

V38722  
GAUTHIER

JOSEPH

ALPHO

DEPARTMENT OF VETERANS AFFAIRS

(288388)

WAR SERVICE RECORDS

AWARDS NAVY

DECEASED 7 May 1944

D.D.

|                                   |                 |          |                   |               |
|-----------------------------------|-----------------|----------|-------------------|---------------|
| GAUTIER Joseph Alphonse Jean Paul |                 | V-38722  | ERA.4             | FILE No.      |
| SURNAME (IN BLOCK LETTERS)        | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICE

BADGE

(CLASS)

GS: No. 1071304 (29/07/85)

DATE DESPATCHED:

ADDRESS:



CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

Repl

SENT ENVOYÉ

JUL 29 1985

6473-

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. Joseph A. Gauthier - Father

ADDRESS: 5222-A Marquette St.,  
MONTREAL, Que.

MEMORIAL BAR

(1) DATE DESP

REGN. NO

850

(2) MEMORIAL CROSS

~~WIDOW~~

*Sister : Mme Pauline Gauthier Riville  
1661 Beauport, Chambly, P.Q. J3L 2P4*

ADDRESS:

*Issued to her son*

*Claude Riville by hand: 29/7/85*

(3) MEMORIAL CROSS

MOTHER

DECEASED

ADDRESS:

(3)

10

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

129389



CANADA

### ATTESTATION FORM (HOSTILITIES FORM)

NATIONAL DEFENCE

NO 139-1781  
CANADA

#### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME GAUTHIER OFFICIAL NO. V38722  
CHRISTIAN NAMES Joseph Alphonse Jean Paul MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS 108 Dorchester St., West, Montreal, P.Q. RELIGION R.C.

DATE OF BIRTH 11 June, 1916 PLACE OF BIRTH Town St John's  
County Iberville NAME AND ADDRESS OF NEXT OF KIN FATHER: Alphonse Gauthier  
Province Quebec 5222-A Marquette St.,  
Montreal, P.Q.

\*Original Nationality of:  
Father Fr. Can.  
Mother Fr. Can.

\*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>38 1/2</u> | <u>Chestnut</u> | <u>Hazel</u> | <u>Ruddy</u> | <u>Small circular scar over sternum from bullet</u> |
| Inches <u>9</u> | Deflated <u>37</u>     |                 |              |              |   |
| <u>152</u>      | Mean <u>37 3/4</u>     |                 |              |              |   |

EDUCATIONAL STANDING 8th Grade Commercial TRADE OR CALLING AND IN WHOSE EMPLOY Machinist  
Canadian Car & Foundry  
Longue Pointe, P.Q.

DATE OF ENROLMENT 4th June, 1942 RATING FOR WHICH ENROLLED A/Engine Room Art.  
4th RCNVR (Temp) R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. "CARTIER"

#### (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 the Royal Canadian Naval Volunteer Reserve Force for the period shown, and attach my record of service in corroboration of this statement~~

\*Cross out Clause not applicable.

| SERVED IN | RANK | FROM | TO                                   |
|-----------|------|------|--------------------------------------|
|           |      |      | Personnel Records Division.          |
|           |      |      | 1. Noted in Records <u>M.S.A.</u>    |
|           |      |      | 2. Index Card <u>M.S.A.</u>          |
|           |      |      | 3. Non-Sub. Card <u>M.S.A.</u>       |
|           |      |      | 4. Majesty's Forces on <u>M.S.A.</u> |
|           |      |      | 5. Ribbon Strip <u>M.S.A.</u>        |
|           |      |      | 6. Personal Knowledge <u>M.S.A.</u>  |
|           |      |      | 7. ....                              |
|           |      |      | 8. ....                              |
|           |      |      | DATE <u>24/6/42</u>                  |

(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..... CARTIER ..... Division of the  
Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

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

Dated this..... 4th ..... day of..... June, 1942 .....

Signature of applicant XX Jean Paul Gauthier

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this..... 4th ..... day of..... June, 1942 .....

P. Edouard  
Signature of and rank of Attesting Officer.

Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Joseph Alphonse Jean Paul GAUTHIER..... 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 XX Jean Paul Gauthier

Witness..... P. Edouard

Date..... 4th June, 1942 ..... Rank..... Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Joseph Alphonse Jean Paul GAUTHIER..... 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..... CARTIER ..... Division of the R.C.N.V.R. or in the appropriate official documents.

P. Edouard  
Attesting Officer.

Lieutenant, R.C.N.V.R.

R.C.N.V.R. Division  
(or other establishment)..... CARTIER

4th June ..... 1942

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.

