

V59892
DONOHUE
DONALD

THOMA

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 46 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mary Donohue - Mother

ADDRESS: 806 Second Ave.,

VERDUN, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Donohue

ADDRESS: 806 - 2nd Ave., Verdun, Que.

ADDRESS:

MEMORIAL BAR	
(1)	DATE DESP.....
	REGN. NO. <u>780</u>

(2)

(3)

13-10-44

DEPARTMENT OF VETERANS AFFAIRS
D OF D 7-5-44

AWARDS

(NAVY)

WAR SERVICE RECORDS
D.D.

DONOHUE	Donald Thomas	V-59892	O/S.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	23/11/49
War Medal	7054

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

113-D-2809

N. V. 5
 100M-12-42 (7804)
 N.S. 815-11-5

Active
 May 12/43



CANADA

ATTESTATION FORM
 (HOSTILITIES FORM)

91711

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME DONOHUE OFFICIAL No. V-59892
 CHRISTIAN NAMES Donald Thomas MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
806 Second Ave., VERDUN, QUE.	Roman Catholic

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
9th December 1922	Town <u>Verdun,</u> County <u>Que.</u> Province	Mother : Mrs. Mary DONOHUE same address.
*Original Nationality of:		
Father <u>Irish</u>		
Mother <u>Irish</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37</u>	<u>Brown</u>	<u>Brown</u>	<u>Medium</u>	<u>Small scar outside corner left eye.</u>
Inches <u>6</u>	Deflated <u>34 1/2</u>				
<u>129 lbs</u>	Mean <u>35 3/4</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Four years High School</u>	<u>Shipper : Kay Manufacturing Co., Montreal, Que.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>30th APRIL 1943</u>	<u>ORD/SEAMAN</u>	<u>H.M.C.S. "MONTREAL"</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) I served in _____ for the period shown and attach my _____

record of service, in corroboration of this statement

*Cross out Clause not applicable.

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

Personnel Records
Division

1. Noted in TO Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7. His Majesty's Forces on
8. _____

12-2-43

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

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

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

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

(b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

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

(e) I have not been induced to enter as ORD/SEAMAN by the prospect of being transferred at some future date to any other branch or rating.

Dated this 30th day of April 1943

Signature of applicant X Donald Donohue

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 30th day of April, 1943

My authority for attestation is

[Signature]
Signature and rank of Attesting Officer.
Sub. Lieutenant, R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I, DONALD THOMAS DONOHUE 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 Donald Donohue

Witness [Signature]

Date 30th April 1943 Rank Sub. Lieutenant, R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.



CANADA

Can. B. 207

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined..... DONAHUE DONALD THOMAS

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
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.

(a) Age	Yrs. 20	Mos. 4	(j) Date of last Vaccination for Smallpox	Childhood	
(b) Height with bare feet	Feet 5	In. 6	(k) General Development	Good	
(c) Weight without clothes	129		(l) Nose, Throat and Tonsils	Tonsillectomy. Normal	
(d) Ears and Hearing	Normal		(m) Heart and Lungs	Normal	
(e) Chest Girth	Max. 37	Min. 34½	Mean 35¾	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 0	Defective 3	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses 6-12	Rt. 6-9	Lt. 6-9	(p) Skin	Clear
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(q) Anus Haemorrhoids	Normal
(i) Chest x-ray	{not taken approved positive doubtful}	184010 <i>Approved</i> <i>D.P.M.H. Montreal</i>		(r) Testes Varicocele	Normal
			(s) Urine	Not taken	

B.P. 118-90

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.

Donald Donahue

3
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 27th of April 19 43

m B O Hill
Examining Medical Officer

(Rank)..... Surg-Lieut. R.C.N.V.R.

