HS

**REGISTERED**

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

30 August, 1944.

Dear Mrs. Brunt:

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. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

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

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

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

Royal Canadian
Message ✓ Condolence ✓
Date Sent 30/8/44 NPR 5

Despatched by
Sec. N. B.

Date 1/9/44
Time 1600

DNPA

Noted on Estate Card. G.P. 5-9-44

BF 30-9/44 NPR/5

ML

AUG 30 1944

V-23508 Pers (N)

24

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 |
|---|---|---|
| DENIS, WILLIAM<br>Telegraphist,<br>Official Number<br>V-23508, R.C.N.V.R. | Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic. | Mother:<br>Mrs. Norine Brunt,<br>11747 Lavigne Street,<br>Cartierville, Que. |

ALLOTMENTS IN FORCE

| In favor of | | Amount | Initials |
|---|---|---|---|
| Mrs. Norine Brunt | 11747 Lavigne St.,<br>Cartierville, Que. | $20.00 A.P. | Stopped<br>May 31st 1944 |
| Rec. Gen. of Can.<br>5th V. L.<br>Ottawa, Ont. | Ottawa, Ont. | $16.80 | Stopped<br>30th April 1944 |

Will: No Will.

Yours truly,

H.B. Money.

for SECRETARY, NAVAL BOARD.

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

FORM A.

FILE: N.S. V-

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

Sir: ....12 May, 1944.....
(Date)

The following casualty has been reported -

| NAME | RANK or RATING | NAVAL NO. |
|---|---|---|
| DENIS, William | Telegraphist | V23508 R.C.N.V.R. |

DATE OF ENLISTMENT - 15 Jan., 1941. Active Service 1 April, 1941.

DATE OF DISCHARGE - Will be reported later

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother NAME- Mrs. Norine Burnt.

ADDRESS- 11747 Lavigne St., Cariterville, Que.

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD.

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

Br 12/8/44 NPR/5

NOTE: Duplicate copies of this form (Form "B") have been forwarded t Chief Treasury Officer (Allotment Section), Department of Nat Defence, Naval Service, for completion respecting the details Marriage Allowance, Dependents Allowance, etc., and subsequen 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.

# THE CANADIAN PENSION COMMISSION

## MEMORANDUM

To.....Pension Medical Examiner, MONTREAL

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

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

V-23508 TELGT. DENIS, William. P. & N. H. 452-W

The Department of National Defence, Naval Service,

officially reports that the marginally named was reported -
Missing, presumed dead, 7th May 1944 when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic,

~~on the~~ on service CANADA & HIGH SEAS.

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

$ 20.00 a month to - 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.

/AS

E. Clewes,
for
Canadian Pension Commission.

D OF D 7-5-44

D.D.

DEPARTMENT OF VETERANS AFFAIRS

# AWARDS (NAVY)

WAR SERVICE RECORDS

| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT | FILE No. |
|---|---|---|---|---|---|
| DENIS | William | V-23508 | Tel. | | |

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

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

DVA 806

RCNVR Apr. 45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Norine Brunt - Mother

ADDRESS: 11747 Lavigne St., CARTIERVILLE, Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER: Mrs. Norine Brunet

ADDRESS: 11747 Lavigne St., Cartierville, Que.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 765

(2)

(3) 22-9-44

N.V. 17
60M—11-40 (7836)
N.S. 815-1[redacted]

# CERTIFICATE of the SERVICE of

William DENIS

## in the Royal Canadian Naval Volunteer Reserve

| Training Headquarters | R.C.N.V.R. Division | Official Number V-23508 |
|---|---|---|
| R.C.N.B. Halifax | Montreal | " |
| | | " |

Date of Birth 17 August 1918

Place of Birth Montreal, Que.

Place of Residence 1747 Laviene St. - Cartierville P.Q.

Trade brought up to 2nd Cashier

Religion Roman Catholic

O.H.F.

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

(Mother)
Mrs. Norine Brunt
1747 Laviene St.
Cartierville P.Q.

