

GUTHRIE
ROBERT MILFORD
N4472

Ident. card # 7343 issued
 H. M. C. S. OFFICIAL No. IF KNOWN
 Space to be left vacant
 if not known

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL Robert Milford GUTHRIE	NEXT OF KIN (Mother) Name Isabel GUTHRIE Address 242 15th St., BRANDON	PRESENT RATING O' Smn.
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DATE OF BIRTH* 6th June, 1923	PLACE OF BIRTH† Town BRANDON County Province Manitoba.	NAME, RANK AND STATION OF RECRUITING OFFICER D.C. Mackintosh Lieutenant Wpg. Div., R.C.N.V. R.
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Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE or OCCUPATION
5' 5½"	34½	Light Brown	Grey	Fair	Scar on left hand.	Presbytn.	Labourer.

Commencing date of Engagement or Re-engagement	15th July, 1941.	Period of Engagement or Re-engagement	Seven Years.
Date of actually volunteering to engage or re-engage	15th July, 1941.	Date of entering present ship	15th July, 1941.

Particulars of former Continuous Service Engagements, if any, but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

First Entry.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.-1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

1. Are the particulars given above of your name and date and place of birth correct? **Yes.**
2. Are you a British subject? **Yes.**
3. Nationality of Parents—Father **Scottish** Mother **Scottish**
4. Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police? **No.**
5. Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police? **No.**
6. Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date **No.**
7. Have you ever been discharged from the Navy, Marines, Army, or R.C. Mounted Police on account of misconduct? **No.**
8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes.**
9. Can you swim? **Yes.**

* When evidence of age is obtained on First Entry, it should be attached to this Form.
 † Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."
 ‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H.M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V.2.

(OVER)

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of the previous C. S. Engagement

Robert Milford GUTHRIE....., do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada*..... 7 years..... from†..... 15th July..... 1941..... provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this..... 15 day of..... July..... 1941.....

..... *Robert Milford Guthrie*..... Man's Signature in full

Witness to Signature..... *James A. Holden*.....

Attested before me this..... 15..... day of..... July..... 1941.....

..... *James A. Holden*..... Signature of a Commissioned Sub.Lieutenant, R.C.N.V.R. Officer of the Naval Service

Date..... 15th July..... 1941.....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

..... *V. Scord*..... Commanding Officer

..... *L. D. Jacobs*..... Medical Officer

II.—Certificate and Declaration for Boys

Date..... 19.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for..... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

..... Commanding Officer

..... Lieutenant

..... Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for..... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear, (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

..... Boy's Signature in full

Witness to Signature.....

Attested before me this..... day of..... 19.....

..... {Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a.....

on board H.M.C.S....., who on the..... of..... 19.....

engaged to serve in the Naval Service of Canada for a period of §..... years, do hereby

engage to serve for a further period**..... from††..... 19.....

provided my services should be so long required.

..... Man's Signature in full

..... 19.....

Witness..... Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension" or until I attain the age of..... years."

† Insert the date from which the engagement commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of..... years," as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

4472

OFFICIAL NUMBER

FILE NUMBER

N-4472

OFFICIAL NUMBER 4472

NAME GUTHRIE (Surname) Robert Wilford. (Given Names) DATE OF BIRTH 6th June, 1923.PLACE OF BIRTH Brandon, Manitoba OCCUPATION Labourer.RELIGION Presbyterian EDUCATION Grade VIII.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 242-15th Street Town Brandon Province, etc. Manitoba.

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
15	7	41	Seven Years.	5' 5 1/2"	Lt. Brn.	Grey	Fair	Scar on left hand.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother 27/1/42 NAME (in pencil) Isabel Guthrie
ADDRESS (in pencil): Street and No. 242-15th Street Town Brandon Province, etc. Man

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	
25	2	44	Awarded CVSM. Ribbon & Clasp.	13	11	41	Passed P.S.T. (Fair).				
25	2	44	Awarded 1939-43 Star.	27	12	41	Qual. "Tr".				
				9	8	43	Passed Prof. for Ldg. Smn.				