N.V. 17
60M-9-42 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

Donald Thomas DONOHUE

ICNS 97075

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-59892</i>
	<i>H.M.C.S. Montreal</i>	"
		"

Date of Birth *9th December 1922* **O.H.F.** Name and Address of Nearest Relative or Friend (in pencil)
 Place of Birth *Verdun, Quebec* *Mother*
 Place of Residence *801 Second Ave Verdun, Que* *Mary*
 Trade brought up to *Shipper* *Home Address*
 Religion *Roman Catholic*

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

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>30 Apl 43</i>	<i>Duration 4 1/2 Months</i>	<i>Ord Imm</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6</i>	<i>35 3/4</i>	<i>179</i>	<i>Brown</i>	<i>Brown</i>	<i>Medium</i>	<i>Scar outside corner left eye</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

"It is an offence under the Official Secrets Act for unauthorized persons to retain possession of this booklet, or of parts of it, or to communicate its subject matter by any means to any persons other than those who require to know it in connection with their duty or with action undertaken at the request or with the approval of an Officer or Official of the Department of National Defence, authorized by the Department in that behalf."

DEPARTMENT OF NATIONAL DEFENCE

Revised Examination "M"

No C 12523

Last name DONOHUE Christian name DONALD ARLISS THOMAS
 Regimental No. V-NK 59892 Rank O/SEAMAN
 Unit H.M.C.S. QUEEN CHARLOTTE Date MAY 31ST 1943
 Age 20 Previous Occupation SHIPPER
 Schooling FOURTH YEAR HIGH Language ENGLISH

Instructions

1. Do not open this booklet until you are told.
2. This booklet contains 8 short tests. You will have a limited time to work on each. **Do not start work until the Examiner says "Go! Stop as soon as he says "Stop!"**
3. You may not have time to do everything in each test, but do as much as you can. **Both speed and accuracy are important.** If you come to an item which is too hard, skip it and try the next. Each item counts the same. If you have any time left over, you can check what you have done on that page, but you must not turn back to an earlier page.
4. You will be told what to do on each page. **Do not turn over any page except as you are told.**

	Score		Comments
Test 1	12		<i>Average</i>
Test 2	11		
Test 3	17		
Test 4	20		
Test 5	18		
Test 6	13		
Test 7	18		
Test 8	28		
Total	137		
Rating	96	C	

This Examination has been prepared by the Canadian Psychological Association, and includes previously published material adapted to the present purpose by courtesy of: Harry J. Baker; C. E. Kellogg; Lewis M. Terman and Maud A. Merrill.

CANADA:

Province of Quebec

County of _____

I, Mary Donohue

of 806 Second Ave.

in the County of Verdun, Que.

do solemnly declare that

Coupon # 1 for 75¢
of bond K 8H 131880 was
mutilated at my house. as I had
a dog and it was laid on a
table and the dog destroyed this
one coupon.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

Declared before me at Verdun, Que.

in the County of Verdun this 7th

day of May A.D. 1945

Declaration

UNDER

THE CANADA EVIDENCE ACT

MINUTE.

Commander Wade.

Postal money order in the amount of 75¢ received from mother, covers value of mutilated coupon. Apparently, mother took this action in lieu of completing statutory declaration. Money order held in safe. Please advise re its disposition.

Delivered to Bank of Canada
8/6/45 - WML

WML
.....

ESTATES BRANCH

H.Q.NS. V-59892 FD.562

March 9, 1945.

V.933,
C/ERA. Donohue, W.,
HLM.C.S. "St.Laurent",
c/o G.P.O.,
London, England.

DONOHUE, Donald T., O/D (Deceased)
No. V.59892, R.C.N.V.R.

Dear Mr. Donohue:

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

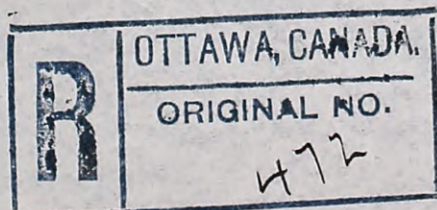
The total amount available for distribution is made up as
follows:

Balance of pay and allowances.....	\$ 56.84
Bank of Montreal, Verdun.....	152.84
Redemption of War Savings Certificates..	129.22
Redemption of Victory Loan Bonds.....	109.68
Total...	\$448.58

Your brother died without having made a Will and his Service
estate is, therefore, payable to you and his mother in equal one-
half shares as the next of kin entitled under the Intestacy Laws of
his province of domicile.

