

V31768
GILES
DAVID

HENRY

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Apr.43 "VALLEYFIELD"

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mary Giles - Mother

ADDRESS: HUDSON BAY JUNCTION, Sask.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Giles

ADDRESS: HUDSON BAY JUNCTION, Sask.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO.

241

(2)

(3)

22 Sept. 1944

DECEASED 7 May 1944

AWARDS NAVY

D.D.

| | | | | |
|----------------------------|-----------------|----------|-------------------|---------------|
| GILES | David Henry | V-31768 | A.B. | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

289231

~~289252~~

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|------------------|---|
| 1939-45 Star | 316 |
| Atlantic Star | |
| C.V.S.M. & Clasp | |
| War Medal | |
| | |
| | |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Stad 31/8/42

C.N.S. 536d. Revised—Nov., 1936.
15M—441 (188)
N.S. 815-9-536D.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

| | | |
|---------------------------|--------------|-------------------------------|
| NAME David Henry GILES | OFFICIAL No. | Date of Birth 30 Sept 1924 |
|---------------------------|--------------|-------------------------------|

ON LEAVING HARBOUR TRAINING SERVICE

| Subject | Ability | REMARKS (percentages obtained, etc.) | Initials of Instructing Officer |
|--|-------------|---|---------------------------------------|
| *School..... | | | |
| Seamanship— Boat work: | | | |
| (a) Pulling..... | | | |
| (b) Sailing..... | | | |
| Gunnery and Disciplinary Training..... | <i>fair</i> | <i>4 weeks only moderate 65%</i> | <i>HWS</i> |
| Shooting..... | | | |
| Swimming—P. P. T. | | Date qualified..... | |
| Physical and Recreational Training..... | <i>good</i> | <i>satisfactory</i> | <i>HWS</i> |
| Special qualifications..... | | <i>Education VIII</i> | |
| Call Boy..... | | | |
| Bugler (Sea Service)..... | | | |
| Special Remarks | | <i>2 DAYS ANTI/GAS 28-4-42</i> | |
| e.g., C. W. Candidate..... | | <i>Character satisfactory</i> | <i>HWS</i> |
| | | | |
| | | | |
| | | | |

On joining:— Weight *150* Height *5' 8 1/2"* Date *18 March, 1942*

On leaving:— Weight *150* Height *5 8 1/2* Date *APR 20 1942*

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. UNICORN

H.M.C.S. " UNICORN " .

APR 20 1942

Date..... *[Signature]* Captain.

Lieut. **R. C. N. V. R.**
Commanding Officer.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

| | | | |
|----------------------------|------------------------------------|------|--|
| Educational Examinations | Date | Ship | Signature and Rank of Divisional Officer |
| Passed Educationally | Accelerated Advancement..... | | |
| | For Able Seaman (if G.C. III)..... | | |
| | Educational Test I..... | | |
| Rated Ordinary Seaman..... | | | |

| SEAMANSHIP | | | | GUNNERY | | | | TORPEDO | | | | | |
|------------|----------------|--------------------|------------------------------------|-----------------------------|---------------------------------|---------------------------------------|-------------------------|----------|-------|-------------------|--|--|--|
| Subject | Boat Work | Anchors and Cables | Compass and Wheel Rule of the Road | Rigging Sheers and Derricks | Sounding Machine, Lead and Line | Bends and Hitches, Blocks and Tackles | Part of Ship Evolutions | Signals | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship | | |
| Hours | | | | | | | | | | | <i>J. Schachan, Lieut. Naden</i> | | |
| % | 78% | 73% | 66% | | 87% | 65% | | | 72.3% | 16-6-42 | | | |
| Subject | Field Training | Gun Drill | Stripping | Fire Control | Ammunition | Director and Sighting | Machine Gun | LOOKOUTS | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship | | |
| Hours | 220/250 | 130/200 | 85/125 | 97/150 | 70/100 | 68/100 | 68/75 | SAT. | 73.8% | 20 May '42 | <i>A. F. Walsh, S/A. R.C.N.V.R.</i> | | |
| % | | | | | | | | | | | | | |
| Subject | Whitehead | Low Power | High Power | Instruments | Explosives | Paravanes | | | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship | | |
| Hours | | | | | | | | | | | <i>W. M. Jackson, Lieut. R. N. Hobbs, C.S. Naden</i> | | |
| % | | | | | | 66% | 26-6-42 | | | | | | |

* In the event of failure to pass any examination, the percentage is to be noted in R.E.D. and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

| Ship | Total Period of Practical Experience as Ord. Seaman in part of Ship | Recommended for Advancement to Able Seaman on (Date) |
|------|---|--|
| | | |

| Divisional Officer's Remarks | Recommendation for non-sub. rate† |
|------------------------------|-----------------------------------|
| | |

Ordinary Seaman (Special Service).
 Qualified for advancement to Able Seaman (S.S.)
 on..... Date.
Commodore
DepotDate.

Rated Able Seaman and Recommendations inserted on History Sheet
 H.M.C.S.....
Date
Captain.

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

Mrs. Mary Giles,
Hudson Bay Junction,
Saskatchewan.

