



HENRY

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113-N-821



50M—8-42 (5715) N.S. 815-11-5

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N. V. 5

ATTESTATION FORM (HOSTILITIES FORM)

CHRISTIAN N	AMESCliffo	rd Henry			RRIED. SINGLE	OR WIDOWER Married
all span of	the second second	ANENT ADD	and the second		- Canal	RELIGION
2278 Ma	arentette &	Street,	Windsor	Ontar	io. Corrie	United Church
DATE	OF BIRTH	*)	PLACE OF BIR	гн	NAME AND A	DDRESS OF NEXT OF KIN
28 May, 3	1915	* Town	Peterl	oro	Mrs. Isa	belle Naish
Mother Car	glish nadian	County Province	Petera Ontari	Lo.	same	fe- address.
(A)	of natural born British PERS				<sup>page.</sup> N ENROLME	INT
HEIGHT	CHEST MEASU	REMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 nches W 112	. Inflated		Brown	Blue	Fair	Third finger right hand broken.
	EDUCATIONAL	STANDING	MA COLIA	TR	ADE OR CALLING	AND IN WHOSE EMPLOY
ruraciónes Dos	s High Sch	itta innus	1. 19 ai#1 of c		Ford Mo Win	Clerk tor Company of Cana dsor, Ontario.
	Strength , 1943.		r which enro	11.7	H.M.C.S.	"HUNTER" Ontario.
(B)	DEC	LARATIC	ON TO BE	E MADI	E BY APPLI	CANT
I hereby de	clare as follows:-	1.62 P		1	dine ii - a	real and - dealers -
(1) That	I am a British S	Subject dom	iciled in Can	ada.		the second second
	I am desirous of at I accept and a					Naval Volunteer Reserve
(3) That	* (a) I have nev Force		nd am not se	rving in a •	ny Naval, Milita	ry, Reserve, or Territorial
	* (b)XXXXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXX	XXXXXXXXXXXX	TO A KINOWA XARXIXAXCANIKINY
		of service				Personnel Records

 record of service, in corroboration of this statement.

 \*Cross out Clause not applicable.
 Personnel Records Division.

 SERVED IN
 RANK
 FROM
 1. Noted in FQcords .

 Served in FQcords
 2. Index Card .
 3. Non-Sub. Card .
 4. Statistical Card .

 (c) I have never been rejected for or discharged from any of account of unfitness.
 6. Pension Card .
 6. Pension Card .

 (4) That the particulars contained above are correct and true according to the Dotst of my/knowledge // .
 8.

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

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions when 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as **Ord. Sea. for W/T** by the prospect of being transferred at some future date to any other branch or rating.

Dated this	21st	dav of	April,	1943.	 	07
delsh	Signat				ATT ATT AT	×
	Signat	ure of applicar	nt		 DA	

CERTIFICATE OF ATTESTING OFFICER

.....

day of April, 1943.

My authority for attestation is.....

nations billion.

(C)

(D)

Lieutenant, R.C.N.V.R. OATH OF ALLEGIANCE

104

Signature of and rank of Attesting Officer.

1. Class

Rank Lieutenant RCNVR

I, Clifford Henry Wesley NAISH 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

Date 21st April, 1943.

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

Witness.....