We enclose herewith Dominion of Canada cheque No.24486
dated March 3, 1945, payable to your order in the amount of £50.3.6.
This represents your one-half share of the estate at the current rate
of exchange, and we would ask you to kindly sign and return the enclosed
form of acknowledgment to the Director of Estates, Department of
National Defence, 308 Sparks Street, Ottawa, Ontario.

HRW/JN
Encl. ✓



Yours faithfully,

L.M. Firth
in no
(L.M. Firth) Colonel,
Director of Estates.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON" VALLEYFIELD " ending 30 June 19 44

List 12² No. 62 (Name) DONAHUE, Donald T. Rank Rating O³ Smn. No. V. 59892

When entered F.B. Date of appearance F.B. Whither discharged DEAD

	\$	c.
CREDIT from former account.....	39	82
(Over 6 mths)		
Pay as O ³ Smn. (Rank Rating) from 1 Apl to 31 May (61 days at \$ 1.50 a day)	91	50
" Radar 3. " 1 Apl " 31 May (61 " .10 ")	6	10
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance..... Adjustment March, 1944 1 Apl - 7 May	3 4	67 47
OTHER CREDITS:		
G.M. 1 Apl - 7 May, 37 days @ .06¢	2	22
Total credits.....	147	78

DEBT from former account..... N I L

PAYMENTS:—	1st		2nd		3rd		4th		5th			
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month.....	42.00		8.94								Total	50 94
2nd month.....											Total	
3rd month.....											Total	

Allotment..... 20.00 chged Apl & May..... 40 00

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

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. 25182, payable Adm. Naval Estates (Present War) 56 84

LEDGER: <i>Get</i>		Total debits	147 78
AUDIT: <i>Q</i>		Balance Cr. or Dr.	N I L
		(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above..... 37

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

Date 5 June 19 44

[Signature]
PAY LIEUT. CDR., R.C.N.V.R. ACCOUNTANT OFFICER

29

142601

ACCOUNTS OF MEN DISCHARGED

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

Name DONAHUE, Donald T. Rating O. Smn.
Official No. V. 59892 H.M.C.S. "AVALON" "VALLEYFIELD" List 12²/62
Who* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		L
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Adm. Naval Estates (Present War)</u>	56	84
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>TWENTY DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred..... <u>H.M.C.S. "VALLEYFIELD"</u>		
Total†..... <u>CREDITOR</u>	56	84

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of FIFTY-SIX - - - - dollars - - EIGHTY-FOUR - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 1944.

Approved [Signature] PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer
[Signature] { Initials of the Assistant Accountant Officer
[Signature] Commanding Officer.
A/CAPTAIN. RCN

For Use at Headquarters. \$.....cts..... credited on Inspector's certificate
No.....to.....
Signature.....
Date.....19.....

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

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944
5M-2-42 (3601) H.Q. N.S. 815-9-45
30 LEDGER: [Signature]
AUDIT: [Signature]

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

Mrs. Mary Donohue,
806 Second Ave.,
Verdun, Que.

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

and the following number quoted:—

H.Q.V.- 59892 FD. 562

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

DONOHUE, Donald Thomas, Ordinary Seaman,

V-59892 R.C.N.V.R.



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

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

GC/

J. P. Wade
Commissioner
for
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased... <i>none</i>			
2	Children of the Deceased and dates of their Births... <i>none</i>			
3	Father of the Deceased... <i>dead</i>			
4	Mother of the Deceased.....	<i>Mary Donohue</i>	<i>49 years</i>	<i>806 Second Ave Verden, Que</i>
5	Brothers of the Deceased	Full Blood	<i>Walter Donohue</i>	<i>23 - 806 Second Ave Verden</i>
		Half Blood	—	
6	Sisters of the Deceased	Full Blood	—	
		Half Blood	—	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald Thomas Donohue
9	Date of his birth.	December 9 th 1922
10	Place and date of his marriage.	none { St Patrick Church
11	Place and date of his parents' marriage.	← Montreal Feb 3-1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Verdun, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ver Quebec (b) all his life (c) (d) 806 Second Ave. Verdun
14	Nature of employment before enlistment.	Checker
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.	Verdun, Que.