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

and the following number quoted:—

H.Q. V- 31768 FD. 535

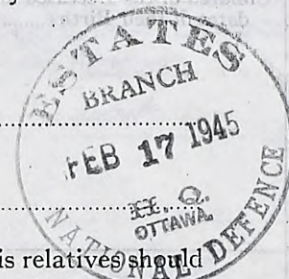
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

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

GILES, David Henry Able Seaman,

Official Number V-31768, 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/

A. Swad
Commander Officer
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>not applicable</i> | | | |
| 2 | Children of the Deceased and dates of their Births..... | <i>none</i> | | | |
| 3 | Father of the Deceased..... | <i>Father deceased</i> | <i>47</i> | | |
| 4 | Mother of the Deceased..... | <i>Mary Giles</i> | <i>45</i> | <i>Hudson Bay Jet Bank</i> | |
| 5 | Brothers of the Deceased | Full Blood | <i>Thomas W. Giles</i> <i>Milton C Giles</i> <i>Albert. G. Giles</i> <i>Jack. H. Giles</i> | <i>24</i> <i>22</i> <i>23</i> <i>11</i> | <i>R.C.N.V.R. HALIFAX</i> <i>R.C.N.V.R. HALIFAX</i> <i>CANADIAN DENTAL CORPS</i> <i>AT HOME.</i> |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | <i>Margaret Giles</i> <i>Alberta Giles</i> <i>Alfreda Giles</i> <i>Gertrude Giles</i> | <i>18</i> <i>14</i> <i>14</i> <i>12</i> | <i>AT HOME HUDSON BAY JET SASK</i> <i>AT HOME HUDSON BAY JET SASK.</i> <i>AT HOME HUDSON BAY JET SASK</i> |
| | | Half Blood | <i>Frederick</i> | | |
| 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 | | |
| | | <i>Frederick G. Giles</i> | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

| | | |
|----|--|---|
| 8 | Full names of the deceased. | David Henry Giles |
| 9 | Date of his birth. | Sept 30 1924 ¹⁹²⁴ |
| 10 | Place and date of his marriage. | not married |
| 11 | Place and date of his parents' marriage. | Yorkton Sask April 21 1920 |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 12 | Place where deceased was born. | Budenburg Sask |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) was born, raised and (b) lived in the province of (c) Saskatchewan until date (d) of enlistment |
| 14 | Nature of employment before enlistment. | Country work |
| 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. | Hudson Bay Jct. Sask |

PARTICULARS OF ESTATE

| | | |
|----|---|--|
| 17 | Did he leave a Will? If in your custody, please forward. | not that I know of. |
| 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? | not applicable |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | not known |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | not known |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | I have letter from him stating that he was taking out 300.00 in bonds but I have no trace of them. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | no insurance |
| 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. | not that I know of. |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | no |

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

(PLEASE TURN OVER)

DECLARATION

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

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

* mother of the deceased.

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

Mrs. Mary Giles,

Signature of Informant

Hudson Bay Jet. Sask. Address

CERTIFICATE

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

See above Mrs Mary Giles { 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 Hudson Bay Junction this 29 day of January 1945

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

(Rev) E. Ray Hadden

Qualification Clergyman

Address Hudson Bay Junction, Sask.

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

| | |
|----|---|
| 18 | If married, and domiciled in the Province of Ontario or in the U.S.A. or in a Country under the laws of which there is a community of property between spouses—was there a marriage contract dealing with property? |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary. |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. |

OTHER PARTICULARS

| | |
|----|--|
| 24 | Has the informant paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. |
| 25 | An itemized account for each such debt should be attached, and it must be correct. You should mark the bill "approved" and sign same. If bill not correct, give particulars. |
| 26 | Has the informant paid and lodged with on receipt (a) his own account book and lodging with on receipt (b) any clothing and equipment. |
| 27 | The Government pays funeral expenses when the amount authorized in the Regulations is not exceeded and burial is made in accordance with the Regulations. Any amount of such expenses in excess of that authorized in the Regulations is the responsibility of the informant. It is the informant's duty to see that the amount of such expenses does not exceed the amount authorized in the Regulations. |

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.

No. 19

PROVINCE OF SASKATCHEWAN
RECORD OF REGISTRATION OF DEATH

Registration Division of Saskatchewan Municipality No. 24

1. PLACE OF DEATH AT SEA
 (If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

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

3. PRINT FULL NAME OF DECEASED GILES, David Henry
 RESIDENCE Hudson Bay Junction, Sask.
 (Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

| | | | | |
|-----------------------|-----------------------------------|------------------------------------|---|---|
| 4. SEX <u>Male</u> | 5. CITIZENSHIP <u>Canadian</u> | 6. RACIAL ORIGIN <u>English</u> | 7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u> | 8. BIRTHPLACE (Province or Country) <u>Bredenbury, Sask.</u> |
|-----------------------|-----------------------------------|------------------------------------|---|---|

| | | | | | |
|---|---|--------------------|--------------------------------------|------|--------------------------------------|
| 9. DATE OF BIRTH <u>Sept. 30, 1924</u> (Month, day and year) | 10. AGE in <table border="1"> <tr> <td>Years <u>19</u></td> <td>Months <u>7</u></td> <td>Days</td> <td>If less than one day hrs. or min.</td> </tr> </table> | Years <u>19</u> | Months <u>7</u> | Days | If less than one day hrs. or min. |
| Years <u>19</u> | Months <u>7</u> | Days | If less than one day hrs. or min. | | |

USUAL OCCUPATION

| | | | |
|---|--|---|---|
| 11. Trade, profession or kind of work as farmer, teamster, office clerk, etc. <u>Driver's Helper</u> | 12. Kind of industry or business, as agriculture, lumbering, bank, etc. <u>Provincial Government National Resources</u> | 13. Date deceased last worked at this occupation..... | 14. Total years spent in this occupation..... |
|---|--|---|---|

PARENTS

| | |
|--------------------------------|--|
| 15. Name of father..... | 16. Birthplace of father..... (Province or Country) |
| 17. Maiden name of mother..... | 18. Birthplace of mother..... (Province or Country) |

19. Signature of informant H.B. Money
Payr. Cndr. R.C.N.R., Officer i/c Naval Personnel Records,
 Address Naval Service Headquarters, Ottawa, Ontario.

