED:		
ADDRESS:					
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CAMPALO	N MEDALC				

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp War Medal	6385.
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)
DVA 806	

D.D.

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RCNVR Apr. 45 "VALLEYFIELD"

MEDALS AND MEMORIALS-DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

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(3) <u>ME</u>	DDRESS:	<u>s</u> Mrs. Norine Brunet	(2)	
	DDRESS:	11747 Lavigne St., Cartierville, Que.	- (3) 22-9-44	

N.V. 17 60M—11-40 (7836) N.S. 815-1

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CERTIFICATE of the SERVICE of

William DENIS

in the Royal Canadian Naval Volunteer Reserve

Tra	ining Headquarters	s			R.C.M	N.V.R. Divi	sion	Offici	Official Number V-23508			
R.C.	N.B. Halifax			Montreal					"			
Date of Birtl	17 Augus	t 1918	3						Name and Address o Relative or Fri (in pencil)			
Place of Birt	h Montreal	, Que						6	nother)			
Place of Resi	dence//7.4.7.	LAV	EN.C.	St-	CAR	TIErvil	le P.d	2	nus Norine Br	UNT		
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						19			Rank			
	ICE	See.				MEDALS, DE	CORATIONS, etc.	1				
Date of Actual Volunteering	Actual Enrolment Voluntee		Period Volunteered for		Rating on Enrolment or Re-enrolment		Date of Award Present		Nature of Decora	tion		
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On Entry		5	21/2	34 <u>1</u>	112	Brown	Brown	Fair	Scar on right u scar on shin	pper li		
On re-enrolment—6	years' Service											
On re-enrolment—1	2 years' Service											
Further Description	if necessary											

TRANSFER	BETWEEN DIVISIONS		TRANSFER—LISTS A AND B					
From	То	Date	List	Date	Authority ·			
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NAVAL TRAINING and ACTIVE SERVICE LEDGER SHIP OR ESTABLISHMENT Year RATING FROM то CAUSE OF DISCHARGE List No. Montreal Division 19.41 DRD. SMH. 15 JAN 4. 31 Mar 41 actual Service 1941. Monteel Division 1.apr: 41 12apr 41. Ind Ann June " adacono Ind. Jel. HMC 27 augul 4 (Bearer) 1941 Ve ext.41 2402 +4 19.41 250 26 Øc 29 Dac 41 Tel 30 Dee 41 18 May 43 19 May 42 16 Dec 42 17 Dec 42 19 Nov 43 20 nov. 43 2.5. Mar. 4.3. eno 26 Mar 4.3 5. Dec. 43 elaga. adacona Valley Dec. 4.3. 29 Felixy ield. 7. May 44 "D.D." Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants Date Details Captain's Signature 30 th Aspet /HI 5. L. +T. M lageed SETU: # 18 41742 43 43 20 - 13 55691

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NAVAL TRAINING and ACTIVE SERVICE

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I	Date	Particulars Naval Identity	Car	Cap Cap	tain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated	
6th Ap	r.1941	Naval Identity #NS.2073 issued	l	Per !	Huspickt/1	0			
14/2014	1-41	QUALIFIED A/C 1 D/	11 1		umell-mes	(A)			

28 June '41 Lual & Trans & And Jele Morhing -22 Aug '41 Lual Sel. Morfus go

Na	me			William				Conduct				
SECOND	CLASS F		IDUCT	CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED								
From			То	Character		Substantive in Brackets	Date	Captain's Signature				
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			13		(Iel)	31 Dec'42.	Chon al					
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	R.C.N.V											
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		OCCUPATIONAL HISTORY FORM	6
_		AM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVIS ITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABL INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE HELP TO THE COMMITTEE.	ORY COM-
	_	HELP TO THE COMMITTEE. PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FOR	
	1.	(a) Print name in full. DENIS Section A-GENERAL INFORMATION	PLEASE LEAVE BLANK
		(a) Arm of service. (b) Unit. (c) Place of residence at time of enlistment. (a) Date of birth. (c) Place of residence at time of enlistment.	>
	4.	(a) Place of enlistment	
		(a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment?	
		(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) If you attended a university, give name of university and standing or degree secured	
		(a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship?	
- 11	9.	(a) What languages FIENCH BINGHISM (b) What languages ENGLISH FIENC do you speak fluently?	H
in sec	10.	(a) State whether you were WORKINGorNOTWORK- ING at time of enlistment. (b) At time of en- listment of what	
4		ing" or "Not Working", as case may be; particu- Ing or "Not Working", as case may be; particu- Ing or "Not Working", as case may be; particu- Ing or "Not Working", Ing or "NotW	and the second se
2	in deren P	Section D-PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
all all	11.	OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a) Had you ever been employed fairly regularly since leaving school?	
		(a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked	ана на селото на село Селото на селото на с Селото на селото на с
	13.	If answer to 11 be "No", state exact trade or occupation for which you feel qualified If you had been employed after leaving school, state	
	15	when you last worked fairly regularly before enlistment.	
	16. 17.	employer, if any: Name	
		in a business of your own, state nature and address of business	
	Q	OF ENLISTMENT UESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (2). 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 Name of employerAddressAddressA	
	19.	Nature of employer's business (for instance, "farmer", or "building	
	20.	(a) Your (b) Number of years' experience at (c) Do you wish (b) Did your employer (c) Do you wish (c) Do you wish (c) Did your employment on discharge?	
	22.	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 (a) State nature of business, or professional practice	K

