IRVINE, CLARENCE EDWARD

O35660

103-J-12

N. V. 4
10M—4-40 (4718)
N.S. 815-11-4

CANADA

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

12

SURNAME IRVINE	PERMANENT ADDRESS
CHRISTIAN NAME Clarence Edward	4 Hart St., Apt. D
RELIGION United Church	Timmins, Ontario.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
11 Aug. 1907	Town Smithville County Lincoln Province Ontario Country Canada	Wife: Mrs. Marion G. Irvine 4 Hart St., Apt. D, TIMMINS, Ontario

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 8½	Inflated 37 Deflated 34 Mean 35½	Brown	Grey	Dark	None

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
Divisional Strength 18 Sept., 1942, Active Service 5th Oct., 1942	Prob. Surgeon Sub-Lieutenant, R.C.N.V.R. (T)	Married	Physician in Private Practice

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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.~~

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for 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.

(OVER)

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I und and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 18th day of September 1942

C. E. Irvine.
Signature of Applicant.

The above declaration was made and signed in my presence this 18th

day of September 1942

S. S. Berlin
Signature of Enrolling Officer.

Pay.Lieut., R.C.N.V.R.

(C) **OATH OF ALLEGIANCE**

I C.E. Irvine 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 C. E. Irvine.

Signature of Witness S. S. Berlin

Date 18th September, 1942

Rank Pay Lieutenant, R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

OFFICIAL NUMBER | FILE NUMBER 0 - 35660 | OFFICIAL NUMBER

NAME IRVINE (Surname) Clarence Edward (Given Names) DATE OF BIRTH 11th August, 1907.

PLACE OF BIRTH Smithville, Lincoln, Ontario. OCCUPATION Physician

RELIGION United EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 4 Hart Street Apt. D Town Timmins 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
18	9	42	H.O.	5'8½	Brown	Grey	Dark					

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Mamie G Irvine

ADDRESS (in pencil): Street and No. 4 Hart Street Town Timmins 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	

Badges, G.C. or G.S.				
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures)			Brief Particulars of Offence	Punishment
		Day	Month	Year		

FILM NO. WSR-4332-7
DATE

Second Class for Conduct	
From	To

Date (in figures)			Days Forfeited					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received

H.Q. 35—60M—6-43 (609)
N.S. 815—7-35

V.R.

OFFICIAL NUMBER

NAME IRVINE (Surname) Clarence Edward (Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	R Day	R Month	R Year
Div. Str. Bytown	P/Surg.Sub-Lt.T	18	9	42	per Appt. 30-9-42												
H.M.C.S. Bytown	Surg. Lieut.T.	5	10	42	)												
H.M.C.S. Stadacona	Surg. Lieut.T.	7	10	42	for trng. and disposal)	per Appt. 26-10-42											
H.M.C.S. Cornwallis	Surg.Lieut. T.	1	11	42	for trng. and disposal	per Appt. 14-11-42											
H.M.C.S. Stadaona	Surg. Lieut.T.	30	11	42	addl. for disposal	per Appt. 17-12-42											
H.M.C.S. Avalon	Surg. Lieut. T	1	3	43	for duty in R.C.N. Hosp.	per Appt. 13-4-43											
H.M.C.S. Avalon	Surg. Lieut.T.	3	2	44	addl. for duty in AVALON 11	Appt. 19-2-44											
H.M.C.S. Avalon	Surg. Lieut.T.	1	3	44	addl. for R.C.N.. Hosp.	per Appt. 10-3-44											
H.M.C.S. Halifax	Surg. Lieut.T.	16	4	44	temp. per Appt. 24-4-44												
DISCHARGED:	Surg. Lieut.T.	7	5	44	"Missing" -- After sinking	of H.M.C.S. Valleyfield					- Casualty List						
					"Presumed Dead" - Per Casualty Correction Sheet - Page 49												

GENERAL REMARKS

Chest X-Ray Approved

Leave for 10 days from 5-11-43

Leave for 21 days from 16-12-43

CANADIAN MEMORIAL CROSS sent 13-10-44
Mother: Mrs. Norman Irvine,
26 Oak Street,
Grimsby, Ont.

CANADIAN MEMORIAL CROSS sent 22-9-44
To: Wife. Mrs. Marion Irvine,
4 Hart St. Apt. "D",
Timmins, Ontario.