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

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

**PARTICULARS OF SERVICE**

| Date of Actual Volunteering | Date of Enrolment or re-enrolment | Period Volunteered for | Rating on Enrolment or Re-enrolment |
|---|---|---|---|
| 13 Jan '41 | 15 Jan '41 | Duration of Hostilities | Ord. Smn. |

**MEDALS, DECORATIONS, etc.**

| Date of Award | Date of Presentation | Nature of Decoration |
|---|---|---|
| 16 Mch '44 | | Gen. Volunteer Service Ribbon & bclasp - Provisional Award. |
| 16 Mch '44 | | 1939-43 Star - Provisional Award. |

**PERSONAL DESCRIPTION**

| — | Height Feet | Height Inches | Chest (mean) | Weight | Hair | Eyes | Complexion | MARKS, WOUNDS, SCARS |
|---|---|---|---|---|---|---|---|---|
| On Entry | 5 | 2½ | 34½ | 112 | Brown | Brown | Fair | Scar on right upper lip scar on shin |
| On re-enrolment—6 years' Service | | | | | | | | |
| On re-enrolment—12 years' Service | | | | | | | | |
| Further Description if necessary | | | | | | | | |

**TRANSFER BETWEEN DIVISIONS**

| From | To | Date |
|---|---|---|
| | | |

**TRANSFER—LISTS A AND B**

| List | Date | Authority |
|---|---|---|
| | | |

# NAVAL TRAINING and ACTIVE SERVICE

| Year | SHIP OR ESTABLISHMENT | LEDGER List | LEDGER No. | RATING | FROM | TO | CAUSE OF DISCHARGE |
|---|---|---|---|---|---|---|---|
| 1941 | "Montreal Division" | | | Ord. Smn. | 15 Jan '41 | 31 Mar '41 | |
| | | | | | Active Service | | |
| 1941 | "Montreal Division" | | | Ord. Smn. | 1 Apr. '41 | 7 Apr. '41 | |
| — " — | Stadacona | | | — " — | 8 Apr. '41 | 27 June '41 30 June | |
| — " — | HMC Signal School | — | — | Ord. Tel. | 28 June '41 July | 27 August | |
| — " — | Venture (Beaver) | | | — " — | 28 August | 17 Sept '41 | |
| 1941 | Venture | | | — " — | 18 Sept '41 | 24 Oct '41 | |
| 1941 | Stadacona | | | — " — | 25 Oct 41 | 25 Oct '41 | |
| | Cobalt | | | — " — | 26 Oct '41 | 29 Dec '41 | |
| | — " — | | | Tel | 30 Dec '41 | 18 May '42 | |
| | Stadacona (Cobalt) | | | — " — | 19 May '42 | 16 Dec '42 | |
| | Shelburne | | | — " — | 17 Dec '42 | 19 Nov '43 | |
| | Stadacona | | | — " — | 20 Nov. '43 | 25 Nov '43 | |
| | Hochelaga II | | | — " — | 26 Nov '43 | 5 Dec '43 | |
| | Stadacona (Valleyfield) | | | — " — | 6 Dec '43 | 29 Feb '44 | |
| | Avalon (— " —) | | | — " — | 1 Mch '44 | 7 May 44 | "D.D." |

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

| Date | Details | Captain's Signature |
|---|---|---|
| 30th Sept 1941 | S.L.+T.W. | |
| 11 Jan '43 | Issued SCTW # B 41742 | |
| 20 July 43 | — — — B 55697 | |

# NAVAL TRAINING and ACTIVE SERVICE

| Year | SHIP OR ESTABLISHMENT | LEDGER | | RATING | FROM | TO | CAUSE OF DISCHARGE |
|---|---|---|---|---|---|---|---|
| | | List | No. | | | | |
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| EXAMINATIONS, NOTATIONS, QUALIFICATIONS | | | RECORD OF RATING | | |
|---|---|---|---|---|---|
| Date | Particulars | Captain's Signature | Rated | Date | Authority for Advancement or Reason for Disrating to be stated |
| 6th Apr. 1941 | Naval Identity Card #NS.2073 issued. | Comm P.W. Earl Per Hart Bird LT/VR | | | |
| 14 April '41 | QUALIFIED A/C 1 DAY | A.C. Burnell-Jones Jr CO | | | |
| 28 June '41 | Qual & Trans to Ord Tel | P.W. Hesgan | | | |
| 22 Aug '41 | Qual Tel | P.W. Hesgan | | | |
| | | | | | |
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| | | | | | |