This is to acknowledge that I have not been induced to enter the Engine Room Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Jean Paul Gauthier  
Signature

V38722

OFFICIAL NUMBER

FILE NUMBER

113-G-1781

OFFICIAL NUMBER V38722

NAME GAUTHIER (Surname) Joseph Alphonse Jean Paul (Given Names) DATE OF BIRTH 11th June, 1916

PLACE OF BIRTH St. John's, Quebec OCCUPATION Machinist

RELIGION R.C. EDUCATION 8th Grade Commercial

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 108 Dorchester St., West, Town Montreal Province, etc. P.Q.

| 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 |
| 4                 | 6     | 42   | H.O.   | 5' 9        | Chest-nut. | Hazel | Ruddy      | Small circular scar over sternum from bullet. |                  |                |       |    |

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Alphonse Gauthier

ADDRESS (in pencil): Street and No. 5322-A Marquette St. Town Montreal Province, etc. P.Q.

| 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 |             |
| 28   | 2     | 44   | C.V.S.M. (R&C) 2012-8-5      | 15                               | 6     | 42   | P.P.T. (Good)                    |                   |       |      |             |
| 26   | 2     | 44   | 1939-1943 Star (249A/A10339) | 17                               | 4     | 44   | Qual prof. for ERA 4/c (file)    |                   |       |      |             |
|  |       |      |                              | 18                               | 4     | 44   | Passed for Boiler Room W/K Cert. |                   |       |      |             |

| 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. MR 5697-8  
**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 \_\_\_\_\_



P.I.B. 1

V38722

OFFICIAL NUMBER

NAME GAUTHIER  
(Surname)

Joseph Alphonse Jean Paul  
(Given Names)

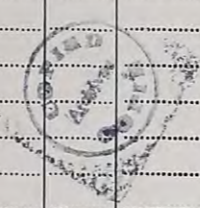
OFFICIAL NUMBER

V38722

| Ship or Establishment | Rating       | From |       |      | Remarks  | Character | Efficiency | Date |       |      | Non-Sub. Rating | Qualified |       |      | Re-Qualified |       |      |
|-----------------------|--------------|------|-------|------|--|-----------|------------|------|-------|------|-----------------|-----------|-------|------|--------------|-------|------|
|                       |              | Day  | Month | Year |  |           |            | Day  | Month | Year |                 | Day       | Month | Year | Day          | Month | Year |
| HMCS "CARTIER"        | A/E.R.A. 4/c | 4    | 6     | 42   | Div. Str. Cartier                                | V.G.      | Supr.      | 31   | 12    | 42   |                 |           |       |      |              |       |      |
| " "                   | " "          | 8    | 6     | 42   | Active Service.                                  | V.G.      | Sat.       | 31   | 12    | 43   |                 |           |       |      |              |       |      |
| Naden                 | " "          | 14   | 6     | 42   | D.L. 15-6-42                                     | V.G.      | Sat.       | 7    | 5     | 44   |                 |           |       |      |              |       |      |
| Cornwallis            | " "          | 16   | 8     | 42   | E.D.O. 609 Via Stad.                             |           |            |      |       |      |                 |           |       |      |              |       |      |
| Stadacona             | " "          | 11   | 3     | 43   | D.R.D. H 898                                     |           |            |      |       |      |                 |           |       |      |              |       |      |
| Gaspe                 | " "          | 13   | 3     | 43   | D.R.D. H 909                                     |           |            |      |       |      |                 |           |       |      |              |       |      |
| Stadacona             | " "          | 4    | 9     | 43   | DRD H-2523                                       |           |            |      |       |      |                 |           |       |      |              |       |      |
| Hochelaga 11          | " "          | 26   | 11    | 43   | DRD H-3342 Valleyfield 8.12.43 S.C.              |           |            |      |       |      |                 |           |       |      |              |       |      |
| HMCS Valleyfield      | E.R.A. 4     | 18   | 4     | 44   | Confirmed (249A/A13915)                          |           |            |      |       |      |                 |           |       |      |              |       |      |
| DISCHARGED            | " "          | 7    | 5     | 44   | "Missing" Casualty List. 12/A13926 Presumed Dead |           |            |      |       |      |                 |           |       |      |              |       |      |