11 8 07 11 72 5 0 4 09 10 60 7 0 03 2 0 3 12

18 09 42 05 10 42 12 2 0 0 0 3 0 9

08 10 42 09 62 0 7 0 5 44 EN

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

DECEASED 7 May 1944

300996

~~D.D.~~

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
IRVINE	Clarence Edward	0-35660	Surg.Lt.		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

Dept Request

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	APR AVR 17 1991
Defence Medal	
C.V.S.M. and Clasp	
War Medal	4028.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES) 5/3/91

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR May 45 "VALLEYFIELD"

(1) MEDALS PERSON ENTITLED TO: Mrs. Marion Irvine - Widow

ADDRESS: ~~4 Hart St., Apt. "D"~~, 70 Hemlock St., TIMMINS, Ont.

23-5-49

(2) MEMORIAL CROSS WIDOW: Mrs. M. Irvine

ADDRESS: 4 Hart Street - Apt. "D" TIMMINS, Ontario

(3) MEMORIAL CROSS MOTHER: Mrs. N. Irvine

ADDRESS: 2 6 Oak Street GRIMSBY, Ontario

MEMORIAL BAR

(1) DATE DESP.

REGN. NO. 15

(2) 22 September 1944

(3) 13 October 1944

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. M. Irvine,
4 Hart Street,
Apt. "D",
Timmins, 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. 0-35660 FD. 540

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

Surgeon Lieutenant Clarence Edward Irvine,

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.

W. J. Wade
Commander R.C.N.V.R.
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased [illegible]er 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		Marion Irvine	36	4 Hart St. Timmins
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Norman Irvine	64	Grimsby, Ont.
4	Mother of the Deceased		Minnie Irvine	62	do
5	Brothers of the Deceased	Full Blood	None		
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Violet Topp	33	Grimsby
		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
			None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Clarence Edward Irvine
9	Date of his birth.	Aug. 11th 1907
10	Place and date of his marriage.	Timmins, July 5th 1941
11	Place and date of his parents' marriage.	Smithville, 1903.

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes
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?	Domiciled in Ontario.
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?	Bank of Commerce No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$500.00, Bank of Commerce.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$1500.00 Bonds, Bank of Commerce
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life Ins. Co. $5000.00 Norman M. Irvine. North American Life Ins. Co. $5000.00, Clarence E. Irvine.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	London Life Insurance Co. $25000.00 Marion G. Irvine. Household effects, $1000.00

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.	
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.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....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.

.....Marion Irvine..... {Signature of Informant

.....4 Hart St. Timmins Ont. Address

CERTIFICATE

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

See above. .....Irvine..... {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.....Timmins Ont.....this.....21st.....day of.....October.....19.....

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

.....Gregory T. Evans..... Qualification.....Notary Public

Address.....13 Third Ave Timmins 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

H.M.C.S. HALIFAX.
12th May, 1944.

"INVENTORY NO. 1."

The following inventory of articles of the late Surgeon Lieutenant Clarence Edward IRVINE, M.D., R.C.N.V.R., (Temp) O.F.N. 35660 are packed in one in number brown trunk with the initials "C.E.I." painted on the side thereof:

1 Great coat ——— S. ✓
1 Civilian grey-blue suit
2 Civilian grey-blue trousers
1 Civilian grey-blue suit vest
2 Naval suitcoats ——— S. ✓
2 Pair Naval trousers ——— S ✓
1 Pair grey flannel trousers
1 Naval burberry ——— S. ✓
1 Pair civilian braces
1 Wooden hanger
1 Naval Officer's cap ——— S ✓
1 Naval Officer's cap badge

This is to certify that I have personally witnessed the packing of all articles listed on this page and they have been enclosed in one in number (1) brown trunk with the initials "C.E.I." painted on the side thereof.

J E Calley
Lieutenant, R.C.N.V.R.

B A Campbell
Pay.Sub.Lieut. R.C.N.V.R.

H. Buckley
R.P.O., R.C.N.R.

"INVENTORY NO. 2".

H.M.C.S. HALIFAX.
12th May, 1944.

