

V54304

IRWIN

WILLIAM

CHARL

DECEASED 7 May 1944

AWARDS NAVY

D.D.

IRWIN	William Charles	V-54304	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	2358 24/11/49
War Medal	
ATLANTIC STAR. RS. →	1124 29-1-54

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May 45. "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Earl W. Irwin - Father

ADDRESS: 1315 Niagara St.,
WINDSOR, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Leah Irwin

ADDRESS: 1315 Niagara Street
WINDSOR, Ontario

MEMORIAL CROSS
(1)
DATE DESP.....
REGN. NO 14.....

(2)

(3) 22 September 1944

contribute to
Unemployment Insurance.

113-2-238

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5



041477
3

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME IRWIN OFFICIAL No. V54304
CHRISTIAN NAMES William Charles MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
632 James Street, Wallaceburg, Ontario.	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
2nd February, 1924	Town Wallaceburg County Kent Province Ontario.	Mr. Earl Irwin --father-- same address.
*Original Nationality of:		
Father British		
Mother British		



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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 35 1/2	Brown	Brown	Fair	Scar on left shin.
Inches..... 7 1/4	Deflated..... 33 1/2				
W 124	Mean..... 34				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Junior Matriculation.	Student.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strength 4th February, 1943.	Ordinary Seaman For Communications	H.M.C.S. "HUNTER" Windsor, Ontario.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records TO Division.
			1. Noted in Records ...
			2. Index Card ...
			3. Non-Sub. Card ...
			4. Statistical Card ...
			5. Pension Card ...
			6. Pension Card ...
			8. DATE 19-2-43

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

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

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

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

(b) To report for active service 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. (Comm) by the prospect of being transferred at some future date to any other branch or rating.

Dated this 4th day of February, 1943.

Signature of applicant Wm. C. Irwin



(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 4th day of February, 1943.

My authority for attestation is.....

[Signature]
Signature of and rank of Attesting Officer.
Lieutenant, R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I, William Charles IRWIN 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 Wm. C. Irwin

Witness [Signature]

Date 4th February, 1943. Rank Lieutenant, R.C.N.V.R.

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

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.

V54304

OFFICIAL NUMBER

FILE NUMBER

113-I-238

OFFICIAL NUMBER

V54304

NAME IRWIN William Charles DATE OF BIRTH 2 Feb., 1924.
 (Surname) (Given Names)
 PLACE OF BIRTH Wallaceburg, Ont. OCCUPATION Student.
 RELIGION United EDUCATION Junior Matriculation.
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 632 James St., Town Wallaceburg, 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
4	2	43	H.O.	5'7 1/2	Brn.	Brn.	Fair	Scar on left shin.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Lest. Irwin
 ADDRESS (in pencil): Street and No. 1315 Niagara St. Town St. Catharines 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	
17	5	44	C.V.S.M. (R&C) Eligible for award. (249A/A13912).	6	10	43	Qual. Anti-Gas. one day.				
				10	12	43	Marked "TR" 249A/A17847.				
				3	9	44	Night Vision Good				

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

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

FILM NO. W4P-58767
 DATE

SECOND CLASS FOR CONDUCT

From

To

W.S.G.
 APPLICATION
 3447
 RECEIVED

V54304

OFFICIAL NUMBER

NAME (Surname)

IRWIN

William Charles (Given Names)

OFFICIAL NUMBER

V54304

PIB

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Yr.		Day	Month	Year	Day	Month	Year
HMCS Hunter	Ord. Smn. (Comm)	4	2	43	Div. Str. Windsor.	V.G.	SAT.	31	12	43	Radar 111	21	1	44			
"	"	19	5	43	A/S DL 19-5-43	V.G.	Sat.	7	5	44							
York	"	24	5	43	DL 24-5-43.												
St. Hyacinthe	"	9	7	43	D.L. 9-7-43												
"	Ord. Smn.	23	8	43	Trans. 249-#33805												
Cornwallis	"	1	9	43	Service Cert.												
Stadacona	"	8	1	44	" "												
Valleyfield	"	27	1	44	" "												
DISCHARGED	"	7	5	44	"Missing" Casualty List "Dead"												

Posthumously adv. to rating of Able Smn. to dated 6-5-44. Casualty List.

GENERAL REMARKS

Canadian Memorial Cross awarded to (Mother) Mrs. Leah Irwin, 1315 Niagara St., Windsor, Ont. to date 22.9.44.