CHIEF

GENERAL REMARKS



| DATE OF BIRTH |     |     | PLACE OF BIRTH  |      | CIVIL OCCU. |      | RELIED |                 | PERM. RESIDENCE |      |         | PREV. ENL. |              | RANK OR RATE ON ENLISTMENT |      |      |
|---------------|-----|-----|-----------------|------|-------------|------|--------|-----------------|-----------------|------|---------|------------|--------------|----------------------------|------|------|
| DY.           | MO. | YR. | BIRTH           | MAIN | SUB         | GION |        |                 | P.              | CTY. | TOWN    | SERV.      | DIV.         | A                          | BR   | RANK |
| 1             | 6   | 16  | 12              | 2    | 70          | X    | 10     |                 | 1               | 223  | 02      | 0          | 04           | 1                          | 35   | 93   |
| ENLIST. DATE  |     |     | ACT. SERV. DATE |      |             | STR. |        | ACT. SERV. DATE |                 |      | SHIP CR |            | RANK OR RATE |                            |      |      |
| DY.           | MO. | YR. | DY.             | MO.  | YR.         | CAT. |        |                 | DY.             | MO.  | YR.     | ESTAB.     | A            | BR                         | RANK |      |
|               |     |     | 04              | 06   | 42          | 08   | 06     | 42              |                 |      |         | 9690       |              |                            | 93   |      |
| SENIORITY     |     |     | STR.            |      | NON-SUB     |      | M      |                 | CODED           |      |         | CHECKED    |              |                            |      |      |
| DY.           | MO. | YR. | CAT.            | A    | B           | ST.  |        |                 |                 |      |         |            |              |                            |      |      |
| 04            | 06  | 42  | 300             | 1d   | 21          | EP   |        |                 |                 |      |         |            |              |                            |      |      |

07.02.44

*Eda. bl.*  
*237*  
*11*

**CERTIFICATE of the SERVICE of**  
*Joseph Alphonse Jean Paul GAUTHIER*  
**in the Royal Canadian Naval Volunteer Reserve**

IC NS. 56144

|                       |                       |                                |
|-----------------------|-----------------------|--------------------------------|
| Training Headquarters | R.C.N.V.R. Division   | Official Number <i>V-38722</i> |
|                       | <i>MCS. "Cartier"</i> | "                              |
|                       |                       | "                              |

Date of Birth *11<sup>th</sup> June 1916*

Place of Birth *Montreal, Que.*

Place of Residence *108 Dorchester St. W. Montreal*

Trade brought up to *Machinist*

Religion *Roman Catholic*

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

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

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

*(FATHER) Alphonse*  
*5222-A Marquette St.,*  
*Montreal, Que.*  
*18/11/43*



| 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>20 May '42</i>           | <i>11 June '42</i>                | <i>Duration</i>        | <i>1/E.R.A.<br/>4<sup>th</sup> class.</i> |                           | <i>26 Feb 44</i> | <i>Canadian Volunteer Service Medal &amp; Clasp. Prov. award.</i> |
|                             |                                   |                        |   |                           | <i>26 Feb 44</i> | <i>1939-45 Star. Prov. award.</i>                                 |
|                             |                                   |                        |   |                           |                  |   |
|                             |                                   |                        |   |                           |                  |   |

|                                   | Height   |          | Chest (mean)  | Weight     | Hair        | Eyes         | Complexion   | MARKS, WOUNDS, SCARS                                 |
|-----------------------------------|----------|----------|---------------|------------|-------------|--------------|--------------|--|
|                                   | Feet     | Inches   |               |            |             |              |              |  |
| On Entry                          | <i>5</i> | <i>9</i> | <i>37 3/4</i> | <i>152</i> | <i>Dark</i> | <i>Hazel</i> | <i>Ruddy</i> | <i>Small circular scar over sternum from bullet.</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 |
|                            |    |      |                        |      |           |
|                            |    |      |                        |      |           |
|                            |    |      |                        |      |           |



# NAVAL TRAINING and ACTIVE SERVICE

| Year                  | SHIP OR ESTABLISHMENT   | NON-SUB. RATE | RATING                            | FROM        | TO          | CAUSE OF DISCHARGE |
|-----------------------|-------------------------|---------------|-----------------------------------|-------------|-------------|--------------------|
| 1942                  | "Carter"                |               | A/E.R.A.<br>4 <sup>th</sup> Class | 4 June '42  | 7 June '42  |                    |
| <b>ACTIVE SERVICE</b> |                         |               |                                   |             |             |                    |
| 1942                  | "Carter"                |               | A/E.R.A.<br>4 <sup>th</sup> Class | 8 June '42  | 13 June '42 |                    |
|                       | "Haden"                 |               | " "                               | 14 June '42 | 15 Aug '42  |                    |
|                       | Cornwallis              |               | " "                               | 16 Aug '42  | 10 Mch '43  |                    |
|                       | Stadacona               |               | " "                               | 11 Mch '43  | 12 Mch '43  |                    |
|                       | Stadacona (Gaspe)       |               | " "                               | 13 Mch '43  | 3 Sep '43   |                    |
|                       | Stadacona               |               | " "                               | 4 Sep '43   | 25 Nov '43  |                    |
|                       | Nichelaga II            |               | " "                               | 26 Nov '43  | 7 Dec '43   |                    |
|                       | Stadacona (Valleyfield) |               | " "                               | 8 Dec '43   | 29 Feb '44  |                    |
|                       | Boston (Valleyfield)    |               | " "                               | 1 Mch '44   | 17 Apr '44  |                    |
|                       | " "                     |               | E.R.A 4/c                         | 18 Apr '44  | 7 May '44   | D.D.               |