The following inventory of articles of the late Surgeon Lieutenant Clarence Edward IRVINE, M.D., R.C.N.V.R., (Temp) O.F.N. 35660 are packed in one in number black Gladstone bag (suitcase):

1 in No. Tobacco pouch containing tobacco and cigarette papers.
1 in No. cardboard box containing:
- 2 Ever-ready Flashlight batteries
- 1 Box containing twenty one (21) Frost 217 tablets.
- 1 Ball of wool
- 2 Reels of thread
- 1 Package of needles
- 1 Card of seven(7) safety-pins
- 1 Pair shoe laces
- 1 in No. Benzedrine inhaler
- 1 Tin ammoniated ointment

One Box Monogram Air Mail writing paper and envelopes
1 Pair pyjamas
10 White shirts ———————— S.
1 Fawn sports shirt
4 Shirts (summer wear)
2 Singlets
1 Pair combination underwear
1 Pair slippers in leather case
2 Towels, white
23 Handkerchieves
1 White silk scarf
1 Dressing gown
5 Black ties.
1 Envelope marked "No.1" containing:
- 8 personal letters
- 2 Folios Medical type written notes
- 2 Pages of Progress notes of Arthur A. Havey, Age 30 of S.S. EMMA WILLARD.
- 1 Page of the Daily Gleaner, dated Wed. Mar.3rd 1943.
- 2 Booklets - Lesions of the Supraspinatus Tendon
- 1 Booklet - The Medical use of Supphonamides (B.R.828)

1 Envelope marked "No.2" containing:
- Newfoundland Medical Board Certificate.(one in number)
- 3 Desk pads and cover
- 1 in No. Medical Diary and Therapentic Handbook.
- 3 in No. Prescription Memoranda pads.
- Pages of study course in German.
- 8 Photographs
- 1 Card containing 9 packages of Gillette razor blades.
- 1 Box Polytaxin vitamin tablets
- 1 Memorandum dated 17th Nov. 1942 addressed to all Medical Officers, R.C.N.V.R., originated by Medical Director General, R.C.N.
- 1 in No. Dominion Income Tax Memorandum regarding returns of members of Medical Profession, dated Feb. 1943.
- 1 Newspaper - The Daily Press - Timmins, Ontario - dated 26th April, 1943.

1 Envelope marked "No.3" containing:
- 1 Booklet - U.S. National Naval Medical Centre.
- 1 in No. D.G.M.S. Circular letter No.$\frac{249}{1943}$ - re venereal Disease control.
- 1 Booklet - N.R.C.of C - The early recognition and Treatment of Shock.

List of contents of articles contained in one in number black Gladstone bag (suitcase) is continued on sheet attached.

H.M.C.S. HALIFAX.
12th May, 1944.

"INVENTORY NO. 2." (Continued)

The following inventory of articles of the late Surgeon Lieutenant Clarence Edward IRVINE, M.D., R. C.N.V.R.(Temp), O.F.N. 35660 are packed in one in number black Gladstone bag(suitcase) in addition to those articles shown on list attached:

1 Envelope marked "no.4" containing:
- 1 Booklet on Social Security - House of Commons Session 1943
- 1 Letter, No.NS24-16-1 Vol.4 of 17th April, 1943 from the Medical Director General, R.C.N.

1 Envelope marked"No.5" containing:
- 1 Envelope containing twelve (12) photographs
- 1 Pamphlet entitled - Your 1942 Income Tax
- 8 in No. personal letters

1 Naval Officer's Cap Badge.

This is to certify that I have personally witnessed the packing of all articles listed on these two pages and they have been packed in one in number (1) black Gladstone bag (suitcase).

J E Colly
Lieutenant, R.C.N.V.R.

B A Campbell
Pay.Sub.Lieutenant, R.C.N.V.R.

S. Buckley
Regulating Petty Officer, R.C.N.R.

H.M.C.S. HALIFAX
12th May, 1944.

"INVENTORY NO. 3."

The following inventory of articles of the late Surgeon Lieutenant Clarence Edward IRVINE, M.D., R.C.N.V.R., (Temp) O.F.N. 35660 are packed in one in number Naval brown kit bag:

1 Pair running shoes S
1 Pair low black rubbers S
1 Pair black zipper overshoes. S
1 Pair brown slippers
1 Pair brown oxford shoes
2 Pair black leather shoes
1 Pair wooden shoe trees
2 Tins shoe polish
2 Shoe brushes
1 Blue turtle-neck sweater S
1 Blue turtle-neck sweater bearing a Red Cross label. S
1 White sports sweater
1 Tin Yardley's talcum powder
1 Laundry bag.
2 White collars
2 Pair black socks
1 White singlet
1 Pair shorts(underwear)
1 White shirt
16 Pair woollen socks
2 Pair black silk socks
1 Blue Belaclava S
3 Pair sea-boot stockings S
1 Box containing 14 white collars S
1 Booklet - Medical Journal Abstracts - Jan.1944 - Vol.4 No.1
1 Booklet - R.C.N. Medical News Letter - March 1944 - Vol.1 - No.1
1 Booklet - Operative Procedure
1 Booklet - Lymphogranuloma Venereum - A Monograph.
1 in No. Canadian Medical Journal - Dec. 1943. Vol.49. No.6
1 in No. Canadian Medical Journal - Jan. 1944. Vol.50. No.1
1 in No. Canadian Medical Journal - Aug. 1943. Vol.49. No.2
1 in No. Canadian Medical Journal - Sept.1943. Vol.49. No.3
1 in No. booklet - Military Neurosurgery
1 Booklet-Medical Journal Abstracts - June 1943 Vol.2 No.6
1 Booklet-Treatment of Thermal Burns-Aug. 1942.
1 Booklet - Malaria Chemotherapy with Atabrine.
1 Booklet - Medical Journal Abstracts - Oct. 1943. Vol.3 No.4
1 Booklet - Bulletin of Lederle Laboratories - Dec.1942 No.2
1 Booklet - Medical Organization in Destroyers. (R.C.N.) 1943 Vol.X
1 in No. The Journal of the Canadian Medical Services - Nov.1943 Vol.1 - No.1
1 in No. The Canadian Navy Medical Journal - Feb.1944 - Vol.6
1 in No. Canadian Navy Medical Journal - Nov.1943 - Vol.5
1 in No. Original Articles by Medical Officers of the Royal Canadian Navy - Vol.IV - June 15, 1943.

This is to certify that I have personally witnessed the packing of all articles listed on this page and they have been enclosed in one in number (1) brown naval kit bag.

J. Colley
Lieutenant, R.C.N.V.R.

B. M. Campbell
Pay.Sub.Lieut. R.C.N.V.R.

N. Buckley
Regulating Petty Officer, RCNR.

H.M.C.S. HALIFAX.
12th May, 1944.

"INVENTORY NO. 4."

The following inventory of articles of the late Surgeon Lieutenant Clarence Edward IRVINE, M.D., R.C.N.V.R., (Temp) O.F.N. 35660 are packed in one in number cardboard box and have been placed under an official seal by registered mail.

1 Sheaffer's Eversharp Pencil
1 Holy Bible
1 Pair Spectacles in case
1 Pair sun lens in above case
1 Pair Horn-rimmed spectacles in case
1 Brown leather wallet (New)
1 Wallet folder containing personal cards and memoranda pads
2 Canadian Bank of Commercce Cheque Books.
1 Watch case with mirror, containing: 1 tie clip
1 pair cuff links
3 collar studs.
1 Envelope containing Dominion of Canada Notice of Assessment - Income Tax - Form No.AP-6328, M47 File 25634, Account No.T.6-582
1 Receipt - North American Life Assurance Company, dated Nov.5 1943
1 Statement of dividends to the credit of Policy No.295881
Notice of accumulated dividends credit with Policy No.431, 728-Jan, 1943
1 Receipt from Canadian Red Cross Society for Five Dollars ($5.00), dated 4th Feb., 1943.
1 Statement of accumulated dividends - London Life Insurance Company for Policy No.313432 dated 27th Oct., 1943.
1 Income Tax Division Letter K25634 dated 5th Feb., 1944
1 Dominion of Canada Income Tax Receipt Form No.PAA-64137 dated 30th June, 1943 F-25634.
1 Statement of Naval Pay and Allowances for 1943, Form S2010
5 Forms T1- Income Tax Return.
1 Page rough figuring for Income Tax.
1 Dominion of Canada Income Tax Receipt Form No.PE55742 dated 2nd Oct.1942.
1 Sheet desk pad memoranda (Prescription sheet) List of monies received from persons unknown for the months of January to September inclusive - year unknown.
1 Dominion of Canada Income Tax Receipt Form No.PV-5137, dated 31st March, 1942.
1 Sheet statement of Naval Pay and Allowances for 1942
1 Canadian Bank of Commerce Savings Book
1 Book - A Text Book of Medicine edited by J.J.Conybeare
1 Book Minor ~~Minor~~ Surgery by Christopher - 4th edition - Name on front of book, James R.Dodds.
1 Book- Surgery of Modern Warfare - edited by Hamilton Bailey, FRCS.
1 Book - Fractures, Dislocations and Sprains, second edition by Key and Conwell.