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?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Bank of Montreal 4310 4th Avenue & Wellington Verdun. 8/5/10 yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	155.00 (S. P. J.) at home.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$ 100.00 Bond
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life mother \$183.77. Mary Donohue
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

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.	50.00 Memorial Service St Willibrod's Church.

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

DECLARATION

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

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

* Mother of the deceased.

Mary Lonohue
806 Second Ave.

{Signature of Informant

Address

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.

CERTIFICATE

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

See above. Lonohue { 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 Verden this 26 day of Sept 1944

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

Chas. S. P. Haggis Qualification C. S. C.

Address 14500 Verden Ave Verden 19
Canada

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



Department of National Defence

Naval Service

124026

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-59892 (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

DONOHUE, Donald
Thomas, Ordinary
Seaman, V-59892
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. Mary Donohue,
806 Second Ave.,
Verdun, Que.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Mrs. Mary Donohue,
806 Second Ave.,
Verdun, Que.

\$20.00 A.P.

stopped by Stop Notice
On May 31st. 1944

Will: No Will.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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



OFFICE OF THE
DIRECTOR OF THE NATIONAL DEFENSE
SERVICE

FOR INFORMATION OF THE DIRECTOR

DATE: 1944



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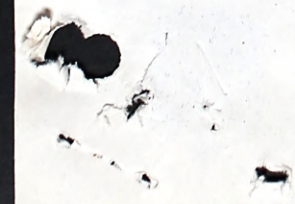
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TO:

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMINIS-

TRATOR OF ESTATES.

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Donald Thomas

(CHRISTIAN NAMES)

DONOHUE

(SURNAME)

REGISTER NO.

12181

FILE NO.

NS V 59892

DATE

30 Oct. 45

SERVICE NO.

V 59892

FINAL RANK OR RATING

O Ssn.

DATE OF DISCHARGE

7 May 44

PAYEE
 ADDRESS

Mrs. Mary Donohue
 806 Second Avenue
 Verdun, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May 44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

364

EQUAL TO

12

COMPLETE PERIODS AT \$7.50

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

159

LESS

4

INELIGIBLE DAYS, EQUAL TO

155

DAYS @ 25C. PER DAY

38.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY

HLM

\$.10

Radar 111

\$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$

nil

TOTAL \$

2.95

X7 = \$

20.65

NO. OF DAYS

159

X \$

20.65

183

17.94

D. WAR SERVICE GRATUITY

146.69

E. DEDUCTIONS

OVERPAYMENT OF

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

nil

nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

146.69

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 146.69

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 108585 - @ Nov. 6/45

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

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

AT

SERVICE REPRESENTATIVE

for Director of Naval Pay Accting.

W.S.G. Application No. 12181

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

FILE NO. N.S. V-598927

"WAR SERVICE GRATUITY"
COMPUTATION OF SERVICE

Donohue, Donald Thomas V-598927 d Spm
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead - (Hmcs Valleyfield)
applicant mother A.P. 20

1711
1348
363
364

TOTAL SERVICE

Date of Active Service 10 May 43
Date of Discharge 7 May 44
Total No. of Days 364
Less non qualifying service nil

Total Days 364

OVERSEAS SERVICE

% Total No. of Days 159
Less non qualifying service nil

Total Days 159

Record of Service in other Forces (per Naval Records)