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. WSR 4697-1
DATE

SECOND CLASS FOR CONDUCT				DAYS FORFEITED					
From		To		Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.



4472

OFFICIAL NUMBER

NAME GUTHRIE
(Surname)

Robert Milford.
(Given Names)

OFFICIAL NUMBER

4472

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
DHQ. Winnipeg	Ord. Smn.	15	7	41		V.G.	Sat.	31	12	41	A/L.R.3	16	2	42		
Naden	"	13	10	41		V.G.	Sat.	31	12	42						
Stadacona	"	18	1	42		V.G.	Sat.	31	12	43						
Calgary	"	22	2	42		V.G.	Sat.	7	5	44						
"	A.B.	15	7	42												
Stadacona	"	25	6	43												
Givenchy.	"	1	7	43												
Naden	"	14	8	43												
"	A./Ldg. Smn. (Ty)	15	8	43												
Givenchy.	"	17	9	43												
Swansea	"	4	10	43												
Givenchy.	"	16	10	43												
Stadacona	"	30	10	43												
Hochelaga II	"	26	11	43												
Valleyfield.	"	8	12	43												
DISCHARGED	"	7	5	44	Missing, Presumed Dead.											

GENERAL REMARKS

22.9.44 - Canadian Memorial Cross issued to -
Mother:-
Mrs. Isabel Guthrie.
242-15th Street,
Brandon, Man.

RCN Feb.45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. Peter Guthrie - Father

ADDRESS: 242 - 15th St.,
BRANDON, Man.

(1)

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER

Mrs. Isabel Guthrie

ADDRESS: 242 - 15th. Street
BRANDON, Manitoba

(3) 22 Sept. 1944

MEMORIAL BAR
DATE DESP.....
REGN. NO. 263.....

DECEASED 7 May 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

GUTHRIE	Robert Milford	N-4472	Ldg. Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	7218
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	3484 - 22-11-51
Africa Star. →	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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

CERTIFICATE of the Service of

Robert Milford GUTHRIE

IN THE ROYAL CANADIAN NAVY

CNS 7343

<i>Esquimalt</i>	Official Number <i>4472</i>
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Date of birth <i>6 June 1923</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province <i>Manitoba</i>	Name: <i>Isabel</i>
{ Town or county <i>Brandon</i>	Relationship: <i>Father</i>
Trade brought up to <i>Labourer</i>	Address: <i>202 - 15th St</i>
Religious denomination <i>Presbyterian</i>	<i>Brandon</i>
Date passed swimming test <i>P.P.T. (FAIR) 13 Nov '41 - CNS for CO.</i>	<i>Man</i>
Man's signature on discharge to pension }	

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>15 July</i>	<i>1941</i>	<i>Seven years</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration
<i>Recd 25 Feb 44</i>	<i>Canadian Volunteer Service Medal & Clasp - Pres. Award</i>		
<i>Recd 25 Feb 44</i>	<i>1939-43 Star - Pres. Award</i>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>5 1/2</i>	<i>34 1/2</i>	<i>Light Brown</i>	<i>Grey</i>	<i>Fair</i>	<i>Scar on left hand.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "Thalysfield" at Sea

Name Robert Wilford Adams
(Christian names in full)

Rank of Rating Leading Gunner (1st) Official No. 4472
(If unknown, date of first entry)

Place of Birth Brandon, Manitoba Date of Birth 5th June, 1895

Occupation in Civil Life Labourer Religion Presbyterian

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) 2 years 10 months

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

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

Nearest known relative or friend { Name Mrs. Isabel Guthrie Relationship Mother
Address 242 13th St., Brandon, Manitoba.

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

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.....

[Signature]
Commanding Officer, /Captain,
HMCS "Avilion" RCN

17th May, 1944. 194.....

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.

GUTHRIE, Robert M.