Forwarded to Solicitors 14.11.44 MEW

This is to certify that I have personally witnessed the packing of all articles listed on this page and they have been enclosed in one in number (1) cardboard box and forwarded under seal by registered mail.

E Calley
Lieutenant, R.C.N.V.R.

B A Campbell
Pay.Sub.Lieut. R.C.N.V.R.

H. Buckley
R.P.O., R.C.N.R.

WILL

I, Clarence E. Irvine, of the town of Timmins, in the district of Cochrane, Province of Ontario, Physician, hereby revoke all former wills and testamentary dispositions at any time made by me and declare this to be my last Will and Testament.

I devise, bequeath and appoint all the real and personal property of which I am seised, possessed of or entitled to, or over which I have any power of appointment, to my wife, Marion, for her sole use and benefit.

I direct that the proceeds of all insurance policies under which I am named the assured, be directed to the beneficiaries as set out therein.

I appoint my wife, Marion, sole guardian of any children which may be born of our marriage.

I appoint my wife, Marion, the sole executrix of this my last Will and Testament and direct her to pay all my just debts, funeral and testamentary expenses as soon as may be convenient after my death.

IN WITNESS WHEREOF I have hereunto set my hand this twenty-fourth day of August, 1942, at Timmins, Ontario.

SIGNED, PUBLISHED AND DECLARED by the said Testator, as and for his last Will and Testament, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have hereunto subscribed our names as witnesses.	)	"Clarence E. Irvine"

Witness:
Address: "Agnes T. Evans."

Witness: "Gregory T. Evans"
Barrister, etc.,
Timmins, Ont.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at sea

Name Clarence Edward Irvine
(Christian names in full)

Rank of Rating Surgeon Lieutenant-RCN Official No. [illegible]
(If unknown, date of first entry)

Place of Birth Smithville, Ont. Date of Birth 11-[illegible]-07

Occupation in Civil Life Physician & Surgeon Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 year 7 months

Date of Death 7-5-44 Place of Death at sea

Cause of Death Enemy action - torpedoing of HMCS VALLEYFIELD
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Marion C. Irvine Relationship Wife
Address 4 Hart Street, Apartment D,
Timmins, Ont.

Date on which the above was informed by Ship Informed by HMCS

Date on which death was registered with local Officials Not registered

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

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

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

Undertaker employed (if any)

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

A/Captain, RCN, *Commanding Officer,*
HMCS AVALON
[illegible] May 1944

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

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

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

C.N.S. 1121
15M—6-41 (831)
N.S. 815-9-1121

103-J-12

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: CLARENCE EDWARD IRVINE (b) Reg'l. No.:
2. (a) Arm of service: NAVY (b) Unit: R.C.N.V.R. (c) Rank: SURG. LIEUT.
3. (a) Date of birth: 11 Aug. 1907 (b) Have you any dependents? I (c) Place of residence at time of enlistment: TIMMINS, ONT.
4. (a) Place of enlistment: OTTAWA (b) Date of enlistment: 19 SEPT. 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 24 (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.): 6 year course in medicine
7. If you attended a university, give name of university and standing or degree secured: Queen's University, M.D., C.M.
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
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? Ontario Medical Ass.

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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish 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: Medicine (b) Where was it located? Timmins, Ont.
23. (a) Number of years engaged in this business: 8 (b) Have you made, or will you make plans to return to the same or a similar business on discharge? yes

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? N.A.
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience? none

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? none
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.) N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form none

Are you now employed? If so, what occupation?

DATE 194 SIGNATURE

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

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: (Name) Street: (If death occurred in a hospital or institution, give the name instead of street and number) House No.

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 IRVINE (Family name) Clarence Edward (Given name or names in usual order)

RESIDENCE No. Apt. D 2 Street: Hart City, Town, Village or Township: Timmins Province: Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	British	Married

8. BIRTHPLACE: Ontario. (Province or Country)

9. DATE OF BIRTH: August (Month) 11th (Day) 1907 (Year)

10. AGE in

Years	Months	Days	If less than one day old
36	9		hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.: Physician in Private Practice.