Name William DENIS Conduct

| SECOND CLASS FOR CONDUCT (Inclusive Dates) | | CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED | | | |
|---|---|---|---|---|---|
| From | To | Character | Efficiency in Rating Noting Substantive Rating in Brackets | Date | Captain's Signature |
| | | V.G. | Sat (Tel) | 31 Dec '41 | C. J. Angus |
| | | VG | Sat (Tel) | 31 Dec '42 | [illegible] |
| | | V.G. | Sat (Tel) | 31 Dec '43 | H. Kingsley |
| | A14055 | V.G | Sat (TEL) | 9 May '44 | [illegible] |

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

| Date | G.S.B. or G.C.B. | 1st, 2nd, 3rd | Granted, Deprived, Restored |
|---|---|---|---|
| 1 Apl '44 | GCB | 1ST | GRANTED |

A 14055

TIME FORFEITED

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

113-D-745 S C 6

# OCCUPATIONAL HISTORY FORM

FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full: DENIS WILLIAM (b) Reg'l. No. V 23508
2. (a) Arm of service: NAVY (b) Unit: R.C.N.V.R. (c) Rank: O. Sea. (W.T.)
3. (a) Date of birth: AUG 17 1911 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Montreal City
4. (a) Place of enlistment: MONTREAL QUE (b) Date of enlistment: JAN 7 1941

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 18 (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.): Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? FRENCH & ENGLISH (b) What languages do you read well? ENGLISH & FRENCH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer: CANADA PACKERS LIMITED Address: MONTREAL QUE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): MEAT PACKER
20. (a) Your specific occupation: 2nd CASHIER (b) Number of years' experience at this occupation with any employer: 1
21. (a) Did your employer promise definitely to give you employment on discharge? EMPLOYMENT (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming?
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience?

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): ASSURED OF A JOB
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: WIRELESS OPERATOR

DATE: APRIL 16th 1941 SIGNATURE:

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

CANADA

# 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 William Denis

‡candidate for entry as List 1

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 (a) | Weight without Clothes (b) | Height with Bare Feet* (c) | General Development (d) | Chest Girth (e) | Vision by— (i) Snellen's Types (ii) Colour Vision (f) | Vaccinated or revaccinated for Small Pox (Date) (g) | Lungs, Heart, etc. (h) | Abdomen, Hernia, etc. (i) | Limbs and Joints (k) | Skin (l) | Ears and Hearing (m) | Testes, Varicocele, etc. (n) | Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o) | Anus, Hæmorrhoids, etc. (p) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | lbs. | ft. ins. | | inches (a) maximum | right eye | | | | | | | | | |
| 22 4/12 | 112 | 5' 2 1/2" | Good | 36 | 6/6 | 5/5 A Ehlers | 69 32 sept | normal | normal | normal | normal | normal | C. U. Plate. 4 deficient teeth in good repair | clear |
| | | | | (b) minimum | left eye | | | | | | | | | |
| | | | | 32 1/2 | 6/6 | | | | | | | | | |
| | | | | (c) mean | *colour vision | | | | | | | | | |
| | | | | 34 1/4 | N | | | | | | | | | |

*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, †*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.

X W Denis

*Signature of Candidate*

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

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

This Candidate is the subject of .....

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.}

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at Montreal the 14 of January 1944

R B McLeod

*Examining Medical Officer*

(Rank) Surg. Lt R.C.N.V.R.

Dr McKenzie

N. V. 5
5M—10-39 (2365)
N.S. 815-11-5

CANADA

P 6718

JAN 17 1941
N.S. 113 N 745
CANADA

# ATTESTATION FORM

## FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME DENIS OFFICIAL NO. V 23508.

CHRISTIAN NAMES William MARRIED, SINGLE or WIDOWER Single

2

| PERMANENT ADDRESS | RELIGION |
|---|---|
| 11747 Lavigne St., 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 MEASUREMENT | HAIR | EYES | COM-PLEXION | WOUNDS, SCARS, MARKS |
|---|---|---|---|---|---|
| Feet 5 Inches 2½ 112 | Inflated 36 Deflated 32½ Mean 34½ | Brown | Brown | Fair | Scar on right upper lip. Scar on chin. |

| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY |
|---|---|---|
| 15th January, 1941. | Ord. Smn. | 2nd Cashier, Canada Packers, Montreal Quebec. |

## (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 Regiment Maisonneuve 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 |
|---|---|---|---|
| Maisonneuve, Regiment, | Private (Month's training draft) | 9 Oct.'40 | 7 Nov.'40 |

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

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

Personnel Records Division.
1. Noted in Records
2. Index Card
3. Nominal Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE 20-1-41.