COPY TO NWND ES MAY 14 194



NATIONAL DEFENSE

6719.1/3 D 1

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)

Nore-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 William Denis

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

B Age {Years Months	© Weight without Clothes	$\widehat{\mathfrak{S}}$ Height with Bare	Generai Development (d)	Chest Girth (e)	S (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small Pox (Date)	a. 19. Lungs, Heart, etc.	🙃 Abdomen, Hernia,	. Limbs and Joints	(?) Skin	BEARS and Hearing	i Testes, U Varicocele, etc.	Mouth, Teeth (No. © deficient and No. defective, if any), Nose, Tonsils, etc.	a Anus, E Hæmorrhoids, eta.
22 41.	lbs.	ft. ins.	- pag	inches (a) maximum 36 minimum 32/2 mean 34/4	right eye	5/54 A Chily	69325app	manuel	James	normal.	nomal.	Jourson	C. U. Plate. 4 deficient beth in good a	Blear.

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

X-ray	Not taken. Approved.		
	Positive. Doubtful.	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, \dagger *Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. \ddagger I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

~ OWVenio	ν.
† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer. ‡ Strike out if inapplicable.	Signature of Candidate

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

This Candidate is the subject of.....

..... *(which renders him medically unfit for service, not considered of sufficient importance to cause his rejection, he being desirable in other respects. * Delete one. IF REJECTED insert here UNFIT in block letters Dated at Montreal amary 1944 Examining Medical Officer (Rank) Lung. It R.C.N.V.R Dr ME Kenza



P 6718



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME	DENIS	OFFICIAL NO. V23508.
CHRISTIAN NAMES	William MAR	RIED, SINGLE or WIDOWER Single
Contract of the state of the st	PERMANENT ADDRESS	RELIGION
11747 Lavigne St.k	Cartierville, Quebec.	Roman Catholic.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
17th August, 1918.	Town Montreal, County Province Quebec.	Mother: Mrs. Norine Brunt, (Same address)

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT CHEST ME		CHEST MEASUREMENT		EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
5 Feet. 21 Inches. 22 112		32] 34]	Brown	Brown	Fair	Scar on right upper lip Scar en chin.
DATE OF ENROLMENT RATING ENRO			OLLING FOR	TRA	DE OR CALLI	NG AND IN WHOSE EMPLOY
15th January, Ord. Sm 1941.		a.	Car	ashier, mada Pack Montreal		

(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) Theve hever served, and analy in any Maxaty Mikkaryy Resource, constraining in any Maxaty Mikkaryy Resource, constraining in a server of the server of the

* Cross out Clause not applicable.

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SERVED IN	RANK	FROM	то
Maisonneuve, Regiment,	Private (Month's training draft)	9 Oct.'40	Personal Records Division.
(c) I have never been rej	ected from any of His Majes contained above are correct	sty's Forces on acco	unt of unfitness.d.
	contained above are correct	and true according	to the best of my knowledge
and belief.			4. Statistical Oard
			5. Roneo Strip
X)			6. Pension ou
an			8
			DATE 20-1-
Mon			Bradeware ware a concession of the second

(a) To serve from the date thereof for three consecutive years, 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.

Dated this	15th	day of	January, 1941.	
			0	
		Signature of applican	nt X Meris.	

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Signature of Commanding Officer. Lieutenant R.C.N.V.R.

(D)

OATH OF ALLEGIANCE

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

Signature of Applicant X

15th January, 1941 Date

1 . Y

Lieutenant R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Witness..

Lieut. R.C.N.V.R. for/

Commanding Officer.

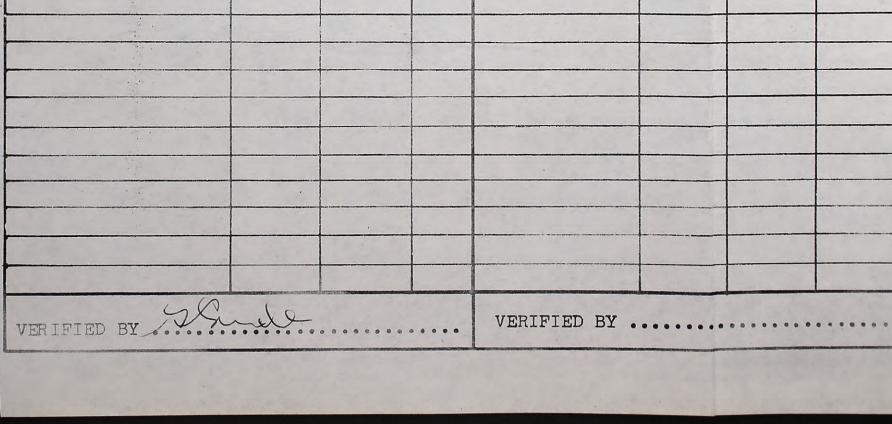
NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

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.

1.10 0.

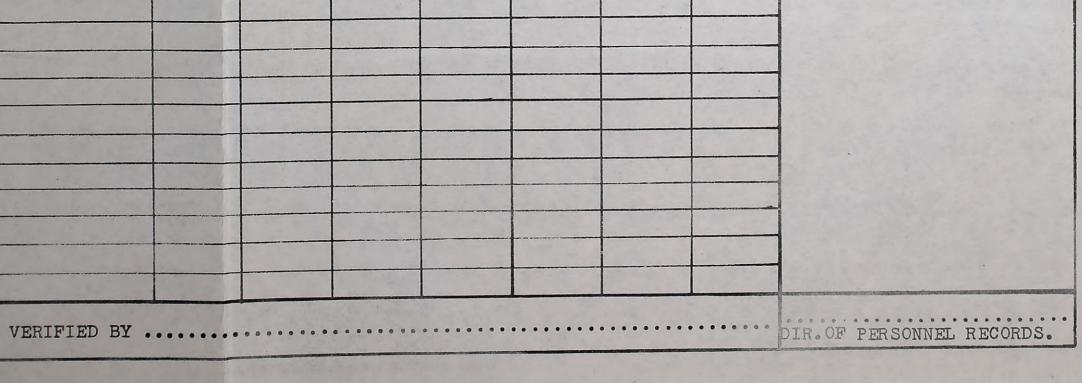
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Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY 院院科 VALLEYFIELD H.M.C.S.....at.......... William DRNID Name.... Telegraph Christian names in full) V.23508 RCN (If unknown, date of first entry) Rank or Rating..... Montreal, Quebec Place of Birth Date of Birth Nomen Catholic Caphier Occupation in Civil Life Religion Number of years in the Navy (Long Service R.C.N., or mobilized 3 yrs. 1 mo service in case of R.C.N. (Temporary) or Reserve ratings) 人名 简称意 7th May, 1944 Date of Death Enemy Action. Torpedoing of H.M.C.S. "VALLEYFIELD" (If due to accident, violence, or enemy action, particulars to be stated briefly) Mrs. Norine BRUNT Mother Nearest known relative or 11747 Lavigne St., friend Cartierville, P.Q. Nat Informed by N.S.H.Q. Date on which the above was informed by Ship Not Registered. Date on which death was registered with local Officials In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh, or Dublin Place of Burial .. (If known) Date of Burial. (If known) Location, Number, etc., of grave..... (If known) Undertaker employed (If any) If borne for discipline only, date D.S. Q or invalided and the start and A/Captain, R.C.N. Commanding Officer

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.

"AWALON"

...19

June,

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

C.N.S. 1121

DEPOTMENT OF NATIONAL DEFOCE NAVY ARMY ARMY AIR FORCE	304 2 NAVY
STATEMENT OF WAR SERVICE GRATUITY	
DECEASED MEMBER'S NAME William (CHRISTIAN NAMES) (SURNAME) REGISTER	NO. 61 24
PAYEE Director of Estates, for Service Estate of	NO. V-23508
A. TOTAL QUALIFYING SERVICE	977 50 ¢
NO. OF DAYS EQUAL TO COMPLETE PERIODS AT \$7 B. QUALIFYING OVERSEAS SERVICE	
NO. OF DAYS 591 LESS INELIGIBLE DAYS, EQUAL TO 568 DAYS @ 25C. PER DAY	142.00
DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL \$ NO. OF DAYS 183 DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL \$ 183 DEPENDENTS' ALLOWANCE 1/30 OF \$ DEPENDENTS' ALLOWANC	80.26
D. WAR SERVICE GRATUITY	499.76
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES DEPENDENTS' ALLOWANCES AND ASSIGNED PAY OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	199.76
G. YOUR PORTION OF GRATUITY IS-	
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$OF \$	=s 499.76
	-s 499.76
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$OF \$	ACCORDANCE WITH
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

DISTRIBUTION OF SERVICE ESTATES

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NAVY

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DME

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Name	DENIS	William	-	No	723508
	Surname	Christian Names			
Tel.		R.C.NWV.R.	0/8		7-5-44
Rank		Unit		Date	e of Death
			AMOUNT	W.S.C.	499.76
				L.P.C\$	73.67
	Date	15-10-45		Other Credits	
				Total Frov.dist. This dist.	573.43 73.67 499.76

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	mother	Mrs. Norine Brunt, 11747 Lavigne St. Gartierville, P.Q. (1/2 as Co-beneficiary per will)	499.76
		<pre>(1/2 as assignment from co- beneficiary) Mrs. Freda Dwyer, Apt. B 2, 11842 LaBalle Blvd., Detroit, Mich. U.S.A.</pre>	
		Detroit, Mich. U.S.A. OCT 181945 OCT 181945 PA: TO TREAS. PA: TO TREAS.	

AUTHO	RITY					DISTRIBUTION APPROVED AND AUTHORIZED
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT	
9999	831	00	50	000	\$499.76	Ina
CLASSIFIE	D BY	1	EXAM	INED BY		(L. M. FIRTH) Colonel Director of Estates
	Al.		For C	hief Treasu	ary Officer	AUDITED FOR PAYMENT
	1	Crite				
1-8-45 (7876) .Q.1772-45-27						For Chief Treasury Officer

V235	608				FFICIA	L NUMI	BER	FI	LE N	UMB	ER	11	3-D-	745	2-						4 : ·	OFFICIA	NUMBER.	V2350	
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an. S. 545 20M-1 (135) N.S. -9-545

IN THE NAME OF GOD. AMEN

J. William Ovila Denis

of His

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123508

Majesty's XXX Canadian Shipn "SHELBURNE"

"If in Hospital or being sound of mind, do hereby make this my last Will and Testament: I in Hospital Ship. Insert the degree of relationship (if of give and bequeath unto my wife, Mother,

any) and place of residence of the Legatee or Legatees. See instructions on

the back hereof.

Norine Brunt, 11747 Lavigne Street, Cartierville, Montreal, Quebec, Canada.

half of my estate and effects wheresoever and whatsoever, the other half of my estate and effects wheresoever and whatsoever I bequeath unto my friend ,

> Freda Kirk, 2010 Marlowe Avenue, Apt 14., N.D.G. Montreal, Quebec.

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together mithinkather and Kather and Kather Insert the degreemy mother NORINE BRUNT and my friend FREDA KIRK. And I do hereby appoint

of relationship (if of any) and place of residence of the Executor or Executors.

NORINE BRUNT

rix Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at Shelburne, N.S. hereunto set my hand, this Twenty-Fourth day of June , in the Year of Our Lord One Thousand Nine Hundred and Forty-Three.

Milliam Orila Denis

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

Records by

- NOTE.-As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.
- Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.
- Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.
- A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared. Noted in Service

Instructions for filling up the Form

xiite, Mother,

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

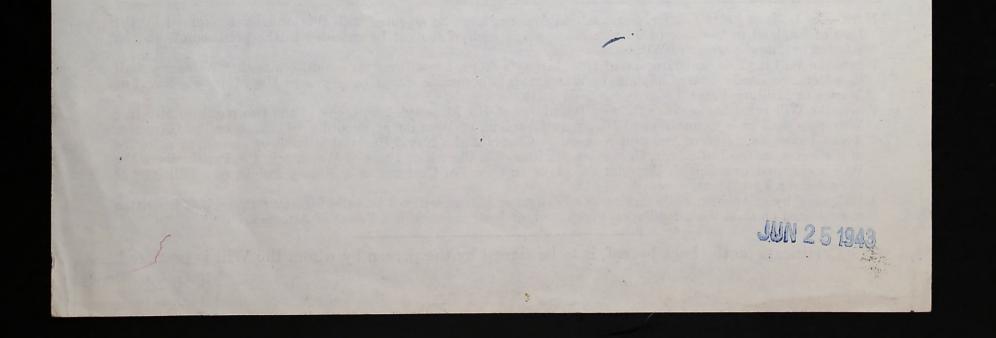
Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

CERTIFICAT

Ancuicly { Signature of the person by whom the Will was prepared.



FOR COMPLETION AND RETURN BY

Mrs. Norine Brunt,

.....11747 Lavigne Street

Cartierville, Que.

.....

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.O. V- 23508 FD. 563

OC

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

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

.....DENIS, WILLIAM Telegraphist,

Official Number V-23508, 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.

Al Wach Director of Estates.

11.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

egrees			INFORMANT'S S	TATEMI	ENT
of Rela- tion- ship	RELAT	accounted for	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 V	Vidow of the D	eceased			
					•
2 C	Children of the dates of their	Deceased and Births	e of receiption to be even of new two standary ordine to be sea a too to the		ult and al al diava
	•				Died Murd
3 F	Father of the D	eceased	B Edmond Denis	25	Died much 1920
4 N	Mother of the I	Deceased	vues Noriae Brunt	50	127- S. J.
			Kenneth Edmond Denis	24	
5	Brothers of the Deceased	Full Blood			
		Half Blood	Bernard Brunt Loyal Brunt	17	
	Sisters	Full Blood			

Rita Brent Ruth Brent 19 Half Blood 10 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 7 V

3.

ANSWER FULLY EACH Q PARTICULARS AS		*
Full names of the deceased.	William Avila	e De
Date of his birth.	august 17th.	19

11 Place and date of his parents' marriage.

Place and date of his marriage.

8

9

10

montreal September 7

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no

917

PARTICULARS OF DOMICILE

montreal P.Q. Montreal P.Q. 12 Place where deceased was born. (a) State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. 13 (b) (c) (d)ice clert Nature of employment before enlistment. 14 State whether he owned the premises in which he lived, and, if 15 no so, where situated. montreal PO Name place where deceased stated he intended to make his permanent home. 16

PARTICULARS OF ESTATE

Did he leave a Will? If in your custody, please forward.	no meso with the
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?	
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
Amount of War Savings Certificates held by deceased. Indicate where located.	Thraw he had some but Ide not know where they are every went down with the ship.
Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	one beaver bond 10000
If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	- mis horine Bunt - mother
Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	- none
	 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? 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? Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. Describe other assets, if any, and estimated value thereof. Use

OTHER PARTICULARS

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

no

An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.

25 Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.

no.

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

(PLEASE TURN OVER)