DATE OF BIRTH			PLACE		CIVIL OCCU		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION.	P.	CTY.	TOWN	SER.	DIV.	A	BR.	RANK		
02	2	24	11	XXX	0	406	6	123	10	0	11	0	02	95		
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP. CR.		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK			
04	02	43	19	05	43					1220	0	08	95			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
23	08	43	13	62	00	2	07-05-44			J.B. M.V.						

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

CERTIFICATE of the SERVICE of

O.H.F. *William Charles IRWIN*
IC-NS 10953
 in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-54304</i>
	<i>HMCS "Hunter"</i>	"
		"

Date of Birth *2nd Feb. 1924*
 Place of Birth *Wallaceburg, Ontario*
 Place of Residence *632 James St. Wallaceburg Ont.* (father)
 Trade brought up to *Student*
 Religion *United Church*

Name and Address of Nearest Relative or Friend (in pencil)
Mr. Earl Irwin
same address

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

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>4 Feb. '43</i>	<i>Duration of Hostilities</i>	<i>Of Imm. (Comm)</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7¹/₄</i>	<i>34</i>	<i>124</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Scar on left shin.</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

VERIFICATION FORM

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

.....RANK/RATING *Ord. Summ.*.....OFF. NO. *54314*.....ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
<i>at.</i>							1939-45	1	<i>star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>4 Clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

"Dis. Dead" 7-5-44

VERIFIED BY *J.B.*.....
27.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full..... **IRWIN, William Charles**..... (b) Reg'l. No. **V 54 304**
2. (a) Arm of service..... **Navy**..... (b) Unit..... **R.C.N.V.**..... (c) Rank..... **Ord. Sea. (Comm)**
3. (a) Date of birth..... **2 Feb 24**..... any dependents?..... **No**..... at time of enlistment..... **Wallaceburg, Ont.**
4. (a) Place of enlistment..... **Windsor Ontario**..... (b) Date of enlistment..... **4th Feb 43.**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **Student**..... (b) Were you attending school or college up to the time of enlistment?..... **Yes**
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.)..... **Junior Matriculation.**
7. If you attended a university, give name of university and standing or degree secured..... **No**
8. (a) Did you ever enter upon a trade apprenticeship?..... **No**..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... **English**..... (b) What languages do you read well?.....

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)..... **Not Working**..... (b) At time of enlistment of what trade union or professional society were you a member?..... **No**

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?..... **Student.**
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..... **no**..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... **No**..... (b) Do you feel competent to operate a farm?..... **No**..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... **Yes**..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... **no**
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... **Remain in Stay.**



DATE..... **4th February,**..... 194**3.** SIGNATURE..... **Wm. C. Irwin**

FEB 27 10 17

COPY TO
VWD
ES

TFH/LP

REGISTERED
AIR MAIL
V-54304 PERS. (N)

11 May, 1944.

Dear Mrs. Irwin:

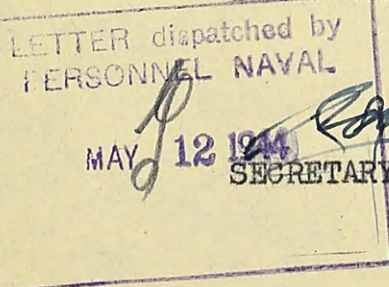
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

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

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

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

Yours sincerely,



Mrs. Leah Irwin,
1315 Niagara Street,
WINDSOR, Ontario.

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

13

Sir:

..... 11 May, 1944
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
IRWIN, William Charles	Ordinary Seaman	V-54304 R.C.N.V.R.

DATE OF ENLISTMENT - 4 February 1943 Active Service 19 May, 1943

DATE OF DISCHARGE - Will be reported later

HOSPITAL -
(If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability ing was lost by enemy action. While this casualty
was incurred, or where death occurred, is listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother NAME- Mrs. Leah Irwin

ADDRESS- 1315 Niagara St., Windsor, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation Agreement, etc., to be furnished.

Copies Form "B" fwd.
to Allots, (N) on

..... N.P.R./5.

H.B. Money

for
SECRETARY, NAVAL BOARD.

EMC

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

*B2
12/15/44
N.P.R./5*

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

DEPARTMENT OF NATIONAL DEFENCE

Naval Service -

Ottawa, Canada.

REMARKS:

.....