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

(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.

Signature of applicant X W Denis

## (C) CERTIFICATE OF DIVISIONAL COMMANDING 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 15th day of January, 1941.

W H Shearm
Signature of Commanding Officer.
Sub 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 W Denis

Witness W H Shearm

Date 15th January, 1941. Rank Sub Lieutenant R.C.N.V.R.

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

## (E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

William Denis 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 Montreal Division of the R.C.N.V.R.

W H Shearm
Sub 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.

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C

NAVAL GENERAL SERVICE MEDAL (19

NAME IN FULL ..LEWIS William.. RANK/RATING ....Tel.....

| SHIP | SERVICE | | | AREA | QUALIFYIN | | |
|---|---|---|---|---|---|---|---|
| | FROM | TO | DAYS | | FROM | TO | 1939-4 |
| | | | | | | | |
| | 1-4-41 | | | | | | |
| Beaver | 28-8-41 | 17-9-41 | 21 | at | | | |
| | | | | | | | |
| Colwell | 26-10-41 | 16-12-42 | 417 | at | | | |
| | | | | | | | |
| Valleyfield | 7-12-43 | 7-5-44 | 153 | at | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | this | ~~[illegible]~~ | | Deed | | | |
| | 7-5-44 | | | | | | |

VERIFIED BY .....

VERIFIED BY .....

VERIFICATION FORM

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

NAVAL GENERAL SERVICE MEDAL (1915).

...RANK/RATING ....Tel.....OFF.NO. ..V. 23508.....ADDRESS .....

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

VERIFIED BY .....

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

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

32

H.M.C.S. VALLEYFIELD at SEA

Name: William DENIS (Christian names in full)

Rank or Rating: Telegraphist Official No. V.23508 RCNVR (If unknown, date of first entry)

Place of Birth: Montreal, Quebec Date of Birth: 17 Aug. 1918

Occupation in Civil Life: Cashier Religion: Roman Catholic

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings): 3 yrs. 1 mos

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

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

Nearest known relative or friend

Name: Mrs. Norine BRUNT Relationship: Mother

Address: 11747 Lavigne St., Cartierville, P.Q.

Date on which the above was informed by Ship: Not Informed by N.S.H.Q.

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

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

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

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

Undertaker employed (If any)

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

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

15 June, 1944

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

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

C.N.S. 1121

DC

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

304 2 NAVY

## STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William (CHRISTIAN NAMES) DENIS (SURNAME)

REGISTER NO. 6424

FILE NO. NSV-23508

PAYEE: Director of Estates, for Service Estate of William DENIS,

ADDRESS: 308 Sparks St., Ottawa, Ont. N.S.V-23508

DATE 24 July '45

SERVICE NO. V-23508

FINAL RANK OR RATING Tel.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May '44

DATE OF DISCHARGE 7 May '44

| | | $ ¢ |
|---|---|---|
| A. TOTAL QUALIFYING SERVICE | NO. OF DAYS ~~113~~ 90 EQUAL TO 37 COMPLETE PERIODS AT $7.50 | 277.50 |
| B. QUALIFYING OVERSEAS SERVICE | NO. OF DAYS 591 LESS 23 INELIGIBLE DAYS, EQUAL TO 568 DAYS @ 25c. PER DAY | 142.00 |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | |

DAILY RATES AT DISCHARGE

| | | |
|---|---|---|
| PAY | $ 2.00 | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.45 | |
| ADDITIONAL PAY T.O.W/T | $ .05 | 73 |
| 1 G.C.B. | $ .05 | |
| | $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | |
| TOTAL | $ 3.55 ×7 = $ 24.85 | |
| NO. OF DAYS 591 / 183 | × $ 24.85 | 80.26 |

| | |
|---|---|
| D. WAR SERVICE GRATUITY | 499.76 |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ NIL | |
| OTHER DEDUCTIONS $ | |
| F. TOTAL AMOUNT PAYABLE N.P.K. 39 | 499.76 |

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ = $ 499.76

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

| PREPARED BY | CHECKED BY | TREASURY CHECKED BY | DATE |
|---|---|---|---|
| YN | [illegible] | H. [illegible] | 25/7/45 |

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

DME

# DISTRIBUTION OF SERVICE ESTATES

NAVY

Estates Form "P. 4"

Name DENIS (Surname) William (Christian Names) No. V23503

Tel. (Rank) R.C.N.V.R. O/S (Unit) 7-5-44 (Date of Death)

AMOUNT W.S.G. 499.76
L.P.C. $ 73.67

Date 15-10-45

Other Credits

Total 573.43
Prev.dist. 73.67
This dist. 499.76

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

OCT 18 1945

P4. TO TREAS.