Name
Sub-Rating and Seniority *Ord. Srma.* Non-Sub.
O.N. *V-4472* S.B. No. W.B. No.
Joined Ship *15/10/41* from *D.H.Q. WINNIPEG*
Engagement: Period Hostilities Expires
Date of Birth *6th June, 1923* Religion *Presbyt.*
Character *V.M.* Efficiency *Mod* Date *27/12/41*
Badges *nil* Class for Conduct *1st* Class for Leave *1st*

Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended

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

Any Non-Service Attainments

Swimming Qualification *FAIR* *13/11/41*

Athletic capabilities

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

Qualified 2 days Anti-Gas 21st October, 1941.

COMPLETED NEW ENTRY TRAINING TO DATE 27th. DECEMBER, 1941

A good rating in all respects.

*W.R. Chappell LT. R.C.N.V.R.
H.M.C.S. Calgary.*

H.M.C.S. " *NADEN* " *W.R. Chappell*
Officer of Division.

Date *27th. December, 1941* S/LIEUT. R.C.N.V.R.

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

SEAMAN BRANCH

Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of LEADING SEAMAN

I.—APPLICATION FOR EXAMINATION

H.M.C.S. "NADEN"

Name of Candidate (in full) GUTH RIE, Robert Milford

Present Rating Able Seaman O.N. 4472

Port Division R.C.N.V.R. Division, Winnipeg.

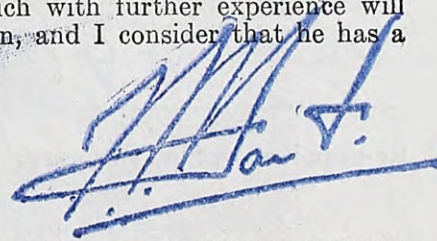
Date of Application for Examination 9th. August, 1943.

Date and Particulars of Previous Failures:—

Nil

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To The President,
Squadron Examination Board,
Esquimalt, B.C.



(F.G. Hart) Captain, RGN.

NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed"..... *Good*
 (If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))
 (See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-examination
Rigging.....	50	60	30	40	32	
Anchor Work.....	50	50	25	30	25	
Rule of the Road	60	60	15	15	-	
Boat Work.....	XX	XX	48	48	56	
General Duties.....	80	80	30	20	6.5	
Organization.....	80	80	20		15	
Signals.....	40	20	15	15	25	
Watertight Fittings.....	30	30	5	5	19	
Duties in Part of Ship and Mess.....	20	20		5	17	

(Marks required to pass are 50% in each case)
 (Amended marks reference N.M.O.#2558)

The Candidate has:—

- (i) Passed a V.G./Good/Fair Examination.
 (V.G.—85% and above, Good—70% to 85%, Fair—below 70%)
- (ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date..... **2nd. September, 1943.**

E.R. Dickson
 President of Board

Candidate's Signature (in full)..... *Robert Milford Guther*

Basic date of passing professionally for *Leading Seaman*
 (K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)
 is..... *9 August 1943.*

Re-examined by Ship's Officers in relevant subjects of Section II on board
 H.M.C.S. "....." on..... 194.....
 Date.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
 R.C.N. Barracks,
 Halifax, N.S.

F. G. Hart
 (F. G. Hart), Captain R.C.N.

H.M.C.S. "NADEN"
 Date..... **9th September, 1943...**

S. 536d. } Revised—Nov., 1936.)
 T.S. 34 }
 10M-6-40 (5717)
 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 GUTHRIE, Robert M.	OFFICIAL No. V-4472	Date of Birth 6th June, 1923
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ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			
Seamanship— Boat work:			
(a) Pulling.....		81.2 % 2/12/41	
(b) Sailing.....			
Gunnery and Disciplinary Training.....		69.8 % 11/11/41.	<i>[Signature]</i>
Shooting.....			
Swimming—P. P. T.....	FAIR	Date qualified 13/11/41	
Physical and Recreational Training.....			
Culinary Course.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Drummer.....			
Special Remarks		Qualified 2 days A/G 21st Oct. 1941.	
.....			
.....			
.....			

On joining:— Weight.....Height.....Date

On leaving:— Weight.....Height.....Date

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

H.M.S. ".....". Date..... Captain.

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			TOTAL		* Date of Passing		Signature and Rank of Divisional Officer, and Ship
Subject	Hours	%	Subject	Hours	%	Subject	Hours	%	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship		
Boat Work	73/100	73%	Field Training	195/250	78%	Whitehead			812/1000	2/12/41	<i>W. Stephens</i> Sub Lt. R. C. N. V. R. H.M.C.S. Naden		
Anchors and Cables	68/100	68%	Gun Drill	120/200	60%	Low Power							
Compass and Wheel Rule of the Road	70/100	70%	Stripping	87/125	69.6%	High Power							
Rigging Sheers and Derricks			Fire Control	105/150	70%	Instruments			698/1000	11/11/41	<i>W. D. Jones</i> Sub Lt. R. C. N. V. R. H.M.C.S. Naden		
Sounding Machine, Lead and Line	79/100	79%	Ammunition	74/100	74%	Explosives		65%					
Bends and Hitches, Blocks and Tackles	245/250	98%	Director and Sighting	66/100	66%	Paravanes							
Part of Ship Evolutions			Machine Gun	51/75	68%						Signature and Rank of Divisional Officer, and Ship Signature and Rank of Divisional Officer, and Ship Signature and Rank of Divisional Officer, and Ship		
Signals			LOOKOUTS.	SUPR.									

* In the event of failure to pass any examination, the percentage is to be noted in RED, 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.....Date

.....Depot.....Date

Rated Able Seaman and Recommendations inserted on History Sheet.

H.M.S.....

.....Date

.....Captain.

BOY (SEAMAN CLASS)

No. Name GUTHRIE, Robert M. Nationality Br. (Can.) File FD 342

Date of Birth June 6, 1923 Married S Religion

Date of Application April 5, 1941. Medically Examined

Address 242 - 15th St., Brandon, Man.

Education Grade VIII

Previous Experience

Remarks 8/4/41 - Roster

Directions Re Entry 8/4/41 - Letter to Applicant

DEPARTMENT OF NATIONAL DEFENCE (Naval Service)

C.N.S. 2417 20M-7-40 (6109) N.S. 915-9-2417

N.S. 62-2146 CANADA

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY (PERMANENT FORCE)

The Naval Secretary, Department of National Defence, OTTAWA

29863

242-15th St Brandon Man. April 5th 1941

1A

SIR:-

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Boy Seamen

I certify that the following particulars are in my own handwriting and are true in every respect:

- 1. Name (to be given in full in Block Letters) ROBERT Milford Guthrie June 6, 1923
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) June 6, 1923
3. Place of Birth. Town Brandon Province Manitoba
4. Permanent Place of Residence. No 242 Street 15th Street Division Town Brandon Province Manitoba
5. Are you a British Subject? Yes
6. Where was your father born? Almonte Ontario
7. Where was your mother born? Lanark Ontario
8. How long have you resided in Canada? 17 years
9. What is your Mother Tongue? English
10. What other language do you speak? none
11. Are you of the White Race? Yes
12. Are you Single, Married or a Widower? Single
13. How far advanced educationally are you? at present in grade X(10)

14. What practical experience have you had? (Certificates of School Authorities must be attached) (Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported)

- 15. Do you belong to any Naval, Military, Air or Police Force? No
16. If so, give details
17. Have you ever served in such forces? No
18. If so, give dates and details
19. Have you ever been discharged from His Majesty's Forces as medically unfit? No
20. Have you ever offered to serve in His Majesty's Forces and been rejected? No

- 21. Have you ever been convicted of a criminal offence? No
22. What is your weight? 132 Height 5ft 6ins Chest Measurement (Not inflated) 34 1/2 ins.
23. Have you ever had fits? No
24. Do you suffer from any deformity? No
25. Have you suffered the loss of any fingers, toes, etc.? No
26. Do you suffer from any disease? No
27. Do you wear glasses? No
28. Are you subject to any disability which might cause your rejection? No

29. Give details
30. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes
James Wood Signature of Witness Robert Guthrie Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD
I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at BRANDON MAN. this 5 day of APRIL 1941 in the presence of J.D. Brownell Signature of Witness Peter Guthrie Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE
I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.
Signed and Sealed at this day of 19 in the presence of Signature of Witness Signature of Candidate

DC

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

2
 NAVY

DECEASED
MEMBER'S
NAME

Robert Milford
 (CHRISTIAN NAMES)

GUTHRIE
 (SURNAME)

REGISTER NO. 2839

FILE NO. NSN-4472

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

for Service Estate of
Robert M. GUTHRIE,
N.S.N-4472.

DATE 27 June '45

SERVICE NO. 4472

FINAL RANK OR RATING A/L/Smn.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May '44

DATE OF DISCHARGE 7 May '44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1028 EQUAL TO 34 COMPLETE PERIODS AT \$7.50

\$ 255.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 652 LESS 8 INELIGIBLE DAYS, EQUAL TO 644 DAYS @ 25C. PER DAY

\$ 161.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.10
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY L.R.3 \$.10
H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.78 X 7 = \$ 26.46
 NO. OF DAYS 652 X \$ 26.46

\$ 94.27

D. WAR SERVICE GRATUITY

\$ 510.27

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 510.27

G. YOUR PORTION OF GRATUITY IS—

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

PL 15 = \$510.27

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

JM

CHECKED BY

TREASURY

CHECKED BY

DATE

3/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

DISTRIBUTION OF SERVICE ESTATES MMB

Estates Form "P. 4"

NAVY

Name: GUTHRIE Surname Robert M. Christian Names No.: 4472

Rank A/L/Snr. Unit R.C.N.V.R. Date of Death 7-5-44

AMOUNT
 W.S.G. 510.27
 L.P.C.....\$ 45.95
 Date: 26-7-45 Other Credits..... 36.42
 Total..... 592.64
 Prev. dist. 82.37
 This dist. 510.27

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father	Peter Guthrie, 242-15th St., Brandon, Man.	255.14 ✓
$\frac{1}{2}$	Mother	Mrs. Isabel Guthrie (As above)	255.13 ✓
		(As next of kin entitled)	

P4. TO TREAS.
30/7

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$510.37
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, WINNIPEG

Ottawa, Sept. 13th, 1944.

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

4472 L.SMN. GUTHRIE, Robert M.

P. & N. H. 763-R

The Department of National Defence,

Naval Service,

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

~~on the~~

~~on~~ service CANADA & HIGH SEAS.

His next of kin is reported as -

Mother -
Mrs. Isabel Guthrie,
242 - 15th St., Brandon, Man.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 35.00 a month to -

Mother -
Mrs. Isabel Guthrie,
242-15th St.,
Brandon, Man.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,

for
Canadian Pension Commission.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON VALLEYFIELD" ending 30 June 1944

List 12 No. 58 (Name) GUTHRIE, Robert M. Rank Rating A/L/SMN. No. 4472

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

	\$	c.
CREDIT from former account.....	74	67
Pay as <u>A/L/SMN.</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>2.10</u> a day).....	128	10
" <u>LR.3</u> " <u>1 Apl</u> " <u>31 May</u> (<u>61</u> " <u>.10</u> ").....	6	10
" " " " (" ").....		
" " " " (" ").....		
" " " " (" ").....		
Kit Upkeep Allowance..... <u>Adjustment March, 1944</u> <u>1 Apl - 7 May</u>	4	33 47
OTHER CREDITS:		
<u>G.M. 1 Apl - 7 May, 37 days @ .06</u>	2	22
Total credits.....	215	89

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

PAYMENTS:—	INCLUSIVE DATE							
	1st	2nd	3rd	4th	5th			
	\$. c.	\$. c.	\$. c.	\$. c.	\$. c.			
1st month.....	74.00	8.94				Total	82	94
2nd month.....						Total		
3rd month.....						Total		

Allotment 35.00, 5.00 chged Apl & May 80 00

Pension deduction (Officers) charged to of

Hospital stoppages.....

Mullets.....

OTHER CHARGES: O.R. 25182, payable Adm. Naval Estates (Present War) 52 95

.....

.....

Total debits 215 89

LEDGER: *[Signature]*

Balance Cr. or Dr. N I L

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37

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

Date 5 June 1944

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

2839

TO: D.N.P.A.

FILE No. NS-4472

"WAR SERVICE GRATUITY"
COMPUTATION OF SERVICE

GUTHRIE Robert Melford 4472 A/Ldg. Sqn.
SURNAME CHRISTIAN NAMES IN FULL OFFICIAL NUMBER RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: D.D.
Application - mother (no record of pension, B.A. or A.P. on 7.200 History Card)

15 July '41 - 14 July '44 - 1096
Less 7 May '44 68
24
30
14
68
1028

TOTAL SERVICE

Date of Active Service 15 July '41
Date of Discharge 7 May '44
Total No. of Days 1028
Less non qualifying service —

Total Days 1028

OVERSEAS SERVICE

% Total No. of Days 652
Less non qualifying service —

Total Days 652

Record of Service in other Forces (per Naval Records)

Branch of Service —
Date of Active Service —
Date of Discharge —

& % Overleaf

Computed By [Signature]
Checked By [Signature]

[Signature]
for (H.B. Money)
Payr. Cmdr, R.C.N.R.
Officer-in-Charge
Naval Personnel Records

DATE: DEC 22 1944

Computed Sub-card [Signature]

NON QUALIFYING SERVICE

Date	Reason	No. of Days	Overseas
_____	_____	_____	_____
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
"	"	"	"
		Total Days	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
Balgary	22 Feb. '42	24 June '43	488
Swansea	4 Oct. '43	15 Oct. '43	12
Valleyfield	8 Dec '43	7 May '44	152
			<u>652</u>

Balgary	Swansea	Valley
365	12	24
7		31
31		29
30		31
31		30
24		7
<u>488</u>		<u>157</u>

(For H.B. Money)
 Navy Personnel Records
 Officer-in-Charge
 Navy, Dept. Bldg.
 (For H.B. Money)

Computed by _____
 Checked by _____
 DATE: _____

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

Mrs. Isabel Guthrie,
242-15th Street,
Brandon, Man.

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

and the following number quoted:—

H.Q. N-4472 FD-536

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

GUTHRIE, Robert Milford Leading Seaman,

4472, R.C.N.



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/

M. W. Black
Commodore Reserve
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.....	_____	—	_____
2	Children of the Deceased and dates of their Births.....	_____	—	_____
3	Father of the Deceased.....	PETER, GUTHRIE	55	242. 15 TH ST BRANDON MAN
4	Mother of the Deceased.....	ISABEL, GUTHRIE.	57.	242. 15 TH ST BRANDON MAN
5	Brothers of the Deceased	WINSTON. H. GUTHRIE MARRIED. TWO CHILDREN	27	195 MILLWOOD ROAD TORONTO.
		{ MAXWELL. C. GUTHRIE O/N 168. PETTY OFFICER	25.	H.M.C.S. PRINCE ROBERT
		{ KENNETH. B. GUTHRIE O/N 4388 PETTY OFFICER	22	H.M.C.S. NADEN. ESQUIMALT. B.C.
		_____	—	_____
6	Sisters of the Deceased	FRANCES. COWAN	30.	NO 7. A.O.S. PORTAGE. LA PRAIRIE. MAN.
		MARGARET. E. GOODWIN.	19.	BOX 5. SELMAH. HANTS. COUNTY NOVA. SCOTIA.
		_____	—	_____
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	
	NONE	NONE	NONE	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	ROBERT. MILFORD, GUTHRIE
9	Date of his birth.	6 TH DAY OF JUNE 1923.
10	Place and date of his marriage.	NOT MARRIED.
11	Place and date of his parents' marriage.	MIDDLEVILLE, ONTARIO MARR. MARCH 26 TH 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	801. 19 TH STREET. BRANDON MAN.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) MANITOBA. (BRANDON) (b) ALL HIS LIFE IN. BRANDON. MAN (c) (d)
14	Nature of employment before enlistment.	IN. SCHOOL.
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.	BRANDON. MANITOBA