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: Timmins, 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: Smithville, Ontario. (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE: Tweedside, Ontario. (Province or Country)

20. Person giving information sign here: N.D. [illegible]
Payar. Cdr. R.C.N.R., Officier i/c Naval Personnel Records,
Address: Naval Service Headquarters, Ottawa, Ontario.
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 (Month) 7th (Day) 19 44 (Year)

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

CAUSE OF DEATH

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

PHYSICIAN: Underline the cause to which death should be charged statistically

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? (State which) Date of injury 19
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)

Can. B. 207

20M—11-39 (3063)
N.S. 815-2-207

CANADA

CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined C.E. Irvine

‡candidate for entry as Surg-Lieut, R.C.N.V.R.

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

Dated at Toronto the 11 of Aug 19 42

J.T. McCormack

Examining Medical Officer

*Delete one

Urinalysis - neg.

(*Rank*) Surg. Lieut, R.C.N.V.R.

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

Age { Years Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
35	164½	5' 8½"	GOOD	37 (b) minimum 34 (c) mean 35½	20/60 left eye 20/40 colour vision	1929	N	N	N	N	N	N	0 deficient 0 defective	N

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

X-Ray approved.

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 as may be authorized.

(SGD) C.E. Irvine

Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of

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

*Delete one

(SGD) J.T. McCormack

Examining Medical Officer

(*Rank*) Sug. Lieut., R.C.N.V.R.

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

R 6/30 B 6/4
L 6/12
Ish N

Eyeglass
R 6/6
L 6/6.

MEDICALLY FIT
A B Richardson
SURGEON LIEUT.

MEDICAL RECRUITING
DEPARTMENT
OCT 9 1942
R. C. N. BARRACKS
HALIFAX, N. S.

Sent Aug 11/42

NAVAL SERVICE 24-1-10

N. V. 3a
30M—4-42 (4173)
N.S. 815-11-3a

OFFER OF SERVICE (HOSTILITIES ONLY)

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

A. Personal History—

16569

Name IRVINE (Surname (in Block Letters)) CLARENCE EDWARD (Christian Names) Telephone {Bus. 72 / Home 974}

Address 4 Hart St. (Number, Street) Apt. D (Town or City) Timmins (County) Cochrane (Province) Ontario

Date of birth Aug. 11. 1907 Place of birth Smithville Ontario

Nationality British Are you British by birth? Yes or by naturalization? No

Birth place of (a) Father Smithville Ontario (b) Mother Tweedside, Ontario

Are you (a) Single — (b) Married Yes (c) Widower — (d) No. of Children? —

Any physical defects (especially eyesight?) Wear glasses

Height 5' 9½" Weight 172 Can you swim? yes

5

B. Education—

Highest school grade passed successfully? Yes Any Matriculation? Yes

University: (a) Name Queens (b) Years attended 1926-1932 (c) Course and Degree Medicine

Technical courses taken University Kingston Ont. M.D. C.M.

Special studies Graduated Queens University, Faculty of Medicine 1932

Languages spoken English

C. Sea Experience—

Have you ever been employed at sea? No Give number of years and how employed —

Name and number of Mercantile Marine Certificates held None

State last position held at sea (with dates) None

State employment since leaving sea —

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

Are you (a) Actively pursuing your profession or trade on your own account?

(b) Employed; if so, in what capacity and under what employer? Assistant to Dr. E. A. F. Day, Timmins Ont

General experience (with dates) 1932 — 1942

No. and Class of any Stationary Engineer's certificates or other certificates of competency None

Have you ever served in any of His Majesty's Forces? If so, which? How long? No

Have you had 30 days' training? No

Where registered —

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

—

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

If you cannot be accepted as an Officer are you willing to serve as a rating? No

In what capacity do you wish to enrol? Physician & Surgeon

How long would you need to settle up your private affairs? 4 or 6 weeks (C.C.J.)

Date of Application Aug 11. 1942 Signature C. E. Irvine M.D.

RECRUITING CENTRES

Applicants should apply to the **nearest** centre.

NOVA SCOTIA—

(a) Royal Canadian Naval Barracks.....HALIFAX, N.S.
(b) The Registrar, R.C.N.R.....Shipping Master's Office or P.O. Box 992, HALIFAX, N.S.