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

| Date      | Details       | Captain's Signature |
|-----------|---------------|---------------------|
| 3 June 43 | BCTW # B75491 |                     |
|           |               |                     |
|           |               |                     |
|           |               |                     |
|           |               |                     |
|           |               |                     |
|           |               |                     |
|           |               |                     |
|           |               |                     |

J.M.P.

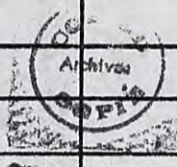


VERIFICATION FORM

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

RANK/RATING ..... *E.R.P. 4/c* ..... OFF.NO. *V-38722* ..... ADDRESS .....

| AREA            | QUALIFYING PERIODS IN DAYS |    |         |          |         |                | STARS MEDALS | ✓<br>1<br>2 | ELIGIBLE FOR AWARDS OF  |
|-----------------|----------------------------|----|---------|----------|---------|----------------|--------------|-------------|-------------------------|
|                 | FROM                       | TO | 1939-45 | ATLANTIC | DEFENCE | CLASP C.V.S.M. |              |             |                         |
|                 |                            |    |         |          |         |                | 1939-45      | 1           | <i>Star</i>             |
| <i>Atlantic</i> |                            |    |         |          |         |                | ATLANTIC     | 1           | <i>Star</i> <i>D.R.</i> |
| <i>Atlantic</i> |                            |    |         |          |         |                | FRANCE G.    |             |                         |
|                 |                            |    |         |          |         |                | AFRICA       |             |                         |
|                 |                            |    |         |          |         |                | PACIFIC      |             |                         |
|                 |                            |    |         |          |         |                | BURMA        |             |                         |
|                 |                            |    |         |          |         |                | ITALY        |             |                         |
|                 |                            |    |         |          |         |                | DEFENCE      |             |                         |
|                 |                            |    |         |          |         |                | C.V.S.M.     | 2           | <i>@ L. Kay</i>         |
|                 |                            |    |         |          |         |                | " CLASP      |             |                         |
|                 |                            |    |         |          |         |                | WAR 1945     | 1           | <i>Medal</i>            |
|                 |                            |    |         |          |         |                | WAR 1915     |             |                         |



VERIFIED BY *L. Lachet* .....

FILED BY ..... DIR. OF PERSONNEL RECORDS.

JUN 7 1942

129391

MS 113 1781

# 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 JEAN PAUL GAUTHIER (b) Reg'l. No. V 38722
- 2. (a) Arm of service NAVY (b) Unit H.M.S. "CARTIER" (c) Rank W/ERA 4
- 3. (a) Date of birth JUNE 11 1916 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL
- 4. (a) Place of enlistment MONTREAL (b) Date of enlistment 20<sup>th</sup>/5/42

PLEASE LEAVE BLANK

## 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.) 8<sup>th</sup> YEAR PUBLIC 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? YES (b) If so, for what occupation? MACHINIST (c) Did you finish it? YES (d) If you did not finish it, how long did you serve at it?.....
- 9. (a) What languages do you speak fluently? ENGLISH + FRENCH (b) What languages do you read well? ENGLISH + FRENCH

6

## 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 CAN. CAR + FDRY. Address LONGUE PONTÉ P.Q.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STEEL FOUNDRY
- 20. (a) Your specific occupation TOOLMAKER + MACHINIST (b) Number of years' experience at this occupation with any employer 5
- 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? 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?..... (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

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



DATE June 4<sup>th</sup> 194 2 SIGNATURE Jean Paul Gauthier

JUN 30 1942

Copy To  
VWD  
ES

MR

May 27th, 1942.