	4.	
Insert degree	DECLARATION	
of relationship for example. I hereby declare that all the 'Widow''. statement of all the relatives the 'Brother'', etc.	he particulars shown on this form are correct, hat the deceased ever had in the degrees spec	and a true and complete cified; and that I am the
* mathi	of the deceased.	
Magistrate Commissioner or Notary	Norme Brunt 1747 Lavigne St. castarville	Signature of Informant Address
	CERTIFICATE	brue. Montreal
I hereby certify that to the	e best of my knowledge and belief. Mrs	norme
See above. Brunt	{ Name of } is the * mother	of the Deceased
CONTRACTOR AND	Declaration was made by the Informant and	
atthe 1	the o	+ 1
Dated at North have de	this day of	1944 1944
Signature of Clergyman, Priest, Magistrate,	allisce Qualification an	ish-priest
Commissioner or Notary Public or Com- missioned Officer of any of His Majesty's Forces.	Jos Quanication	0. 9/
11/1 4	a de to dece Kello	VIA L
Address.	1, al rouards, I all s	haurent.
	, al rouares, Vall s	Maurent,
NOTE.—Before granting the above Certificate, car Relative stated by him or her to have died, and tha	re should be taken to see that the informant gives particul to the full name and address and age of each surviving R	ars concerning the death of any telative specified is stated in its
NOTE.—Before granting the above Certificate, car Relative stated by him or her to have died, and tha proper place in the Statement opposite. (If the deceased has no living relation	ives of the degrees shown on page 2, the n	
NOTE.—Before granting the above Certificate, car- telative stated by him or her to have died, and that roper place in the Statement opposite.	ives of the degrees shown on page 2, the n	
NOTE.—Before granting the above Certificate, car- telative stated by him or her to have died, and that proper place in the Statement opposite. (If the deceased has no living relationship of other relatives sho	ives of the degrees shown on page 2, the n	ames and addresses and
NOTE.—Before granting the above Certificate, car- elative stated by him or her to have died, and that roper place in the Statement opposite. (If the deceased has no living relationship of other relatives sho	ives of the degrees shown on page 2, the n ould be set out below.)	ames and addresses and
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MILITIA ACT MILITIA ACT H.g. 1772-39-1773
National Resources Mobilization Act, 1940
ENROLMENT
NON-PERMANENT ACTIVE MILITIA OF CANADA
465 REGIMENTAL No. 0-504106
Militia Unit taken On Strength Regt de Mais
1. Surname (Block Letters)
2. Christian Names (In Full) 班目版正A田 印。
73. Present Address 11747 Laviene St. Cartierville, Une.
4. Place of Birth Hontreal, the Date of Birth 17/Attair1918
8 5. Religion Religion 6. Occupation Clerk
7. Next-of-Kin Hother / Wr. Brunt Horine
A# 他的印罗·
8. Physical Description: Height 5021 Weight 1121
Color of Eyes 即即句W的 Color of Hair 静理句如語
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
TO Previous Training.
09.010 NAVAL
04 TIO Mate Mallertrank AT
Dated this 1940 Training Centre No. 41
Training Centre No. 44
(SIGNATURE OF MAN)
20 SAINIA (SIGNATURE AND RANK OF OFFICER EFFECTING
TRAINING CERTIFICATE
STAMP STAMP
A LUURSE 1
ENDING JU. I. Jmith ht
E NOV 8 1940 (SIGNATURE OF OFFICER AFFIXING THE STAMP)
GIMS

This man is willing to Enhit in the R. C. N. a. T. Smith ht

no provious Truining.

Øth

October

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NON QUALIFYING SERVICE

(#)		
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	11	II
U A LANETH		
244 St. DT.	RET BLE	Total Days

Date of Active Service

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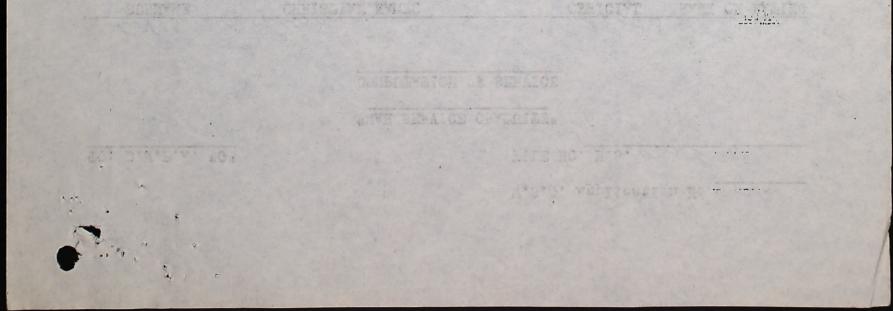
OVERSEAS SERVICE:

17 Sep141. 1 16 Dec 142. 1 7 May 144. 1 No. of Days Where Serving From 28 aug 141. 26 det 141. 21 Beaver 417 Boboet Valleyfield 153 \$7 Dec 143 5912 1 365 30 16 2323101 17 153

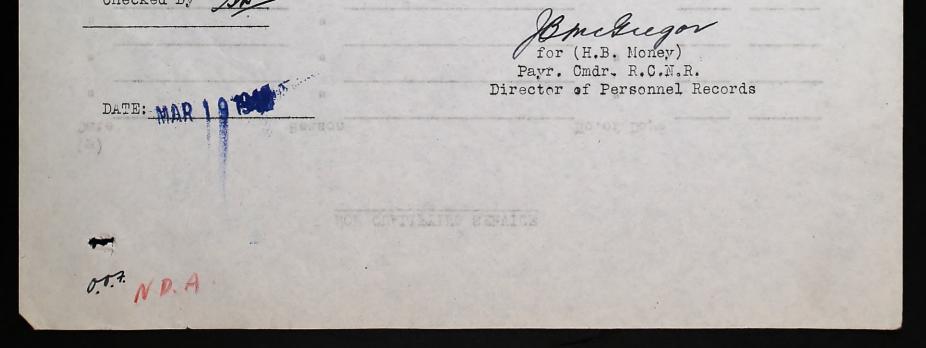
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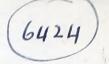
THE DECEMBER