20. Relationship to deceased Personnel Records,
 Date of burial, cremation or removal.....19.....

21. Place of burial, cremation or removal.....

22. Signature of Undertaker or person acting as Undertaker.....
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

24. I HEREBY CERTIFY that I attended deceased from.....19.....
 to.....19....., and last saw h.....alive on.....19.....

| I | CAUSE OF DEATH | DURATION | | |
|--|---|----------|------|------|
| | | Yrs. | Mos. | Dys. |
| Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) <u>"MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u> | | | |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). | (b) due to..... | | | |
| Other morbid conditions (if important) contributing to death but not causally related to immediate cause. | (c) due to..... | | | |

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

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

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury.....19.....
 (State which)
 Manner of injury.....
 (How sustained)
 Nature of injury.....
 Specify whether injury occurred in industry, in home or in public place.....

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

28. I hereby certify that the above return was made to me at.....
 Dated.....19.....
 (Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions) Every item of information should be carefully supplied.

In case of Stillbirth consult definition on reverse side before making out certificate.

Six copies to be rendered to Naval Service Headquarters

75

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name David Henry GILLEN
(Christian names in full)

Rank of Rating Able Seaman Official No. V. 31768 RCNVR
(If unknown, date of first entry)

Place of Birth Brocktonbury, Sask. Date of Birth 10th September, 1924

Occupation in Civil Life Driver Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) Two Years, Two Months

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

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

Nearest known relative or friend { Name Mrs. Mary GILLEN Relationship Mother
Address Budson Bay Junction, Saskatchewan

Date on which the above was informed by Ship Informed by R.C.N.S.

Date on which death was registered with local Officials Not Registered

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

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

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

Undertaker employed (if any)

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

Commanding Officer, (Avalon)
A/Captain, R.C.N.S.
17th May, 1944

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

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

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

VERIFICATION FORM
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,
 NAVAL GENERAL SERVICE MEDAL (19

NAME IN FULL GILES.....David Henry.....RANK/RATING ...A-13.....

| SHIP | SERVICE | | | AREA | QUALIFYING | | |
|--------------------|----------------|-----------------|------------|-------------|------------|----|--------|
| | FROM | TO | DAYS | | FROM | TO | 1939-4 |
| | 21-3-42 | | | | | | |
| <u>Mulltown</u> | <u>18-9-42</u> | <u>16-11-43</u> | <u>425</u> | <u>at</u> | | | |
| <u>Wlley field</u> | <u>8-12-43</u> | <u>7-5-44</u> | <u>152</u> | <u>at</u> | | | |
| | | <u>this</u> | | <u>Dead</u> | | | |
| | | <u>7-5-44</u> | | | | | |

VERIFIED BY [Signature].....

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *A-13* OFF.NO. *31768* ADDRESS

| AREA | QUALIFYING PERIODS IN DAYS | | | | | | STARS MEDALS | ✓ 1 2 | ELIGIBLE FOR AWARDS OF |
|-----------|----------------------------|----|---------|----------|---------|-------------------|-----------------|-------------|---------------------------|
| | FROM | TO | 1939-45 | ATLANTIC | DEFENCE | CLASP C.V.S.M. | | | |
| | | | | | | | 1939-45 | 1 | <i>5 stars</i> |
| <i>at</i> | | | | | | | ATLANTIC | 1 | <i>5 stars</i> |
| <i>at</i> | | | | | | | FRANCE G. | | |
| <i>ed</i> | | | | | | | AFRICA | | |
| | | | | | | | PACIFIC | | |
| | | | | | | | BURMA | | |
| | | | | | | | ITALY | | |
| | | | | | | | DEFENCE | | |
| | | | | | | | C.V.S.M. | 2 | <i>& Clasp</i> |
| | | | | | | | " CLASP | | |
| | | | | | | | WAR 1945 | 1 | <i>medal</i> |
| | | | | | | | WAR 1915 | | |

VERIFIED BY *E. L. Sweeney*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

IG

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

4
 NAVY

BASED
 MEMBER'S
 NAME

PAYEE
 ADDRESS

David Henry
 (CHRISTIAN NAMES)

GILES
 (SURNAME)

Mrs. Mary Giles,
 Hudson Bay Junction,
 Saskatchewan.

7th May '44

REGISTER NO.

8867

FILE NO.

NS.V-31768

DATE

24th July '45

SERVICE NO.

V-31768

FINAL RANK OR RATING

A.S.

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

7th May '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 779 ²⁵ EQUAL TO COMPLETE PERIODS AT \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 577 LESS 29 INELIGIBLE DAYS, EQUAL TO 548 DAYS @ 25C. PER DAY

137.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY A/S.D. \$.15
H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 3.58 ^{25.06}
 TOTAL \$ 577 X7 = \$ 25.06
 NO. OF DAYS 183 X \$

25.06
 25.06

79.01

D. WAR SERVICE GRATUITY

403.51

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

F. TOTAL AMOUNT PAYABLE

403.51

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 403.5
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 47061 - July 30/45 -

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 V CHECKED BY AA

TREASURY
 CHECKED BY H. Luffman DATE 23/7/45

[Signature]
 SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting.

8867

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

Name of Deceased Member David Henry GILES Rank or Rating A-13 O.No. V31768

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. -
A.P. \$ 5.00
D.A. -
A.P. -
Mrs Mary GILES (MOTHER)
Hudson Bay Junction,
Saskatchewan

2. Pension awarded or being awarded to: no record

3. War Service Gratuity Application(s) received from: Mrs Mary GILES
Hudson Bay Junction.
Saskatchewan

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

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

- and -

to: _____ In the proportion of: /

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

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

Date 5 May '45.

[Signature]
for D.N.P.A. (G) D.N.J.

W.S.G. Application No. 8867

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

FILE NO. N.S. V31768

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

| | | | |
|--------------|----------------------------|--------------------|--------------------------------|
| <u>GILES</u> | <u>David Henry</u> | <u>V31768</u> | <u>AB</u> |
| SURNAME | CHRISTIAN NAMES IN FULL | OFFICIAL NUMBER | RANK OR RATING ON DISCHARGE |

CAUSE OF DISCHARGE: DEAD (HMCS VALLEYFIELD)

Applicant - MOTHER AP. \$5.00

| | | |
|-------------|-------------|------------|
| 21 mch 42 - | 20 mch 44 - | 731 |
| | 21 mch 44 - | 11 |
| | Apr | 30 |
| | May | 7 |
| | | <u>779</u> |

TOTAL SERVICE

Date of Active Service 21 Mch 42

Date of Discharge 7 May 44

Total No. of Days 779

Less non qualifying service

Total Days 779

OVERSEAS SERVICE

% Total No. of Days 577

Less non qualifying service

Total Days 577

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By GW

Checked By [Signature]

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: 1.5.45.

NOT CONTAINING SERVICE

SS CSC. N.D.A.

NON QUALIFYING SERVICE

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

DATE OF DISCHARGE _____
 DATE OF SOCIAL RELATION _____
 PERCENT OF DELAY _____
 OVERSEAS SERVICE: _____

| Where serving | From | To | No. of Days |
|----------------|--------------|-------------|--------------|
| MILK TOWN " | 18 SEP '42 " | 16 Nov 43 " | 425 " |
| VALLEY FIELD " | 8 DEC '43 " | 7 MAY '44 " | 152 " |
| | | | <u>577 "</u> |

| Location | IN LIST | REMARKS | OR DISCHARGE |
|------------|-------------|---------|--------------|
| Millettown | Valleyfield | | |
| 13 | 24 | | |
| 31 | 31 | | |
| 16 | 29 | | |
| <u>365</u> | 31 | | |
| 425 | 30 | | |
| | 7 | | |
| | <u>152</u> | | |

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

W 21-3-24 (Navy)

DEPARTMENT OF NATIONAL DEFENCE

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

B7

911445

112-8-1500
V 31768
Doorn.

Application for War Service Gratuity
 (Canadian Armed Forces)

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

1. Surname on termination of service..... *David Henry Giles*
 (Print)
2. Christian Names *DAVID HENRY*
 (Print)
3. Service No. *V 31768* 4. Paid rank or rating at date of termination of Service.....
5. Address, in full, to which payments of gratuity are to be forwarded..... *Mrs Mary Giles*
Hudson Bay Jct Sask. (mother)
6. State below your period or periods of service in the Armed Forces of Canada during the present war.

| Service (Navy, Army or Air Force) | Service No. | Final Rank or Rating | Date of Commencement of Service | Date of Termination of Service |
|-----------------------------------|--------------------------------|----------------------|-----------------------------------|--------------------------------|
| <i>March 23rd 1942</i> | <i>3 years in Navy V 31768</i> | <i>(A B) Seaman</i> | <i>1942 March 23rd</i> | <i>3 1/2 years</i> |

NAVAL PERSONNEL RECORDS
 APR 30 1945
 8867
 WAR SERVICE GRATUITY SECTION

7. Have you during the present War, while a member of the Canadian Armed Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... *N.A.* If so, state name of Force or Forces..... *N.A.*
8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... *N.A.* If so, state the Force or Forces, with dates of commencement and termination of service. *N.A.*

no encl
no encl

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.
March 16th 1945 (Date)
Mrs Mary Giles (Mother) (Signature of Applicant)

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

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



RECEIVED (mirrored text)

APR 28 1945 (mirrored text)

CERTIFICATE of the SERVICE of

David Henry GILES

in the Royal Canadian Naval Volunteer Reserve

I.C.N.S. 53921X

| | | |
|-----------------------|---------------------|--------------------------------|
| Training Headquarters | R.C.N.V.R. Division | Official Number <i>V-31768</i> |
| <i>Esquimalt</i> | <i>Unicorn</i> | " |
| | | " |

| | |
|--|--|
| Date of Birth <i>30th Sep. 1924</i> | Name and Address of Nearest Relative or Friend (in pencil) |
| Place of Birth <i>Bredenburg, Sask.</i> | <i>Mother Mary</i> |
| Place of Residence <i>Anderson Bay Jet, Sask.</i> | <i>same</i> |
| Trade brought up to <i>Drummer</i> | |
| Religion <i>Church of England</i> | |
| Can Swim:—P.P.T. ^{FAIR} Date <i>29 May</i> 19 <i>42</i> Signature <i>J. H. Smith</i> Rank <i>for CO</i> | |
| 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>11 June '41</i> | <i>18 Mch '42</i> | <i>West. Ord. Sea</i> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



| PERSONAL DESCRIPTION | | | | | | | | |
|--|----------|--------------|--------------|------------|-------------------|-------------|--------------|--------------------------------------|
| | Height | | Chest (mean) | Weight | Hair | Eyes | Complexion | MARKS, WOUNDS, SCARS |
| | Feet | Inches | | | | | | |
| On Entry..... | <i>5</i> | <i>8 1/2</i> | <i>38</i> | <i>150</i> | <i>Dark Brown</i> | <i>Blue</i> | <i>Ruddy</i> | <i>Scar base of thumb left hand.</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 | LEDGER | | RATING | FROM | TO | CAUSE OF DISCHARGE |
|------|-------------------------|--------|-----|----------|------------|------------|--------------------|
| | | List | No. | | | | |
| 1942 | Unicorn | | | Ord. Sea | 18 Mch '42 | 20 Mch '42 | |
| | Active Service | | | | | | |
| | Unicorn | | | Ord. Sea | 21 Mch '42 | 20 Apr '42 | |
| | Roden H.S.H.Q. | | | " | 21 Apr '42 | 22 Apr '42 | |
| | Roden | | | " | 23 Apr '42 | 26 Aug '42 | |
| | Cornwallis | | | " | 26 Aug '42 | 5 Sep '42 | |
| | Stadacona | | | " | 6 Sep '42 | 15 Sep '42 | |
| | Nochelaga (SMS #7) | | | " | 16 Sep '42 | 16 Sep '42 | |
| | Stadacona (Milltown) | | | " | 17 Sep '42 | 20 Mch '43 | |
| | Fort Lonsay (Milltown) | AS 406 | | LTJG | 21 Mch '43 | 31 May '43 | |
| | Stadacona (-u-) | | | " | 19 Jun '43 | 3 Oct '43 | |
| | Stadacona | | | " | 1 Nov '43 | 16 Nov '43 | |
| | Nochelaga II | | | " | 17 Nov '43 | 25 Nov '43 | |
| | Stadacona (Valleyfield) | | | " | 26 Nov '43 | 7 Dec '43 | |
| | Stadacona (Valleyfield) | | | " | 8 Dec '43 | 29 Feb '44 | |
| | Swain (Valleyfield) | | | " | 1 Mch '44 | 7 May '44 | D.D. |



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

| Date | Details | Captain's Signature |
|------------|------------------------|---------------------|
| 16 Apr '43 | SCTW # B 58619 (28187) | |

28.0
4.9
22.0

H.M.C.S. UNICORN

(3) On being enrolled as a member of the..... 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 18th day of March 1942
Signature of applicant Dave Giles



(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 18th day of March 1942

JOB Foubister (Sub. Lieut)
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, David Henry Giles 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 Dave Giles

Witness JOB Foubister

Date MAR 18 1942 Rank Sub. Lieut

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

(E) CERTIFICATE OF ATTESTING OFFICER

David Henry Giles 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 H.M.C.S. UNICORN Division of the R.C.N.V.R. or in the appropriate official documents.

JOB Foubister
Attesting Officer.

MAR 18 1942 194 R.C.N.V.R. Division H.M.C.S. UNICORN (or other establishment)

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 Admiralty Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Dave Giles
Signature



63601

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

NATIONAL DEFENCE

MAR 31 1942

NO 113/1500
CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Siles OFFICIAL NO. V31768
CHRISTIAN NAMES David Henry MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS Hudson Bay Junction, Sask. RELIGION Anglican

DATE OF BIRTH 30 Sept. 1924 PLACE OF BIRTH
Town Bredenbury NAME AND ADDRESS OF NEXT OF KIN Mrs. Mary Siles (Mother)
County Bredenbury Hudson Bay Jct.,
Province Sask. Sask.

*Original Nationality of:
Father English
Mother English

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



PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COMPLEXION | WOUNDS, SCARS, MARKS |
|--------------------------|-------------------------|--------------|-------------|--------------|---------------------------------------|
| Feet..... <u>5</u> | Inflated..... <u>39</u> | <u>dark</u> | <u>blue</u> | <u>reddy</u> | <u>scar base of thumb right hand.</u> |
| Inches..... <u>8 1/2</u> | Deflated..... <u>36</u> | <u>brown</u> | | | |
| | Mean..... <u>38</u> | | | | |

DATE OF ENROLMENT MAR 18 1942 RATING ENROLLING FOR Ordinary Seaman (Temp) TRADE OR CALLING AND IN WHOSE EMPLOY Sever's helper
Provincial Govt,
National Resources,
Hudson Bay Jct.,
Sask.

R.C.N.V.R. Division (or other establishment) at which enrolled H.M.C.S. UNICORN

(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 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> </u> |
| 2. Index Card | <u> </u> |
| 3. Non-Sub. Card | <u> </u> |
| 4. Statistical Card | <u> </u> |
| 5. Boneo Strip | <u> </u> |
| 6. Pension Card | <u> </u> |
| 7. | <u> </u> |
| 8. | <u> </u> |
| DATE | <u>10/7/42</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.