The following casualty has been reported -

NAME	DATE OF BIRTH	DATE OF DEATH	PLACE OF DEATH	REASON FOR DEATH

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

NOTE: If records indicate that racing was suspended from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation agreement, etc., to be furnished.

Canadian Form "B" Two,
to ALTA. (N) or
.....

Handwritten signature

SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 208, Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Legation Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

V-54304 PERS. (N)

21

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
IRWIN, William Charles Ordinary Seaman, V-54304, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Leah Irwin, 1315 Niagara St., Windsor, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs Leah Irwin 1315 Niagara St. Windsor, Ont.	Mother	A.P. 10.00	G.C.M.

Will: No record.

Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

*on file
7/10*

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

MD *v*

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

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

3. PRINT FULL NAME OF DECEASED IRWIN, William Charles
 (Family name) (Given name or names in usual order)

RESIDENCE No. 632 Street James St. City, Town, Village or Township Wallaceburg, Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
8. BIRTHPLACE <u>Ontario, Canada</u> (Province or Country)			
9. DATE OF BIRTH <u>February</u> <u>2</u> <u>1924</u> (Month) (Day) (Year)			
10. AGE in { Years Months Days If less than one day old <u>20</u> <u>3</u> hrs. or min.			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Student</u>			
12. Kind of industry or business, as cotton- mill, lumbering, bank, etc.			
13. Date deceased last worked at this occupation.....		14. Total years spent in this occupation.....	
15. If married give name of wife or husband of deceased.....			
16. NAME.....			
17. BIRTHPLACE (Province or Country)			
18. MAIDEN NAME.....			
19. BIRTHPLACE (Province or Country)			
20. Person giving information sign here..... Address <u>Paymr. 1st Cdr. R.C.N.R.</u> <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Records</u>			
21. Place of Burial, Cremation or Removal <u>Body not recovered.</u> Date of burial or removal.....			
22. Burial Permit was issued by..... Address			
23. UNDERTAKER (Name and address)			

MEDICAL CERTIFICATE OF DEATH

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

25. I HEREBY CERTIFY that I attended deceased from:

.....19..... to19.....
 and last saw h..... alive on.....19.....

CAUSE OF DEATH

I. Immediate cause	PHYSICIAN
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	

(a) Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

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

27. If a woman, was the death associated with pregnancy?.....

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

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

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

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

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

Nature of injury.....

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

Signed by..... M.D.

Address..... Date.....19.....

30. Division Registrar's Record No.....

31. Filed.....19.....
 (Division Registrar)

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

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

Mrs. Leah Irwin,
1315 Niagara St.,
Windsor, Ont.

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

and the following number quoted:—

H.Q. V-54304 FD. 558

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 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

IRWIN, William Charles, Ordinary Seaman,

V-54304, 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.

J. H. Wade
Director of Estates.

GC/

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	/		
2	Children of the Deceased and dates of their Births.....	/		
3	Father of the Deceased.....	Mr. Earl Irwin		1315 Mayara St Windsor Ont.
4	Mother of the Deceased.....	Mrs Leah Irwin		1315 Mayara St Windsor Ont.
5	Brothers of the Deceased	Full Blood	/	
		Half Blood	/	
6	Sisters of the Deceased	Full Blood	/	
		Half Blood	/	
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	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Charles Irwin
9	Date of his birth.	2 nd February 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Tupperville Ont. February 16 1916.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Wallaceburg Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) County of Kent. (c) all his life (d) " " "
14	Nature of employment before enlistment.	Student
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Wallaceburg Ontario

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Service Will only.
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?	
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?	Bellevue Post office account H.M.C.S. Stadacona Halifax
20	Amount of War Savings Certificates held by deceased. Indicate where located.	21 x 5 Bank of Toronto Walkerville Ont Branch
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 x 50 Bank of Toronto Walkerville Ont Branch
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.)

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

* Mother 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.

Mrs Leah Irwin (Signature of Informant)
1315 Niagara St. Windsor Ont. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Leah Irwin

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

Dated at Windsor Ontario this 30th day of September 1944

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

H. M. C. S. Hunter Qualification A/Comdr R.C.M.V.P.

Address H. M. C. S. Hunter, Windsor Ontario

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

OTHER PARTICULARS

1. His own separate bank and savings accounts, including any insurance policies, and the amount of any such accounts, should be stated. If the deceased had any such accounts, the amount of any such accounts should be stated. If the deceased had any such accounts, the amount of any such accounts should be stated.