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 831 | 00 | 50 | 000 | $499.76 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

V23508 OFFICIAL NUMBER | FILE NUMBER 113-D-745 | OFFICIAL NUMBER V23508

NAME DENIS (Surname) William (Given Names) DATE OF BIRTH 17 August, 1918

PLACE OF BIRTH Montreal OCCUPATION Cashier

RELIGION R.C. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 11747 Lavigne St. Town Cartierville Province, etc Que.

| Engagements | | | | Description | | | | | Previous Service | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (in figures) Day | Month | Year | Period | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates From | To |
| 15 | 1 | 41 | H.O. | 5'2½ | brown | brown | fair | scar rt. upper lip | Maisonneuve Reg't | Pte. | 9-10-40 | |
| | | | | | | | | scar on chin. | | | 7-11-40 | |

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Denise Benoit

ADDRESS (in pencil): Street and No. 11747 Lavigne St. Town Cartierville P.Q. Province, etc. Quebec

Last 9/10/43

| Medals, Clasps, Hurt Certificates, Prize Money | | | | Examinations, Certificates, etc. | | | | Date (in figures) | | | Particulars |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (in figures) Day | Month | Year | Particulars | Day | Month | Year | Particulars | Day | Month | Year | |
| 16 | 3 | 44 | C.V.S.M. (R.&C.) 1939/43 Star. | 8 | 7 | 41 | Passed Educ. Test I R.C.N. | | | | |
| | | | | 22 | 8 | 41 | Qual. for tel. | | | | |

| Badges, G.C. or G.S. | | | | |
|---|---|---|---|---|
| Date (in figures) Day | Month | Year | 1st, 2nd or 3rd G.C. or G.S. | Granted Deprived Restored |
| 1 | 4 | 44 | 1st. G.C.B. | Granted |

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

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

O.H.F. Rec.

Last Will & Testament No. 5777 received

FILM NO. WR-5354-4

DATE

Second Class For Conduct

| From | To |
|---|---|
| | |

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

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

V23508 OFFICIAL NUMBER

NAME DENIS (Surname) William (Given Names)

P.I.B. OFFICIAL NUMBER V23508

| Ship or Establishment | Rating | From Day | From Month | From Year | Remarks | Character | Efficiency | Date Day | Date Month | Date Year | Non-Sub. Rating | Qualified Day | Qualified Month | Qualified Year | Re-Qualified Day | Re-Qualified Month | Re-Qualified Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Div. Str. Montreal | Ord. Smn | 15 | 1 | 41 | | V.G. | Sat. | 31 | 12 | 41 | T.O. W/T | 18 | 1 | 44 | | | |
| Duty Div. Hdqs. | " | 1 | 4 | 41 | | V.G. | Sat. | 31 | 12 | 42 | | | | | | | |
| Stadacona | " | 7 | 4 | 41 | | V.G. | Sat. | 31 | 12 | 43 | | | | | | | |
| " | Ord. Tel. | 28 | 6 | 41 | | V.G. | Sat. | 7 | 5 | 44 | | | | | | | |
| Beaver | " | 29 | 8 | 41 | | | | | | | | | | | | | |
| Venture | " | 18 | 9 | 41 | | | | | | | | | | | | | |
| Cobalt | " | 25 | 10 | 41 | | | | | | | | | | | | | |
| " | Tel. | 30 | 12 | 41 | | | | | | | | | | | | | |
| Shelbourne | " | 21 | 12 | 42 | via Stad. DRD H-224 | | | | | | | | | | | | |
| Stadacona | " | 21 | 11 | 43 | DRD H-3270 | | | | | | | | | | | | |
| Hoch. (Frigate #8) | " | 26 | 11 | 43 | DRD H-3343. | | | | | | | | | | | | |
| Valleyfield | " | 6 | 12 | 43 | S.C. | | | | | | | | | | | | |
| DISCHARGED | " | 7 | 5 | 44 | "Missing" Per Casualty List. | | | | | | | | | | | | |
| | | | | | "Presumed Dead" (Per Correction Sheet P/96) | | | | | | | | | | | | |

GENERAL REMARKS

69325 app.
AWARDED CANADIAN MEMORIAL CROSS to:
Mother: Mrs. Norine Brunt,
11747 Lavigne St.,
Cartierville, Quebec.
22 September, 1944.

| DATE OF BIRTH DY. | MO. | YR. | PLACE OF BIRTH | CIVIL OCCU. MAIN | SUB | RELIGION | ED. | PERM. RESIDENCE P. | CTY. | TOWN | PREV. SERV. | ENL. DIV. | RANK OR RATE ON ENLISTMENT A | BR. | RANK |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | 8 | 18 | 12 | 81 | 0 | 10 | 22 | 33 | 03 | 9 | 09 | 0 | 108 | 95 |

| ENLIST. DATE DY. | MO. | YR. | ACT. SERV. DATE DY. | MO. | YR. | STR. CAT. | | ACT. SERV. DATE DY. | MO. | YR. | SHIP OR ESTAB. | RANK OR RATE A | BR. | RANK |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | 01 | 41 | 01 | 04 | 41 | | | | | | 9680 | 0 | 12 | 44 |

| SENIORITY DY. | MO. | YR. | STR. CAT. | NON-SUB A | B | M ST. | | CODED | CHECKED |
|---|---|---|---|---|---|---|---|---|---|
| 30 | 12 | 41 | 13 | 03 | 00 | | | | |

Can. S. 545
20M—[illegible] (135)
N.S.—[illegible]-9-545

√23508

IN THE NAME OF GOD, AMEN

I, William Ovila Denis of His Majesty's ~~XXX~~ Canadian Shipn "SHELBURNE" (~~xxxxxPatientxxx~~ ), being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my ~~wife~~, Mother,

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of 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 Canadian Navy, together ~~with all the Estate and Effects whatsoever belonging to me~~* to be divided equally between my mother NORINE BRUNT and my friend FREDA KIRK.

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

And I do hereby appoint

NORINE BRUNT

Executor~~s~~rix 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,

William Ovila 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* { Arthur Munday / G. A. Gall

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 Records by [illegible]

# Instructions for filling up the Form

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.

## CERTIFICATE



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.

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

FOR COMPLETION AND RETURN BY

Form P. 64

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.Q. V- 23508 FD. 563

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

### OTTAWA, ONT.

September 12 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

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.

H. Wade.
Commander R.C.N.
for.
Director of Estates.

GC/

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased | | | | |
| 2 | Children of the Deceased and dates of their Births | | | | |
| 3 | Father of the Deceased | | B Edmond Denis | 25 | Died March 9th 1920 |
| 4 | Mother of the Deceased | | Mrs Norrie Brunt | 50 | |
| 5 | Brothers of the Deceased | Full Blood | Kenneth Edmond Denis | 24 | |
| | | Half Blood | Bernard Brunt | 17 | |
| | | | Loyal Brunt | 14 | |
| 6 | Sisters of the Deceased | Full Blood | ✓ | | |
| | | Half Blood | Rita Brunt | 19 | |
| | | | Ruth Brunt | 10 | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | | Names and ages of their children (if any) | | Address of their children |
| | | | ✓ | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | William Ovila Denis |
| 9 | Date of his birth. | august 17th. 1918 |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | Montreal September 26th 1917 |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal P.Q. |
| 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) (c) (d) Montreal P.Q. |
| 14 | Nature of employment before enlistment. | Office clerk |
| 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. | Montreal PQ |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | no unless with the navy |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | ✓ |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | not known |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | ~~I know he had some but I do not know where they are.~~ None here everything went down with the ship. |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | One bearer bond $100.00 share st. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Sun Life Ass Co $1.000.00 ~~Father~~ Mrs Norine Brunt – Mother |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | None |

## OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

## DECLARATION

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

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

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Marine Brunet — Signature of Informant

11747 Lavigne St. Cartierville Que. Montreal 9 — Address

## CERTIFICATE

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

*See above.

Dated at Notre Dame de Bois-Franc this 15th day of October 19[illegible]

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Eugène Guillet c.s.c. — Qualification parish-priest

Address 1501, de Londres, Ville St Laurent.

**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

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

# ENROLMENT

## NON-PERMANENT ACTIVE MILITIA OF CANADA

465

REGIMENTAL No. D-504106

Militia Unit taken On Strength Regt de Maisonneuve

1. Surname (Block Letters) DENIS
2. Christian Names (In Full) WILLIAM O.
3. Present Address 11747 Lavigne St. Cartierville, Que.
4. Place of Birth Montreal, Que. Date of Birth 17/Aug/1918
5. Religion R.C. 6. Occupation Clerk
7. Next-of-Kin Mother / Mr. Brunt Morine (NAME AND ADDRESS) as above.
8. Physical Description: Height 5'2½" Weight 112½ Color of Eyes Brown Color of Hair Brown
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

No previous Training.

NAVAL

Dated this 9th day of October 1940

Training Centre No. 41

W. Denis
(SIGNATURE OF MAN)

J. B. Bleakney
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT) 2/LT

TRAINING CERTIFICATE STAMP

R.A.M. TRAINING CENTRE No. 41 COURSE 1 ENDING NOV 8 1940

STAMP

A. T. Smith Lt
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

This man is willing to
enlist in the R.C.V.

A. T. Smith, Lt.

NON QUALIFYING SERVICE

(#)

| Date | Reason | No. of Days | |
|---|---|---|---|
| " | " | " | |
| " | " | " | |
| " | " | " | |
| " | " | " | |
| " | " | " | |
| " | " | " | |
| | | Total Days | |

(%)

OVERSEAS SERVICE:

| Where Serving | From | To | No. of Days |
|---|---|---|---|
| Beaver | 28 aug 141. | 17 Sep 141. ✓ | 21 ✓ |
| Cobbet | 26 Oct 141. | 16 Dec 142. ✓ | 417 ✓ |
| Valleyfield | 7 Dec 143 | 7 May 144. ✓ | 153 ✓ |
| | | | 591 ✓ |

4
17
21

365
6
30
16
417

25
31
29
31
30
7
153

W.S.G. Application No. 6424

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

FILE NO. N.S. V-23508

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

| SURNAME | CHRISTIAN NAMES IN FULL | OFFICIAL NUMBER | RANK OR RATING ON DISCHARGE |
|---|---|---|---|
| DENIS, | William | V-23508 | TEL. |

CAUSE OF DISCHARGE: Dead

Application made by Mother of Deceased Ap. $20.00

TOTAL SERVICE = 1096 + 30 + 7 = 1133

Date of Active Service 1 Apl'1941.

Date of Discharge 7 May'1944.

Total No. of Days 1133

# Less non qualifying service —

Total Days 1133

OVERSEAS SERVICE

% Total No. of Days 591

# Less non qualifying service —

Total Days 591

Record of Service in other Forces (per Naval Records)

Branch of Service nil

Date of Active Service

Date of Discharge

# & % Overleaf

Computed By

Checked By

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

DATE: MAR 19 [illegible]

O.K. N.D.A.

6424

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

Name of Deceased Member William DENIS Rank or 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. —

Mrs Norine BRUNT (MOTHER
11747 Lavigne St
Cartierville
Montreal. 9.

2. Pension awarded or being awarded to: no record.

3. War Service Gratuity Application(s) received from: Mrs Norine BRUNT
11747. Lavigne Street
Cartierville
Montreal. 9. P.Q.

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

( ) To be paid to: In the proportion of: /

- and -

to: In the proportion 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" (ii)

~~Group "C"~~ of the above mentioned Directive.

Date 20 March '45

for D.N.P.A. (G) DKJ.

☒ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

031080

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 ~~Denis~~ DENIS (Print)

2. Christian Names WILLIAM O. (Print)

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,
11747 LAVIGNE STREET,
CARTIERVILLE, QUE. MONTREAL 9.

NAVAL PERSONNEL RECORDS
FEB 20 1945
6424
WAR SERVICE GRATUITY SECTION

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 MONTREAL | LOST ON |
| | | | APRIL 1941 | H.M.C.S. VALLEYFIELD |

Noted

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? NO If so, state the Force or Forces, with dates of commencement and termination of service.

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

FEB 14th 145
(Date)

MRS. NORINE BRUNT (MOTHER)
(Signature of Applicant)
Mrs. Norine 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.) I have never received certificate of Service.
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.