(V)

MEMORANDUM:

With reference to your R.O. 18  
of the 20th May, 1942. it is approved to enter  
Mr. Jean P. Gauthier, 108 Dorchester W., Montreal, P. Q.,  
as Acting Engine Room Artificer 4th class R.C.N.V.R. (Temp)  
on Active Service at your Divisional Headquarters,

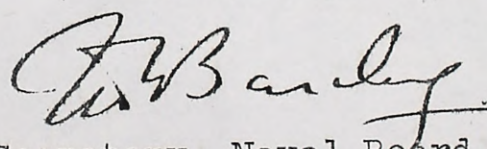
if he is considered to be suitable and is medically fit.

He is to be drafted in accordance with  
NS 114-1-46 of the 28th March, 1942.

2.

Credentials are returned herewith.

BY ORDER,

  
Secretary, Naval Board.

The Commanding Officer,  
H.M.C.S. "Cartier",  
1464 Mountain Street,  
Montreal, P. Q.

VT

REGISTERED

FILE NO. N.S. V-38722 PERS. (N)



30th August, 1944.

Dear Mr. Gauthier:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Joseph Alphonse Jean Paul Gauthier, Engine Room Artificer, fourth class, Official Number V-38722, 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,

*[Handwritten signature]*

Deputy SECRETARY, NAVAL BOARD.

Despatched by  
Sec. N. B.

Date 1/9/44  
Time 1700

Mr. Alphonse Gauthier,  
5222 - A Marquette Street,  
Montreal, Quebec.

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

Royal ✓ Canadian ✓  
Message condolence  
Date Sent 30/8/44 NFR 5

*26*  
*30/9/44*  
*NFR 15*  
*GM*

*a*

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

Sir:

10 May, 1944.

(Date)

The following casualty has been reported -

| NAME                                | RANK or RATING                        | NAVAL NO.          |
|-------------------------------------|---------------------------------------|--------------------|
| GAUTHIER, Joseph Alphonse Jean Paul | Engine Room Artificer<br>Fourth Class | V-38722 R.C.N.V.R. |

DATE OF ENLISTMENT - 4 June, 1942. Active Service: 8 June, 1942.

DATE OF DISCHARGE - Will be reported later.

HOSPITAL -

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

SERVICE - Canada &amp; High Seas.

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

Reason for discharge and - "Missing" at sea when the ship in which he was serv-  
when and where any disability ing was lost by enemy action. While this casualty  
was incurred, or where death is listed as missing, it is impossible to make an estimate as to his chances of  
occurred.survival. Should no information be received to the contrary, you will be notified  
when official presumption of death with date has been set.(Show clearly whether death or disability due to enemy action,  
accident or disease, and whether it occurred in Canada, or on the high seas or  
elsewhere outside Canada).

NEXT OF KIN &amp; RELATIONSHIP -

RELATIONSHIP- Father: NAME - Mr. Alphonse Gauthier,

ADDRESS- 5222 A- Marquette Street, Montreal, Quebec.

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

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

*20*

*H.B. Money*

for  
SECRETARY, NAVAL BOARD *EMC*

Secretary, Canadian Pension Commission,  
Room 228, Daly Building, OTTAWA, Ont.NOTE: Duplicate copies of this form (Form "B") have been forwarded to the  
Chief Treasury Officer (Allotment Section), Department of National  
Defence, Naval Service, for completion respecting the details of  
Marriage Allowance, Dependents Allowance, etc., and subsequent  
transmission to you.

(See reverse side for further instructions)



REMARKS:

.....

NOTES:

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



11th May, 1944.

Dear Mr. Gauthier:

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.

LETTER dispatched by  
PERSONNEL NAME  
Yours sincerely,

MAY 18 1944

*[Signature]*  
SECRETARY, NAVAL BOARD.

Mr. Alphonse Gauthier,  
5222 A Marquette Street,  
MONTREAL, Quebec.

17

E.M.

REGISTERED  
AIR - MAIL  
N.S: V-38722 PERS.(N)

8 May, 1944.



Dear Mr. Gauthier:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Joseph Alphonse Jean Paul Gauthier, Engineerroom Artificer Fourth Class, Official Number V38722, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

LETTER dispatched by  
PERSONNEL-NAVAL  
Yours sincerely,

MAY 9 1944

SECRETARY, NAVAL BOARD.

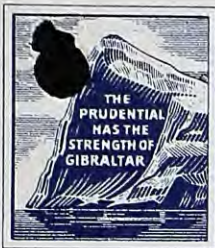
Mr. Alphonse Gauthier,  
5222A- Marquette Street,  
MONTREAL, Quebec.

16

was

W

Amis



# The Prudential

INSURANCE COMPANY OF AMERICA  
CANADIAN HEAD OFFICE: 44 KING STREET, WEST TORONTO, ONT.