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	W.S.G. Application No. 6474
TO: D.N.P.A. "G"	FILE NO. N.S. 1-23508
"WAR SERVICE (
COMPUTATION O	
DENIS, William SURNAME CHRISTIAN NAMES	V-23508 TEL.
SURNAME CHRISTIAN NAMES IN FULL	OFFICIAL RANK OR RATING NUMBER ON DISCHARGE
CAUSE OF DISCHARGE: Dead	/
	ther of Deceased AP. \$ 20.00
	1096
TOTAL SERVICE	30
Date of Active Service 1 Apl' 1941.	- 1133
Date of Discharge <u>7 May 1944</u> .	
Total No. of Days/33 /	/
# Less non qualifying service	Total Days 11.33
OVERSEAS SERVICE	
% Total No. of Days 5914	
# Less non qualifying	591 1
service	Total Days 5 9/2
Record of Service in other Forces (per Nava	al Records)
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mone BRUNT (MOTHER

11747, Lavigne St Cartigrielle

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

Decensed Member William DENIS Rating TEL. O.No. V23508

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

D.A. -A.P. 20.00 D.A. -A.P. /

- 2. Pension awarded or being awarded to:
- War Service Gratuity Application(s) received from;

Mr Norine BRUNT 11747, Lavigne Street Cartierville Montreal. 9. P.Q.

no record.

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

() To be paid to:

In the proportion of: /

- and -

to: ·

In the prepartion of:

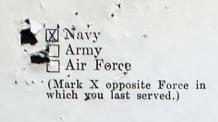
(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

X Group "B" (11)

Group Hell

of the above montioned Directive.

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DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity

(Canadian Armed Forces)

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

1.	Surname on termination of service \mathcal{S} and $\mathcal{D} \in \mathcal{N} / \mathcal{S}$
	(Print)
2.	Christian Names WILLIAM O. NAVAL PERSONNEL
3.	Service No. V23508 4. Paid rank or rating at date of termination of Service
5.	Address, in full, to which payments of gratuity are to be forwarded
	MRS. NORINE BRUNT WAR SERVICE
	11747 LAVIGNE STREET, SECTION
	CARTIERVILLE, QUE. MONTREAL 9

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

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
NAVY	V23508	TEL.	NOT SURE	MAY 7-44
			LEFT MONTRE	AL LOST ON
			APRIL 1941	H.M.C.S. VALLEYFIELD

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated

......

8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed

tion of service.

2 al

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

7EB 14 4 145(Date)

MRS. NORINE BRUNT (MOTHER)

mrs. name Brunt

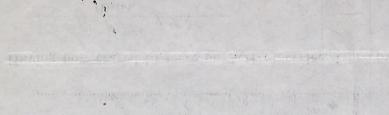
If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

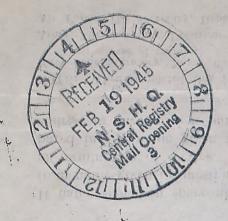
DENIS, WM.O.

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

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- 7. Have you during the present War, while a methody of the Caroling Process been attached, formal opseconded to any of the Navah Molecury, and is Direct of Ma Malestre of thy proper affect or set a court
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- 3. Here vouedering the present War is situated a fightbarier the Canadian strong Field's free presentation to the result of the Nevel, Milloury on Lightpress of the Medice S to not than the Longiton Armen
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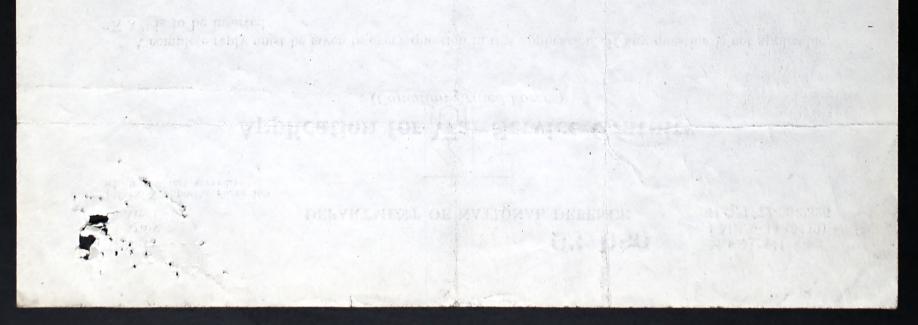


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TFH/LP

REGISTERED AIR MAIL N.S. V-23508 PERS. (N)

11 May, 1944.

Dear Mrs. Brunt:

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

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

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

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

Yours sincerely. LETTER dis EL NAVAL PERSONA SECRETARY. NAVAL BOARD

Mrs. Norine Brunt, 11747 Lavigne Street, CARTIERVILLE, Quebec.

