

V17703
HOWLETT
ROBERT FLOYD

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

HOWLETT	Robert Floyd	V-17703	S.Asst.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	
<i>Act. Star</i>	
	<i>9985 24/1/49</i>

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Dec.44 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Edith Howlett - Widow

ADDRESS: ~~178 Delaware Ave.,~~ 66 Bathurst St.,
TORONTO, Ont. 17-11-51

(2) MEMORIAL CROSS

WIDOW Mrs. E. Howlett

ADDRESS: 178 Delaware Avenue
TORONTO, Ontario

(3) MEMORIAL CROSS

MOTHER Mrs. M. Howlett

ADDRESS: Nelson Street
PETROLIA, Ontario

MEMORIAL BAR

(1) 9-1-52

DATE DESP 5-2-99

REGN. NO. CANCELLED

(2) 22 September 1944

(3) 22 September 1944

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

NAME IN FULL *Howard Robert Floyd* RANK/RATING *Act. Asst.* OFF. NO. *1617703* ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
<i>London</i>	<i>11-8-41</i>	<i>29-8-41</i>										1939-45	<i>1</i>	<i>1 Star</i>
<i>Valleyfield</i>	<i>7-12-43</i>	<i>7-5-44</i>	<i>153</i>	<i>Atl.</i>								ATLANTIC		
												FRANCE G.		
												AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	<i>2</i>	<i>Clasp</i>
												" CLASP		
												WAR 1945	<i>1</i>	<i>Medal</i>
												WAR 1915		

VERIFIED BY *P. L. Linn*

prl

VERIFIED BY *Louise Linn*

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

Mrs. Edith Howlett,
178 Delaware Avenue,
Toronto, Ont.

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-17703 FD. 549

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

HOWLETT, Robert Floyd, Supply Assistant,

Official No. V-17703, 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.



H. Wade
Commander R.C.N.V.R.
Director of Estates.

GG/

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.....	Edith Howlett	20	178 Delaware Ave.	
2	Children of the Deceased and dates of their Births.....	Margaret Jeannie Howlett August 24 1943.	1 yr.		
3	Father of the Deceased.....	Lenard Sam Howlett	71	Petrolia Ont 25 Nelson St	
4	Mother of the Deceased.....	Maudie Howlett	67	Petrolia Ont 25 Nelson St	
5	Brothers of the Deceased	Full Blood	George Lenard Howlett John Victor Howlett William Charles Howlett Richard James Howlett Alfred Taylor Howlett	45 37 34 31	Petrolia Tank St Petrolia Petrolia 25 Nelson St Petrolia 303 APT 1 Central Cranford N.J. Princess St Petrolia
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Mrs Harry Buchanan 106 1/2 (Larnia) N. Christina Mrs Orval Tobias Nelson St Petrolia Mrs Clifford Maitland R.R. 1 Petrolia	42 39 27	
		Half Blood	none		
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		
	John Victor Howlett Died Aug. 31 1914 in Petrolia	John Victor Howlett			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Floyd Howlett.
9	Date of his birth.	May 10 1920
10	Place and date of his marriage.	Toronto, Ont., Nov 19, 1943.
11	Place and date of his parents' marriage.	Sarnia Ont Sept 6 1897

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Petrolia Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Petrolia Ont 20 years (b) Woodstock Ont 1 year (c) Navy (Royal Canadian) (d)
14	Nature of employment before enlistment.	La France Textile Mills
15	State whether he owned the premises in which he lived, and, if so, where situated.	No Property owned
16	Name place where deceased stated he intended to make his permanent home.	Petrolia Ontario

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Was buying War Bond.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Not known.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Had heavy insurance Company not known.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Valuable papers. (over)

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.	No.

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

DECLARATION

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

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

* Widow 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.