Department of Veterans Affairs  
Received To: 12  
File No: V-38722  
Charged To:

Director of War Service Records,  
Department of Veterans Affairs,  
325 Slater Street,  
Ottawa, Ontario.

August 15, 1951.

In re: Policy 70713775  
Paul Gauthier



Dear Sir:

We have been informed by the Insured's father Joseph A. Gauthier, that his son Jean Paul Gauthier, born June 11th, 1916, was reported by the Canadian Government on May 7th, 1944 as missing at sea. He was a member of the Canadian Navy in 1941, and was aboard the H. M. C. S. Valleyfield, which was torpedoed in May 1944.

In order that payment may be made on the above policy, we would appreciate it if you could send us some official Certificate of Death on this Insured.

Your co-operation will be greatly appreciated.

Sincerely yours,

*D. P. Lynch.*

MEH:JI

D. P. Lynch, Asst. Mgr.,  
Insurance Services Div.

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

|  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|--|---|---|--|------|--|-------|--------|------|-----------------|-------|--------|------|------------------------------|-------|--------|------|
| 1. PLACE OF DEATH  | Municipal county<br><b>AT SEA</b>   | Official name of civil municipality or township | Place an X over the word which applies to this municipality or this territory<br>City   Town   Village   Parish   Township |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | Street  | No.   | Hospital or Institution  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 2. LENGTH OF STAY  | (a) In hospital or institution  | Years   | Months   | Days | (b) In municipality where death occurred | Years | Months | Days | (c) In Province | Years | Months | Days | (d) In Canada (if immigrant) | Years | Months | Days |
|  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 3. NAME OF DECEASED  | Surname   | <b>GAUTHIER</b>                                 |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | Given names   | <b>Joseph Alphonse Jean Paul</b>                |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 4. RESIDENCE   | Street  | <b>Dorchester Street West</b>                   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | Official name of civil municipality or township   | <b>Montreal</b>                                 |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | Municipal county  | <b>Quebec</b>                                   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 5. SEX   | 6. NATIONALITY (Citizenship)  | 7. RACIAL ORIGIN                                | 8. Single, Married, Widowed or Divorced (Write the word)   |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| <b>Male</b>  | <b>Canadian</b>   | <b>Fr. Canadian</b>                             | <b>Single</b>  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 9. If married give name of wife or husband of deceased   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 10. BIRTHPLACE (Province or Country) <b>St. John's, Quebec.</b>  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 11. DATE OF BIRTH <b>June 11th 1916</b>  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 12. AGE OF DECEASED <b>27 11</b> hrs. or min.  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 13. OCCUPATION   | 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. <b>Machinist</b>    |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | 14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. <b>Can. Car and Foundry</b> |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | 15. Date deceased last worked at this occupation  |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 16. Total years spent in this occupation   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 17. NAME   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 18. BIRTHPLACE (Province or Country)   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| FATHER   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| MOTHER (Maiden Name)   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 19. Place of burial, cremation or removal <b>Body not recovered</b>  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 20. Date of burial 19.....   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 21. PLACE OF REGISTRATION OF THIS BURIAL   | (a) Name of parish or church.....   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | (b) Civil municipality of.....  |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | (c) Municipal county.....   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
|  | (d) Date..... 19.....   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 22. Date of death <b>May 7th 1944</b>  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 23. I HEREBY CERTIFY that I attended deceased from 19..... to 19..... and last saw h..... alive on 19.....   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 24. CAUSE OF DEATH   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| I<br>Immediate cause<br>Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| (a) <b>MISSING presumed dead, when U.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</b>  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| (b) <b>torpedoed and sunk by enemy action in the Atlantic.</b>   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| (c) .....  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| II<br>Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| III<br>If a communicable disease is mentioned on this certificate, give (a) Date of appearance..... 19..... (b) Duration of disease..... days  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 25. If a woman, was there a puerperal condition?.....  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 26. Was there a surgical operation?..... Date of..... 19..... State findings..... Was there an autopsy?.....   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 27. If death was due to external causes (violence) fill in also the following:—<br>Accident, suicide or homicide..... Date..... 19..... (State which)<br>Manner of injury..... (How sustained)<br>Nature of injury.....<br>Specify whether injury occurred in industry, in home, or in public place..... |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| Signed..... M.D.   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| Address..... Date..... 19.....   |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 28. Signature of person who fills in the form (Curate, coroner, hospital authority, etc.)<br><b>Payr. Cdr. R.C.N.R., Officer</b><br>This signature authorizes the collector to accept this form as authentic.  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |
| 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.<br><b>1/c Naval Personnel Records,</b><br>(Voir l'autre côté pour le français)  |   |   |  |      |  |       |        |      |                 |       |        |      |                              |       |        |      |

NS. V-38722(PERS(N))

MEMORANDUM

TO - DIRECTOR OF ESTATES



Joseph Alphonse Jean Gauthier, ERA4C1, V-38722  
D.D. 7th May, 1944 - H.M.C.S. "VALLBYFIELD"

*Following removal of papers on Gauthier RA - 538 -*  
The service estate of the above named rating is now ready for disposal.