FORM 6	DOMINION BUREAU	OF STATISTIC	S-QUEBEC DEATH TRANSCRIPT
1. PLACE OF	Muni- cipal county AT SBA	Official name of civil municipali- ty or township	Place an X over the word which applies to this municipality or this territory City Town Village Parish Township
DEATH	Street	No.	Hospital or Institution
2. LENGTH OF STAY	(a) In hospital Years Months Days (b) In a pality we death of	munici- Years Months	s Days Years Months Days (d) In Canada Years Months Days
3. NAME OF	Surname (Block letters)	Do not write in	n
DECEASED	Given names	this space	22. Date of death
N	me of		23. I HEREBY CERTIFY that I attended deceased from
5. SEX 6.	NATIONALITY (Citizenship) 7. RACIAL ORIGIN 8. Si Wido (M Consolion	ingle, Married, owed or Divorced Write the word)	I Solor disease, injury or complica- tion which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
name of wife or hu band of deceased 10. BIRTHPLAC (Province or Coun 11. DATE OF	try) Montreal		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). II (b)
12. AGE OF DECEASED	(Month) (Day)	(Year) an one day old	Other morbid conditions (if impor- tant) contributing to death but not causally related to immediate cause.
		s. ormin.	III mentioned on this certificate, give (a) Date of appearance
NOIL Kind of w teamster	de, profession or ork, as spinner, 2nd Cashiers		25. If a woman, was there a puerperal condition?
business, lumberin 15. Date	d of industry or as cotton-mill, Canada Packers g, bank, etc		26. Was there a surgical operation?Date of
worked at	this occupation occupation 18.	BIRTHPLACE (Province or Country)	State findings
FATHER			Accident, suicide or homicide
MOTHER (Maiden Name)			Manner of injury
19. Place of buria mation or re			Specify whether injury occurred in industry, in home, or in public place
E (a) N	ame of parish church		Signed M.D.
BURIAL BURIAL BURIAL	ivil muni- pality of	28.5	Address Date 19 gnatare of person who fills in the form murate, coroner, dorpital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
PLA TRIDUCTST SIHT SHTT SIHT	ate(Month) (Day)	Have.	re Cdr. ReCellevene <u>1 Service liedenerter</u> gnature authorizes the collector to accept this form as authentic. Cttare, Onteriol Record (Voir l'autre côté pour le français)

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List and Number in Ledger	A	LLOTTOR		Rank or	r Rating	Official No.	Daily Rate of Pay
VALON for COBALT				e .			
.2-2- 66 ×	SurnameDENIS Christian Names	χ liam		Tel	. >	≻ V-23508	* \$2.00
Section A	AI	LOTMENT I	NOW DECLAR	ED			
FULL NA	AME OF ALLOTTEE	Relationship	AD	DRESS		Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname	Norine R.	Mother	ll747 Lav Cartierv			40.00	Inc. + March +
Section B			EXISTING AL		11 · · · ·	D.0/3/42	e Note 1 below)
Rate	NAME OF ALLOTTEE	e e	ADDRESS		These at	btments are to be disp below. (See Note	osed of as indicated 2):
20.00 × 1/1r	s. Norine Brunt	as and	above	gors	Incre	easedaspe	prS.oc.,II.A.I
Note 1:If there be Note 2:Write "Inco ENTERED IN FA		be stopped (charged t	zing charges	.0	nis r R	ank or Rating	

are:-

Assigned Pay to Wives Assigned Pay to other Dependents Marriage Allowance Dependents Allowance Other Allotments

Total

 111 \$

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 40,00

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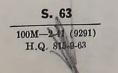
Accountant Officer

H.M.C.S.

THE NAVAL SECRETARY,

Department of National Defence, (Naval Service)

Ottawa, Ont.



Forwarded $\frac{26}{2}/\frac{42}{42}$

Noted in Service Records by

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters	2	
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		

-

FORTY * * 4.0.00 DENIS, WILLIAM V-23508 MRS. NORINE BRUNT, LI747 LAVIGNE ST., CARTIERVILLE, MONTREAL P.0.