PRINCE EDWARD ISLAND—

(a) Naval Barracks.....Simms Building.....CHARLOTTETOWN, P.E.I.
(b) The Registrar, R.C.N.R.....c/o N.S. Life Insurance Co., or P.O. Box 271.....CHARLOTTETOWN, P.E.I.

NEW BRUNSWICK—

Naval Barracks.....P.O. Box 1077 (mail address); 221/23 Prince William St.....SAINT JOHN, N.B.

QUEBEC—

(a) Naval Barracks.....30 Laurier Ave.....QUEBEC, P.Q.
(b) Naval Barracks.....1464 Mountain St.....MONTREAL, P.Q.
(c) The Registrar, R.C.N.R.....Marine Department or P.O. Box 265.....QUEBEC, P.Q.
(d) The Registrar, R.C.N.R.....167 Common St.....MONTREAL, P.Q.

ONTARIO—

(a) Naval Barracks.....453 Rideau St.....OTTAWA, Ont.
(b) Naval Barracks.....Richardson Bldg., Princess St.....KINGSTON, Ont.
(c) Naval Barracks.....Automotive Bldg., Exhibition Park.....TORONTO 3, Ont.
(d) Naval Barracks.....Cor. Stuart & McNab Sts.....HAMILTON, Ont.
(e) Naval Barracks.....Carling Block, Richmond St.....LONDON, Ont.
(f) Naval Barracks.....2462 Howard Ave.....WINDSOR, Ont.
(g) Naval Barracks.....232 Cooke St.....PORT ARTHUR, Ont.

MANITOBA—

Naval Barracks.....583 Ellice Ave.....WINNIPEG, Man.

SASKATCHEWAN—

(a) Naval Barracks.....Wascana Winter Club.....REGINA, Sask.
(b) Naval Barracks.....1st Ave. and 25th St.....SASKATOON, Sask.

ALBERTA—

(a) Naval Barracks.....9722-102nd Street.....EDMONTON, Alta.
(b) Naval Barracks.....337-7th Ave. West.....CALGARY, Alta.

BRITISH COLUMBIA—

(a) Naval Barracks.....408 Marine Bldg.....VANCOUVER, B.C.
(b) Royal Canadian Naval Barracks.....ESQUIMALT, B.C.
(c) The Registrar, R.C.N.R.....337 Federal Bldg.....VANCOUVER, B.C.

9

13 Third Avenue,
TIMMINS, Ontario,
September 5, 1942.

24-1-10

R18764

Surgeon Capt. A. McCallum,
Naval Headquarters,
OTTAWA, Canada.

Dear Sir,

On August 15 last, I made application at the R. C. N. Recruiting Centre, Toronto, for an appointment as Surgeon Lieut. R. C. N. V. R.

After a physical and X-ray examination, I understand I was classed as Category A. If possible I should like to know whether my application has been favorably considered, and if so, when my services would be required. If you desire, I should be perfectly willing to come at my own expense to Ottawa for a personal interview.

When I leave, my practice would have to be turned over to one of the remaining Doctors, and as I am ready to leave at any time, I would like to go ahead and make the necessary arrangements.

Yours very truly,

C. E. Irvine

C. E. Irvine M. D. C. M.

CEI/HM

OFFICERS RECORD FORM

DATE: Oct. 8. 1942

SURNAME: Irvine CHRISTIAN NAMES: Clarence Edward

RANK: Surg. Lieut.

HOME ADDRESS: 4 Hart St. apt D. Timmins, Ontario

DATE OF BIRTH: Aug. 11. 1907 PLACE OF BIRTH: Smithville Ont.

EDUCATION: Matriculation, Senior: Junior: May 1932.

University Degrees: M.D. C.M. – Queens University, Kingston, Ontario

MERCANTILE MARINE CERTIFICATES: None No:

PRECIS MERCANTILE OR YACHTING EXPERIENCE: None

PRECIS OF BUSINESS EXPERIENCE: None

SPORTS: Baseball etc.

OTHER HOBBIES OR INTERESTS: None

PREVIOUS NAVAL OR MILITARY TRAINING: None

LANGUAGES SPOKEN FLUENTLY: English
LANGUAGES UNDERSTOOD: —

BIRTH PLACE OF FATHER: Smithville, Ont BIRTH PLACE OF MOTHER: Tweedside, Ont.