TFH/LP

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

19

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 dispatched by
PERSONNEL NAVAL
MAY 12 1944

SECRETARY, NAVAL BOARD

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

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: AT SEA

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

**2. LENGTH OF STAY**

| (a) In hospital or institution | Years | Months | Days | (b) In municipality where death occurred | Years | Months | Days | (c) In Province | Years | Months | Days | (d) In Canada (if immigrant) | Years | Months | Days |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**3. NAME OF DECEASED**

Surname: DENIS (*Block letters*)

Given names: William

Do not write in this space

**4. RESIDENCE**

Street: Lavigne Street No. 1174?

Official name of civil municipality or township: Cartierville,

Municipal county: Quebec, Province:

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

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

10. BIRTHPLACE (Province or Country): Montreal

11. DATE OF BIRTH: August (Month) 17 (Day) 1918 (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 25 | 8 | | ....hrs. or ....min. |

**OCCUPATION**

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: 2nd Cashier,

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: Canada Packers

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | | |
| MOTHER (Maiden Name) | | |

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

20. Date of burial: ....19....

**21. PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) ....19.... (Year)

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 7th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

### 24. CAUSE OF DEATH

**I**

**Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) "Missing" presumed dead

due to when H.M.C.S. "VALLEYFIELD"

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

(b) was torpedoed and sunk by

due to enemy action in the Atlantic.

(c)

**II**

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

**III** If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

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

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

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide (State which) Date ....19....

Manner of injury (How sustained)

Nature of injury

Specify whether injury occurred in **industry, in home, or in public place**

**Signed** ....**M.D.**

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

Paymr. Cdr. R.C.N.V.R.
Naval Service Headquarters, Ottawa, Ontario
Officer in Charge of Personnel Records.

This signature authorizes the collector to accept this form as authentic.

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

(Voir l'autre côté pour le français)

B-1214 41595

MAR -9 1942
NS 113-D-745
CANADA

**ORIGINAL**

H.Q. File No.....

# DECLARATION OF ALLOTMENT

14

| List and Number in Ledger | ALLOTTOR | Rank or Rating | Official No. | Daily Rate of Pay |
|---|---|---|---|---|
| AVALON for COBALT 12-2-66 | Surname DENIS<br>Christian Names William | Tel. | V-23508 | $2.00 |

**Section A** — **ALLOTMENT NOW DECLARED**

| FULL NAME OF ALLOTTEE | Relationship | ADDRESS | Rate per Month to be charged on ledger | Month to commence. Payable on last working day |
|---|---|---|---|---|
| Surname ~~DENIS~~ BRUNT<br>Christian Names Mrs. Norine K. | Mother | 11747 Lavigne St., Cartierville, P.Q. | 40.00 | Inc. March |

**Section B** — **DISPOSAL OF EXISTING ALLOTMENTS** (See Note 1 below)

The following allotments are in force:—

10/3/42

| Rate | NAME OF ALLOTTEE | ADDRESS | These allotments are to be disposed of as indicated below. (See Note 2):— |
|---|---|---|---|
| 20.00 | Mrs. Norine Brunt | as above | Increased as per Sec. "A" |

Note 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
Note 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges W. Denis
Tel. Rank or Rating

| ENTERED IN FAIR LEDGER | ENTERED IN ROUGH LEDGER |
|---|---|
| | |

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

| | | |
|---|---|---|
| Assigned Pay to Wives | 111 $ | - |
| Assigned Pay to other Dependents | 113 | - |
| Marriage Allowance | 116 | - |
| Dependents Allowance | 119 | - |
| Other Allotments | 128 | 40.00 |
| Total | $ | 40.00 |

A.J. Barrow
PAY. SUB. LIEUT., R.C.N.V.R.
for Accountant Officer

H.M.C.S. Avalon

Forwarded 26/2/42

THE NAVAL SECRETARY,
Department of National Defence,
(Naval Service)
Ottawa, Ont.

Noted in Service Records by NB

S. 63
100M—2-41 (9291)
H.Q. 815-9-63

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET**

**FOR USE AT HEADQUARTERS ONLY**

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

FORTY * *40.00

DENIS,WILLIAM V-23508

MRS. NORINE BRUNT,

11747 LAVIGNE ST.,

CARTIERVILLE,MONTREAL,P.Q.