Edith Howlett

{ Signature of Informant

178 Delaware Ave Toronto Address

CERTIFICATE

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

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

Dated at Toronto this 31st day of October 1944

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

John May

Qualification Notary Public

Address 737 Bloorcourt Rd Toronto Ont.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

My marriage license.
Baby's Birth Certificate.
And could you please tell me about my
husband's personal belongings?
And Oblige

Edith Howlett.

STATEMENT OF ACCOUNT

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

List 122 No. 85 (Name) HOWLETT, Robert F. Rank Rating S.A. No. V. 17703

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

	\$	c.
CREDIT from former account.....	33	71
Pay as S.A. from 1 Apl to 31 May (61 days at \$1.95 a day)	118	95
" " " " " " "	61	61
" " " " " " "		
" " " " " " "		
" " " " " " "		
Kit Upkeep Allowance. Adjustment March, 1944 1 Apl - 7 May	6	33 10
OTHER CREDITS: Butcher, 1 Jan. - 5 Mch, 65 days @ .05¢	3	25
Total credits.....	162	34

DEBT from former account.....						N	I	L					
PAYMENTS:—	1st		2nd		3rd		4th		5th				
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.			
1st month.....	36.00		8.94								Total.....	44	94
2nd month.....											Total.....		
3rd month.....											Total.....		
Allotment AP 30.00 chged Apl & May												60	00
Pension deduction (Officers) charged to..... of.....													
Hospital stoppages.....													
Mulcts.....													
OTHER CHARGES: O.R. 25182 payable Adm. Naval Estates (Present War)												57	40
Total debits.....												162	34
Balance Cr. or Dr.												N I L	
(Balance Dr. to be shown in red)													

LEDGER: *[Signature]*
AUDIT: *[Signature]*

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

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

Date 5 June 19 44

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

Person 12/9/ * 30

142618

ACCOUNTS OF MEN DISCHARGED

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

Name HOWLETT, Robert F. Rating S.A.
 Official No. V. 17703 H.M.C.S. AVALON "VALLEYFIELD" List 12²/85
 Who* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....		
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Adm. Naval Estates (Present War)</u>	57	40
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>AP THIRTY DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>		
Total† <u>CREDITOR</u>	57	40

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

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

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

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

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

C.N.S. 46
 5M-2-42 (3801)
 H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 249A #A13926 dated 19 May, 1944
 LEDGER: [Signature]
 AUDIT: [Signature]



Department of National Defence

Naval Service

124030

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-17703 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
HOWLETT, Robert Floyd, Supply Assistant, Official No. V-17703, 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.	Wife: Mrs. Edith Howlett, 178 Delaware Avenue, Toronto, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Edith Howlett, 178 Delaware Ave., Toronto, Ontario.		D.A. \$37.20 A.P. \$30.00	Stopped May 31, 1944. Memo D.N.P.A.

24/8/44 J

Will: Attached.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

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

PA

113-H-1492

117251

IN THE NAME OF GOD, AMEN

I, **ROBERT FLOYD HOWLETT, Ord. Coder**..... of His Majesty's Ship **R.C.N.V.R. London Division**.. *✓ 17703*..... (now a Patient* in

*If in Hospital or in Hospital Ship. Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees. See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my **Mother, Mrs Maude Howlett, Petrolia, Ont.**

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint **My Mother, Mrs. Maude Howlett**..... **Petrolia, Ontario**.....

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at **London, Ontario** hereunto set my hand, this **27th** day of **August**, in the Year of Our Lord One Thousand Nine Hundred **and forty one.**

Robert Howlett

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

[Handwritten signatures of witnesses]

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Records by *[Signature]*

5

.....

.....

Instructions for filling up the Form

.....

.....

.....

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

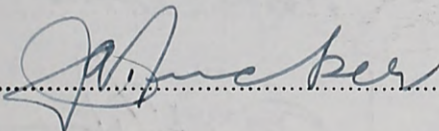
.....

.....

CERTIFICATE

.....

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

.....  { Signature of the person
by whom the Will was prepared.



CANADA

DUPLICATE

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

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME HOWLETT OFFICIAL NO. V-12203
CHRISTIAN NAMES Robert Floyd. MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS <u>Petrolia, Ontario.</u>	RELIGION <u>C. of E.</u>
--	-----------------------------

DATE OF BIRTH <u>10th May, 1920</u>	*PLACE OF BIRTH Town <u>Petrolia</u> County Province <u>Ontario.</u>	NAME AND ADDRESS OF NEXT OF KIN <u>Mrs. Maude Howlett. (Mother) Same Address.</u>
*Original Nationality of: Father <u>English</u> Mother <u>Canadian</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT



HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37½</u>	<u>Brown</u>	<u>Blue</u>	<u>Med.</u>	<u>Nil.</u>
Inches <u>10</u>	Deflated <u>35</u>				
<u>157</u>	Mean <u>36</u>				

EDUCATIONAL STANDING <u>1 year Petrolia High School. Petrolia, Ontario.</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>Clerk. Dominion Stores Ltd., Petrolia, Ontario.</u>
--	--

DATE OF ENROLMENT <u>11th August, 1941</u>	RATING FOR WHICH ENROLLED <u>Ordinary Coder</u>	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED <u>London</u>
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(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) I served in for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

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

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

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

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

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

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

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

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

Dated this..... 11th day of..... August, 1941......



Signature of applicant..... Robert F. Howlett

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this..... 11th day of..... August, 1941......

Lieut. J.V.C. Macdonald
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,..... Robert Floyd Howlett. 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..... Robert F. Howlett

Witness..... Lieut. J.V.C. Macdonald

Date..... 11th August, 1941......

Rank..... LIEUTENANT, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

ROBERT FLOYD HOWLETT 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..... London Division of the R.C.N.V.R. or in the appropriate official documents.

Lieut. J.V.C. Macdonald
Attesting Officer.

..... 11 August 1941 R.C.N.V.R. Division (or other establishment)..... London Division

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.

3742

CERTIFICATE of the SERVICE of

Robert Floyd HOWLETT



in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax, Nova Scotia	London	17703

Date of Birth: May 10, 1920

Place of Birth: Petrolia, Ontario

Place of Residence: Petrolia, Ontario

Trade brought up to: Clerk- Dominion Stores

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):
Mrs. Maude Howlett
Same Address

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	
Aug. 1/41	Aug. 11/41	Hostilities	Od. Coder		25 Feb '44	Canadian Volunteer Service Medal - Provisional Award

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	5	10	36	157	Brown	Blue	Med.	NIL
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 <i>(Active Service)</i>	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	PCMR London			Ord. Cook	Aug 11	29 Aug	
1941	H.M.C. Signal School			"	30 Aug 41	30 Sep 41	
	St. Hyacinthe	-	-	"	1 Oct 41	10 Nov 41	
	Stadacona	-	-	Ord. Smm	11 Nov 41	18 Nov 41	
	Stadacona	-	-	"	19 Nov 41	12 Dec 41	
				Prob V. A	13 Dec 41	17 Mch 42	Rated Supply Asst. to date 14 Mch 42
1942	York			Supply Asst.	14 Mch 42	18 Mch 42	
"	"	-	-	"	15 June 42	28 July 43	
	S. Hippawi			"	29 July 43	15 Nov 43	
	Stadacona			"	16 Nov 43	23 Nov 43	
	Chaleur II			"	26 Nov 43	6 Dec 43	
	Stadacona (Valleyfield)			"	7 Dec 43	29 Feb 44	
	Avalon (Valleyfield)			"	1 Mch 44	7 May 44	"D.D."



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

Date	Details	Captain's Signature
30 Mch 43	Issued SCTW #33599	

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
11 Nov '41	Transferred to Seaman Branch as Prod. Smm		Supply List	14 Feb. 42	alteration sheet no. 23229. 12 Apr. 42
13 Dec 41	Trans to Prob V. A.				