FATHERS OCCUPATION: Farmer

NEXT OF KIN:
Surname: Irvine Christian Names: Mrs Marion G.
Full Address: 4 Hart Street apt D. Timmins, Ontario

HAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES? No
IF SO GIVE DETAILS:-

RELIGION: United Church of Canada NAVAL IDENTITY CARD NO:

MARRIED OR SINGLE: Married DEPENDENTS:

HEIGHT: 5' 9½ WEIGHT: 166

NOTE: HALIFAX ADDRESS:-

TELEPHONE NUMBER:-

073468

0-35660

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

To Surgeon Lieutenant Clarence E. Irvine, R.C.N.V.R., (Temporary),--

You are hereby appointed

Surgeon Lieutenant, R.C.N.V.R.,

of His Majesty's Canadian Ship HALIFAX, (Temporary).

Your appointment is to take effect from 16th April, 1944.

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

Secretary, Naval Board

Personnel Records
Division
1. Noted in Records
2. Index Card
3. Non Sup. Card
4. Statistical Card
5. Roll Strip
6. Pension Card
7.
8.
DATE 24. 5. 44

Department of National Defence
Naval Service

Ottawa. 24th April, 194 4.

H.Q. 36a
20M—1-44 (68)
N.S. 815-7-36

AVALON for duty in R.C.N.H.

TL

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

NAVY

Name: IRVINE (Surname) Clarence E. (Christian Names) No.:

Rank: Surg. Lieut. Unit: R.C.N.V.R. O/S Date of Death: 7-5-44

AMOUNT

L.P.C. $ 453.15

Date: 15-5-45

Other Credits

Total 453.15

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Marion Irvine, Executrix of will of Clarence E. Irvine, deceased. c/o Gregory T. Evans, Esq., 13 Third Avenue, TIMMINS, Ontario.	453.15

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS.
28-5-45 MW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$453.15

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

IG

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Clarence Edward (CHRISTIAN NAMES) IRVINE (SURNAME)

REGISTER NO. 8136

FILE NO. NS. O-35660

PAYEE: Mrs. Marion Irvine,

ADDRESS: 4 Hart St., Apt. D, Timmins, Ont.

DATE 17th Apl/45

SERVICE NO. R.C.N.V.R.

FINAL RANK OR RATING Surg.Lieut.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

DATE OF DISCHARGE 7 May/44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 581/30 EQUAL TO 19 COMPLETE PERIODS AT $7.50	142.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 22 LESS 11 INELIGIBLE DAYS, EQUAL TO 11 DAYS @ 25c. PER DAY	2.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	nil	

DAILY RATES AT DISCHARGE

PAY	$7.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$1.70	
ADDITIONAL PAY H.L.M.	$ .43	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 52.20	$1.75	
TOTAL	11.38	×7 = $ 79.66
NO. OF DAYS 11/183		×$ 79.66 — 4.79

D. WAR SERVICE GRATUITY	150.04
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ Nil	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	150.04

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ =$ 150.04

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque 2384 - 21/4-45

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
SJD	[illegible]	[illegible]	18/4/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acting.

TFH:PMB

REGISTERED

AIR MAIL

FILE: 0-35660 (Pers.N.)

8th May, 1944

Dear Mrs. Irvine:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Surgeon Lieutenant Clarence Edward Irvine, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your husband 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 husband'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 husband has helped to maintain.

Yours sincerely,

LETTER dispatched by NAVAL PERSONNEL
MAY 9 1944

SECRETARY, NAVAL BOARD

Mrs. Marion Irvine,
4 Hart Street, Apt. "D",
TIMMINS, Ontario

TFH/IA

REGISTERED
AIR MAIL

N.S. 0-35660 (Pers. N)

37

11th May, 1944.

Dear Mrs. Irvine:

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

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

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

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

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL
12 1944

SECRETARY, NAVAL BOARD.

Mrs. Marion Irvine,
4 Hart St., Apt. (D),
TIMMINS, Ont.

HS

REGISTERED

FILE NO: N.S. O-35660 Pers. (N)

DNPA

30th August, 1944.

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Dear Mrs. Irvine:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your husband, Surgeon Lieutenant Clarence Edward Irvine, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

NPR

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

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Despatched by Sec. N. B.

Date 1/9/44
Time 1500

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

Mrs. Marion Irvine,
4 Hart St., Apt. "D",
Timmins, Ontario.

BJ 30/9/44
NPR/5
CM.

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