The Government pays funeral expenses within the amount authorized in the regulations. The Government also pays funeral expenses within the amount authorized in the regulations. The Government also pays funeral expenses within the amount authorized in the regulations.

IN THE NAME OF GOD, AMEN

I, William Charles IRWIN, Ord. Sea. (Comm) of His Majesty's Ship "HUNTER" (~~now a Patient~~ in),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my father, Earl IRWIN, of 632 James Street, Town of Wallaceburg, County of Kent, Province of Ontario.

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

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

And I do hereby appoint my father, Earl IRWIN of 632 James St., Town of Wallaceburg, County of Kent, Province of Ontario.

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

In Witness whereof I have at Windsor, Ontario; hereunto set my hand, this 4th day of February, in the Year of Our Lord One Thousand Nine Hundred Forty-three.

William Charles Irwin

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

Witnesses

M. Maynard

Lieut. RCNVR

Blair Spindler

Writer RCNVR

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

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

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

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

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

Instructions for filling up the Form

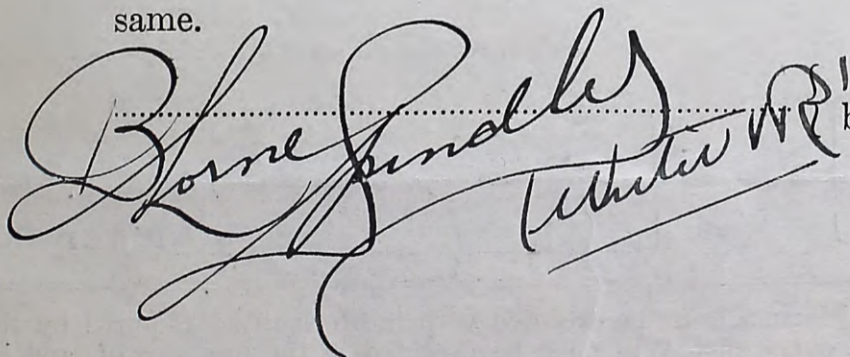
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

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

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

CERTIFICATE

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

 Signature of the person
by whom the Will was prepared.

10

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

4
 NAVY

DECEASED
MEMBER'S
NAME

William Charles
 (CHRISTIAN NAMES)

IRWIN
 (SURNAME)

REGISTER NO.

3447

FILE NO.

NS:V-54304

DATE

25th June '44

SERVICE NO.

V-54304

A.B.

FINAL RANK OR RATING

7th May '44.

PAYEE
ADDRESS

Director of Est. tes, for Service Estate of
 308 Sparks St., William C. Irwin,
 Ottawa, Ont. N.S. V-54304

DATE OF TERMINATION OF OVERSEAS SERVICE

7th May '44.

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 355 EQUAL TO 11 COMPLETE PERIODS AT \$7.50

\$ 82.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 102 LESS 25 INELIGIBLE DAYS, EQUAL TO 77 DAYS @ 25C. PER DAY

19.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY R.A.D. III \$.10
 H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.33 X7 = \$ 23.31
 NO. OF DAYS 102 X \$ 23.31
 183

12.99

D. WAR SERVICE GRATUITY

114.74

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ N11
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

114.74

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 114.74

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher

~~Cheque~~ 978 - 9/7 - 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
 DJJ

CHECKED BY

TREASURY

CHECKED BY

DATE

RK Bayne 19/6/44

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

ESTATES BRANCH

HQ.NS. V-54304 FD.558

May 28, 1945.

Mr. Earl W. Irwin,
1315 Niagara Street,
Windsor, Ontario.

IRWIN, William C., O.D. (Deceased)
No. V.54304, R.C.N.V.R.

Dear Mr. Irwin:

Distribution can now be made of the amount of money here at credit of your late son.

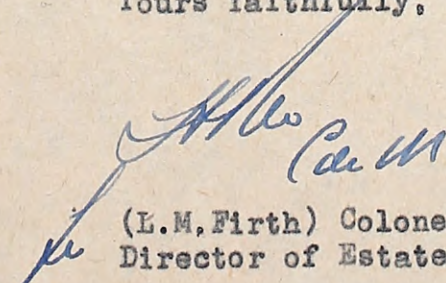
The total amount available for distribution is \$77.27, made up as follows:

Balance of pay and allowances	\$ 77.27
Post Office Savings Bank,	<u>52.04</u>
Total	\$129.31

This amount is payable to you as the sole beneficiary named in your son's Will on file in this Branch.