Name HOWLETT - Robert Floyd 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 (O.S.M.)	31 Dec '41	<i>H. Waus</i>
		V.G.	Sat (S.A.)	14 June '42	
		V.G.	Sat (S.A.)	31 Dec '42	<i>W. S. Seward</i>
		V.G.	SAT (S.A.)	31 Dec '43	<i>W. Hedout</i>
		V.G.	Sat (S.A.)	7 May '44	<i>W. Davis</i>

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

TIME FORFEITED

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



EMPLOYMENT RECORD

NOTE:—To be filled up on termination of service under a particular Accountant Officer. The record is not normally to be completed in respect of periods of less than three months. The Accountant Officer may, however, at his discretion, make an entry for a shorter period if he has particular reasons for so doing.

SHIP 1	Rating 2	Date		Capacity in which employed* 5	Remarks as to ability, special qualifications Any special knowledge and characteristics 6	Signature of Accountant Officer if of Paymaster-Lieutenant's Rank or above; otherwise Captain 7
		From 3	To 4			
<i>York</i>	<i>S.A.</i>	<i>18 Feb 42</i>	<i>24 Oct 42</i>	<i>Provisions</i>	<i>Needs supervision but will improve with experience</i>	<i>[Signature]</i>
<i>"York"</i>	<i>S.A.</i>	<i>24 Oct 42</i>	<i>28 July 43</i>	<i>Provisions</i>	<i>Improvement shown from previous report. Has proved very capable in C & D and possesses good working knowledge of victualling, men both.</i>	<i>[Signature]</i>
<i>Chippawa</i>	<i>S.A.</i>	<i>29th July 43</i>	<i>15 Nov 43</i>	<i>Provisions</i>	<i>This rating has a good working knowledge of victualling & is a capable butcher</i>	<i>[Signature]</i> PAY LIEUT. CDR., R. C. N. V. R. Pay Lieut. R. C. N. V. R.
<i>Stadacona</i>	<i>- " -</i>	<i>16 Nov 43</i>	<i>25 Nov 43</i>			
<i>Chaleur II</i>	<i>- " -</i>	<i>26 Nov 43</i>	<i>6 Dec 43</i>			
<i>Valleyfield</i>	<i>- " -</i>	<i>7 Dec 43</i>				

TRADE CERTIFICATE

To be filled up in accordance with K. R. & A. I., Art. 610 by Ship or Establishment from which Rating is sent to Depot for Final Discharge

Erase parts that do not apply, or to suit case.

This man has been employed in connection with all kinds of naval stores, also with the victualling, messing and clothing work in the Royal Navy fromto..... and during that time has undertaken responsible work in connection with the receipt, custody, issue of and accounting for, naval stores, provisions and clothing used in H.M. Ships and Naval Establishments in which he has served.

His character during service was †.....
His general efficiency in carrying out his duties was †.....
His efficiency on discharge was assessed as †.....

Signed.....
Captain

H.M.S.....

.....19.....

To be filled up on completion of Vocational Training Course, other than a Correspondence Course

VOCATIONAL TRAINING CERTIFICATE

(Vocational Training is optional)

Vocation.....

We certify that (Name).....

Residence.....

has satisfied us that he possesses a †.....knowledge of vocation mentioned, and we consider that*.....

Examiners.....

Business and Business Address.....

Date of Examination.....

Signed.....President

.....Vocational Training Committee

†Here insert qualifications. *Special notations as applicable.

A pamphlet entitled "His Majesty's Naval Service: A brief description of the Qualifications and Abilities of the Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour in order to assist the Employment Exchanges in dealing with the cases of Discharged Naval Ratings.