- 1. Report of death at folio 30.
- 2. Balance of wages as per C.N.S. 46, at folio 37 ..... \$166.52  
overpayment for E.R.W.K. Certificate as per Journal Voucher A.A. 443 at folio 40 11.00  
Balance Cr. .... \$155.52
- ✓ 3. Service Certificate at folio 28.
- ✓ 4. No record of a will as per folio 24.
- ✓ 5. Funeral expenses are not known.
- ✓ 6. Allotments stopped, last payment 31st May, 1944.  
\$10.00 - Fit-rite Tailors, Halifax, N.S.
- ✓ 7. War Savings Certificates - nil.  
Bonds - \$8.40 from May, 1943 to October, 1943.  
In favour of Mr. Paul J. Gauthier,  
H.M.C.S. "GASPE",  
c/o F.M.O. Halifax,  
Nova Scotia.

*31. 10. 44  
M. W. ...  
Car ...  
Antoine ...*

*C.F.G. Hill*  
(C.F.G. Hill)  
A/Pay Captain, R.C.N.V.R.  
Director of Naval Pay Accounting.

PREPARED BY: *C. Cropps*.....  
CHECKED BY: *D. Prud'homme*.....

OTTAWA, Ontario,  
26th October, 1944.



# 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 GAUTHIER Joseph Alphonse Jean Rating E.R.A. 4/0  
 Official No. V-38722 H.M.C.S. AVALON "VALLEYFIELD" List 12<sup>1</sup>/1  
 Who\* DISCHARGED DEAD on the 7 MAY 19 44

|  |            |           |
|--|------------|-----------|
| Net sum due on ledger on account of Wages.....   | \$         | NIL       |
| Proceeds of sale of Effects charged against Wages, brought from the other side                       |            |           |
| CASH—  | \$         | cts.      |
| Proceeds of sale of Effects, brought from the other side.....  |            |           |
| Found amongst Effects.....   |            |           |
| Debts collected \$.....  |            |           |
| Cash deposited by official Receipt No. <u>25181 Administrator of Naval Estates (Present War)</u> 166 |            | 52        |
| 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>TEN DOLLARS</u> charged to <u>31 May</u>                             |            |           |
| Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD)</u> 44                                 |            |           |
| Total† <u>CREDITOR</u>   | <u>166</u> | <u>52</u> |

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 One Hundred and Sixty-six dollars Fifty-two cents.

Dated on board H.M.C.S. AVALON at ST JOHNES  
NFLD this SIXTH day of JUNE 19 44

Approved [Signature] Accountant Officer  
PAY LIEUT. CDR. R.C.N.V.R.  
 { Initials of the Assistant Accountant Officer } [Red 33]  
A/CAPTAIN RCN Commanding Officer.

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.

LEDGER: [Signature]  
 AUDIT: [Signature]





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

Mr. Alphonse Gauthier,  
5222-A Marquette St.,  
Montreal, P.Q.



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

and the following number quoted:—

H.Q. V-38722 ED. 538

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

September 12, 1944

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

GAUTHIER, Joseph Alphonse Jean Paul Engine Room Artificer, 4/c

Official Number V-38722 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.



*J. M. Weir*  
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 deceased ever had in each of the degrees specified below:

| Degrees of Relationship | RELATIVES required to be accounted for   | INFORMANT'S STATEMENT  |                                    |   |
|-------------------------|--|--|------------------------------------|---|
|                         |  | NAME IN FULL of any Relative, if any, in each degree specified | Age                                | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1                       | Widow of the Deceased.....   | ✓  |                                    | ✓   |
| 2                       | Children of the Deceased and dates of their Births.....  | ✓  |                                    | ✓   |
| 3                       | Father of the Deceased.....  | JOSEPH ALPHONSE GAUTHIER                                       | 52                                 | 5222 A MARQUETTE'S MONTREAL 34 QUE  |
| 4                       | Mother of the Deceased.....  | EVA HAMEL GAUTHIER   |                                    | DIED - JUNE 15 - 1931   |
| 5                       | Brothers of the Deceased   | Full Blood   | GILBERT GAUTHIER<br>L/STO V 23 751 | 23<br>H.M.C.S "ORILLIA"<br>F.M.O. HALIFAX, N  |
|                         |  | Half Blood   | <del>JEAN MAURICE GAUTHIER</del>   | <del>DIED - JUNE 13<sup>TH</sup> - 1918</del>   |
| 6                       | Sisters of the Deceased  | Full Blood   | PAULINE EVELINA GAUTHIER           | 20<br>5222 A MARQUETTE MONTREAL 34 QUE  |
|                         |  | Full Blood   | THERESE GAUTHIER                   | 17<br>AS ABOVE  |
|                         |  | Half Blood   | LISSE GAUTHIER                     | 7<br>AS ABOVE   |
| 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          |   |
|                         |  | JEAN MAURICE GAUTHIER  | JUNE 13 <sup>TH</sup> 1918         |   |