ENTERED IN PAY LEDGERS
BY TOWN
14.4.42
ROUGH



63602

Can. B. 207
100 M-11-40 (7881)
N.S. 815-2-207

MAR 31 1942
113 9,500

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 Dave Henry GILES
candidate for entry as Ordinary Seaman R.C.N.V.R. (temp) H.M.C.S. UNICORN
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 Years Months | (b) Weight without Clothes | (c) Height with Bare Feet | (d) General Development | (e) Chest Girth | (f) Vision by— (i) Snellen's Types (ii) Colour Vision | (g) Vaccinated or re- vaccinated for Small Pox (Date) | (h) Lungs, Heart, etc. | (i) Abdomen, Hernia, etc. | (j) Limbs and Joints | (k) Skin | (l) Ears and Hearing | (m) Testes, Varicocele, etc. | (n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tomails, etc. | (o) Anus, Hemorrhoids, etc. |
|---|-------------------------------|------------------------------|----------------------------|--|---|--|------------------------|------------------------------|----------------------|----------|----------------------------------|---------------------------------|--|--|
| 17 yrs 6 mos | 150 lbs. | 5'8 1/2" ft. ins. | Good | 39 inches (a) maximum 36 (b) minimum 38 (c) mean | right eye 9/6 left eye 9/6 colour vision N | 2 years ago | BP 135/78 Normal | Normal | Normal | Normal | 20/20 20/20 C.V. Drums normal | NORMAL | defective 0 deficient N&T-Normal | Normal |
| *If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated. | | | | | | | | | | | | | | Urine (Albumin --- neg.) (Sugar --- neg.) |

X-ray { Not taken.
Approved.
Positive.
Doubtful.

APPROVED
Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. †I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Dave Giles

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

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

This Candidate is the subject of.....

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

IF REJECTED
insert here
UNFIT
in block letters

Dated at SASKATOON, Sask. the 18th of MARCH 1942

Z. D. Jacks
Examining Medical Officer
Surgeon Lieut. R.C.N.V.R.
(Rank)

NAVAL SERVICE 63603

N. V. 3a

OFFER OF SERVICE (HOSTILITIES ONLY) 113 11500

30M-7-41 (1262)
N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name GILES, Dave Henry
Surname (in Block Letters) Christian Names Telephone No.
 Address Hudson Bay Junction, Sask.
Number Street Town or City County Province
 Date of birth 30 Sept 1924 Place of birth Bredenbury, Sask.
 Nationality English Are you British by birth? Yes or by Naturalization?
 Birth place of (a) Father Folkestone, Kent, Eng (b) Mother Dolarlaine, Man.
 Are you (a) Single Yes (b) Married (c) Widower (d) No. of Children?
 Any physical defects (especially eyesight)? No
 Height 5' 9" Weight 160 Can you swim? Yes

B. Education—

Highest school grade passed successfully? Grade 8 Any Matriculation?
 University: (a) Name (b) Years attended (c) Course and Degree
 Technical courses taken
 Special studies
 Languages spoken English

C. Sea Experience—

Have you ever been employed at sea? No Give number of years and how employed?
 Name and number of Mercantile Marine Certificates held
 State last position held at sea (with dates)
 State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life?

Are you (a) Actively pursuing your profession or trade on your own account? No
 (b) Employed; if so, in what capacity and under what employer? Bakers Assistant
Employed by H. H Otarson.
 General experience (with dates) 1 year
 Have you ever served in any of His Majesty's Forces? If so, which? How long? No
 No. and Class of any Stationary Engineer's certificates or other certificates of competency
 How long would you need to settle up your private affairs? 1 week

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

Model Airplane building.

F. Branch Applying for: (a) As Officer (b) As Rating (i.e., in the ranks)

If you cannot be accepted as an Officer are you willing to serve as a rating?
 In what capacity do you wish to enrol? Ord. Seaman

Date of Application 11 June 1941 Signature Dave Giles

H.M.C.S. UNICORN

Person 12/9/

142588
34

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 GILES, David H. Rating A.B.
Official No. V. 31768 H.M.C.S. AVALON " VALLEYFIELD List 12²/42
Who* DISCHARGED DEAD on the 7 May 19 44

| | \$ | cts. |
|--|-----|------|
| Net sum due on ledger on account of Wages..... | N | I L |
| Proceeds of sale of Effects charged against Wages, brought from the other side | | |
| CASH— | | |
| Proceeds of sale of Effects, brought from the other side..... | | |
| Found amongst Effects..... | | |
| Debts collected \$..... | | |
| Cash deposited by official Receipt No. <u>25181</u> xxx <u>Adm. Naval Estates</u> <u>(Present War)</u> | 108 | 64 |
| 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>FIVE DOLLARS</u> charged to <u>31 May</u> <u>1944</u> | | |
| Name of ship from which transferred <u>HMCS. "VALLEYFIELD</u> | | |
| Total <u>CREDITOR</u> | 108 | 64 |

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 of CREDITOR

of ONE HUNDRED & EIGHT dollars SIXTY-FOUR cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S
Nfld. this FIFTH day of JUNE 19 44

Approved [Signature] Accountant Officer
PAY LIEUT. CDR., R.C.N.V.R.
[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. 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. †State whether "debtor" or "creditor".

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13929 dated 19 May, 1944
5M-2-42 (3801) LEDGER: [Signature]
H.Q. N.S. 815-9-45 AUDIT: [Signature]

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the day of 19.....

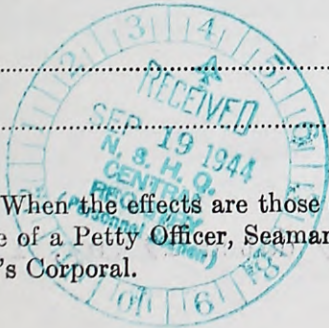
| TO WHOM SOLD | | PARTICULARS | Charged in Ledger | Paid for in Cash |
|--|--|-------------|-------------------------|------------------------|
| No. Ship's Book in consecutive order | NAME (If any are not sold, state how they are to be disposed of) | | | |
| | | | | |
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| | | | | |
| Total proceeds of sale carried to account on the other side | | | | |

..... { Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

Signature | Signature
----- | -----
Rank | Rank
----- | -----

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.