V17703

OFFICIAL NUMBER

FILE NUMBER 113-H-1492

OFFICIAL NUMBER V17703

NAME HOWLETT (Surname) Robert Floyd (Given Names) DATE OF BIRTH 10th May, 1920PLACE OF BIRTH Petrolia, Ont. OCCUPATION ClerkRELIGION C. of E. EDUCATION One year Petrolia High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town Petrolia Province, etc. Ont.

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
11	8	41	H.O.	5' 10	Brown	Blue	Med.	Nil.				

NEXT OF KIN RELATIONSHIP (in pencil) wife NAME (in pencil) Mrs Edith HowlettADDRESS (in pencil): Street and No. 178 Delaware Ave Town Toronto Province, etc. Ont

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	C.V.S.M. (R) & C. (1944)	7	11	41	Failed for Ord. Coder.				
				17	5	43	Failed for Ldg. S.A. (in med. #1230)				

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

FILM
NO. WAR 5349-5
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									O.H.F. Received.
									Last Will & Testament Dated. <u>27-8-41</u> Received

SECOND CLASS FOR CONDUCT

From

To



FORM 6

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"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of _____
 { If in City, Town or Village _____ Street _____ House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED HOWLETT Robert Floyd
(Family name) (Given name or names in usual order)

RESIDENCE No. _____ Street _____ City, Town, Village or Township Petrolia, Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)



4. Sex	5. Nationality <small>(Citizenship)</small>	6. Racial Origin	7. Single, Married, Widowed or Divorced <small>(Write the word)</small>
Male	Canadian	English	Married

8. BIRTHPLACE Ontario
(Province or Country)

9. DATE OF BIRTH May 10th 1920
(Month) (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	24			hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Clerk,

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Dominion Stores Ltd., Petrolia, Ontario.

13. Date deceased last worked at this occupation _____

14. Total years spent in this occupation _____

15. If married give name of wife or husband of deceased _____

FATHER

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

MOTHER

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)

20. Person giving information sign here. H.S. [Signature]
Paym. Cdr. R.C.N.R., Officier i/c Naval Personnel Records,
Naval Service Headquarters, Ottawa, Ontario.
 Address _____
 Relationship to deceased _____

21. Place of Burial, Cremation or Removal Body not recovered.
 Date of burial or removal _____

22. Burial Permit was issued by _____
 Address _____

23. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

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

25. I HEREBY CERTIFY that I attended deceased from:

_____ 19____ to _____ 19____

and last saw h. _____ alive on _____ 19____

CAUSE OF DEATH

CAUSE OF DEATH	PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	Underline the cause to which death should be charged statistically.
(a) <u>"MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was due to torpedoed and sunk by enemy</u>	
(b) <u>torpedoed and sunk by enemy</u> (c) <u>due to action in the Atlantic.</u>	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	

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

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** _____

Signed by _____ **M.D.**

Address _____ Date _____ 19____

30. Division Registrar's Record No. _____

31. Filed _____ 19____
(Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

LA/HS



67


N.S. V-17703, F.D.130, PERS.(N)

27th October, 1944.

THIS IS TO CERTIFY that according to official information Robert Floyd Howlett, Supply Assistant, Official Number V-17703, 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.





144832

FILE NOS.:

V-796	V-35412
V-19239	A-1271
V-68471	V-41543
V-54372	V-35526
V-12143	V-46463
V-25531	V-22563
V-4538	V-65055
A-2453	O-44950
A-4681	O-45010
V-31063	V-41461
V-4427	V-15283
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
	V-2299
V-56590	V-34242
V-10506	V-44790
V-11244	V-18039
V-53512	V-399
V-61903	A-4506
V-49761	V-64486
V-16586	N-4649
V-23508	V-57455
V-39924	N-4122
V-59892	N-4323
A-5954	V-5995
O-22420	O-62255
O-23950	V-13701
V-30201	O-65010
V-22262	V-48962
V-38722	V-17305
V-31768	V-41902
V-55196	V-63143
V-905	O-70570
V-65619	V-50046
V-55803	V-35344
N-4472	V-5794
V-50475	O-71320
V-23128	V-17781
	V-14540
V-65496	V-516
O-35660	V-25850
V-54304	V-3386
V-3538	V-688
V-43818	V-50598
V-52497	O-76380
V-64138	V-5911
V-25279	V-37893
V-50961	N-21989
V-57850	V-56565
V-51441	V-599
V-65120	N-21498
V-62261	V-8662
V-49646	V-50658
V-35602	V-51989
O-47000	V-6388
V-44690	V-17703
V-67335	
V-54554	

- NAVAL SERVICE -

CASUALTY NOS.

436 - 486 incl.
488 - 550 incl.

NAVAL INFORMATION

D.N.P.A.

C.T.O. (N) (NAVAL ALLOTS.)

C.T.O. (N) Re: Dependents' Allowance

71

With reference to Canadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from HMCS "VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ord. Smn., V-47125, has been deleted from page 99 (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

H.B. Money

(H. B. Money),

Paymr. Lieut. Cdr., R.C.N.R.,
Officer i/c, Naval Personnel Records

OTTAWA, Ont.

SEP 20 1944

P.A. 3
OR BY *A*

ALL R.C.N.V.R. DIVISIONS advised on above date.
See File 30-17-1.

*C.T.O. C.P.C. Berg
J. H. McMullen*

N.C.R.
Pa

8th May, 1944.

Dear Mrs. Howlett:

I desply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert Floyd Howlett, Supply Assistant, Official Number V-17703, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Maude Howlett,
Nelson Street,
PETROLIA, Ontario.

LETTER dispatched by
PERSONNEL

MAY 9 1944

11-8-41

28

105

205

M

HS

OTTAWA, Ont., 30th August,

4.

V-17703 Pers. (N)

50

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:

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
HOWLETT, Robert Floyd, Supply Assistant, Official No. V-17703, 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.	Wife: Mrs. Edith Howlett, 178 Delaware Avenue, Toronto, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
--------------------	----------------------------	---------------	-----------------

Mrs. Edith Howlett,
178 Delaware Avenue,
Toronto, Ontario.

\$37.20 D.A. Allotment stopped
\$30.00 A.P. May 31, 1944.

24/8/44 Jf.

Will: Attached.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

W

STATEMENT OF ACCOUNT

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

List 122 No. 85 (Name) HOWLETT, Robert F. Rank Rating S.A. No. V.17703

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

		\$	c.																														
CREDIT from former account.....		33	71																														
Pay as S.A. (Rank Rating) from 1 Apl to 31 May (61 days at \$1.95 a day)		118	95																														
" " " " " " " " " " " "																																	
" " " " " " " " " " " "																																	
" " " " " " " " " " " "																																	
Kit Upkeep Allowance.....	Adjustment March, 1944 1 Apl - 7 May	6	33 10																														
OTHER CREDITS: Butcher, 1 Jan. - 5 Mch, 65 days @ .05¢		3	25																														
Total credits.....		162	34																														
DEBT from former account.....		N I L																															
PAYMENTS:—	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">1st</th> <th style="width: 15%;">2nd</th> <th style="width: 15%;">3rd</th> <th style="width: 15%;">4th</th> <th style="width: 15%;">5th</th> <th></th> </tr> <tr> <td style="text-align: center;">\$ c.</td> <td style="text-align: center;">\$ c.</td> <td style="text-align: center;">\$ c.</td> <td style="text-align: center;">\$ c.</td> <td style="text-align: center;">\$ c.</td> <td></td> </tr> </thead> <tbody> <tr> <td>1st month.....</td> <td style="text-align: right;">36.00</td> <td style="text-align: right;">8.94</td> <td></td> <td></td> <td style="text-align: right;">Total.....</td> </tr> <tr> <td>2nd month.....</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Total.....</td> </tr> <tr> <td>3rd month.....</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Total.....</td> </tr> </tbody> </table>	1st	2nd	3rd	4th	5th		\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		1st month.....	36.00	8.94			Total.....	2nd month.....					Total.....	3rd month.....					Total.....	44	94
1st	2nd	3rd	4th	5th																													
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.																													
1st month.....	36.00	8.94			Total.....																												
2nd month.....					Total.....																												
3rd month.....					Total.....																												
Allotment.....	AP 30.00 chged Apl & May	60	00																														
Pension deduction (Officers) charged to..... of.....																																	
Hospital stoppages.....																																	
Mulcts.....																																	
OTHER CHARGES: O.R. 25181 payable Adm. Naval Estates (Present War)		57	40																														
Total debits.....		162	34																														
Balance Cr. or Dr.		N I L																															
(Balance Dr. to be shown in red)																																	

