

V17305
SILLERS

JOHN

ALFRE

H.G. 1772-33-1377

250M-6-45 (7596) VOL. 2

M. F. W. 2589

SUNDRY

CARDS

1 AY SHEETS

DECLARATION OF COURT OF ENGINEER (copy of record no

OCCUPATIONAL HISTORY FORM

113-5-1103

7

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

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

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

1. (a) Print name in full **SILLERS, JOHN ALFRED** (b) Reg'l. No. **V17305**
2. (a) Arm of service **NAVY** (b) Unit **RCNVR** (c) Rank **Ord Sqn**
3. (a) Date of birth **16 Mar 23** (b) I have any dependents? **No** (c) Place of residence at time of enlistment **787 Little Simcoe St. London Ont**
4. (a) Place of enlistment **London, Ont.** (b) Date of enlistment **25 Oct 40**

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **16** (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.) **Grade 10**
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? **no** (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? **English** (b) What languages do you read well? **English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were **Working** WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) (b) At time of enlistment of what trade union or professional society were you a member?

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 **C.P.R. Telegraphs** Address **London, Ont.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Telegraphs**
20. (a) Your specific occupation **Jr. Clerk** (b) Number of years' experience at this occupation with any employer **3 mos**
21. (a) Did your employer promise definitely to give you employment on discharge? **no** (b) Did your employer refuse to promise you employment on discharge? **no** (c) Do you wish to return to your former employment? **no**

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

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

NONE

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (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? **None**
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.) **Desires to go into Merchant Marine on Great Lakes**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE **9th May 1941**

194

SIGNATURE

J. Sillers



Mrs. Marion Sillers,
876 Dundas Street,
Woodstock, Ontario.

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-17305 FD-565

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 11 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

SILLERS, John Alfred Telegraphist,

Official Number V-17305 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.



M. W. W. W.
Commander R.C.N.V.R.
Director of Estates.

GC/

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the decedent 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.....	never married		
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Mr William J. Sillers 257565	45	550 D St N S Woodstock ont.
4	Mother of the Deceased.....	Mrs Marion Sillers		868 Dundas St Woodstock
5	Brothers of the Deceased	2/B. George William Sillers V40549	20	H.M.C. & Mortuary C/O J.C.F.M.O. 15 North Portland St Glasgow Scotland.
		Keith Stuart Sillers	17	868 Dundas St Woodstock ont.
		Harold Edward Sillers	13	
		Ray Clyde Sillers	9	
		Donald Edward Sillers	5	
		Robert Richard Sillers	2	
	Full Blood			
	Half Blood			
6	Sisters of the Deceased			
	Full Blood			
	Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	Sister	Marion Jane Sillers	Born Nov 2/1928 Died Dec 11/1928	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Alfred Sillers
9	Date of his birth.	March 16, 1922
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	London Ontario March 15, 1922

PARTICULARS OF DOMICILE

12	Place where deceased was born.	London Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario Middlesex County (b) (c) (d)
14	Nature of employment before enlistment.	C.P.R. Telegrapher London Ont
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	with his parents.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	— no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Do not know
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	not known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Ins \$455.00 on one and one, only the Premium with interest as he was lost outside 3 mile limit. Mrs Marion Sillers
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (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.	—
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	—

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

(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 correct 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 Marion Sillers (Signature of Informant)
868 Dundas St Woodstock Address

CERTIFICATE

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

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

Dated at *Woodstock, Ont* this *25th* day of *September* 19 *44*

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

J. Wilson Capt. Adj. Qualification *Captain*
FOR O.C. S-5 CDN. D. & M. SCHOOL
WOODSTOCK, ONT.
Address *3-5 CDYM School, Woodstock, Ont*

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

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

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





P088124 N. V. 5
15M-2-40 (4047)
D (N.S. 815-11-5)
NATIONAL DEFENCE

NOV 27 1940
NS 113 1103
CANADA

4A

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SILLERS OFFICIAL NO. V17305
CHRISTIAN NAMES John Alfred MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS: Simcoe St., London, Ont.
787 Little-St., Simcoe, Ont. RELIGION: United

DATE OF BIRTH: March 16th, 1923 PLACE OF BIRTH: London Ont. NAME AND ADDRESS OF NEXT OF KIN: Mrs Marion Sillers, mother, same address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>33</u>	<u>Brown</u>	<u>Brown</u>	<u>Med</u>	<u>Nil</u>
Inches <u>4 1/4</u>	Deflated <u>29 1/2</u>				
<u>114</u>	Mean <u>31</u>				



DATE OF ENROLMENT: 8th November, 1940 RATING ENROLLING FOR: (Boy) Bugler TRADE OR CALLING AND IN WHOSE EMPLOY: Messenger, C.P. Telegraphs

(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 R.C.C.S. for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM
<u>R.C.C.S.</u>	<u>Pte</u>	<u>July 15/40</u>

Personnel Files

1. Noted in TO med
2. Index Card med
3. Nov 7/40
4. Stat's med
5. Roneo Strip med
6. Pension Card
- 7.
- 8.

DATE 28/11/40

- (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.



(5) On being enrolled as a member of the London 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 8th day of November, 1940

Signature of applicant J. Sillers

(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 8th day of November, 1940

H. F. V. MacDonald
for Signature of Commanding Officer.

(D) **OATH OF ALLEGIANCE**

I, John A. Sillers 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 J. Sillers

Witness H. F. V. MacDonald

Date 8th November, 1940

Rank Lieutenant

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

(E) **CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

John A. Sillers 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 London Division of the R.C.N.V.R.

H. F. V. MacDonald
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.

COPIED
Substance
COPIE

X-ray?



CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 615-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined JOHN ALFRED SILLERS
candidate for entry as O/Sea. R.C.N.V.R.
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
the Certificate given below in my presence. London Ont
*Strike out if inapplicable. * Delete one. X-ray neg approved Urine - neg.



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

Years Age (e)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen * Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (j)	Skin (k)	Ears and Hearing (l)	Testes, Varicocele, etc. (m)	Mouth, Teeth (No. different and No. Nose, Tongue, etc. (n)	Anus, Hemorrhoids, etc. (o)
18 yrs 1 month	112	5 1/2	fair	inches (a) maximum 32 3/4 (b) minimum 29 3/4 (c) mean 31 1/4	right eye 6/6 left eye 6/6 colour vision N	1938	normal *X-Ray	normal	normal	normal	normal	normal	deficient O. defective Tonsils +	normal

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

John Sillers
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 Esquimaux the 7 of April 1941

[Signature]
Examining Medical Officer
(Rank) Lt. R.C.N.V.R.

D OF D 7-5-44

AWARDS NAVY

D.D.

SILLERS

John Alfred

V-17305

L/Tel.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

MEDALS RET'D. UNDER 110' RD
RET'D TO STOCK
~~88627~~ ~~16-1-50~~ 8865 7-7-50
CANCELLED



(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. William J. Sillers - Father

ADDRESS: ~~876 Dundas Street,~~ 1816 Parkhurst Ave., Sub 18,
~~Woodstock, Ont.~~ LONDON, Ont.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)



(3) MEMORIAL CROSS

MOTHER Mrs. Marion Sillers

ADDRESS: 876 Dundas St., Woodstock, Ontario.

(3)

28-10-44

MEMORIAL BAR

DATE DESP.....

REGN. NO 653.

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

L. TEL

OFF. NO. V 17305

ADDRESS

QUALIFYING PERIODS IN DAYS

FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS	✓	ELIGIBLE FOR AWARDS OF
							MEDALS	1	
							1939-45	1	3 fur
			ATLANTIC					1	3 fur
			FRANCE G.						
			AFRICA						
			PACIFIC						
			BURMA						
			ITALY						
			DEFENCE						
			C.V.S.M.						2 of clasp
			" CLASP						
			WAR 1945						1 medal
			WAR 1915						

VERIFIED BY *[Signature]*



DIR. OF PERSONNEL RECORDS.

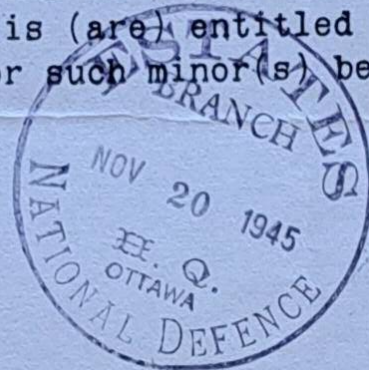
Department of National Defence

Ottawa, Canada

Date Nov 17 1945

Received payment from the Treasury Branch of the amount mentioned below. This payment is in connection with the share in the Service estate of the above mentioned deceased to which the below named minor(s) is (are) entitled in the amount set opposite each name, and is to be applied for such minor(s) benefit.

<u>MINOR</u>	<u>AMOUNT</u>
Keith Stuart Sillers	\$71.31
Harold Edward Sillers	71.30
Ray Clyde Sillers	71.30
Donald James Sillers	71.30
Robert Richard Sillers	71.30



Harold Sillers
Signature

SILLERS, John A. L/TEL (Deceased)
R.C.N.V.R.

Ontario Intestacy

1/8 Father ^{H 57565 Cpl.}

\$ 71.31

William J. Sillers
868 Dundas St.
Woodstock, Ont

6/8 Mother -

\$ 427.82

Mrs. Marion Sillers
525 Hamilton Rd
London, Ont.

(1/8 as n/k entitled)

(5/8 for bene of 5 minors)

V 40549 A/B

1/8 Brother - George J. Sillers
\$ 71.30 H. M. C. S. Prevosh
London, Ont

570.43^{H³} (as n/k entitled)

\$

570.43 ✓



11/11/77

DISTRIBUTION OF SERVICE ESTATES
NAVY

DME

Estates Form "P. 4"

Name..... **SILLERS** **John A.** No..... **V17305**
 Surname Christian Names
 Rank **L/Tel** Unit **R.C.N.V.R. O/S** Date of Death **7-5-44**

AMOUNT **W.S.G.** **570.43**
 L.P.C.....\$ **156.06**

Date..... **1-11-45**.....

Other Credits.....
 Total..... **726.49**
 Prev. dist. **156.06**
 This dist. **570.43**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/8	father	A57565 Cpl. William J. Sillers, 868 Dundas St., WOODSTOCK, Ontario.	71.31
6/8	mother	Mrs. Marion Sillers, 525 Hamilton Rd., LONDON, Ontario. (1/8 as next of kin entitled) (5/8 for benefit of 5 minors)	427.82
1/8	brother	George W. Sillers, H.M.C.S. Provost, LONDON, Ontario. (As next of kin entitled)	71.30



P4. TO TREAS.

NOV 8 1945

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$570.43
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

DC

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

2
NAVY

DECEASED MEMBER'S NAME

John Alfred
(CHRISTIAN NAMES)

SILLERS
(SURNAME)

REGISTER NO. 6025
FILE NO. NSV-17305
DATE 15 June/45
SERVICE NO. V-17305
FINAL RANK OR RATING L/Tel.
DATE OF DISCHARGE 7 May/44

PAYEE Director of Estates,
ADDRESS 308 Sparks St.,
Ottawa, Ont.

for Service Estate of
John A. Sillers,
N.S.V-17305
7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1147 EQUAL TO 38 COMPLETE PERIODS AT \$7.50

\$ 285.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 720 LESS 7 INELIGIBLE DAYS, EQUAL TO 713 DAYS @ 25c. PER DAY

178.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.25
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY T.O.W/T \$.05
Badge \$.05
H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.93 X7 = \$ 27.51
NO. OF DAYS 713 X \$ 27.51

107.18

D. WAR SERVICE GRATUITY

570.43

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

570.43

G. YOUR PORTION OF GRATUITY IS—

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

-570.43

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 [Signature] CHECKED BY [Signature] DATE 19/6/45 [Signature]
TREASURY SERVICE REPRESENTATIVE
for Dir. Naval pay Accting.



STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name

John Alfred SILLERS.
(Christian Names) (Surname)

Copy

Payee

Director of Estates for service estate of John A. SILLERS
308. Sparks St. Ottawa. Ont. N.S. V17305

Register No. *6025*
File No. *V.17305*
Date *12 June 48*
Service No. *V.17305*
Final Rank or Rating *L. TEL.*

Date of termination of overseas service *4 May '44*

Date of Discharge *7 May '44*

A. TOTAL QUALIFYING SERVICE

No. of days *1147* equal to *38* complete periods at 07.50
30

285.00

B. QUALIFYING OVERSEAS SERVICE

No. of days *720* less *7* ineligible days equal to *713* days @ 25¢ per day

178.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	<i>2.25</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.45</i>	
Additional Pay			
T.O.W/T	\$	<i>.05</i>	
BADGE	\$	<i>.05</i>	
H.L.M.	\$	<i>.13</i>	
Dependents' Allowance 1/30 of \$			
Total	\$	<i>3.93</i>	<i>x 7 = \$ 27.51</i>
No. of days		<i>713</i>	<i>x \$ 27.51</i>
		<i>188</i>	

107.18

D. WAR SERVICE GRATUITY

570.43

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

OTHER DEDUCTIONS \$

Full

F. TOTAL AMOUNT PAYABLE

570.43

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = *\$ 570.43*
Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

- 1 *[Signature]*
- 2 *[Signature]*
- 3 *[Signature]*
- 4 *[Signature]*
- 5 *[Signature]*





CANADA

WSG-17

Dependents' Allowance Board

Department of National Defence

PLEASE ADDRESS REPLY TO

CHAIRMAN AND QUOTE

NO.

Your File No.:-

N.S.V.-17305

P614763

Ottawa, Canada

June 4th, 1945.

The Secretary,
Naval Board,
Naval Service Headquarters,
Ottawa, Canada.

ATTENTION: Director of Naval Pay Accounting

Re: V-17305 SILLERS, John, Alfred

1. Reference your memorandum of April 9th, 1945.
2. The Dependents' Allowance Board has found that Mrs. Marion Sillers was supported by her husband immediately prior to May 7th, 1944, date of casualty, and for this reason may NOT be considered a dependent of the marginally-noted under Section 4 of the War Service Grants Act.
3. War Service Gratuity is apparently payable to the rating's Estate Vide P.C. 2239.

DEPENDENTS' ALLOWANCE BOARD

P. Bennett

For R.O.G. Bennett - Chairman



B44/IH

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

Name of Deceased Member John Alfred SILLERS Rank or Rating L/TEL O.No. V19305

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. -
A.P. -
D.A. -
A.P. -

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

3. War Service Gratuity Application(s) received from: Mrs Marion SILLERS,
525 Hamilton Road,
London, Ont.

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:

~~Group "B"~~ (ii)
X Group "C" of the above mentioned Directive.

Date 8 apr 1945

[Signature]
for D.A.P.A. (G) *[Signature]*

STATEMENT OF ACCOUNT

John A. Sillers, L/Tel., O.No.V-17305

Credits:

Pay as "Ordinary Seaman" for the period 18th March 1941 to 6th June 1941: 81 days at \$1.25 per day.....	101.25
Pay as "Ordinary Telegrapher" for the period 7 June 1941 to 15th September 1941: 101 days at \$1.25 per day.....	126.25
Pay as "Ordinary Telegrapher over 6 months" for the period 16th September 1941 to 15th December 1941: 91 days at \$1.60 per day.....	145.60
Pay as "Telegrapher" for the period 16th December 1941 to 3rd January 1944: 749 days at \$2.00 per day.....	1,498.00
Pay as "Leading Telegrapher" for the period 4th January 1944 to 31st May 1944: 149 days at \$2.25 per day.....	335.25
Pay for the non-substantive rank of "Trained Operator" for the period 5th May 1943 to 31st May 1944: 393 days at 5¢ per day.....	19.65
<u>Lodging and Provision Allowance for the following periods:</u>	
18th March to 30th March 1941: 13 days at \$1.45 per day	\$ 18.85
18th July 1942 1 " " 1.75 "	1.75
26th Feb. to 31st May 1943 95 " " 1.45 "	137.75
10th Aug. to 12th Aug. 1943 3 " " 1.45 "	4.35
10th Nov. to 16th Nov. 1943 7 " " 1.45 "	<u>10.15</u> 172.85
<u>Other Credits</u>	
Bounty Pay.....	1.50
Hard Lying Money.....	91.98
Leave Allowance as follows:-	
15th Feb. to 1st March 1942 (15 days at 50¢ per day).....	\$ 7.50
24th Oct. to 3rd Dec. 1942 (41 days at 50¢ per day).....	20.50
25th Oct. to 7th Nov. 1943 (14 days at 50¢ per day).....	<u>7.00</u> 35.00
Grog Money.....	12.12
One Good Conduct Badge for the period 18th March to 31st May 1944: 75 days at 5¢ per day.....	3.75
Kit Upkeep Allowance.....	<u>94.80</u> 239.15
 Total Credits.....	 \$2,638.00



W.S.G. Application No. 6025

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

FILE NO. NS. V17305

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SILLERS John Alfred
SURNAME CHRISTIAN NAMES
IN FULL

V-17305 L/TEL.
OFFICIAL RANK OR RATING
NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: 'DEAD' (H.M.C.S. VALLEYFIELD)

APPLICATION MADE BY MOTHER

TOTAL SERVICE

Date of Active Service 18 Mar 41

Date of Discharge 7 MAY 44

Total No. of Days 1147

Less non qualifying service —

Total Days 1147

365
365
366
14
30
7
1147

OVERSEAS SERVICE

% Total No. of Days 720

Less non qualifying service —

Total Days 720



Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

& % Overleaf —

Computed By JW
Checked By JS

Samuel Sugor
for (H.B. None)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: FEB 13 1945

WAR SERVICE GRATUITY

CFHC

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days	Overseas
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
		Total Days	

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
MALPEQUE	4 AUG '41	22 FEB '43	568
VALLEY FIELD	8 DEC '43	7 MAY '44	152
			<u>720</u>



365	24
28	31
30	29
31	31
30	30
31	7
31	
22	152
<u>568</u>	

STATUS OF DISCHARGE: _____

IN UNIT: _____

NUMBER OF DISCHARGE: _____

COMPLETION OF SERVICE

NO. OF DAYS: _____

DATE OF SERVICE: _____

London Feb 8/45

The Secretary
Naval Board

025417

Director of Naval Pay Accounting
Ottawa
Ont.

Re J.A. Sellers Tel
V17305

Deceased

Dear Sir.

I would like a statement of
my son's ^{pay} allowances and up to what time
his ^{pay} allowances ^{were} from and to, after he was
reported missing.

and oblige

Mrs Marion Sellers

525 Ham. Rd.

London

Ont.



FEB 12 1945

Navy
 Army
 Air Force

(Opposite Force in which you last served.)

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..... **SILLERS** (Print)
2. Christian Names **John Alfred** (Print)
3. Service No. **V-17305** 4. Paid rank or rating at date of termination of Service **Tel.**
5. Address, in full, to which payments of gratuity are to be forwarded.....

NAVAL PERSONNEL RECORDS
FEB 13 1945
6025
WAR SERVICE GRATUITY SECTION

Mrs. Marion SILLERS
525 Hamilton Road
LONDON, Ontario

COPIED
60 FILE

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	V-17305	Tel.	8 Nov. '40	6 Sep. ^{May} '44.

Rating who is now deceased was a member of crew of HMCS "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 with His Majesty? **No** If so, state name of Force or Forces..... **N.A.**

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..... **N.A.**

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

6th February, 1945.
(Date)

Mrs. Marion Sillers
(Signature of Applicant)

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.

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.

DISTRIBUTION OF SERVICE ESTATES

MEM

Estates Form "P. 4"

NAVY

Name: SILLERS John A. No.: 7.17305
 Surname Christian Names

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

AMOUNT

Date: 13-12-44
 L.P.C. 156.06
 Other Credits
 Total 156.06
 Dist. herewith 136.55
 This Dist. 19.51

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/8	Brother	A/B. George W. Sillers, <u>V.40549</u> , H.M.C.S. Eootenay, c/o C.F.M.O., 15 North Portland St., GLASGOW, Scotland (as next of kin entitled)	24.7s.3d.



TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 2/1/45 PH

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 9900	831	00	50	000	19.51
CLASSIFIED BY <u>Original signed by E. L. McCUAIG</u>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

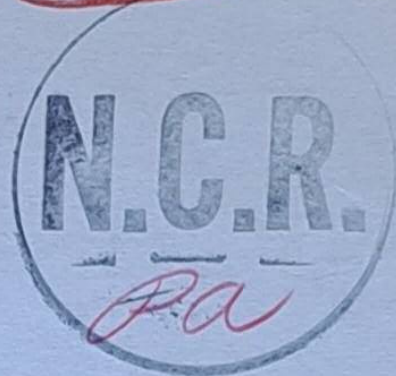
For Chief Treasury Officer

201858

File No. N.S. V-17305 PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-



Mother:-

Mrs. Marion Sillers,
876 Dundas Street,
WOODSTOCK, Ont.

MS

Date forwarded:- OCT 23 1944

Registered Mail No.- 0-7996

P.A.'S CHECKED IN

C.R. BY *[Signature]*

LA/CM

N.S. V-17305. F.D. 59.PERS.(N)

20th September, 1944.

33

THIS IS TO CERTIFY that according to official information John Alfred Sillers, Telegraphist, Official Number V-17305, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.



Deputy SECRETARY, NAVAL BOARD.



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OTTAWA, Ontario, 30 August, 4.

V-17305 Pers.(N)

Sir:

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

24

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
SILLERS, John Alfred Telegraphist, Official Number V-17305 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: Mrs. Marion Sillers, 876 Dundas Street, Woodstock, Ontario.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Metropolitan Life Ins. Co.	Stopped May 31st, 1944.	2.00	LV:



Will: No Will

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

SM

2

File No: N.S. V-17305 PERS.(N)

30 August, 1944.

Dear Mrs. Sillers:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, John Alfred Sillers, Telegraphist, Official Number V-17305, 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,

Depy SECRETARY, NAVAL BOARD.

Mrs. Marion Sillers,
876 Dundas Street,
WOODSTOCK, Ont.



on
d 5-9-44
Estate Card
S. P.

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

BJ 30/9/44
npr 5
pm

25

C. R. N. S. R. / 5-2. P. A.

FORM "B"

FILE: N.S. V-17305 PERS. (N)

NAVA TREASURY
DATE 3/8/44
INITIAL

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

M1996

AUG 30 1944

(Date)

Sir:

The following casualty has been reported -

NAME SILLERS, John Alfred RANK OR RATING Telegraphist NAVAL NO. V-17305 R.C.N.V.R.

DATE OF ENLISTMENT - 8 November, 1940

DATE OF DISCHARGE - 7 May, 1944.

HOSPITAL -

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

26

SERVICE - CANADA AND HIGH SEAS

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

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

(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. Marion Sillers,

ADDRESS - 876 Dundas Street, Woodstock, Ont.

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

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

031705
31900

FORM IS CHECKED IN
C.R. BY

REMARKS!.....

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

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

NIL

D. A.

A. P.

TOTAL

Monthly rate:

NIL

NIL

To Whom Paid:

NIL

Address

NIL

Date of Enlistment: SEE OTHER SIDE

Date of Discharge: " " "

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

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

Remarks:

Computed by..... *Hu*.....

Checked by..... *CB*.....

for *Alec J. Boswell*
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).



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



Department of National Defence

Naval Service

1138354

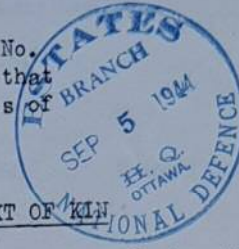
...OTTAWA, Ontario, 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-17305 Pers.(N)

Sir:

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



NAME, RANK/RATING,
Official No., UNIT

PARTICULARS RE
DEATH

NEXT OF KIN

SILLERS, John Alfred
Telegraphist,
Official Number
V-17305 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: Mrs. Marion Sillers,
876 Dundas Street,
Woodstock, Ontario.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Metropolitan Life Ins. Co.	Stopped May 31st, 1944.	2.00	LV:



Will: No Will

Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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

St. Hyacinthe

Name *John Alfred SILLERS*

Sub-Rating and Seniority *TEL. 19-12-41* Non-Sub

O.N. *V17305* S.B. No. *5th 631* W.B. No.

Joined Ship *STAD. 24/2/43* R.C.O. *26/2/43* from *MALDEQUE*

Engagement: Period *H.O.* Expires

Date of Birth *MAR 16th 1923* Religion *U.C.*

Character Efficiency Date

Badges Class for Conduct Class for Leave

Date due for: Next Badge *19th MAR 1944*

Progressive Pay

L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

General Remarks (including intelligence, energy, initiative, powers of command).

Intelligent but inclined to be somewhat surly and rebellious

H.M.C.S. "*Stadacona*" *Ran Dick Hunt* Officer of Division.

Date *August 7th*

OFFICER IN CHARGE STATION

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
 (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.



REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "VALLEYFIELD" at ...

Name John Alfred MILLER
(Christian names in full)

Rank of Rating TELEGRAPHIST Official No. E-17300 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth LONDON, ONTARIO Date of Birth 10th MARCH, 1923

Occupation in Civil Life UNKNOWN Religion UNITED

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

Date of Death 7th MAY, 1944 Place of Death AT SEA

Cause of Death ENEMY ACTION--SINKING 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. Marion MILLER Relationship WIFE
Address 876 500 DENNIS Street, General Delivery, WOODSTOCK, ONTARIO, CANADA



Date on which the above was informed by Ship INFORMED BY R.C.N.V.R.

Date on which death was registered with local Officials NOT REGISTERED

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

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

S. J. Davis
Commanding Officer, CAPTAIN,
H.M.C.S. "VALLEYFIELD" R.C.N.V.R.
17th May 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.

AIR MAIL

N.S. V-17305.PERS.

11th May, 1944.

Dear Mrs. Sillers:

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,

SECRETARY, NAVAL BOARD.

Mrs. Marion Sillers,
876 Dundas Street,
WOODSTOCK, Ontario.

LETTER FILED
PERSONNEL NAVAL
MAY 12 1944

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19

Handwritten mark

Ottawa, Ont. 10 May, 4

N.S. V-17305 PERS.(N).

Dear Sir:

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

Name... SILLERS John Alfred
(Surname) (Christian Names)

Rank/Rating Telegraphist

Official No..... V-17305 R.C.N.V.R.

Nature of Casualty "Missing" at sea from ship on which he was serving.

Date of Casualty Will be reported later.

Address at time of Enlistment 787 Little Simcoe St. ...
LONDON, Ontario

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

Occupation..... Messenger

Name & Address of Next of Kin Mrs. Marion Sillers
876 Dundas Street, WOODSTOCK, Ontario

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.



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

*Edwin
Zachite fund*

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

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

PLEASE PRINT WITH FADING INK AS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

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

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

3. PRINT FULL NAME OF DECEASED SILLERS, John Alfred
 (Family name) (Given name or names in usual order)

RESIDENCE No. 787 Street Little Simcoe City, Town, Village or Township London Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>Canadian</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	-------------------------------------	---

8. BIRTHPLACE London, Ontario
 (Province or Country)

9. DATE OF BIRTH March 16th 1923
 (Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old
 hrs. or min.

11. Trade, profession or kind of work as Messenger.
 spinner, teamster, office clerk, etc.

12. Kind of industry or business, as C.P. Telegraphs
 mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation _____

14. Total years spent in this occupation _____

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

16. NAME _____

17. BIRTHPLACE _____
 (Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
 (Province or Country)

20. Person giving information sign here J. B. Money
 Address Payr. Udr. R.C.N.R., Officer i/c Naval Personnel Records,
Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Body not recovered.

21. Place of Burial, Cremation or Removal _____
 Date of burial or removal _____

22. Burial Permit was issued by _____
 Address _____

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

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

(a) "MISSING" presumed dead when
H.M.C.S. "VALLEYFIELD" was
torpedoed and sunk by enemy
action in the Atlantic.

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

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

PHYSICIAN
 Underline the cause to which death should be charged statistically

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

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

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

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date of injury _____ 19. _____
 (State which) Manner of injury _____ (How sustained)

Nature of injury _____
 Specify whether injury occurred in industry, in home, or in public place _____

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

30. Division Registrar's Record No. _____



CERTIFICATE of the SERVICE of

John Alfred SILLERS

ICNS 5083

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V. 17305
HALIFAX N.S.	LONDON	"
		"

Date of Birth.....16th March, 1923

Place of Birth.....London, Ontario

Place of Residence.....787 Little Simcoe St., London, Ont.

Trade brought up to.....Messenger

Religion.....United

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

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

Name and Address of Nearest Relative or Friend
(Mother) (in pencil)
 Mrs. Margaret Sillers
 908 Dundas St.
 General Delivery
 Woodstock, Ont.



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
Sept 2/40	Nov 8/40	Hostilit- ies	Boy- Bugler		26 Feb 44	Canadian Volunteer Service Medal & Clasp Prov. award.
					26 Feb 44	1939-44 Star. Prov. award.



PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	5	4½	31	114	Brown	Brown	Med	Nil
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

Name

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	W.R. Stacey
		VG	Sat (Tel)	31 Dec '42	W.R. Stacey
		V.G.	Sat (Tel)	31 Dec '43	W.R. Stacey
		V.G.	Sat. (Tel)	7 May 44	W.R. Stacey

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
18 Mch 44	G.C.B.	1st	Granted A1377D

TIME FORFEITED

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



P.I.O.

VI7305 OFFICIAL NUMBER NAME SILLERS John Alfred (Surname) (Given Names) OFFICIAL NUMBER VI7305

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. London	Boy Bugler	8	11	40							T.O. W/T	5	5	43			
Duty Div. Hdqs. Naden	Ord. Seaman	18	3	41							W/T 111	23	10	43			
Malpeque	Ord. Tel.	4	8	41		V.G.	Sat.	31	12	43							
"	Tel.	16	12	41	Rated(249A/21710)												
Stadacona	"	23	2	43													
St. Hyacinthe	"	13	8	43	DRD H-2310												
Stadacona	"	10	11	43	DRD H-3161												
Hochelaga 11	"	26	11	43	DRD H-3343												
Valleyfield	"	8	12	43													
DISCHARGED	"	7	5	44	"Missing" per Casualty List. Presumed Dead. (per Correction Sheet P.#104)												

COPIES MADE

GENERAL REMARKS

X-Ray approved.
R.C.NHosp. FM 8-7-42 to 17-7-42.
To be paid Difference of pay while carrying out the duties of Ldg. Telegraphist to date 4-1-44.
249A(A13162)
Canadian Memorial Cross Awarded to:
Mother: Mrs. Marion Sillers,
876 Dundas St.,
Woodstock, Ont. 10-10-44.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCL	RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY	MO	YR.	BIRTH	MAIN	SUB.	GRON	P.	CTY.	ID/W	SERV.	DIV.	A	BR.	RANK	
16	3	23	11	533	0	40	X	1	30	03	9	16	0	08 95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP. CO.	RANK OR RATE				
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR.	RANK		
08	11	40	18	03	41					9690	0	12	94		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY	MO	YR.	CAT.	A	B	ST.									
11	10	44	12	53	00										

V17305

OFFICIAL NUMBER

FILE NUMBER

113-S-1103

OFFICIAL NUMBER V17305

NAME SILLERS John Alfred (Surname) (Given Names) DATE OF BIRTH 15th March 1923PLACE OF BIRTH London Ont. OCCUPATION MessengerRELIGION United EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 787 Little Simcoe St. Town London Province, etc. Ont.

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
8	11	40	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'4 1/2"	Brown	Brown	Med.	None

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To
R.C.C.S.	Pte.	15-7-40	7-11-40

NEXT OF KIN RELATIONSHIP (in pencil) MotherNAME (in pencil) Miss Maria WoodcockADDRESS (in pencil): Street and No. 876 Dundas St.Town WoodstockProvince, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	
28	2	44	C.V.S.M. (R. & C.) (1012-8-5 7d 419)
26	2	44	1939-43 Star.

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
30	7	41	Qualified Tel.

PARTICULARS

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		
18	3	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)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

DAYS FORFEITED

Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	O.H.F. Received.
-----	-------	------	--------	-------	-------	----------	----------	----------------	------------------

FILM

NO. WSR 5401-3

D. TE

SECOND CLASS FOR CONDUCT

From To

S.G. APPLICATION
 6025
 RECEIVED

S.—1246H
10M—7-42 (5185)
N.S. 815-9-1246H
T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

WIRELESS HISTORY SHEET

(Revised—May, 1938.)

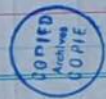
Name..... SILLERS—John A.

I. EXAMINATION RECORD

Official No..... ✓ 17305

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying	Technical		Theory	School	Procedure and Organization		Coding		V/S Paper	Flashing	Sema-phore	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
		Paper	Practical			Paper	Practical	Paper	Practical				Trans-mitting	Re-cieving			
	FOR T.O. (W/T) (PROVISIONAL)	% Required	—	80	—	—	80	—	80	—	85	86	85	95	—		
		% Obtained															
		% Obtained															
	FOR T.O. (W/T) (FINAL)	% Required	—	80	—	—	80	—	80	—	85	86	85	95	—		
		% Obtained															
		% Obtained															
	FOR W/T 3	% Required	75	80	60	*	80	80	80	80	75	85	86	85	95	—	
		% Obtained	14	54	40		61.5	88	77	75				90	95	F	H.M.C.S. ST. HYACINTHE
OCT 23 1943	State whether after a qualifying course	% Obtained															CRW
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	
		% Obtained															
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	
		% Obtained															
		% Obtained															



* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialed by the Schoolmaster.

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
			W/T 3			W/T 2			W/T 1		
T.O. (W.T.)											

S. 1246H
T.S. 93

(JCD)

S. 2063
M (751)
S 20

Action Taken
JUL 14 1942
934
Cheque Making Section

DATE
JUL 13 1942
V.S. 113-L-1103
CANADA
A..486....

ORIGINAL

STOP NOTICE

(Navy Allotments)

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF.No.
MALPEQUE" 12 th -9	SILLERS,	JOHN A.	10 TEL., V-17305 R.C.N.V.R.

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
30.00	30th JUNE 1942	MISS MARIE HAYES	FRIEND	87 ANDERSON AVENUE, LONDON, ONTARIO.

Entered in:—

Fair Ledger.....
Rough Ledger.....

COPIED
Authentic
COPIE

Signature of Allotor
TEL.

Cause of Stoppage
(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

NO LONGER REQUIRED / REQUEST ATTACHED TO DUPLICATE

APPROVED.....
CAPTAIN, R.C.N.

THE CHIEF TREASURY OFFICER
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

Paymaster Lieutenant, R.C.N.V.R.
for Accountant Officer

H.M.C.S. "AVALON"

Date forwarded..... JUL 8 1942

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth-Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE
.....
.....
.....
.....

.....
.....
.....
.....

P088126

DEPT. NATIONAL DEFENCE

NOV 27 1940

N.S. 1138 1103
CANADA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) Sellers John Alfred

Date and place of birth March 16/1923 Gordon Ont

Permanent place of residence 787 Little Simcoe St.

Nearest town to residence (if living in Country) 2

Are you a British Subject? Yes

Are you single, married, or widower? Single

In what capacity do you wish to enrol? Wireless operator

Present occupation or trade Telegraph messenger

Do you belong to any Naval, Military, Reserve, or Territorial Force? Yes



Have you ever served with such forces? Give dates and details.

R.C.S. July 15/1940 to date of questionnaire

Have you ever been discharged from any of H.M. Forces as Medically Unfit? no

Have you ever offered to serve with such forces and been rejected? no

What is your Weight? 123 lbs. What is your Height? 5'6"

What is your chest measurement (not inflated) 33"

Are you free from all physical defects or malformation, and not subject to fits?

Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

I hereby agree that the above answers are true in every respect.

John Alfred Sellers Signature

Oct 1 1940 Date

787 Little Simcoe St. Address

John Petersen
(Witness to signature)

This is to certify that I have personally seen the birth certificate of this applicant or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be

16th March 1923

Signed [Signature]
Commanding Officer

Name SILLERS John Alfred
 Sub-Rating and Seniority ORD TEL. JUNE '41 Non-Sub. _____
 O.N. V17305 S.B. No. _____ W.B. No. _____
 Joined Ship 31 JULY '41 from NADEN
 Engagement: Period Host. Expires _____
 Date of Birth 16th/3/23 Religion United
 Character U.S. Efficiency Sat! Date 26/4/41
 Badges Gold Class for Conduct 1st Class for Leave 1st
 Date due for: Next Badge _____
 Progressive Pay _____
 L.S. & G.C. Recommended _____
 Advancement. WISHES TO PASS? RECOMMENDED? DATE QUALIFIED?
 Educ. Test Pt. 1 _____
 Higher Educ. Test. _____
 Professional for higher Sub-rating _____
 do Non-Sub. _____
 (For Ordinary Seamen Form T.S. 54 must be used in addition)



Any Non-Service Attainments _____

Swimming Qualification _____

Athletic Capabilities _____

General Remarks (including intelligence, energy, initiative, powers of command). _____

COMPLETED NEW ENTRY TRAINING	26th. April, 1941.
PRELIMINARY	SUPERIOR
GUNNERY	SATISFACTORY

11/8/41.

Average.

[Signature]

H.M.C.S. "NADEN" _____
 Date 28th. April, 1941. *[Signature]*
 Officer of Division
 LIEUT. R.C.N.V.R.
 ASST. TRAINING OFFICER.

- NOTES:—(1) This form is to be kept for each rating by the Officer of his Division.
 (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 (3) On a rating changing his Ship or Establishment, Form S. 264 is to be transferred with his other papers for the information of the next Officer of Division.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
MALPEQUE" 12 3/4	Surname..... S. ILLERS, Christian Names } JOHN a	O/TEL.	V-17305 R.C.N.V.R.	1.60 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 HAYES, Christian Names } MISS MARIE	FIANCEE	87 ANDERSON AVE., LONDON, ONT.	30.00 (1)	NEW APRIL

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
2.00 ✓	METROPOLITAN LIFE INS.	LONDON, ONT.	NEW APRIL #. 1430... 13/4/42

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.

Allotor's Signature authorizing charges *S. Illers*

O/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	30.00
Total	\$	30.00

Calverope
Paymaster Lieutenant, R.C.N.V.R.
For Accountant Officer

H.M.C.S. "AVALON"

APR 6 1942

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)

Ottawa, Ont.

Forwarded.....