Department of National Defence

Naval Service

124021

OTTAWA, Ont. 1944.

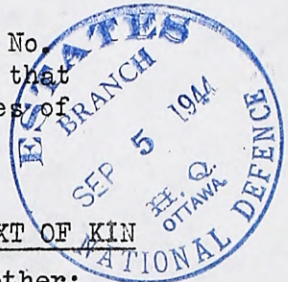
IN REPLY PLEASE QUOTE

30th August,

N.S.V-31768 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

GILES, David Henry
Able Seaman, Official
Number V-31768
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 Giles
Hudson Bay Junction
Saskatchewan.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Mrs Mary Giles

Hudson Bay Junction, Sask.
(Stop paid May 31/44.)

5.00 A.P.

Will: No. Record.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

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



RECEIVED
SEP 1 1944
N. S. H. Q.
CENTRAL REGISTRY
(Principal Section)

RECEIVED
SEP 1 1944
N. S. H. Q.
CENTRAL REGISTRY
(Principal Section)

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N. S. H. Q.
CENTRAL REGISTRY
(Principal Section)

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N. S. H. Q.
CENTRAL REGISTRY
(Principal Section)

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SEP 1 1944
N. S. H. Q.
CENTRAL REGISTRY
(Principal Section)

RECEIVED
SEP 1 1944
N. S. H. Q.
CENTRAL REGISTRY
(Principal Section)

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

15

11 May, 1944

Sir:

(Date)

The following casualty has been reported -

| NAME | RANK or RATING | NAVAL NO. |
|--------------------|----------------|---------------------|
| GILES, David Henry | Able Seaman | V-31768, R.C.N.V.R. |

DATE OF ENLISTMENT - 18 March, 1942. Active Service: 21 March, 1942.

DATE OF DISCHARGE - Will be reported later.

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

SERVICE - Canada & High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "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 occurred.
is listed as missing, it is impossible to make an estimate as to his chances of

survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother: NAME- Mrs. Mary Giles,

ADDRESS- Hudson Bay Junction, Saskatchewan.

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.

H.B. Money

for
SECRETARY, NAVAL BOARD.

EMC

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

*B2
12/18/44
NPR/5
C*

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)

Rating taken on Active Service from 21 Mar/42. 87947

ORIGINAL Single Rating.

NAVY DEPARTMENT

50

AJE.

H.M.C.S. "UNICORN" (SASKATOON)

H.Q. File No. 22 1942

DECLARATION OF ALLOTMENT

NS 113-2-1500

| List and Number in Ledger | ALLOTOR | Rank or Rating | Official No. | Daily Rate of Pay |
|---------------------------|-------------------------------|----------------|--------------|-------------------|
| | Surname.....GILES..... | O.SEA. | V.31768 | \$1.25 |
| | Christian Names } David Henry | | | |

Section A ALLOTMENT NOW DECLARED

| FULL NAME OF ALLOTTEE | Relationship | ADDRESS | Rate per Month to be charged on ledger | Month to commence. Payable on last working day |
|------------------------------|--------------|------------------------|--|--|
| Surname GILES. | MOTHER | HUDSON BAY JCTN. SASK. | \$5.00 | NEW MAY 1942. |
| Christian Names } MARY (MRS) | | | | |

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

| Rate | NAME OF ALLOTTEE | ADDRESS | These allotments are to be disposed of as indicated below. (See Note 2):— |
|------|------------------|---------|---|
| | | - nil - | |

Stamp: Allotment Declarations
 Add on Index Card
 Ent'd. on Allotment Ledgers
 Initials: [Signature]
 Date: 1/3/42

Note 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

Note 2:—Write "Increased or reduced as Section A"; "To be stopped (changed to.....)"; "To be continued," etc.

Witness:

W. S. Jameson
 Writer

Allotor's Signature authorizing charges

D. H. Giles, ord. Sea.
 Rank or Rating

ENTERED IN FAIR LEDGER

[Signature]

ENTERED IN ROUGH LEDGER

[Signature]

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

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

Accountant Officer
 Paymaster Lieut. Col. R.C.N.V.R.
 H.M.C.S. Accountant Officer Baytown
 APR 29 1942

Forwarded.....

S. 63

100M-2-41 (9291)
 H.Q. 815-9-63

TFH/VB

REGISTERED
AIR MAIL
NS: V-31768 Pers.(N)

12

11th May, 1944.

Dear Mrs. Giles:

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

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

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

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

Yours sincerely,

LETTER dispatched
PERSONNEL NAVAL

MAY 12 1944

SECRETARY, NAVAL BOARD.

Mrs. Mary Giles,
HUDSON BAY JUNCTION,
Sask.

E.M. WK

VT

REGISTERED

FILE NO. N.S. V-31768 PERS. (N)

30th August, 1944. 21

Dear Mrs. Giles:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, David Henry Giles, Able Seaman, Official Number V-31768, 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,

Secretary, SECRETARY, NAVAL BOARD.

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

Mrs. Mary Giles,
Hudson Bay Junction,
Sask.

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

30/9/44
NPR 15
AM

DB/TFH

REGISTERED
AIRMAIL

N.S. V-31768

8 May, 1944.

Dear Mrs. Giles:

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, David Henry Giles, Able Seaman, V31768, 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.

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVY
MAY 9 1944
SECRETARY, NAVAL BOARD.

Mrs. Mary Giles,
HUDSON BAY JUNCTION,
Sask.