LEDGER: *How*
AUDIT: *[Signature]*

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

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

Date 5 June 19 44

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

C.N.S. 2426
25M-5-42 (4545)
N.S. 815-9-2426

ACCOUNTS OF MEN DISCHARGED

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

Name HOWLETT, Robert F. Rating S.A.
 Official No. V. 17703 H.M.C.S. AVALON "VALLEYFIELD" List 12²/85
 Who* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		L
60		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181 Adm. Naval Estates (Present War)</u>	57	40
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>AP THIRTY DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>HMCS "VALLEYFIELD"</u>		
Total†.....	57	40
		CREDITOR

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

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

Approved PAY LIEUT. CDR. R.C.N.V.R. Accountant Officer
 { Initials of the Assistant Accountant Officer
A/CAPTAIN. RON. Commanding Officer.

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

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

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

Sir:
(Date)

The following casualty has been reported -

NAME HOWLETT, Robert Floyd RANK OR RATING Supply Assistant NAVAL NO. V-17703 R.C.N.V.R.

DATE OF ENLISTMENT - 11 Aug., 1941

DATE OF DISCHARGE - 7 May, 1944

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, presumed dead, when H.M.C.S. "VALLEYFIELD"
when and where any disability was incurred, or where death was torpedoed and sunk by enemy action in the Atlantic.
occurred.

(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 - Wife NAME - Mrs. Edith Howlett,

ADDRESS - 178 Delaware Ave., TORONTO, Ont.

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.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

P.A.'S CHECKED IN
C.R. BY H

C. R.
P. A.
NAVAL TREASURY
DATE 19/9/44
INITIAL K

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	37.20	30.00	67.20

To Whom Paid: Mrs. Edith Hawlett Address 178 Delaware Ave., Toronto, Ont.

Date of Enlistment: see other side

Date of Discharge: see other side

Inclusive date to which D.A. and/or A.P. was Paid: allotment stopped 31/5/44

The final deduction of Assigned Pay for ^{37.20 DA} 30.00 A.P. has been made for the period from 1st to 31 of May 1944

Remarks:

Computed by... E.S.

Checked by... [Signature]

Alec J. Boswell
for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

York 60692 71 PR 2313
113-1492

Name R.F. HOWLETT

Sub-Rating and Seniority S.A.P. Non-Sub.

O.N. V-17703 S.B. No. W.B. No. 14

Joined Ship 13-12-1941 from Seaman Transferred from Ordinary

Engagement: Period Duration Expires

Date of Birth 10-5-1920 Religion

Character Efficiency Date

Badges Class for Conduct Class for Leave

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

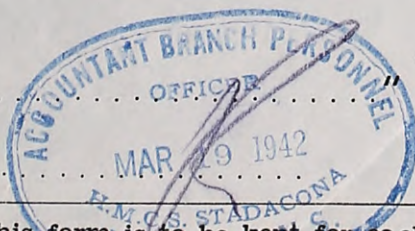
Athletic capabilities

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

R 19/188
 This rating transferred from Seaman Branch to Supply Assistant in December. Has proved himself a conscientious worker while employed in R.C.R. Barracks, provision store.