Treasury has been requested to send you direct a cheque payable to your order in the amount of \$129.31, and on receipt of same will you kindly sign and return the enclosed form of acknowledgment to the Director of Estates, 308 Sparks Street, Ottawa.

Yours faithfully,


(E.M. Firth) Colonel,
Director of Estates.

HRW/JN
ENCL.1 ✓

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "CORNWALLIS" ending September 1943.

List 5th No. 5374 (Name) IRWIN, William C. Rank Rating O/Smn. No. V-54304

When entered 1 September Date of appearance PM 2 Sept. Whither discharged Sec 3-B-446

		\$	c.			
CREDIT from former account.....		3	50			
Pay as <u>O/Smn.</u> from <u>1 Sept.</u> to <u>30 Sept.</u> (<u>30</u> days at \$ <u>1.25</u> a day)	(Rank Rating)	37	50			
"	"					
"	"					
"	"					
"	"					
Kit Upkeep Allowance.....						
OTHER CREDITS:.....						
Total credits.....		41	00			
DEBT from former account.....						
PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....						Total.....
2nd month.....						Total.....
3rd month.....						Total.....
Allotment <u>September</u> <u>10.00</u>		10	00			
Pension deduction (Officers) charged to..... of.....						
Hospital stoppages.....						
Mulcts.....						
OTHER CHARGES:.....						
<u>By cash at payment.</u>		31	00			
Total debits		41	00			
Balance Cr. or Dr.		--	--			

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 30

NOT VICTUALLED

[Signature]

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		
<u>Rail</u>	<u>1 Sept.</u>	<u>2 Sept</u>	<u>2</u>	

Date 21 February 19 45

ACCOUNTANT OFFICER

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "CORNWALLIS" ending DECEMBER 1943.
List 5th No. 446 (Name) IRWIN, William, C Rank Rating O/SMN No. V-54304.
When entered 1 October Date of appearance F.B. Whither discharged F.B.

		\$	c.				
CREDIT from former account.....		-	--				
Pay as <u>O/SMN</u> from <u>1 Oct.</u> to <u>16 Nov.</u> (<u>47</u> days at \$ <u>1.25</u> a day).....		58	75				
" <u>O/SMN (over 6 mos)</u> " <u>17 Nov.</u> " <u>31 Dec.</u> (<u>45</u> " " <u>1.50</u> ").....		67	50				
" " " " " " " " " ").....							
" " " " " " " " " ").....							
" " " " " " " " " ").....							
Kit Upkeep Allowance.....							
OTHER CREDITS:.....							
.....							
Total credits.....		126	25				
DEBT from former account.....							
PAYMENTS:—							
	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....			24.00			Total.....	24 00
2nd month.....	27.00					Total.....	27 00
3rd month.....						Total.....	
Allotment <u>October</u> <u>R</u> 10.00 <u>November</u> 18.40 <u>December</u> 18.40.....							46 80
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES:.....							
.....							
<u>By cash at payment</u>							28 00
Total debits.....		97	80				
Balance Cr. or Dr.			45				
(Balance Dr. to be shown in red)							

Number of days actually victualled during period mentioned above..... 92

NOT
VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		
<i>ASD</i> (Apple Picking) DUTY	<u>15 Oct.</u>	<u>6 NOV.</u>	<u>23</u>	
(Agency) Lent.	<u>27 Nov.</u>	<u>3 Dec.</u>	<u>7</u>	

Date 21st February 1945

ACCOUNTANT OFFICER

DISTRIBUTION OF SERVICE ESTATES

jab

Estates Form "P. 4"

Name: **IRWIN, William C.** No.: **V.54304**
 Surname Christian Names
 Rank **O.D.** Unit **R.C.N.V.R.** Date of Death **7/5/44**

Date: **May 17th, 1945**

<u>AMOUNT</u>	77.27
L.P.C.....\$	52.04
Other Credits.....	129.31
Total.....	129.31

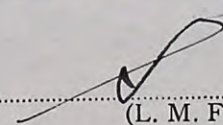
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Earl W. Irwin 1315 Niagara Street Windsor, Ontario (sole beneficiary per Will)	\$129.31

TO BE FORWARDED BY REG. MAIL DIRECT
P4. TO TREAS. 31/5/45 CW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$129.31
CLASSIFIED BY <i>Original Signed by</i> K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer