

V23128  
HARVEY

STANLEY

FREDE

Six copies to be rendered to Naval Service Headquarters

### REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name Stanley Frederick HARVEY  
(Christian names in full)

Rank of Rating Acting Petty Officer (Ox) Official No. 783120  
(If unknown, date of first entry)

Place of Birth Verdon, Montreal Date of Birth 24th January, 1921

Occupation in Civil Life Electrician 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) Three years six 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 Mr. Fred Harvey Relationship Father  
Address 403 Hillhurst Ave., Verdon, Quebec.

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 invalided.....

*S. J. Davis*  
Commanding Officer, (avalon)  
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.

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

Sir:

10 May, 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
HARVEY, Stanley Frederick	Petty Officer	V-23128 R.C.N.V.R.

DATE OF ENLISTMENT - 2nd October 1940      Active service 5 November 1940

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- Father      NAME- Mr. Fred Harvey

ADDRESS- 453 Willibrod Ave., Verdun, Que.

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.

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

*BJ  
12/18/44  
NPR/15  
E*

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)



Department of National Defence  
Naval Service

124028

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-23128 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
HARVEY, Stanley Frederick, Petty Officer, Official No. V-23128, 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.	FATHER, Mr. Fred Harvey, 453 Willibrood Ave., Verdun, Que.

ALLOTMENTS IN FORCE

<u>In favor of</u>		<u>Amount</u>	<u>Initials</u>
1. Mutual Life Assurance Co. of Can. 627 Dorchester St. W. Montreal	A.P.	\$4.00	A. Med.
2. Bank of Montreal Beatty + Verdun St. Verdun, P. 2.	A.P.	\$10.00	A. Med.
3. Montreal + District Savings Bank Verdun Branch, Galt + Wellington St. Verdun, P. 2.	A.P.	\$25.00	A. Med.

Acct. No. 6674. Above allotments were stop paid May 31, 1944. Advice A.P.A. Memo.

Will: No Will

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

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

GENERAL INVESTIGATIVE  
DIVISION  
U. S. DEPARTMENT OF JUSTICE

RECEIVED BY [illegible]

SEP 1 1944



[Faint, mostly illegible typed text, possibly a header or address block]

[Faint, mostly illegible typed text, possibly a body paragraph]


214




LA/HS

N.S. V-23128, F.D.241, Pers.(N)

11th October, 1944.

THIS IS TO CERTIFY that according to official information Stanley Frederick Harvey, Petty Officer, Official Number V-23128, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

  
SECRETARY, NAVAL BOARD.

45A

PM

REGISTERED

*DNPA  
Jobs*

FILE NO: N.S. V-23128, PERS.(N)

*29*

30th August, 1944.

Dear Mr. Harvey:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Stanley Frederick Harvey, Petty Officer, Official Number V-23128, 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,

*[Signature]*

Deputy ~~SECRETARY~~, NAVAL BOARD.

Despatched by  
Sec. N. B.

Mr. Fred Harvey,  
453 Willibrod Ave.,  
Verdun, P.Q.

Date *1/9/44*  
Time *1700*

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

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

*30/9/44  
70 R/S  
AM*

R E G I S T E R E D

A I R - M A I L

N. S. V-23128

11th May, 1944

20

Dear Mr. Harvey:

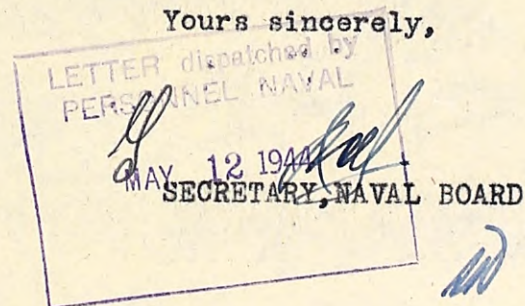
Further to my letter of the 8th of May, 1944 particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

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,



Mr. Fred Harvey,  
453 Willibrood Ave.,  
Verdun, Que.

Edwin





CANADA

DEPT NATIONAL DEFENCE

OCT - 3 1940  
N.S. 113 H 790  
CANADA

N. V. 5  
15M-2-40 (4047)  
N.S. 815-11-5

2

P069351

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... HARVEY, ..... OFFICIAL NO..... V23128  
CHRISTIAN NAMES..... Stanley Frederick ..... MARRIED, SINGLE OR WIDOWER..... Single.....

PERMANENT ADDRESS		RELIGION
453 Willibrood Ave., Verdun, Quebec.		C. of E.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Jan. 24th, 1921	Town Verdun, County Quebec. Province	Father Fred Harvey same address

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 36	Fair	Blue	Fair	Scar on index finger of <del>right</del> left hand.
Inches..... 7½	Deflated..... 33				
137	Mean..... 34½				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
October 2nd, 1940	Ord. Sea.	Electrical Apprentice Becco Canada Ltd.

(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 ~~XXXXXX~~ 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 *I. J.*  
 2. Index Card *I. J.*  
 3. ~~Form 50~~ Cards *I. J.*  
 4. ~~Form 50~~ Cards *I. J.*  
 5. Roneo Strip *I. J.*  
 6. Pension Card *I. J.*  
 7. ....  
 8. ....  
 DATE 4 Oct. 1940

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

*no ff*

*W.B.V.*

Montreal

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

(a) To serve from the date thereof for ~~three consecutive years~~ <sup>Duration</sup> 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 Head-  
quarters prior to my discharge or when required so to do by any authorized person, or to pay compensation  
for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit  
(which is and remains the property of the Crown) except when on naval duty.

Dated this 2nd day of October 1940

Signature of applicant Stan F Harvey

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my  
presence, and that he has made and signed the above declaration in my presence on this 2nd  
day of October 1940

W. B. Campbell  
Signature of Commanding Officer.  
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Stanley Frederick Harvey 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 Stan F Harvey

Witness W. B. Campbell

Date October 2nd, 1940 Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Stanley Frederick Harvey 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 Montreal Division of the R.C.N.V.R.

J. McGettrick  
Lieutenant, R.C.N.V.R. for Commanding Officer.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional  
Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to  
Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters,  
Ottawa.



DUPLICATE

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 Stanley Harvey  
candidate for entry as Act. Serv. List I V23128  
and I believe him to be ~~unfit for His Majesty's Service for the reason stated below.~~ <sup>in all respects fit for His Majesty's Service.</sup> 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.

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
19 1/2	137	5'7"	Good	inches (a) maximum 36 (b) minimum 33 (c) mean 34 1/2	right eye 6/6 left eye 6/6 colour vision 2	1. S. I. A. Child	53947740 *X-Ray	Normal	Normal	Normal	Normal	Small left Testis	4 Sufficient 2 Defective	Clear

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Stanley G. Harvey  
Signature of Candidate

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

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

This Candidate is the subject of.....

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

Rechecked NOV 16 1940  
IF REJECTED insert here UNFIT in block letters

Dated at Montreal the 1<sup>st</sup> of NOV 1940

R. 6/8  
L. 6/8  
C.V. N

**SURGEON-LIEUT.**

Arthur C. Church  
Examining Medical Officer

(Rank).....Supt. R.M.M.

NOV 21 1940

# THE CANADIAN PENSION COMMISSION

## MEMORANDUM

To.....Pension Medical Examiner, MONTREAL.....

.....Ottawa, October 24th, 1944......

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

V-23128 P.O. HARVEY Stanley F.

P. & N. H. 813-S

The Department of National Defence, Naval Service,  
officially reports that the marginally named was reported -

Missing, presumed dead, when H.M.C.S. "V<sub>al</sub>leyfield" was  
torpedoed and sunk by enemy action in the Atlantic,  
on the 7th May, 1944 ~~on~~ service Canada & High Seas.

His next of kin is reported as - Father -

Mr, Fred Harvey,  
453 Willibrood Ave.,  
Verdun, Que.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

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

E. Clewes,  
for  
Canadian Pension Commission.

/LR

## DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

## AWARDS NAVY

WAR SERVICE RECORDS

D.D.

HARVEY	Stanley Frederick	V-23128	A.P.O.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT


WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	<div data-bbox="1081 808 1709 1027" style="border: 1px solid black; padding: 5px;"> <p>02-95216 M</p>  <p>P</p> </div>
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	7212 (THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jun. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Fred Harvey - Father

ADDRESS: 453 Willibrood Ave.,  
VERDUN, Que.

*same address.*

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.

~~CANCELLED~~

(2)

(3)



V23128

OFFICIAL NUMBER

FILE NUMBER

113-H-790

OFFICIAL NUMBER

V23128

NAME HARVEY,

(Surname)

Stanley, Frederick.

(Given Names)

DATE OF BIRTH

24 January, 1921.

PLACE OF BIRTH

Verdun, Que.

OCCUPATION

Electrical Apprentice.

RELIGION

Anglican

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

453 Willibrod Ave.

Town

Verdun, Que.

Province, etc

Que.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
2	10	40	H.O.	5'7 $\frac{1}{2}$ "	fair	blue	fair	Scar on index finger of left hand.				

NEXT OF KIN RELATIONSHIP (in pencil)

Father

NAME (in pencil)

Fred Harvey

ADDRESS (in pencil): Street and No.

453 Willibrod Ave.

Town

Verdun

Province, etc.

Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
28	2	44	C.V.S.M. (R.&C.)		11	40	Passed Educ. Test "one" RCNVR				
25	2	44	1939/43 Star. (A 10320)		1	9	42	Passed Prof. for Idg. Smn. (Examined No. 39301)			
					7	10	43	Passed Prof. for P.O. (344, 224, 721)			

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		
5	11	43	1st G.C.B.	Granted							

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

SECOND CLASS FOR CONDUCT

From

To





N.V. 17  
15M-4-40 (4717)  
N.S. 815-11-17

**CERTIFICATE of the SERVICE of**

Stanley Frederick HARVEY

**in the Royal Canadian Naval Volunteer Reserve**

Training Headquarters	R.C.N.V.R. Division	Official Number
	Montreal	V.23128
		"
		"

Date of Birth..... 24th January, 1921.

Place of Birth..... Verdun, Montreal.

Place of Residence..... 453 Willibrod Avenue, Verdun, Montreal.

Trade brought up to..... Electrical Apprentice

Religion..... C. of E.

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

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

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

Father:  
Mr Fred Harvey,  
453 Willibrod Ave,  
Verdun, Montreal



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	
8 Aug. '40	2 Oct. '40	Duration of Hostilities	Ord.Smn.		25 Feb 44	Canadian Voluntary Service Medal & Clasp - Prov. Award 1939-43 Star - Prov. Award.

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry.....	5	7 1/2	34 1/2	137	Fair	Blue	Fair	Scar on index finger of left hand.
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.				
1940	Montreal Division			Ord. Sea	2 Oct. '40	4 Nov. '40	
Active Service							
1940	Montreal Division			Ord. Sea	5 Nov. '40	20 Nov. '40	
1940	Stadacona	-	-	-	21 Nov	31 Mch 41	
1941	Venture (Beaver)	-	-	-	1 April 41	4 Aug. 41	
	"			A.B.	5 Aug 41	23 Nov 41	
	Stadacona			-	24 Nov 41	25 Nov 41	
	Hepatica			-	25 Nov 41	26 Jan 42	
	Avalon			-	27 Jan 42	17 Feb 42	
	Hepatica			-	12 Feb 42	12 May 42	
	Stadacona (Hepatica)			-	13 May 42	25 May 42	
	Stadacona			-	26 May 42	4 June 42	
	Cornwallis			-	5 June 42	2 Sep 42	
	Stadacona			-	3 Sep 42	14 Sep 42	
	Stadacona (Seabrook)			A.H. Sea (ty)	5 Sep 42	1 Oct 42	(27337)
	Stadacona			-	2 Oct 42	17 July 43	
	Stadacona			-	18 July 43	3 Sep 43	
	Cornwallis			-	4 Sep 43	14 Sep 43	
	Stadacona			ofdg. Sea (ty)	15 Sep 43	6 Oct 43	(27335)
	"			-	7 Oct 43	14 Oct 43	
	"			A.P.O. (ty)	15 Oct 43	19 Nov 43	(A-5772)
	Chaleur II			-	20 Nov 43	6 Dec 43	
	Stadacona (Valleyfield)			-	7 Dec 43	29 Feb 44	
	Avalon (---)			-	1 Mch 44	7 May 44	J. J.

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

Date	Details	Captain's Signature
30 Sept '41	S.H. + T.W.	
7 Sept '42	S.C.T.W. # B 35417	4071
6 Aug 1943	S.C.T.W. # B81156 (28-0)	

Date

4 Jan '44

31 Dec

7 Feb '44

5-6 Nov

29 Sep

1 Sep

7 Oct

# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

**EXAMINATIONS, NOTATIONS, QUALIFICATIONS**

**RECORD OF RATING**

Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
4 Jan '41.	Tr.	<i>[Signature]</i>	<b>DEC</b>	1940	Issued Ident. Card No. 28345
31 Dec '40	Quals 1/c 1 day	<i>[Signature]</i>			
7 Feb '41.	Q. & R. A/S.D.	<i>[Signature]</i>			
5-6 Nov '40.	Passed E.T. One	<i>[Signature]</i>			
29 Sep '42	Qual. H.S.D.	<i>[Signature]</i>			
1 Sep '42	Passed Prof. for P.O.	<i>[Signature]</i>			
7 Oct '43	Passed Prof. for P.O. #24781	<i>[Signature]</i>			

Name Stanley Frederick HARVEY

Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat. (Ord. Ann)	31 Dec '40	J. Edwards
		V.G.	Sat. (AB)	31 Dec '41	J. Gilmore
		V.G.	Sat. (AB)	31 Dec '42	J. Edwards
		V.G.	SAT (A/PO)	31 Dec '43	J. Edwards
		V.G.	Sat (A/PO)	7 May 44	J. Edwards

R.C.N.V.R.  
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
5 Nov 43	G.C.B.	1 <sup>st</sup>	(24735) Granted

TIME FORFEITED

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

VERIFICATION FORM  
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.  
 NAVAL GENERAL SERVICE MEDAL (1915)

NAME IN FULL *HARVEY Stanley Frederick* RANK/RATING *A/P.O.*

SHIP	SERVICE			AREA	QUALIFYING		
	FROM	TO	DAYS		FROM	TO	1939-45A
	5/1/40						
<i>Seaver</i>	<i>1/4/41</i>	<i>23/11/41</i>	<i>237</i>	<i>Atd</i>			
<i>Hypatia</i>	<i>12/2/42</i>	<i>25/5/42</i>	<i>103</i>	<i>Atd.</i>			
<i>Subetook</i>	<i>2/10/42</i>	<i>17/7/43</i>	<i>289</i>	<i>Atd.</i>			
<i>Sallyfield</i>	<i>7/12/43</i>	<i>7/5/44</i>	<i>153</i>	<i>Atd.</i>			
<i>Disch. "Head"</i>							
<i>To date 7/5/44</i>							

VERIFIED BY *[Signature]*

VERIFIED BY .....

VERIFICATION FORM

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

RANK/RATING *R/P.O.* OFF. NO. *V23128* 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	/	<i>star</i>
							ATLANTIC	/	<i>star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	/	<i>medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*

ESTATES BRANCH

HQ NS V-23128

27th August, 1945.  
Ottawa, Ontario.

Mr Fred Harvey,  
453 Willibrord Ave.,  
Verdun, Que.

HARVEY, Stanley F. A/P/O (Deceased)  
No. V-23128 R.C.N.

Dear Mr Harvey:

The War Service Gratuity due to your son has been determined in the amount shown on the attached award form.

As your son died without having made a Will, and his Service Estate is therefore distributable in accordance with the Intestacy laws of his Province of domicile, which provide that one half be paid to his parents, and one half to his brother.

A cheque has been requisitioned from Treasury payable to your order for your one-quarter share as next-of-kin entitled. And on receipt of same, will you kindly sign and return the enclosed form of acknowledgment.

Yours faithfully,

Encl.  
HLV/HD

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

DC

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

224<sup>5</sup>2  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

**Stanley Frederick**  
 (CHRISTIAN NAMES)

**HARVEY**  
 (SURNAME)

REGISTER NO. 11435

FILE NO. NSV-23128

DATE 14 July '45

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

for Service Estate of  
**Stanley F. HARVEY,**  
 N.S.V-23128

SERVICE NO. V-23128

FINAL RANK OR RATING A/P.O.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May '44

DATE OF DISCHARGE 7 May '44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1280 EQUAL TO 42 COMPLETE PERIODS AT \$7.50

\$ 315.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 845 LESS 20 INELIGIBLE DAYS, EQUAL TO 825 DAYS @ 25C. PER DAY

206.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.40  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$ 1.45  
 ADDITIONAL PAY H.L.M. \$ .15  
 H.S.D. \$ .20  
 1 G.C.B. \$ .05

70

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 4.25 X 7 = \$ 29.75  
 NO. OF DAYS 845 X \$ 29.75

137.37

D. WAR SERVICE GRATUITY

658.62

E. DEDUCTIONS

OVERPAYMENT OF  
 OTHER DEDUCTIONS

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

F. TOTAL AMOUNT PAYABLE

*NP 35*

658.62

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 658.62

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

PREPARED BY  
 YN *[Signature]*

TREASURY  
 CHECKED BY *[Signature]* DATE 19/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



DISTRIBUTION OF SERVICE ESTATES

MH  
Estates Form "P. 4"

NAVY

Name: HARVEY, Stanley F. No.: V-23128  
Surname Christian Names

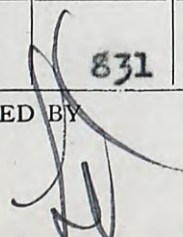
A/P. O. HMCS VALLEYFIELD 7-5-44  
Rank Unit Date of Death

Date: 11-8-45

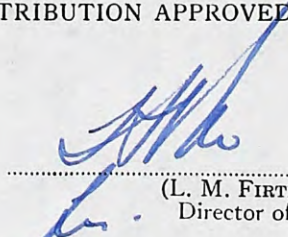
AMOUNT	W.S.G.	658.62
	L.P.C.	\$ 71.31
	Other Credits	3.91
	Total	<u>733.84</u>
	Prev. dist.	75.22
	This dist.	658.62

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	Fred Harvey, 453 Willibrord Ave., VERDUN, Que.	164.66
1/4	Mother	Mrs. Constance A. Harvey, (As above)	164.65
1/2	Brother	Leslie W. Harvey, (As above) <span style="color:red">✓ R-5</span>	329.31
		(As next of kin entitled)	

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$658.62
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer

Em Intestacy

1/4 to Father

164.66

Fred Harvey

453 Skillbrood Ave.

Verdun, P.Q.

✓

1/4 to Mother

164.66

Mrs Constance A. Harvey  
(as above)

✓

1/2 to Brother

329.31

Festie F. Harvey.

(as above)

✓

TOTAL = 658.62

Mr. Fred Harvey,  
453 Willibrod Ave.,  
Verdun, Que.

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

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

and the following number quoted:—

H.Q. V- 23128 FD. 548

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

HARVEY, Stanley Frederick, Petty Officer,

Official No. V-23128, 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/

*W. A. Mach*  
Commander *R. C. M.*  
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 married</i>		
2	Children of the Deceased and dates of their Births.....	<i>none</i>		
3	Father of the Deceased.....	<i>Fred Harvey</i>		<i>453 Willibrod St. Verdun</i>
4	Mother of the Deceased.....	<i>Constance Annie Harvey</i>		<i>453 ditto</i>
5	Brothers of the Deceased	Full Blood	<i>Leslie William John Harvey</i>	<i>453 Willibrod St Verdun or Naval Shore Patrol 90 F.M.O St John field</i>
		Half Blood	<i>None</i>	
6	Sisters of the Deceased	Full Blood	<i>None</i>	
		Half Blood	<i>None</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>None</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Stanley Frederick Harvey
9	Date of his birth.	Jan 24 <sup>th</sup> 1921
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	St Clements Church Verdun Que Oct 18 <sup>th</sup> 1913

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	453 Willibrod St Verdun, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Quebec, (c) (d)
14	Nature of employment before enlistment.	Electrician
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Verdun, Que

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	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?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 100 <sup>00</sup>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	50 <sup>00</sup>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life Ass Co. 1000 <sup>00</sup> to father — FRED. HARVEY Ditto to mother \$167.93 Constance Anne Harvey
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.	None
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.	None

(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

\*..... FATHER .....of the deceased.

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

Harvey (Signature of Informant)
433-31 Wilton Ave Verdun Que (Address)

CERTIFICATE

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

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

Dated at Montreal this 11th day of November 1944

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

Frank Staveley (Signature) Commissioner of the Superior Court, District of Montreal. (Qualification)

Address: 57 St James St West Montreal

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

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

Name of Deceased Member Stanley F. HARVEY Rank or Rating A.P.O. O.No. K-23128

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A. N  
A.P. L  
D.A. \_\_\_\_\_  
A.P. \_\_\_\_\_

2. Pension awarded or being awarded to: no record

3. War Service Gratuity Application(s) received from: Mr. Fred HARVEY - father  
453 Willibrook Ave.  
Verdun, Que.

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: Director of Estates  
308 Sparks St.  
Ottawa, Ont. - and - In the proportion of: /

to: \_\_\_\_\_ In the proportion of: /

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

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

Date 7 July 1945

for D.N.P.A. (G) JM

NON QUALIFYING SERVICE

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

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
BEAVER	1 APRIL 41 ✓	23 NOV 41 ✓	237 ✓
HEPATICA	12 FEB 42 ✓	25 MAY 42 ✓	102 ✓
SASILATOON	2 OCT 42 ✓	17 JUN 42 ✓	289 ✓
✓ ANLEYFIELD	7 DEC 42 ✓	7 MAY 42 ✓	153 ✓
			<del>782</del>

Hepatica	25 Nov. '41	26 Jan. 42	63 ✓
			<u>845 ✓</u>

30	17	30	25	6
31		30	31	31
30	31	30	29	26
31	30	31	31	62
31	25	31	30	
30		31	7	
31	103	30		
23		31	152	
237		30		
		17		
		<u>289</u>		



W.S.G. Application No. 11435

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

FILE NO. N.S. V-23128

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>HARVEY</u>	<u>STANLEY FREDERICK</u>	<u>V-23128</u>	<u>A/P.O.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Valleyfield)

	<u>TOTAL SERVICE</u>	41-365	
		42-365	
		43-365	
		<del>44-26</del>	
Date of Active Service	<u>5 Nov 40</u>	31	
Date of Discharge	<u>7 MAY 44</u>	31	
Total No. of Days	<u>1280</u>	29	
		31	
# Less non qualifying service	<u>Nil</u>	30	
		7	
		<u>1280</u>	Total Days <u>1280</u>

OVERSEAS SERVICE

% Total No. of Days	<u>782</u>	<u>845</u>	
# Less non qualifying service	<u>Nil</u>		
			Total Days <u>845</u>

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

# & % Overleaf

Computed By G. Dewar

Checked By M. Boucher

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

DATE: JUL 3 1945

00F

- Navy
- Army
- Air Force

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

DEPARTMENT OF NATIONAL DEFENCE

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

## Application for War Service Gratuity

(Canadian Armed Forces)

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

1. Surname on termination of service..... HARVEY (Print)
2. Christian Names ..... Stanley Frederick (Print)
3. Service No. V-23128 4. Paid rank or rating at date of termination of Service... P.O.
5. Address, in full, to which payments of gratuity are to be forwarded.....

FRED HARVEY  
453 WILLIBRORD AVE. VERDUN, QUE.

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
<u>NAVY</u>	<u>V-23128</u>	<u>P.O.</u>	<u>5-11-40</u>	<u>7-5-44</u>

NAVAL PERSONNEL RECORDS

11435

JUN 28 1945

WAR SERVICE GRATUITY

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces.....
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.

~~I have no other service to declare~~ I hereby apply for payment of the War Service Gratuity in respect of the above named

June 26<sup>th</sup> 1945  
(Date)

Harvey  
(Signature of Applicant)  
(Father of Deceased)

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. ~~(The Secretary, Naval Service Headquarters, Ottawa.)~~  
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.

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county <b>AT SEA</b>	Official name of civil municipality or township						Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township								
	Street No.	Hospital or Institution														
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED	Surname..... <b>HARVEY</b> (Block letters)
	Given names..... <b>Stanley Frederick</b>

4. RESIDENCE	Street..... <b>Willibrod Avenue</b> No. <b>153</b>
	Official name of civil municipality or township..... <b>Verdun,</b>
	Municipal county..... Province <b>Quebec</b>

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
<b>Male</b>	<b>Canadian</b>		<b>Single</b>

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country) **Verdun, Quebec,**

11. DATE OF BIRTH **January 24th 1921**  
(Month) (Day) (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	<b>23</b>	<b>4</b>		.....hrs. or.....min.

OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc..... <b>Electrical Apprentice</b>
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc..... <b>Repsco Canada Ltd.</b>
	15. Date deceased last worked at this occupation
	16. Total years spent in this occupation

17. NAME

FATHER	18. BIRTHPLACE (Province or Country)
MOTHER (Maiden Name)	

19. Place of burial, cremation or removal **Body not recovered**

20. Date of burial..... 19.....

21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....
	(b) Civil municipality of.....
	(c) Municipal county.....
	(d) Date..... 19..... (Month) (Day) (Year)

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death..... **May 7th 1944**  
(Month) (Day) (Year)

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

24. CAUSE OF DEATH

I  
Immediate cause  
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) **"MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.**

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) **was torpedoed and sunk by enemy action in the Atlantic.**

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

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

25. If a woman, was there a puerperal condition?.....

26. Was there a surgical operation?..... Date of..... 19.....

State findings..... Was there an autopsy?.....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide..... Date..... 19.....  
(State which)

Manner of injury.....  
(How sustained)

Nature of injury.....

Specify whether injury occurred in industry, in home, or in public place.....

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)  
**Paymr. Cdr. R.C.N.R., Officier i/c Naval Personnel Records,**

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.  
**Naval Service Headquarters, Ottawa, Ont.**

This signature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)

B-1084  
 ORIGINAL  
 36036

NATIONAL DEFENCE  
 FEB 28 1942  
 N. 213-A-790  
 H.Q. File No. 12

## DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"HEPATICA"  12-2/85	✓ Surname <u>HARVEY,</u> Christian Names } <u>Stanley Frederick</u>	A.B. V23128	✓ V 23128	✓ \$1.85

### 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 <u>Bank Of Montreal</u> Christian Names } <u>A/E 800 for</u>	<u>Banker</u>	<u>Beatty and Verdun Ave.</u> <u>Verdun P.Q.</u>	✓ 10.00 D	✓ March-42

### 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):—
\$4.00 ✓	Mutual Life Ass. Co.	Montreal P.Q.	To Be Continued
25.00 ✓	Montreal City District Savings Bank	Verdun P.Q.	New March <u>B-1085</u>

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.  
 NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to...)", "To be continued," etc.

Allotment Declarations  
 Ent'd. on Index Card  
 Ent'd. on Allotment Ledgers  
 Allotter's Signature authorizing charges Stan. F. Harvey  
 A.B. Rank or Rating

ENTERED IN FAIR LEDGER

*W. N. MacDonald*

ENTERED IN ROUGH LEDGER

*Loeusscaut Paul*

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

Assigned Pay to Wives	111 \$.....
Assigned Pay to other Dependents	113 .....
Marriage Allowance	116 .....
Dependents Allowance	119 .....
Other Allotments	128 <u>10.00</u>
<b>Total</b>	<u>\$ 10.00</u>

*C. P. Wilson*  
 PAY: SUB. LIUT. R.C.N.V.R.  
 Accountant Officer  
 H.M.C.S. Avalon

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

Forwarded.....

TEN \*

\* 10.00

HARVEY, STANLEY FREDERICK V-23128  
BANK OF MONTREAL, ACCT. 800  
FOR STANLEY F. HARVEY,  
BEATTY & VERDUN AVE.,  
VERDUN, P.Q.

108  
1089

DATE	INITIALS	
		Declaration received at Headquarters.....
		Declaration examined.....
		Approved.....
		Index card made.....
		Allotment ledger sheet made.....
		Allotment ledger sheet checked.....
		Type plate made.....

FOR USE AT HEADQUARTERS ONLY

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

15-9

113-26 790  
10

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full Stanley Fredericks Harvey (b) Reg'l. No. V.23128
- 2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank O.D.
- 3. (a) Date of birth 24/1/1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Verdon, Quebec
- 4. (a) Place of enlistment Montreal (b) Date of enlistment August 1940

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2nd year High
- 7. If you attended a university, give name of university and standing or degree secured.
- 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Electrician (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 year
- 9. (a) What languages do you speak fluently? (b) What languages do you read well?

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

## 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 Beheco Canada Limited Address Mountain St. Montreal
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Electrical Engineers
- 20. (a) Your specific occupation Apprentice (b) Number of years' experience at this occupation with any employer 1 year
- 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
- 25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

## Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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. Mechanics

DATE 29th April 1941 SIGNATURE Stanley F. Harvey



Copy To  
VWD  
ES

JUL 4 1941