Branch of Service _____
Date of Active Service _____
Date of Discharge _____

& % Overleaf

Computed By J. W. W. W.
Checked By J. Williams

H. B. Money
for (H.B. Money)
Payr. Cndr. R.C.N.R.
Director of Personnel Records

DATE: JUL 10 1945

NO. CONTAINING SERVICE

NO. CONTAINING SERVICE

DL
OOF

NON QUALIFYING SERVICE

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

Date of Discharge

Date of Postwar Service

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Hamilton	21 Aug 43	27 Aug 43	7
Valleyfield	8 Dec 43	7 May 44	152
			<u>159</u>

1711
1560
151
152

Date of Discharge

Date of Postwar Service

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days

1711
1560
151
152

806 Second Ave.

Verdun, Que

925770

H. B. Morye

Secretary Naval Board

Ottawa

Out

NAVAL PERSONNEL
RECORDS

12181

NOV 9 1945
WAR SERVICE GRATUITY
SECTION

Dear Sir

In reference to
your letter about the
gratuity re o/s Donald
Donald 59892 last
October I filled out a
form and sent it so if
same has not been
received it must have been
mislaid somewhere, I
am his widow mother
and have to go out
to work everyday to
keep my home going
This son Donald of

no record

2.

mine always helped me but the minute he was lost at sea his twenty dollars what he had signed over to me had been stopped I am a mother fifty years old and worked good and hard for to give this son the best possible Education I could give him and he had a good job when he enlisted in the Service as my husband is dead nine years and my other son has been in the Navy nearly four years so surely when a mother son gives his

3.

life for his country
they should do something
so she wouldnt have
to struggle for the rest
of her life.

Sincerely yours
Mary Donohue
806 Second Ave.
Verdun, Ind



ESTATES BRANCH

H.Q.N.S.V-59892

5th January, 1946.

V-933,
Walter Donohue, C/E.R.A.,
H.M.C.S. "MICMAC",
Halifax, N.S.

DONOHUE, Donald T., O/S. (Deceased)
No. V-59892, R.C.N.V.R.


1. This is a further distribution in the estate of your late brother amounting to \$98.23, and is made up as follows:-

Income Tax Refund.....	\$59.00
Income Tax Rebate.....	<u>39.23</u>
TOTAL.....	<u>\$98.23</u>

2. Your brother died without having made a Will and this amount is, therefore, payable to you and his mother in equal one-half shares as the next-of-kin entitled under the Intestacy Laws of his province of domicile.

3. Treasury has been requested to forward to you a cheque in the amount of \$49.11, and on receipt of same would you kindly sign and return the enclosed form to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

HRW:MS
Encl.1


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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name: DONOHUE Surname Donald T. Christian Names No.: V.59892

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

AMOUNT

Date: 27-12-45

L.P.C.....\$ 56.84
 Other Credits..... 489.97
 Total..... 546.81
 Prev.Dist. 448.58
 This Dist. 98.23

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Mother	Mrs. Mary Donohue, 806 Second Ave., VERDUN, Que.	49.12 49.12
1/2	Brother	V.933, Walter Donohue C/E.R.A., H.M.C.S. Micmac, HALIFAX, N.S.	49.11
(As next of kin entitled)			
P4. TO TREAS. 7-1-46, QW.			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$98.23
CLASSIFIED BY <i>P</i>			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