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

|    |  |   |
|----|--|---|
| 8  | Full names of the deceased.              | JOSEPH ALPHONSE<br>JEAN PAUL GAUTHIER       |
| 9  | Date of his birth.                       | JUNE 11 <sup>TH</sup> - 1916                |
| 10 | Place and date of his marriage.          | ✓   |
| 11 | Place and date of his parents' marriage. | ST JOHN'S QUE - FEB 10 <sup>TH</sup> - 1914 |

## PARTICULARS OF DOMICILE

|    |  |  |
|----|--|--|
| 12 | Place where deceased was born.   | ST-JOHN'S 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)<br>(b)<br>(c) PROVINCE OF QUE<br>(d) |
| 14 | Nature of employment before enlistment.  | APPRENTISE. MACHINIST                    |
| 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.   | MONTREAL QUE                             |

## PARTICULARS OF ESTATE

|    |  |                      |
|----|--|----------------------|
| 17 | Did he leave a Will? If in your custody, please forward.   | SEE REMARK'S ON BACK |
| 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? | SINGLE               |
| 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?   | SEE REMARK'S ON BACK |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.   | DITTO —              |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.  | "                    |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.   | "                    |
| 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:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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. | NOT TO THE<br>BEST OF MY KNOWLEDGE |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.  | NO                                 |

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

DECLARATION

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

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

\* FATHER 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.

Joseph Alphonse Gauthier  
5222<sup>A</sup> Marquette St. Mont 34 Que

Signature of Informant  
Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Joseph Alphonse Gauthier

\*See above 5222<sup>A</sup> Marquette St. Montreal Que { Name of informant } is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal, Que this 16<sup>th</sup> day of September 1944

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

Thomas J. Fraser

Qualification Commissioner of the Superior Court District of Montreal

Address 5132 Evershiff Avenue, Montreal 29, P.Q.

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

My son - Joseph Alphonse Jean Paul Gauthier -  
has been away from home since his Enlistment  
and only through mail did I have any news  
of his activity. On his last letter dated April 17<sup>th</sup>  
1944 - he told me of his approaching marriage  
to a Miss Roselle Dugout of French Cove  
Cape Breton. N.S.

I presume that any  
and all latest information re. Victory Bond -  
Money in bank - A will - etc. Miss Dugout  
should be in a position to ~~to~~ give all  
and any information you can desire.

Sincerely yours

Joseph Alphonse Gauthier  
5222<sup>A</sup> Marquette St -  
Montreal B4 - Que



BF

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

4  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

Joseph Alphonse Jean Paul GAUTHIER

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 10281

PAYEE

Director of Estates,  
 308 Sparks St.,  
 Ottawa, nt.

for service Estate of  
 Joseph A. J.P. GAUTHIER,  
 NS V-38722

FILE NO. NS V-38722

DATE 14 Sept./45

ADDRESS

SERVICE NO. V-38722

FINAL RANK OR RATING Era 4/c

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE 7 May/44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 700 EQUAL TO 23 COMPLETE PERIODS AT \$7.50

\$ 172.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 327 LESS 10 INELIGIBLE DAYS, EQUAL TO 317 DAYS @ 25C. PER DAY

\$ 79.25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$ 3.05  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$ 1.25  
 ADDITIONAL PAY HLM \$ .15

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil \$ --

TOTAL \$ 4.45 X 7 = \$ 31.15

NO. OF DAYS 327 X \$ 31.15

183

\$ 55.67

## D. WAR SERVICE GRATUITY

\$ 307.42

## E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

## F. TOTAL AMOUNT PAYABLE

\$ 307.42

## G. YOUR PORTION OF GRATUITY IS—

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

= \$ 307.42

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher 2485 - Sept. 21/45

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

YN

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir Naval Pay Acctg.