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

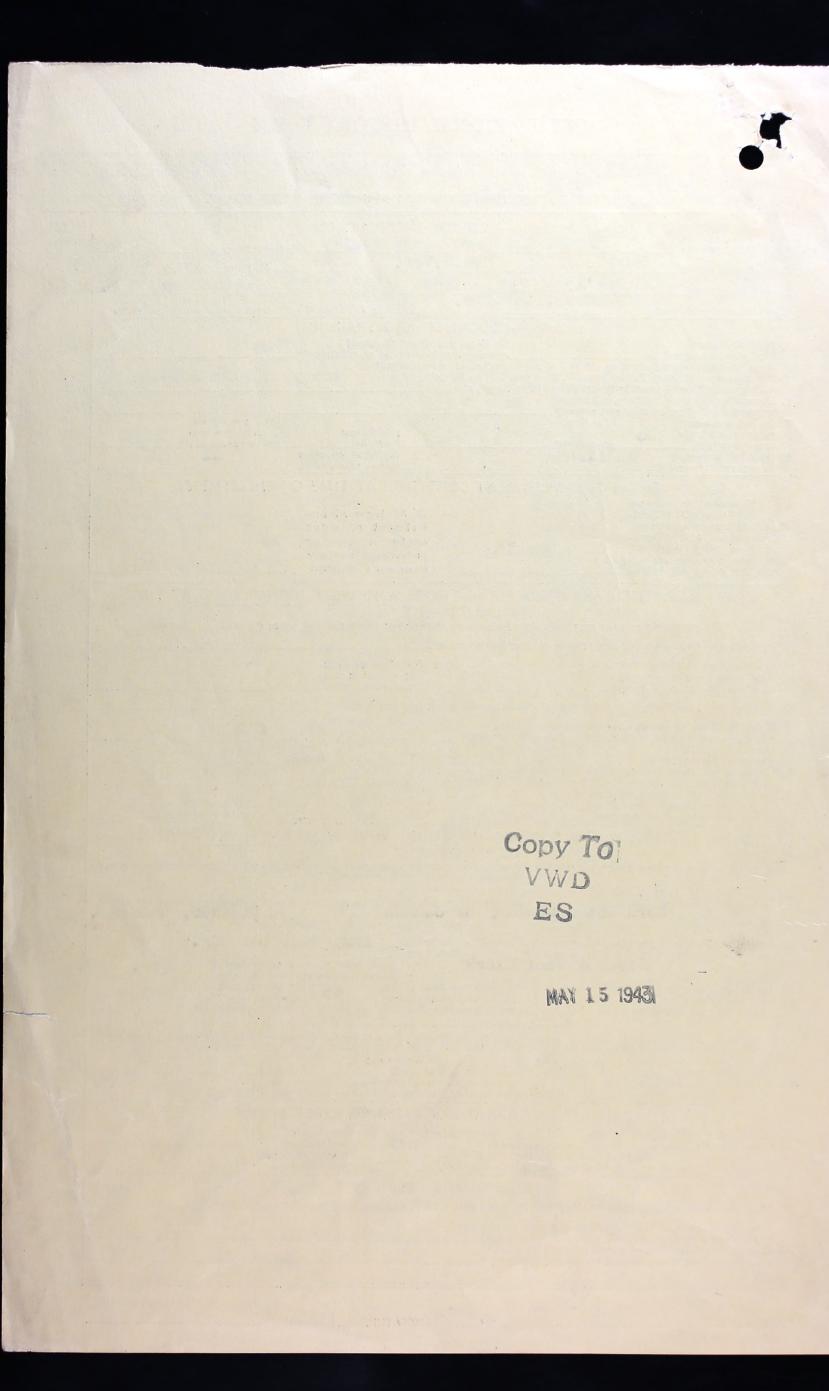


### **OCCUPATIONAL HISTORY FORM**

THIS FOR IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-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. NAISH, Clifford Henry Wesley (b) Reg'l. No. / 59936	PLEA LEAV BLAN
2 (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Bank Ord, Sea.	W/T
2. (a) Pate of high 28 May 15(b) Have you (c) Place of residence Windsor. Ont.	
2. (a) Arm of service.       Navy       (b) Unit       R.C.N.V.R.       (c) Place of residence         3. (a) Date of birth.       28 May 15(b) Have you any dependents?       Two       (c) Place of residence at time of enlistment.       Windsor, Ont.         4. (a) Place of enlistment.       (b) Date of enlistment.       (c) Date of enlistment.       21 Apl 43.	····
Section B-EDUCATION AND TRAINING	
5. (a) State age on (b) Were you attending school (c)	
(for instance—"4 years, Public School", "two years, High School", "Junior Two yrs. High School." Matriculation", or "4 years technical course in printing", etc.)	
7. If you attended a university, give name of university and standing or degree secured.	
8. (a) Did you ever (b) If so, (d) If you did not	
8. (a) Did you ever (b) If so, (d) If you did not enter upon a trade No for what (c) Did you finish it, how long apprenticeship?	
9. (a) What languages English (b) What languages do you speak fluently?	
Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	7
IO. (a) State whether you were WORKINGorNOTWORK- (b) At time of en-	
ING at time of enlistment.	
(Enter here only "Work- ing" or "Not Working", Working trade union or No professional society	
as case may be; particu- lars are asked for below)	
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)	
1. Had you ever been employed fairly regularly since leaving school?	
12. (a) If answer to 11 be "Yes", (b) State how long you had worked at this	
at which you actually worked tradeor occupation	
3. If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
<ol> <li>If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.</li> </ol>	
5. Give details of last employer, if any: Name	
16 Nature of employer's business (for instance "farmer" or "building	Control of
contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
in a business of your own, state (b) Date of dis- nature and address of businesscontinuing 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	r
IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21	
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	
19. Nature of employer's business (for instance, "farmer", or "building Army Vehicles Mfg.	
<ul> <li>19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)</li> <li>20. (a) Your Stock Tool Clerk (b) Number of years' experience at specific occupation</li></ul>	
(a) Did your employer promise (b) Did your employer (c) Do you wish	
definitely to give you 165 refuse to promise you NO to return to your 165	
definitely to give you refuse to promise you to return to your tes employment on discharge?	
definitely to give you employment on discharge?	
definitely to give you employment on discharge?       refuse to promise you employment on discharge?       to return to your former employment?         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 (c) Have you made, or will you make plans to engaged in this business.	
definitely to give you employment on discharge?       refuse to promise you employment on discharge?       to return to your former employment?         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	
definitely to give you employment on discharge?       refuse to promise you employment on discharge?       to return to your former employment?         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 the same or a similar business on discharge?         Section F—PARTICULARS OF FARMING EXPERIENCE	
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definitely to give you employment on discharge?       refuse to promise you employment on discharge?       to return to your former employment?         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 PARTINER 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       (b) Have you made, or will you make plans to engaged in this business.         Section F—PARTICULARS OF FARMING EXPERIENCE         24. (a) Do you wish to engage       (b) Do you feel competent in farming after the war?         25. (a) Were you       (b) How many years' actual born on a farm?       (c) If so, in what (c) In what provinces         Section G—MISCELLANEOUS         Section G—MISCELLANEOUS         Section G—MISCELLANEOUS         Section G—MISCELLANEOUS	
definitely to give you employment on discharge?       refuse to promise you employment on discharge?       to return to your former employment?         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 engaged in this business.         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?         Section G—MISCELLANEOUS         Section G—MISCELLANEOUS         Colspan="2">Colspan="2">Colspan="2">Colspan= 2"         Section G example, do you plan to return to school, or have you been assured of a job, etc.)         Xota any employment preference or ambition you may have, other than indicated elsewhere in this form	
definitely to give you employment on discharge?       refuse to promise you employment on discharge?       to return to your former employment?         IF you were working on your own up to the time of enclistment, that is to say, operating a FARM, a store, an agency, or in PROFESSIONAL PRACTICE, or as a PARTINER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23         22. (a) State nature of business, or professional practice.       (b) Where was (c) Have you made, or will you make plans to engaged in this business.       (c) Have you made, or will you make plans to engaged in this business.         23. (a) Number of years engaged in this business.       (b) Do you feel competent in farming after the war?       (c) If so, in what kind of farming?         24. (a) Do you wish to engage in farming after the war?       (b) Do you feel competent in farming experience have you had?       (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?         26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?       (c) have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	



CHIEF TREASURY OFFICER C.T. 2041 DÉLÉGUÉ EN CHEF DU TRÉSOR 1000M-9-4 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY, OTTAWA, ONT. CATION AUX PERSONNES À CHARGE ET DÉLÉGATION DE SOLDE, OTTAWA, ONT. 15-12-48 SABELLE ELIZAB (Print your name in full)-(Nom et prénom en lettres moulées) REÇOIS DES CHÈQUES POUR LE COMPTE DE CLIFFORD WESLEYN member of forces in full)—(Rang et nom du membre des forces, en lettres moulées) NUMÉRO MATRICULE KINDLY CHANGE MY ADDRESS FOR FUTURE DELIVERY OF CHEQUES PRIÈRE DE CHANGER MON ADRESSE POUR L'ENVOI FUTUR DE CHÈQUES FROM (OLD ADDRESS)-ANCIENNE ADRESSE: TO (NEW ADDRESS)-NOUVELLE ADRESSE: Street Street Rue Rue City City Ville Ville Province. Province Service PLEASE READ INSTRUCTIONS ON REVERSE SIDE IN PRIÈRE DE LIRE INSTRUCTIONS AU VERSC Records by (Signature)

#### IMPORTANT

#### INSURE PROMPT DELIVERY OF YOUR CHEQUE IF YOU CHANGE YOUR ADDRESS

- 1. Fill in this form, place in envelope and return to Chief Treasury Officer, Dependents' Allowance and Assigned Pay Branch, Ottawa, Ontario. No postage is required if mailed in Canada.
- 2. It is necessary that ALL particulars on the other side of this form be fully completed.
- 3. Always leave your change of address with the postmaster at your old address.
- 4. Cheques will not be mailed in care of an officer, soldier or airman or in care of an R.C.A.F. Station or Army unit. Give your own residential address. A General Delivery address is not acceptable for those Post Offices from which mail is delivered by letter carrier.

If your name is mis-spelt or initial incorrect advise this office.

DO NOT RETURN UNLESS YOU WISH YOUR ADDRESS CHANGED FOR FUTURE DELIVERY OF CHEQUES

(PLEASE DO NOT DESTROY KEEP FOR FUTURE USE)

#### IMPORTANT

POUR ASSURER LA PROMPTE LIVRAISON DE VOTRE CHÈQUE EN CAS DE CHANGEMENT D'ADRESSE

- Remplir cette formule, la placer sous enveloppe et la retourner au Délégué en chef du Trésor, Division des allocations aux personnes à charge et des délégations de solde, Ottawa, Ont. Franc de port, si la lettre est mise à la poste au Canada.
- 2. Il est nécessaire de donner TOUS les détails au verso de la formule.

3. DONNEZ TOUJOURS VOTRE NOUVELLE ADRESSE AU MAÎTRE DE POSTE À VOTRE ANCIENNE ADRESSE.

4. Les chèques ne seront pas adressés aux soins d'un officier, soldat ou aviateur ni aux soins d'un poste de l'aviation ou de l'armée. Donnez l'adresse de votre domicile. L'adresse "Poste restante" n'est pas acceptée pour les bureaux de poste où la livraison du courrier se fait par facteurs.

S'il y a erreur dans votre nom ou vos initiales, avertissez-en notre bureau.

NE RETOURNEZ PAS CETTE FORMULE SI VOUS NE VOULEZ PAS QUE VOTRE ADRESSE SOIT CHAN-GÉE POUR L'ENVOI FUTUR DE VOS CHÉQUES.

R

(NE DÉTRUISEZ PAS CETTE FORMULE-CONSERVEZ-LA POUR USAGE FUTUR)

S. 239	a. (Revised-April 190M-1-42 (2896)	, 1937)					(Author	rity—Art. 60	3, King's R	egulations, 1	936)					
Page	N.S. 815-9-239A						Co	NDU	CT	SHE	ET					*
NAM		and 1	len	y treste	y N	AISH	RA	TING	a/a	mn			ORT DIVISION A		19936	/ ·
NAI	ME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	on Se	r since last a rvice Certific Conduct She 605, cl. 5 a To	cate or et	Efficiency (Art. 607)	For Art. 413 (See Notes) Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	ratings only. 5, 6 and 7) Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)	Ship Discharged to (Giving date, if it differs from date of assessment of character and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink- Whether recom- mended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
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ku	venchy	a fan H.	Nil	<u> </u>			27 year	16 Thay	V.G. )	thip se	emmiss	ining	En Alexan	teck)		
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Rodni	wonletch	100045			1		2 and up	5-na-45	16	SAT	NYNO		Nalm			Blond
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	and the second s	<u> </u>					SHOLYS	. 74 hannes	V-3-				Juneer (2	Contraction of the second		
T	ANS!							N	IOTES	1			Ś	2.5		
2. Da 3. Cl 4. Go 5. Wi 6. Wi 7. Ac	the Conduct Sh the of Commence ass for Conduct. ass for Conduct Med inserted. (See hether Recomme (1) "Yes" such m (2) "Not "J (3) "No" For Leadin For Leadin Fating hether Recomme or not a rating ated Advanc Clumn is inten- considered wher	meet of a max —The date of (al and Gra- Art. 534, cl nded for A —Recommender (al and Gra- nded for A —Recommender —Not recomment (al and for C (al and for C (al and for C (al and for C) (al a and for C) (al a and for C) (a	n joining very good of propose atuity.— 15.) dvancen nded for qualified if e used for mended, Leading S confirma nded for Recomment to assist r "H.R."	a shore or harbou d'' Conduct.—W ed restoration may Recommendation nent.—To be con advancement. To for recommendation ratings not yet r whether qualified signalmen, Able So tion.—Notations, confirmation in the ndations are not to the Captain of the recommendations as directed for pr	r establishmen hen the date of be any date r s are to be made appleted in response be followed hor to not Form S. ecommended for or not. eamen and Sign in red ink, are e ordinary cou be made in the eship to which on S. 507 for t	t may (and f of commence not less than de according ect of all Art by (N.Q.) if a 507. or advancem nalmen insert e to be made rse. The at his column u the rating i he accelerate	for Leading ment of "w 3 months a to the instr t. 413 rating not fully qu ent owing t t also "S.G. e across both obreviations unless the ra	or the destru Seamen, Les ry good" co nd not more uctions in A rs by insertin alified; this, o their inexp R." or "H.R n the "Recor- to be used a ting was like in renderin	nction, after ading Signal onduct differ than 6 cale rts. 534, cl. ng "Yes," " if awarded perience. T c." according nmendation are "R.C.O. ely to have S 507 at	Imen, Able S s from that ndar month 3, and 606, Not Yet" or in a sea-goin 'o be followe g as the ship for Advance C." or "N.H been recomm the end of th	Seamen and Sig which would n s from date of r cl. 4, K.R. If "No" (but see ng ship, will cou d by (N.Q.) if o is or is not a sement" column 2.C.O.C.". nended for acce he half-year. by	nalmen must) ormally appear reduction. See the recommende e notes (1), (2) int as a sea-goi not fully qualif "sea-going" sh s, after complet lerated advance bringing to his	dation is intentionally with and (3) below: ing recommendation for m	pany him to ate, the date hheld, a state en who requi t 1, para. 10 of three mont S. 507 had h an ordinary p	his next se is to be in ement to the re this quant in relation hs' acting e remained nerit, who	a-going ship. serted in red. hat effect should be alification, although n to the individual time, as to whether I in the ship. This should be specially
9. Tr:	the Training Service.—"	This column ervice. If r	n is alway ecommen	s to be completed ded, the word "Y	for E.R.As, E es'' should be i	As, O.As, C inserted; if n	.P.Os, P.Os ot recomme	and Leading ended, the w	g Ratings o ord "No".	f the Seame	en, Signal W/I	and Stoker b	oranches, irrespective of w	hether or no	t the rating	g is a volunteer for

Page 2	the phillipping	DUCT SHEET	∫ PORT DIVISION	AND 1/10-51
NAME	Pijan any Minal RATI	NG	OFFICIAL NUM	AND V 59936
Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS
7 Arecity	Lid remain absent over leave	Jacq pay bonfeited	a. Peregine	Granted 21 days
	13 henro	Saag kay bonfected Saag leare stopped.	10 yun 115.	Granted 21 dags leave from 3 aplits
				Granted 5 days comparison leave from 19/3/45
		(00A)		leave from 19/3/45
and a second sec		CO AND B		
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## **CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND** BOYS, NAVAL SERVICE OF CANADA, ON DISCHARGE

(R.C.N. or Reserve Forces)

NOTE.-This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of The Naval Board, Department of National Defence, Ottawa

I, the undersigned, have examined NAISH, Clifford, H. A/B on discharge from the Royal Canadian Naval Service.

Duichy author C-60028 -

V-59936 (Name, rating, Official No.)

Can. B. 207B 150M—7-45 (1941) N.S. 7570—B207B

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. Mos. 30 8	(j) Date of last Vaccina- tion for Smallpox	1943
(b) Height with bare feet	$\begin{array}{c c} Feet & In. \\ 5 & 8\frac{1}{4} \end{array}$	(k) General Development	Good
(c) Weight without clothes	123	(1) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Normal	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	N
(e) Chest Girth	$\begin{array}{cccc} Max. & Min. & Mean \\ \hline 31 & 30 & 30\frac{1}{8} \end{array}$	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient Defective Dentures 6 4 0	(o) Limbs and Joints	N
(g) Vision by Snellens	$\begin{array}{ccc} \text{without} & \text{Rt.} & \text{Lt.} \\ \text{glasses} & 6/7 & 6/6 \end{array}$	(p) Skin	Acne on face Cyst on neck
Types	with glasses Rt. Lt. where worn	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern Group 1	(r) Testes Varicocele	N
$(i)$ Chest $\left\{ \begin{array}{c} \operatorname{approved} \\ \operatorname{positive} \\ \operatorname{doubtful} \end{array} \right.$	Neg 14392	(s) Urine Albumen Sugar	Negative

#### CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that I have been fully examined (unclothed), that the findings have been read to me, that I am satisfied with the thoroughness of this examination, and that I do not claim to suffer from any disability due to or aggravated by service.

Wasserman Test Nig

6. Maish

Signature of Candidate

(N.B.-When the officer or rating is subject to a defect not already noted on his Medical Form Can. B.207 on entry, Medical Board of Survey Form C.N.M. 227 will be required.)

Dated at. Windsor, Ontario the 27th of November 19.45.