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	
2. LENGTH OF STAY		Street No.	Hospital or Institution			
		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred
			Years	Months	Days	(c) In Province
						(d) In Canada (if immigrant)
3. NAME OF DECEASED		Surname..... DOUGLASS (Block letters)		Do not write in this space		
		Given names..... Donald Thomas		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH		
4. RESIDENCE		Street..... Second Avenue No. 306		22. Date of death..... May 7th 44 (Month) (Day) (Year)		
		Official name of civil municipality or township..... Verdun		23. I HEREBY CERTIFY that I attended deceased from		
		Municipal county..... Province..... Quebec	19..... to.....19.....		
5. SEX		6. NATIONALITY (Citizenship)		and last saw h.....alive on.....19.....		
Male		Canadian		24. CAUSE OF DEATH		
7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		I Immediate cause		
Irish		Single		Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.		
9. If married give name of wife or husband of deceased				(a)..... "MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD"		
10. BIRTHPLACE (Province or Country)		Verdun, Quebec.		(b)..... was torpedoed and sunk by enemy action in the Atlantic.		
11. DATE OF BIRTH		December 9th 1922 (Month) (Day) (Year)		(c).....		
12. AGE OF DECEASED		Years		II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		
		Months		If a communicable disease is mentioned on this certificate, give		
		Days		(a) Date of appearance.....19.....		
		If less than one day old		(b) Duration of disease.....days		
		hrs. or.....min.		25. If a woman, was there a puerperal condition?.....		
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Shipper		26. Was there a surgical operation?.....Date of.....19.....		
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		Kay Manufacturing Co.		State findings.....Was there an autopsy?.....		
15. Date deceased last worked at this occupation		16. Total years spent in this occupation		27. If death was due to external causes (violence) fill in also the following:—		
				Accident, suicide or homicide.....Date.....19..... (State which)		
17. NAME		18. BIRTHPLACE (Province or Country)		Manner of injury..... (How sustained)		
FATHER				Nature of injury.....		
MOTHER (Maiden Name)				Specify whether injury occurred in industry, in home, or in public place.....		
19. Place of burial, cremation or removal		Body not recovered		Signed.....M.D.		
20. Date of burial.....19.....				Address.....Date.....19.....		
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church.....		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		
		(b) Civil municipality of.....		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.		
		(c) Municipal county.....		Payr. Cadr. R.C.M.R., Officier de l'Etat Civil, Bureau de l'Etat Civil, Verdun, Quebec		
		(d) Date.....19..... (Month) (Day) (Year)		This signature authorizes the collector to accept this form as authentic.		

(Voir l'autre côté pour le français)

REGISTERED
AIRMAIL

N.S. V59892 PERS.(N)

11th May, 1944

Dear Mrs. Donohue:

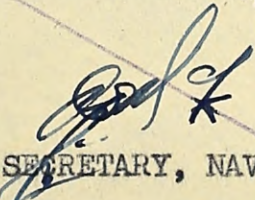
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

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. Mary Donohue
806 Second Avenue
VERDUN, Quebec

10

11

OTTAWA, Ont., 11 May, 1944.
V-59892 PERS. (N)

Dear Sir:

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

Name...DONOHUE.....Donald Thomas.....
(Surname) (Christian Names)

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

Official No...V-59892 R.C.N.V.R.....

Nature of Casualty .."Missing" at sea from ship in which serving.

Date of Casualty ..Will be reported later.....

Address at time of Enlistment .806 Second Ave.,
.Verdun, Que.....

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

Occupation....Shipper.....

Name & Address of Next of Kin Mother:.. Mrs. Mary Donohue,
.806 Second Ave., Verdun, Que.....

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

em e

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

*2 white
prod
c*

14th May, 1943.

NS: 113-C-4449

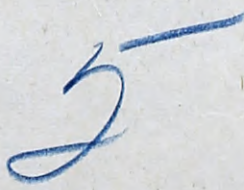
113-D-2809

MEMORANDUM:

The enrolment of the undermentioned ratings
in the **MONTREAL** Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
CAMPBELL, Kenneth John	Sto. 2/c	V59887	30 Apl'43.
WHITTAKER, Vincent Patrick	Sto. 2/c	V59888	3 May 43
ORR, Donald James	Ord. Snn.	V59889	3 " "
WORDEN, Tyler Glacier	Ord. Snn.	V59890	3 " "
KERR, Robert Alexander	Sto. 2/c	V59891	3 " "
DONOHUE, Donald Thomas	Ord. Snn.	V59892	30 Apl'43
BELANGER, Roger Andrew	Ord. Snn.	V59893	30 " "
MATUSEVICK, Jos. Peter	Ord. Snn.	V59894	3 May 43
PASSINEAU, Henry William	Ord. Snn.	V59895	3 " "
POLSON, Cameron Lloyd	Ord. Snn.	V59896	3 " "
STONE, Melvin Albert	Ord. Coder	V59897	27 Apl'43.
MILLER, Robert	Ord. Snn.	V59898	3 May 43