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO, NOT TO MY KNOWLEDGE.
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 MARRIED
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?	YES. \$36 ³² / ₁₀₀ IN THE BANK OF MONTREAL. BRANDON. MAN. YES.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NO.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NONE.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	YES. METROPOLITAN LIFE BRANDON BRANCH POLICY NO 815665-A3. AMOUNT PAYABLE WILL BE REFUND OF PREMIUMS. UNABLE TO FIND OUT AMOUNT POLICY NO 234820-M3. FACE VALUE \$250. ROBERT. M. GUTHRIE.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE.

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

* MOTHERof 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.

Isabel Gutarie

{ Signature of Informant

242 - 15th St Brandon Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief THAT ISABEL GUTARIE

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

Dated at Brandon Manitoba this 18th day of September 1944

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

Morgan W. E. John

Qualification Commissioner for oaths my Commission expires Oct 22 1945

Address 4 Green Street Rossen Avenue Brandon Manitoba

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

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

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality..... AT SEA Sec..... Twp..... Rge.....
 (Name)
 If in City, Town or Village..... Street..... House No.....
 (Name) (If in hospital or institution, give name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED GUTHRIE Robert Milford
 (Surname) (Given name or names in usual order)
 RESIDENCE 242 - 15th Street, Brandon, Manitoba
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY Canadian 6. RACIAL ORIGIN Scottish 7. Single, Married, Widowed or Divorced Single 8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Brandon, Man.

9. DATE OF BIRTH Month June Day 6 Year 1923 10. AGE IN Years 20 Months 11 Days If less than one day
 (Write the word) hrs. or min.

OCCUPATION
 11. Trade, profession or kind of work as Labourer
 spinner, teamster, office clerk, etc.
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
 13. Date deceased last worked at this occupation
 14. Total years spent in this occupation 94

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased
 PARENTS
 16. Name of father
 17. Birthplace of father (same as item No. 8)
 18. Maiden name of mother
 19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant H.C. Money 21. Relationship to deceased Payr. Cadr. R.C.N.R., Officer i/c Naval Personnel Records,
 Address Naval Service Headquarters, Ottawa, Ontario Date of burial
 22. Place of burial, cremation or removal Body not recovered 19.....
 23. Burial Permit was issued by..... Address.....
 24. Signature of Undertaker or person acting as Undertaker..... Address.....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 7th May 19 44
 (Hour) (Day) (Month) (Year)
 26. I HEREBY CERTIFY that I attended deceased from..... 19.....
 to..... 19....., and last saw h..... alive on..... 19.....

CAUSE OF DEATH

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

27. If a woman, was the death associated with pregnancy?
 28. Was there a surgical operation?..... Date of operation..... 19.....
 State findings..... Was there an autopsy?
 29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19.....
 (State which)
 Manner of injury..... (How sustained)
 Nature of injury.....
 Specify whether injury occurred in **industry**, in **home**, or in **public place**

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.
 Signed by..... M.D.
 Address..... Date..... 19.....

30. Registered number..... filed this..... day of..... 19.....
 31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. (See reverse side for instructions.)

NS N-4472 PERS(N)
DRAFTED BY NPR PER TW
NAVAL MESSAGE

S. 1320 D
20000M-11-43 (2867-8-9-70)
N. S. 815-9-1320-D.
K. P. 95440

MRS ISABEL CUTHRIE,
242-15TH, STREET,
BRANDON, MANITOBA.

P.A.'S CHECKED IN

From:

N.S.H.Q.

77-4472

C.R. BY.....

CNP THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DREPLY REGRETS TO REPORT THAT YOUR SON ROBERT MILFORD
CUTHRIE, LEADING SEAMAN OFFICIAL NO 4472 IS MISSING
AT SEA. LETTER FOLLOWS.

27

-/08

(DELIVERY CONFIRMED)

LT

PL

8/5/44

GP

2472

P.A.'S CHECKED IN

C.R. BY.....