H.M.C.S. "

Date



G. Buchanan
 Pay Sgt. R.C.R.
 Officer of Division.

- 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.

APR-29

MAIN FILE
CHARGED TO N.P.R.
SINCE 23.342
REC'D CENTRAL REGISTRY
MAR 29 1942
REFERRED TO

[Faint, mostly illegible text and markings, possibly bleed-through from the reverse side of the page.]

S. 98C.
20M-2-41 (9527)
N.S. 815.0.00C

KIT LIST—MEN NOT DRESSED AS SEAMEN 60692

(Reduced Kit for Duration of Hostilities)

F. HOWLETT

SUPPLY ASSISTANT

V-17703

Name

Name Rating Official No.

Scale Allowed		Article	Forms S. 1048 on which issues were made									
R.C.N.	R.C.N.V.R.		No. 1942	Date Mch	Halifax							
			Place									
		Aprons, cook (a)	1									
		Bags, kit	1									
		Bags, soap	1									
		Boots, half	1									
		Braces, web	1									
		Brushes, Hard	1									
		" Polishing	1									
		" Clothes	1									
		" Hair	1									
		" Tooth	1									
		Caps, blue cloth, peak	2									
		Caps, cook (a)	1									
		Coats, waterproof	1									
		Collars, white linen	12									
		Combs, horn	1									
		Covers, cap, marcelline	3									
		Drawers	2									
		Jerseys, sports	2									
		Neckties, black silk	2									
		Overcoat	1									
		Pullovers	1									
		Shirts, white	5									
		Shoes, black leather	1									
		Shoes, gym	1									
		Shorts, recreational, drill	2									
		Shorts, tropical	1									
		Shirts, tropical	1									
		Socks	2									
		Stockings	2									
		Suits, blue overall (b)	1									
		Towels	2									
		Types	1									
		Vests, Summer	2									
		Vests, Winter	2									
		Jackets, S.B. Serge	2									
		Trousers, serge	2									
		Trousers, drill	2									
		Tunics, drill	2									
		Badges, Cap	2									
		Beds	1									
		Blankets	2									
		Bed covers	2									
		Hammocks	2									
		Clews and Lanyards	1									
		Lashings	1									
		On Loan—										
		Belts, Life										
		Manual of Seaman-ship										

13

Description	Winter Issue			
	Year Issued			
	194.....	194.....	194.....	194.....
Caps, Winter				
Comforters				
Cardigans				
Drawers, Woollen				
Gloves, Woollen				
Helmets, Balaclava				
Jerseys, Naval				
Rubbers				
Socks				
Stockings				

Description	Gift Clothing received from Organizations			
	Year Issued			
	194.....	194.....	194.....	194.....
Comforters				
Helmets, Balaclava				
Gloves or Mitts				
Socks				
Stockings				
Sweaters				
Wristlets				
Windbreakers				

(a) Cooks only. (b) Engine Room Ratings only.
Victualling Ratings one suit.

OCCUPATIONAL HISTORY FORM

113-24-1492

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Robert Floyd HOWLETT (b) Reg'l. No. V-17703
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Sply. Asst.
3. (a) Date of birth 10 May, '20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Petrolia, Ontario.
4. (a) Place of enlistment London, Ont. (b) Date of enlistment 11 Aug., 1941.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) One year, High School
7. If you attended a university, give name of university and standing or degree secured -
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

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 Larrance Textile Mills, Address Woodstock, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Manufacturing textiles.
20. (a) Your specific occupation Asst. checker (shipping) (b) Number of years' experience at this occupation with any employer One 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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? -
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (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.....

DATE 26th November, 1942. SIGNATURE R. F. Hewlett

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PA

Copy To
VWD
ES

MAY 15 1943