V31768 OFFICIAL NUMBER

NAME **GILES** **David Henry**
(Surname) (Given Names)

OFFICIAL NUMBER **V31768**

| 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 | |
| Unicorn | Ord. Smn. | 18 | 3 | 42 | Div. Str. Saskatoon | V.G. | Sat. | 31 | 12 | 42 | A/S.D. | 22 | 8 | 42 | | | | |
| " | " | 21 | 3 | 42 | Active Service | V.G. | Sat. | 31 | 12 | 43 | | | | | | | | |
| HMCS "Naden" | " | 21 | 4 | 42 | D.I. | V.G. | Sat. | 7 | 5 | 44 | | | | | | | | |
| HMCS Cornwallis | " | 28 | 8 | 42 | S.C. Stadacona 6.9.42.(S.C) | | | | | | | | | | | | | |
| Hochelaga (Milltown) | " | 16 | 9 | 42 | | | | | | | | | | | | | | |
| Stadacona | " | 17 | 11 | 43 | DRD H-3234 | | | | | | | | | | | | | |
| Hochelaga 11 | " | 26 | 11 | 43 | DRD H-3342 | | | | | | | | | | | | | |
| " | A.B. | 21 | 3 | 43 | 249A #A8706 Back dated. | | | | | | | | | | | | | |
| Valleyfield | " | 6 | 12 | 43 | Ledgers. | | | | | | | | | | | | | |
| DISCHARGED | " | 7 | 5 | 44 | "Missing" per Casualty List. | | | | | | | | | | | | | |
| | | | | | Presumed Dead. (Per Correction Sheet. Page 97) | | | | | | | | | | | | | |

GENERAL REMARKS

Canadian Memorial Cross awarded to
Mother: Mrs. Mary Giles,
Hudson Bay Jct., Sask. on 22.9.44.

| DATE OF BIRTH | | | PLACE BIRTH | | CIVIL OCCU. | | RELI-ED | PERM. RESIDENCE | | | PREV. ENL. | RANK OR RATE ON ENLISTMENT | | | |
|---------------|-----|-----|-----------------|---------|-------------|------|-------------------|-----------------|------|---------|------------|----------------------------|---------|-----|------|
| DY. | MO. | YR. | BIRTH | MAIN | SUB | GION | | P. | CTY. | TOWN | SER. | DIV. | A | BR. | RANK |
| 30 | 9 | 24 | 19 | 900 | 0 | 30 | X | 7 | 4 | 04 | 0 | 23 | 0 | 07 | 23 |
| 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 | | |
| 18 | 03 | 42 | 21 | 03 | 42 | | | | | 9690 | 0 | 05 | 99 | | |
| SENIORITY | | | STR. | NON-SUB | | M | | | | | | CODED | CHECKED | | |
| DY. | MO. | YR. | CAT. | A | B | ST. | | | | | | | | | |
| 21 | 03 | 43 | 13 | 32 | 00 | 21 | E. 2. P. 01-02-40 | | | | | 116/K | 9H | | |

V31768

OFFICIAL NUMBER

FILE NUMBER

113-G-1500

OFFICIAL NUMBER V31768

NAME

GILES

(Surname)

David Henry

(Given Names)

DATE OF BIRTH

30 Sept. 1924

PLACE OF BIRTH

Bredenbury, Sask.

OCCUPATION

Driver's Helper

RELIGION

Anglican

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town Hudson Bay Junction

Province, etc

Sask.

| ENGAGEMENTS | | | DESCRIPTION | | | | | PREVIOUS SERVICE | | | |
|-------------------|-------|------|-------------|----------|------|------------|--------------------------------|------------------|----------------|-------|----|
| Date (in figures) | | | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates | |
| Day | Month | Year | | | | | | | | From | To |
| 18 | 3 | 42 | 5'8½" | D. Brown | Blue | Ruddy | Scar base of thumb right hand. | | | | |

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mary Giles

ADDRESS (in pencil): Street and No.

Town Hudson Bay Junction Province, etc. Sask.

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY | | | EXAMINATIONS, CERTIFICATES, ETC. | | | | | | | |
|--|-------|------|----------------------------------|-------|------|--------------------------|-------------------|-------|------|-------------|
| Date (in figures) | | | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
| Day | Month | Year | Day | Month | Year | | Day | Month | Year | |
| 17 | 5 | 44 | | | | Passed P.P.T. "Fair" | | | | |
| | | | | | | Qual. "TR" (2410 + 2137) | | | | |

| 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. WAR 55287
DATE

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

O.H.F. Received.

SECOND CLASS FOR CONDUCT

From

To



OCCUPATIONAL HISTORY FORM

113-1500

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 DAVID HENRY GILES (b) Reg'l. No. V31768
2. (a) Arm of service NAVY (b) Unit U.S.S. UNICORN (c) Rank 1 AD SPA
3. (a) Date of birth SEP 20 1924 (b) Have you any dependents? NO (c) Place of residence HUDSON BAY CT.
4. (a) Place of enlistment SASKATOON (b) Date of enlistment MARCH 12/42

PLEASE LEAVE BLANK

5

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 YRS (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 YRS 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? NO (b) If so, for what occupation? NO (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
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) NOT WORKING
- (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

18. Name of employer D. L. MOODY Address HUDSON BAY CT.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CONTRACTOR
20. (a) Your specific occupation MATERIALS OPERATOR (b) Number of years' experience at this occupation with any employer 1 MONTH
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? NO
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? NIL (c) In what provinces did you have experience? NONE

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. BAKER

DATE APRIL 14 1942

SIGNATURE D. H. Giles

Noted in Service
Records by [initials]