BY ORDER,



Thomas L. Brandson

for

SECRETARY, NAVAL BOARD

The Commanding Officer
H.M.C.S. "MONTREAL" "

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING 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

Section A—GENERAL INFORMATION

1. (a) Print name in full **DONOHUE, Donald Thomas** (b) Reg'l. No. **V 159892**
2. (a) Arm of service **NAVY** (b) Unit **R.C.N.V.R.** (c) Rank **ORD/SEAMAN**
3. (a) Date of birth **9th Dec. 1922** (b) Have you any dependents? **No** (c) Place of residence at time of enlistment **Verdun, Que.**
4. (a) Place of enlistment **Montreal, Que.** (b) Date of enlistment **Apr. 1943.**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **16½** (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.) **4 years high school**
7. If you attended a university, give name of university and standing or degree secured **-**
8. (a) Did you ever enter upon a trade apprenticeship? **/** (b) If so, for what occupation? **/** (c) Did you finish it? **/** (d) If you did not finish it, how long did you serve at it? **/**
9. (a) What languages do you speak fluently? **ENGLISH** (b) What languages do you read well? **ENGLISH**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school?
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 **KAY MANUFACTURING CO.** Address **MONTREAL**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **TAPES & BINDINGS**
20. (a) Your specific occupation **SHIPPER** (b) Number of years' experience at this occupation with any employer **4 years**
21. (a) Did your employer promise definitely to give you employment on discharge? **YES** (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?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form **Would like to return to former employment.**



DATE **30th April** 194**3** SIGNATURE **Donald Donohue**

Copy To
VWD
ES

MAY 15 1943

V50892

OFFICIAL NUMBER

NAME DONOHUE
(Surname)

Donald Thomas
(Given Names)

OFFICIAL NUMBER V50892

PIB

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualifed		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Montreal"	Ord. Smm.	30	4	43	Div. Str. Montreal	V.G.	Sat.	7	5	44	Radars 3/c	19	11	43			
"	"	10	5	43	Active Service D.L. 11-5-43	V.G.	Sat.	31	12	43							
Queen Charlotte	"	13	5	43	D.L. 14 - 5 - 43												
Cornwallis"	"	15	6	43	D.L. 230 15-6-43 Hamilton	V/O.		21	8	43	to	27	8	43			
Stadacona	"	1	11	43	DRD H-3050												
Hochelaga 11	"	26	11	43	DRD H-3342												
Valleyfield	"	8	12	43	Service Certificate.												
DISCHARGED	"	7	5	44	"DEAD", 249A A13928.												

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-
 Mother,
 Mrs. Mary Donohue,
 806 Second Avenue,
 VERDUN, Quebec. (13-10-44).

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
09	R	22	12	840	0	10	5	2	24	19	0	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
30	04	43	10	05	43					9690	0	08	95	
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.								
10	05	43	10	62	00	21	02-05-44			B		L		

V59892

OFFICIAL NUMBER

FILE NUMBER

113-D-2809

OFFICIAL NUMBER

V59892

NAME DONOHUE (Surname) Donald Thomas (Given Names) DATE OF BIRTH 9 Dec. 1922

PLACE OF BIRTH Verdun, Que. OCCUPATION Shinner

RELIGION R.C. EDUCATION 4 years high school

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 806 Second Ave. Town Verdun, Province, etc. Que.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
30	4	43	H.O.	5' 6"	brown	brown	medium	Small scar outside corner left eye.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs Mary Donohue

ADDRESS (in pencil): Street and No. 806 Second Ave. Town Verdun, Province, etc. Que.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
			Eligible for G.V.S.M. & Clasp.	27	8	43	Marked "TR", (249A, #42705).				

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

FILM
NO. WSP 6017-3
DATE

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

SECOND CLASS FOR CONDUCT

From

To