Veliel Examining Medical Officer

(Rank) Surg. Lieut. VR.

v59936		and the second se	and the second sec		-821		AL NUMBER V59936
(Surname	AISH e)	(Given N	ames)		DATE OF BIRTH.	28 May 1915.	
PLACE OF BIRTH P. U.	eterboro, Ont.			OCCUPATION			
RESIDENCE AT TIME OF ENLISTME	NT: Street and No. 2278	Marentette	St.	Town	Windsor,	Province etc. (	Ont.
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O.H.F. in the Royal	Canadian Naval Volu	ateer Reserve
Training Headquarters	R.C.N.V.R. Division	Official Number 1 5 9934
	Hmcs" Hunter	"
Date of Birth 2822 Place of Birth Peter Place of Residence Laly	y 1915 20, Antonio Julto	Name and Address of Nearest Relative or Friend (in pencil) <u>Jaabette</u> <u>Manufe</u>
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P.S.T. ( ) Date		ALS, DECORATIONS, etc.
Date of Actual Volunteering Date of Enrolment or Re-enrolment Aurola 21 Appl 13 Houtel	I Rating on Enrolment or Re-enrolment Award Present The for W/T	tation Nature of Decoration
	PERSONAL DESCRIPTION	
Hei	Chest Weight Hair Eyes Con	mplexion MARKS, WOUNDS, SCARS
Feet         On Entry	Inches (mean)          8       311/2       112       Blue	Fair hand broken
TRANSFER BETWEEN DIV	ISIONS TRA	ANSFER-LISTS A AND B
From To	Date List Date	Authority

NAVAL TRAINING and ACTIVE SERVICE SHIP OR ESTABLISHMENT NON-SUB RATE RATING CAUSE OF DISCHARGE FROM то Year and sea ter 21 for w/ 7 21 apl 43 18 May 43 1943 Rid Sie Ma 143 ar W/T 19May 43 23 May 43 m 24may +3 9 Aug. 43 10 Aug. 43 lok Ord. Sm 3 144 wa 30 4xl '44. 1 Mary 1.1 Ord Som WA 181 10 0.4 yacenthe Und. Sonn 48086 182 144 00% 4'44 ona 'Y4 AB. July 44 144 9 37 Oc T 4 a obe 28 04T4 8/lec + 4 26 fan 'XI k looditoe 44 27 Jan 16 May 41 leadstelle 740 7 45 1 may 45 6a B 7 ang 45 5 nav 45 Woo Ma 570 45 20 novas hade 18xlec 45 Alisch Hunter 25.51 Demo aut RCn. 200/C-60028 writer Re .0 on par Wounds Received In Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants Date Details Captain's Signature Free Warrand & 27 Mch 145 318641 ......



Can. B. 207

150M-9-42 (6269) N.S. 815-2-207

DUPLICATE

DUPLICATA

## Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nors-This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined NAISH, Clifford Henry Wesley

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and I believe him to be \*{in all respects fit for His Majesty's Service or the reason stated below? He has signed the Certificate given below in my presence.

tStrike out if inapplicable. \*Delete one.

‡candidate for entry as.....

X-RAY NO. 10486

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a)	Age	<b>27</b> Yrs.	11 Mos.		<i>(j)</i>	Date of last Vaccination	1926	
(b)	Height with bare feet	Feet 5	In. 8		(k)	General Development	very this	,
(c)	Weight without clothes	11	2		(1)	Nose, Throat and Tonsils	neg.	1
(d)	Ears and Hearing	Rt.	Lt.		(m,	Heart and Lungs	Normal	B.P. 110 70
(e)	Chest Girth	Max. 33	Min. 30	Mean 1/2	(n)	Abdomen Hernia, etc.	neg.	
(f)	Teeth	Deficient 8	Defective-	Dentures		Limbs and Joints	normal.	
(g)	Vision by Snellens	without glasses 5	Rt. 6 Lt.	B/Both	(p)	Skin	clear	
	Types	with glasses where worn	Rt. Lt.	Both	$\overline{(q)}$	Anus Haemorrhoids	neg.	
(h)	Colour Vision	Ishihara R.C.N. Lante	hassed ern		(r)	Testes Varicocele	neg	
(i)	Chest {not taken approved positive doubtful		IVE APPR	OVED	(8)	Urine		

#### 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.

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 rejecti *Delete one.	on, he being desirable in other respects.
IF REJECTED insert here UNFIT in block letters	
Dated at Windsor, Ontario	, the 19th of April, 19 43
	L.G. Camplezle Examining Medical Officer

(Rank)...SURGEON..LIEUTENANT...RCNVR

......

Signature of Candidate

an

DEPARTMENT OF NATIONAL DEFENCE
NAVAL SERVICE APPLICATION FOR THE WAR SERVICE BADGE "GENERAL SERVICE CLASS"
I. NAISH, Clifford H. hereby make Application for the War Service Badge "General Service" class and do hereby declare that I have not previously been issued with a General Service class badge.
I enlisted in the RXXXXXX and served on active service R.C.N.V.R. date of enlistment from the Canadian Naval Forces. Demob. to date 18. Dec. 145. (Reason for discharge)
H.M.C.S. HUNTER Official Number. y-59936
Rank or Rating A.B.
Address 927 McKay Ave., Windsor Ont. Number and Street Town or City Province Signature H. S.a. Colfford Maish
PERMISSION TO WEAR UNIFORM

This certificate must be carried at all times whilst wearing unigerm' and must be produced on demand of competent authority.

NAME NAISH, Clifford H.

927 McKay Ave., Windsor, Ont. ADDRESS

FORMER OFFICIAL NO.V-59936 A.B. FORMER RANK OR RA TING

The above named has been honourably discharged from the Naval Service and has permission to wear uniform for a period of Thirty (30) days from the present date in accordance with N.S.H.Q.'s 122054, March '44.

Fresent date: 18th Dec.'45 Commanding Officer

Signature....

Signature

DISPOSAL OF SERVICE WILL

............

TO Naval Service Headquarters, Ottawa, Ontario

From: Name NAISH, Clifford H.

Address 927 McKay Ave., Windsor, Ont. . . . . . . . . . . . . .

Having today received my discharge from the Naval Service I request that my Service Will, presently held on file, may be ( ) Destroyed ( $\chi$ ) Forwarded to above address in accordance with Naval Order 2582 Dated at Windsor, Ont.

This, 18th ... day of Dec. 1945

3 Mar 46 Post disch death			NAVY	4
DEPARTMENT OF VETERANS AFFAIRS	AW	ARDS		WAR SERVICE RECORDS
•				FILE NO.
NAISH Clifford Henry Wesle	у	V 59936	A.B.	
SURNAME (IN BLOCK LETTERS) CHRIST	IAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No. 544361	DATE D	ESPATCHED:	1	ALMAN A
ADDRESS:			0	Archives ()
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CAMPAIGN MEDALS	REG	STRATION NUM	BER AN DATE	DESPATCHED
1939-45 Star				
C.V.S.M. & Clasp	1	516 29	7-8-51	
War Medal				
DVA 806	(т	HE REVERSE TO B	E USED FOR ESTAT	E PURPOSES)

MEDALS AND MEMORIALS-DECEASED PERSONNEL **REGISTRATION NO. DATE OF DESPATCH** (1) MEDALS MEMORIAL BAR Mrs. Isabelle Naish (Widow) PERSON ENTITLED TO (1) DATE DESP 1518 Norman Rd., ADDRESS: Windsor, Ont. 28 Aug 51 2202. REGN. NO 11.50 (2) MEMORIAL CROSS John the Mrs. Isabella Naish - 20 WIDCW (2) 636 Dougall Ave., Windsor, Ont. 10-9-46 ADDRESS: MEMORIAL CROSS (3) Mrs. Percy Naish MOTHER (3) 29-10-46 4207 Cadillac Blvd., E., ADDRESS: Detroit 14, Michigan, USA



#### DEPARTMENT OF VETERANS AFFAIRS

office of the Minister OTTAWA May 31st, 1946.

47366

#186

Dear Miss Bentley,

I have a letter from Mr. D.G. Emerson, Private Secretary to the Secretary of State on behalf of Mrs. Isabelle Naish, 636 Dougall Avenue, Windsor, Ontario, whose husband Clifford H. Naish (V-59936) R.C.N.V.R., died in Christie Street Hospital March 3rd, 1946.

Mrs. Naish is apparently in very difficult financial circumstances and is subsisting on small loans from the Canadian Legion to buy food for herself and her son.

It would be appreciated if early enquiry could be made into the gratuity position and Mr. Emerson advised direct.

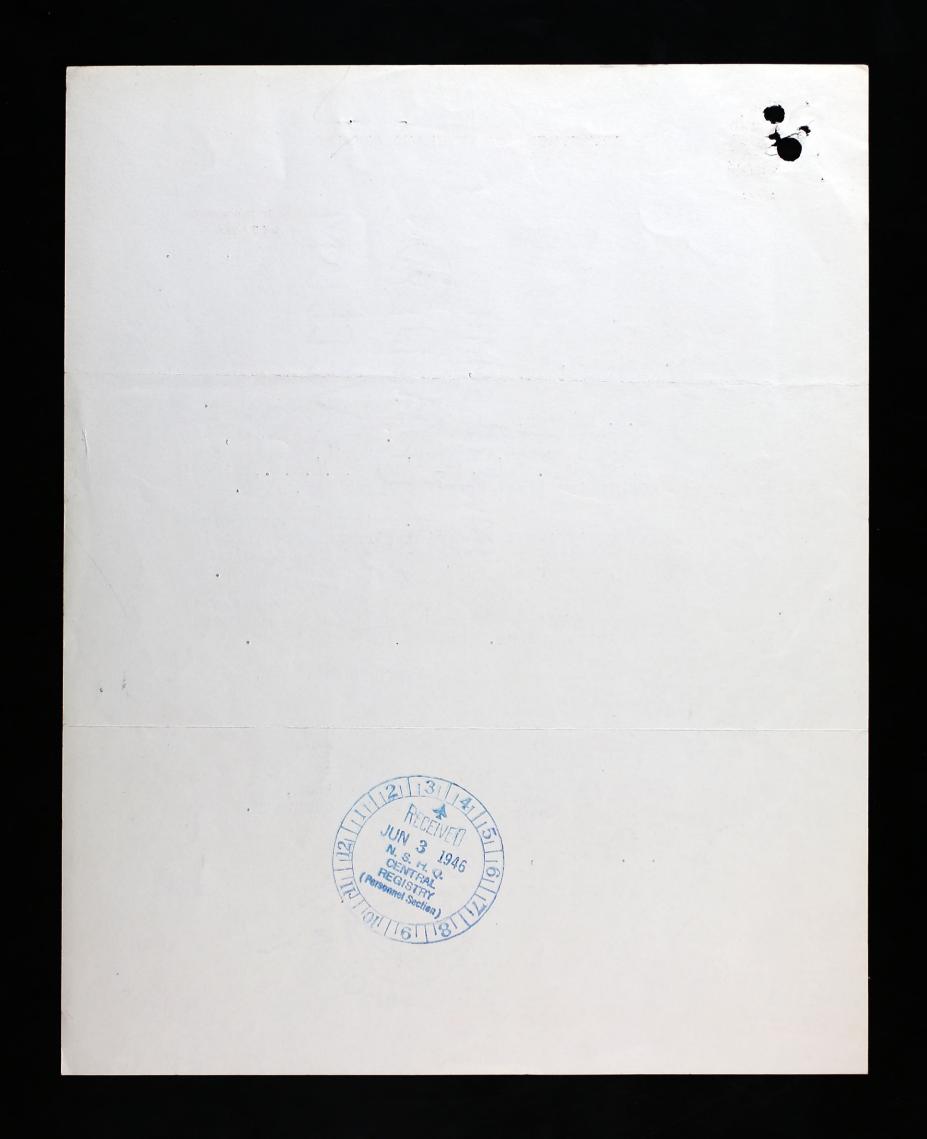
Yours very truly,

C. M. Defieux, Minister's Secretary.

Miss D. L. Bentley, Private Secretary to the Minister of National Defence, O t t a w a .

formation Charlington Andrews





#### DEPARTMENT OF VETERANS AFFAIRS

Office of the Minister O T T A W A May 31st, 1946.

Dear Miss Bentley,

# DUPLICATE

I have a letter from Mr. D.G. Emerson, Private Secretary to the Secretary of State on behalf of Mrs. Isabelle Naish, 636 Dougall Avenue, Windsor, Ontario, whose husband Clifford H. Naish (V-59936) R.C.N.V.R., died in Christie Street Hospital March 3rd, 1946.

Mrs. Naish is apparently in very difficult financial circumstances and is subsisting on small loans from the Canadian Legion to buy food for herself and her son.

It would be appreciated if early enquiry could be made into the gratuity position and Mr. Emerson advised direct.

Yours very truly,

(Sgd.)

C. M. Defieux, Minister's Secretary.

Miss D.L. Bentley, Private Secretary to the Minister of National Defence, O t t a w a.

Certified True Copy

<b>ХКМ</b>	PORARXX PENDING RECE LPTX OF	X SERVICEX DOC XMENTSX
e in	DEPARTMENT OF NATIONAL	M.F.M.441 75M—5-45 (1745) H.Q. 1772-39-2326 N.S. 7570-M.F.M.441

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

## DUPLIC Application for War Service Gratuity

(Canadian Armed Forces)

Surname on termination of serv	ice	NAISH	1	
			(Print)	11 1
Christian Names	ford	(Print)	·····	
Service No. <b>V-59936</b>	4. Rank or rat			rviceA.B.
Address, in full, to which payme	ents of gratuity are	to be forward	ed	
927 MCKAY Ave.	"Windsor, O	nt		
			<u>A</u>	
State below your period or perio (Previous service, if any, in eithe	ods of service in the er or both of the oth	ner two armed	forces is also to be	fully stated.)
Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Navy	<b>V-</b> 59936	A.B.	19th May	4318th Dec
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	••••••			
seconded to any of the Naval, M	ar, while a membe ilitary, or Air Force	es of His Maje	sty or of any powe	er allied or associated
Have you during the present W seconded to any of the Naval, M vith His Majesty? <b>No</b>	ar, while a membe ilitary, or Air Force If so, state n	es of His Maje ame of Force	sty or of any powe	er allied or associated
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Have you during the present W seconded to any of the Naval, M vith His Majesty? <b>No</b> Have you during the present Wa to or enlisted in any of the Naval	Yar, while a membe ilitary, or Air Force If so, state n ar, while <b>not</b> a mer , Military or Air Fo	es of His Maje ame of Force nber of the Ca orces of His Ma	sty or of any powe or Forces anadian Armed Fc ajesty (other than	er allied or associated rces, been appointed the Canadian Armed
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Have you during the present W seconded to any of the Naval, M with His Majesty?No	Yar, while a membe ilitary, or Air Force If so, state n ar, while <b>not</b> a mer , Military or Air Fo , state the Force o	es of His Maje ame of Force nber of the Ca orces of His Ma r Forces, with	sty or of any powe or Forces anadian Armed Fo ajesty (other than dates of commen	er allied or associated rces, been appointed the Canadian Armed cement and termina-
Have you during the present W seconded to any of the Naval, M with His Majesty? <b>No</b> Have you during the present Wa to or enlisted in any of the Naval Forces?)	Yar, while a member ilitary, or Air Force If so, state n ar, while <b>not</b> a mer , Military or Air Fo , state the Force o 	es of His Maje ame of Force nber of the Ca orces of His Ma r Forces, with	sty or of any powe or Forces anadian Armed Fo ajesty (other than dates of commen	rces, been appointed the Canadian Armed cement and termina- ar Service Gratuity.

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.

( March 8 / 49. Hindow, and. 1 NAISH Clear Lins: MAR 9 1940 It would please me very much if you would send me some information concerning back Income Lak and Compulsary Sorings I telephoned the head office here in Hindson and they directed me to you. 159136 Quas married to a Mr. Clifford Henry Weder Haish in 1940, the worked until Alay 1943. He then joined the service in 1946. He was in Christy Street Haspital where he died in 1976. leaving mea undow and with base child Jerry Clifford Haish. Lince then Share se. manied, Iam now

Mrs. Isabelle C. Lamb . 1518 Aorman Road Windson Intaris, Swould be more than grateful if you would look into the matter for me. Mr. Haish's service 110

was U59936. (NAVY.) the worked at Fords with 1943. If there is any other information you ned Juill leanly too glad to send it to you. Since Shouts.

Ahrs. J.E. Lamle.

File No. N.S. V-59936, PERS.(N) "N"/5.

DEPARTMENT OF NATIONAL DEFENCE - Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife: -



N.G.R.

Mother: - Mrs. Percy Naish, 4207 Cadillac Blvd. E., DETROIT 14, Michigan, U.S.A.

Date forwarded:- OCT 29 1946 Registered Mail No.- 03349

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OCT 2 9 1946



Department of National Defence

54-27-88-2 Vol. 21 D.R. 2 (C)

58529

Ottawa, Canada,

5th August, 1946.

The Secretary, Dept. of National Defence for Naval Services, Ottawa, Ontario.

#### No. V. 59936, A.B. Clifford H. NAISH

In order that arrangements may be made to permanently mark the grave of the marginally named deceased, may this office be furnished with the following information in his respect, on the duplicate copy of this letter.

for C. L. Laurin, Colonel, Director of Records, for Adjutant-General.

VAVAL SECRETARY

ale

Rating - Able Seaman Number - V-59936 Full name - Clifford Henry Wesley NAISH Service (RCN, RCNR or RCNVR) - RCNVR Religion - United Date of Discharge - 18 December, 1945 Date of Death - Srd March, 1946. Cause of Death - Bronchopneumonia. Increased Intracranial pressure. Glioblastoma multiforme of rt. parieral lobe. Place of Death - Toronto, Ont. Name of Cemetery \_ Victoria Memorial Cemetery Location of Cemetery - Windsor Cur Grave location within the Cemetery - Grave +6, Section 43, Block "I" 28th May, 1915 Date of Birth -Name & Address of Next of Kin - Wife: Isabel E. Naish, 636 Dougall Ave., Windsor, Ont. Name & Address of Mother - Not known. Name & Address of Father - Not known. Name & Address of Widow (if any) - Wife: Isabel E. Naish, 556 Dougail Ave., Windsor, Ont. If his service was during the Great Wardis Blease State whether PERSONNEL in the RNCVR or RCNVR. No record. LEI 1946

OTTAWA, 9th August, 1946.

2035 1 × × ¥ STATEMENT OF WAR SERVICE CRATUITY - NAVY S Name CLIFFOR D, HENRY, W. NAISH (Christian Names) (Surname) Register No. 8 8 328A Payee MRS. ISABELLE NAISH File No. NSU - 5-9936 Address 636 DOUGALL AVE. WINDSOR, ONT. Date 5.6.46 Service No. U-5-9936 -Final Rank or Rating A.B. Date of termination of overseas service 4 NOV 45 Date of Discharge 18 DEC/45 A. TOTAL QUALIFYING SERVICE No. of days 745 equal to 3, complete periods at 07.50 132.50 B. CUALIFYING OVERSEAS SERVICE 90.50 No. of days 762 less - ineligible days equal to 762 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$1.25 Pay Subsistence or Lodging and Provision Allowance H.L.M. . .25  $\frac{3 5 - 1.12^{\circ} 1.70}{\text{Total} 5.05 \times 7 = 335.35}$ Dependents' Allowance 1/30 of No. of days 362/ x & 35.35 69.9 392.97 D. WAR SERVICE GRATUITY OVERPAYMENT OF PAY AND ALLOWANCES \$ 1.50 E. DEDUCTIONS DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ 1. 50 OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 391. 13. G. YOUR PORTION OF GRATUITY IS 391.43 of \$ = \$ Dependents' Allowance in issue to you \$ Total Dependents' Allowance in issue 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. Treasury Prepared by Checked by Checked by Date Service Representative D.N.P.A. CHECK 4 5 10 10 after return of both copy, pls. reports to the Difon.

037355

AIILICATION FOR MAR SERVICE GRATUITY BY

DEPENDINTS OF DECENSED PERSCHETEL - (Canadian Army)



A. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the undermentioned deceased member of the Canadian Army.

Surname NAISH (a)Christian Names CLIFFORD HENRY KIESLEY (b) Regimental No. 159936 (c) Rank at time of decease A/B. (d) I hereby submit the following particulars in support 11 of my application :-(a)Surname NAISH Constant Names ISABELLE ELIZBETH (b) Relationship to deceased 1/1/FE (c)LIFFORD NAISH 32 TRS. JERRY ( ON Address in full 636 DOUGALL AVENUE (d) ININDSOR ONTARIO CANADA Yours truly.

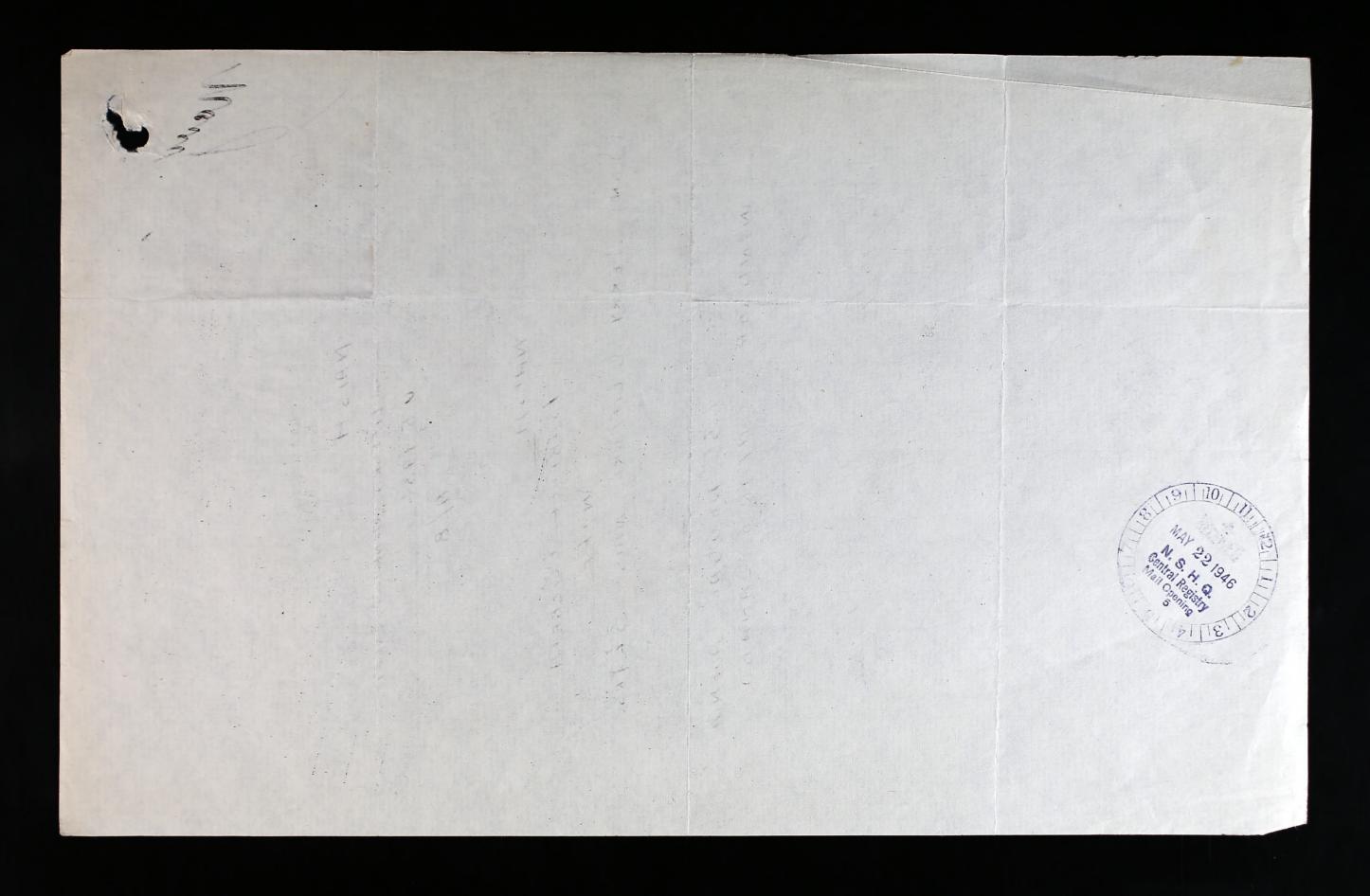
Date May 19/46

Nour

Note When completed please forward this application direct to:

Paymaster General No. 8 Temporary Building, OTTAWA, Catario





NAME       Clifford Henry Wesley Windsor, Ottario.       Name Windsor, Ottario.       Name Windsor, Ottario.       Resister No. 8828 File No. 87596         ODDRESS       227 MCKay Avenue, Windsor, Ottario.       Struct No. 575936         OTTA OVALIPYING SERVICE       No. of Dave 945       Date Of Discharge 18 Dec. 1         No. of Dave 945       Count of 31 complete periods at 1220       232.50         No. of Dave 945       Star of Version Accesses Service       323.00         No. of Dave 945       Star of Version Accesses Service       323.00         Suppresentation of Overseas Service       Suppresentation of Counterpart of Count of 10 complete periods at 1250       323.00         C. SUPPlement for Overseas Service       Suppresentation of Counterpart of Counterpart of Service Accesses       1.950         ADDITIONAL PAY H.L.M. \$       \$       5       0.90         Dependents' Allowance 1/30 of \$       51.12       1.70       392.93         Dependents' Allowance 1/30 of \$       51.20       1.50       391.43         Dependents' Allowance 1/30 of \$       51.20       1.50       391.43         Dependents' Allowance 1/30 of \$       50.05       x.30       \$ 151.50         Dependents' Allowance for the stratege of the Start o	- Luuri	. 1003	NA		ARM	Y		FORCE		
ADDRES       927 MCKay Avenue, Wildbor, Outgrio.       Prove of the outgride in the outgride outgride in the outgride outgride in the outgrid	. NAME	Clif	ford H	enry Wes	ley NA	ISH		REGISTE	R NO.	88328
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Typed	
STATEMENT OF WAR SERVICE GRATUITY - NAVY	
Elille & Maria Mariator No. 88320	51
Name Elifford Henry Wesley NAISH Register No. (Christian Names) (Surname) File No. V - 59936	1
Address 927 mc Kay ane, Date 30.4.46 Service No. 4-59936	1
Mindson, Ont. Final Rank or Rating A.B.	
Date of termination of overseas service <u>4 Mov.45</u> Pate of Discharge <u>8 Allc.4</u> A. TOTAL QUALIFYING SERVICE No. of days <u>995</u> equal to 3/complete periods at \$7.50 232.50	1
30 B. QUALIFYING OVERSEAS SERVICE	1
No. of days 362 less ineligible days, equal to 362 days @ 25¢ per day 90. 50 C. SUPPLEMENT FOR OVERSEAS SERVICE SUB TOTAL 32 3.00	
DAILY RATES AT DISCHARGE	1
Pay \$ 1.85 Subsistence or Lodging \$ 1.25	
and Provision Allowance	
Additional Pay HLM.	
5117 170	ł
Dependents' Allowance 1/30 of \$5!17 \$ 1.70 Total \$ 5.05 77 = \$ 35.35	
No. of days $\frac{362}{183}$ x \$ 35.35 . 69.93	
392.9	3
D. WAR SERVICE GRATUITY	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ 1.20	
AND ASSIGNED PAY \$	/
OTHER DEDUCTIONS \$ 1.3-0 F. AMOUNT PAYABLE (This amount is payable in 3 monthly instalments of \$13047each) 391.4 3	1
F. AMOUNT PAYABLE (This amount is payable in 3 monthly instalments of \$13047each) 391.4 =	3
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D.N.P.A. CHECK

W.S.G. Application No. 88328 FILE NO. N.S. TO: D.N.P.A."G" "WAR SERVICE GRATUITY" COMPUTATION OF SERVICE RANK OR RATING OFFICIAL SURNAME CHRISTIAN NAMES NUMBER ON DISCHARGE IN FULL 1 CAUSE OF DISCHARGE: 2301 TOTAL SERVICE 1357 Date of Active Service 143 4 eP 45 Date of Discharge Total No. of Days # Less non qualifying Total Days 943 service OVERSEAS SERVICE % Total No. of Days # Less non qualifying Total Days service Record of Service in other Forces (per Naval Records) Branch of Service Date of Active Service Date of Discharge # & % Overleaf Computed By Checked By que for (R.W. Underhill) A/Captain (S) R.C.N.V.R. Director of Naval Pay Accounting. MAR 1 3 1946 DATE : '

NON QUALIFYING SERVICE

TOTAL

OVERSEAS

05-11-45

21 - 11 - 45

1+

SERVICE SERVICE (卷) Date Reason No. of Days --11 28 N Ħ Total days (%) OVERSEAS SERVICE: Where Serving From No. of Days To 1.0111 25 131. 10 July 14. 7 Die 44. Port Habe 24 Jan 45. 4 Soon 45. Woodstock 39 19 Dec '14. V Woodstoe. 72 ay'45. 1975 1937 38 9 36 1925 2257 2086 1775 150 171 2 1.4 . .

DEPARTMENT OF VETERANS AFFAIRS - W.D. 12 IF DISCHARGEE IS REPATRIATED PRISONER OF WAR MARK "POW" IN HOSPITAL CONFIDENTIAL ATTENTION EMPLOYMENT. FIRST NAME INITIALS SURNAME RANK NUMBER SEX NAISH Clifford Able Seaman v-59936 1 0 1. PLACE YR. OF BIRTH DATE OF COMMENCEMENT 2. OF ACTIVE SERVICE:-19th May, 1943 Windsor.Ont. 1915 YES NO 3. SERVICE OUTSIDE CANADA:-IN WHAT SERVICE ? X NAVAL 4. CAUSE OF DISCHARGE:-Demob.Windsor, Ont. 5. PRE-ENLISTMENT EDUCATION:-1933 - Grade XI - complete - Patterson High - Windsor, Ont. at 18. Archives 6. LANGUAGES:-7. OCCUPATIONAL HISTORY:-1933-1938 - 5 year -Salesman (Mc'Creery-Birks) IMMEDIATE 8. PRE-ENLISTMENT EMPLOYMENT:-1938-1943 -Ford Motor Co. Windsor, Ont. (WITH NAME AND ADDRESS OF EMPLOYER4 years - Tool Crib Attendant. 9. SHORT ACCOUNT OF SERVICE, TRAINING AND DUTIES:-Joined - Ordinary Seaman for W.T. demob. Able Seaman. Trained - 5month Wireless Telegraphy course incomplete. Duties - at sea 14 months - Acting Leading Seaman in charge of watch ashore - A/Idg.Seaman - in charge of duty watch. Served - Canada - North Atlantic - Pacific. 10. EDUCATIONAL COURSES WHILE IN SERVICE:-NIL 11. MEDICAL OFFICER'S STATEMENT OF PHYSICAL LIMITATIONS (IF ANY):-Fit L

13. DISCHARGE							
1	EE'S OWN STATEMENT OF FUTURE PL	LANS (IF ANY):-					
-	Return to former	emproymen	ace .				
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					(FIRE)		
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14. POST-DISC	HARGE MAILING ADDRESS:-				Cori	A	
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TEMPORARY PENDING RECEIPT OF SERVICE DOCUMENTS

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

NS-

DEPARTMENT OF NATIONAL DEFENCE

M.F.M.441 75M—5-45 (1745) H.Q. 1772-39-2326 N.S. 7570-M.F.M.441

Applicatio	n for War (Canadian Arm		ce Gratuity	P773732
A complete reply must be given "N.A." is to be inserted.	to every question ir	1 this applies	ation. If any question	is not applicable,
1. Surname on termination of servic	eNA	AISH	(Print)	0 180
2. Christian Names	ord			Cover .
2. Service No. V-59936				ceA.B.
5. Address, in full, to which paymen 927. McKAY Ave.,		/		
<ol> <li>State below your period or period (Previous service, if any, in either Service (Navy, Army or Air Force)</li> </ol>	or both of the othe Service No.	r two armed Final Rank or Rating	forces is also to be fu Date of Commencement of Service	lly stated.) Date of Termination of Service
Navy	<b>V-</b> 59936	<u>A.B.</u>	19th May 43	18th Dec '4
<ol> <li>Have you during the present Waseconded to any of the Naval, Milwith His Majesty?No</li></ol>	litary, or Air Forces If so, state nat r, while <b>not</b> a mem Military or Air For state the Force or	of His May me of Force WAR SE (R.1.0 ber of the C ces of His M Forces, with	anadian Armed Force ajesty (other than the	ullied or associated es, been appointed e Canadian Armed nent and termina-
Having now ceased to serve on Acti <b>18th</b> December, 1945. (Date) If name signed in space above reprom name given in question 1, inset to termination of service. As che	presents a change ert here the name		payment of the War Maisk (Signature of Applicar (Do not print)	nt)
pared in the name given in quest address in question 5 is particularly	tion 1, a specific		***	
NOTE: When completed this form is to be ma Navy—The Secretary, Naval Board, Naval Ser Army—The Secretary, Department of National Air Force—The Secretary, Department of Natio	rvice Headquarters, Otta Defence (Army), Ottawa	wa. a. Attention: F	aymaster-General.	iz: 3F19-1-4

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		DEC & 1 1845	C.N.S. 2008 Revised 4-45 100M—9-45 (2044) N.S. 7570—S. 2008
H.M.C.S. "HUNTER PART I REHAB	ILITATION	Vouc	HER. 26.78
- NAME (in full) WAISH, Clifford H OFFICIAL NUMBER V-59936 AUTHORITY RCVDO C-60028 REASON FOR DISCHARGE DEMOBILIZ The above named is eligible for Rehabi	DATE OF	Active Service	May 1943
Date. 18 December 194.5	Certified correct:	Marrow	Commanding Officer
PART II COMPUTATI	ON OF REHABILIT	ATION GRANT	
DAILY RATE OF PAY \$	—(Wife)	(1) \$.30,00	
Received from the Supply Officer, H.M.	ABLE		\$25 <b>.</b> 50
NICO	ist	l <b>ber 1945.</b> Io. 3451 —R: J <sup>C</sup> F: Амоимт	
	9 48 Certified corre	\$25.50	
18 December 194.5	Sub/Lieut	. (S) R.C. W.V.R.	Supply Officer
18 December 1945 Date	Sub/Lieut	. (S) R.C. W. V.R.	
PART III—DEPENDENTS' SHARE(s)—Repr last monthly rate, as above, payable as	Sub/Lieut esenting One Month's follows:	(S) R <sub>oCov</sub> VoR	and Assigned Pay a
PART III—DEPENDENTS' SHARE(s)—Repr last monthly rate, as above, payable as NAME and Relationship <i>ISAbidita</i> .E. (1)	Sub/Lieut esenting One Month's follows: ADDRESS 927 m. 927 m. (wife) Galgary	Kay are S. 5.4.2 * 20.45	and Assigned Pay a 30:00 \$
PART III—DEPENDENTS' SHARE(S)—Repr last monthly rate, as above, payable as NAME and Relationship (1)	Sub/Lieut esenting One Month's follows: ADDRESS 927 m. (wife) Gelgery od./9-3/Dress od./9-3/Dress	Kay Gre S. S. M. C. V.R. Dependents Allowance a Kay Gre S. S. L. 2 S. S. S. L. 2 S. S. S. L. 2 S. S. S	and Assigned Pay at 30:00 \$
PART III—DEPENDENTS' SHARE(S)—Repr last monthly rate, as above, payable as NAME and Relationship (1) Mrs. Isebel Maish (1) Rate of D.A. Deduct D.A. re overpaid period HEADQUARTERS OFFICIAL CHEQUE (2) Rate of D.A. Deduct D.A. re overpaid period HEADQUARTERS OFFICIAL CHEQUE F.E. VOTE PRI.	Sub/Lieut esenting One Month's follows: ADDRESS 927 m; (x1fe) Golgery od./9-3/0 od. No./5248 od. Sub. Allor. Ar	Kay ave S. S. M. C. V.R. Dependents Allowance a Kay ave S. S. M. 2 S. S.	and Assigned Pay at 30:00 \$

N.V.

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noden **IS NOT A WILL\*** brettiv No. on Ship's Books NAME NAISH, CLIFFORD Official Nov59936 Rank or Rating RI (Ratings) Ship HMCS WOODSTOC Date OCT. 24 45 Nearest known Relative or Friend (in block letters) :--Christian Names in full USABELLE EILZABETH of Relative or Friend Surname of Relative or MAISH Friend 303 23 - AVE W B Full Address of CALGARY Relative or Friend ALBERTA

\*Note 1.—The nomination on this form does not in any way control the disposal of effects in the event of death, for which purpose ratings should make a Will, duly witnessed by two disinterested witnesses. (See Form of Will, S.—545.)

2.—Should any alteration occur in the name, address, or relationship given above, the Ship's Office must be informed immediately in order that the Service Certificate may be brought up to date, and the form forwarded to N.S.H.Q.

C.N.S.—537 200M—10-42 (6681) N.S. 815-9-537



Dependents' Allowance Board

PLEASE ADDRESS REPLY TO CHAIRMAN AND QUOTE

NO. NAVY

### Department of National Defence

Ottawa, Canada January 31st, 1944

1009640

Director of Naval Pay Accounting, Naval Service Headquarters, Ottawa, Canada.



#### Re: V-59936 O/S. NAISH, Clifford H.

1. On receipt of your letter of October 20th, enclosing copy of telegram sent by the above-named rating to his wife, an investigation was requested by this office. The report submitted December 29th stated that the telegram in question was sent because the rating had applied for three months compassionate leave on the ground that his wife was suffering from nervous disorder. The rating knew that local naval authorities would call on dependent and he wanted to prepare her for their visit.

2. There was no evidence of any misconduct on the part of the rating's wife and it has been recommended that allowances continue in pay as before.

DEPENDENTS' ALLOWANCE BOARD,

B-23b:MHD

for R.O.G. Bennett - Chairman. Med In Dr.PW New. 8/2/44

D. A. B. 60 100M-9-43 (1873) H.Q. 1772-45-20

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