

V64138
KNIGHT

RAYMOND

EDWAR

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug.45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mabel Knight - Mother

ADDRESS: ~~74 Dominion St.,~~ NORTH GOWER,
~~TRURO, N.S.~~ Ont. Corres. on file.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. M. Knight

ADDRESS:

14 Dominion Street
TRURO, N.S.

MEMORIAL BAR

(1)

DATE DESP.....

REGN NO

1992

(2)

(3)

22 September 1944

DECEASED 7 May 1944

AWARDS

(NAVY)

D.D.

KNIGHT	Raymond Edward	V-64138	O/S.	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	--7825-----24.11.49--
War Medal	-Medals returned undelivered. Returned to Stock- 8742 4.7.50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

NAME IN FULL KNIGHT, Raymond Edward RANK/RATING Ord. Imm. OFF. NO. V-64138 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	29-6-43											1939-45	1	Star
												ATLANTIC		
Beaver	16-10-43	22-10-43	7	atl								FRANCE G.		
Vallyfield	8-12-43	7-5-44	152	atl								AFRICA		
Discharged Dead												PACIFIC		
to date 7-5-44												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	o clasp
												" CLASP		
												WAR 1945	1	medal
												WAR 1915		

VERIFIED BY R. Parkes

Ad

VERIFIED BY R. Parkes

VERIFIED BY

DIR. OF PERSONNEL RECORDS.



CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

NS 93419

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME KNIGHT OFFICIAL No. V-64138
CHRISTIAN NAMES RAYMOND EDWARD MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS	RELIGION
<u>74 Dominion Street, Truro, Nova Scotia</u>	<u>United Church</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>8 June, 1925.</u>	Town <u>TRURO</u>	Mother
*Original Nationality of:	County <u>Colchester</u>	<u>Mabel</u>
Father <u>Canadian</u>	Province <u>Nova Scotia</u>	<u>Same Address.</u>
Mother <u>Canadian</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>6</u>	Inflated..... <u>36</u>	<u>Brown</u>	<u>Rt. Brown</u>	<u>Fair</u>	<u>None.</u>
Inches.....	Deflated..... <u>32</u>		<u>Lt. Grey</u>		
<u>150</u>	Mean..... <u>34</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>one year of High School</u>	<u>Plaster Pattern Maker, Victory Aircraft Limited, Malton, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>DIV. STRENGTH 17th June, 1943.</u>	<u>ORDINARY SEAMAN R.C.N.V.R. (TEMP)</u>	<u>H.M.C.S. "TRK"</u>

(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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(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 undertake 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. GNN. by the prospect of being transferred at some future date to any other branch or rating.

Dated this 17th day of June, 1943.

Signature of applicant Raymond Knight

(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 17th day of June, 1943.

My authority for attestation is.....

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

(D) OATH OF ALLEGIANCE

I, Raymond Edward Knight 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 Raymond Knight

Witness [Signature]

Date 17th June, 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.

N.V. 17
COM-9-42 (5943)
N.S. 815-11-17

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

Raymond Edward KNIGHT

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>H.M.C.S. York</i>	<i>7-64138</i>

Date of Birth *8 June 1925*

Place of Birth *Trebo, Colchester, Nova Scotia*

Place of Residence *74 Dominion Street, Trebo, Nova Scotia*

Trade brought up to *Plaster Pattern Maker*

Religion *United Church*

Name and Address of Nearest Relative or Friend (in pencil) *Matthew Mahl 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>17 June 43</i>	<i>Separation Facilities</i>	<i>Ord. 1st Class</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>6</i>	<i>0</i>	<i>34</i>	<i>150</i>	<i>Brown</i>	<i>Bl. Brown + Gray</i>	<i>Fair</i>	<i>Nil</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

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

AUG 30 1944

NAVAL TREASURY
DATE: 5/9/45
INITIAL: [Signature]

.....
(Date)

The following casualty has been reported -

NAME KNIGHT, Raymond Edward RANK OR RATING Ordinary Seaman NAVAL NO. V-64138 R.C.N.V.R.

DATE OF ENLISTMENT - 17 June, 1943 Active Service: 29 June, 1943

DATE OF DISCHARGE - _____

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

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

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

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

NEXT OF KIN & RELATIONSHIP -
RELATIONSHIP - Mother NAME - Mrs. Nabel Knight,
ADDRESS - 74 Dominion St., TRURO, N. S.

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

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

P.A.'S CHECKED IN
C.R. BY [Signature]

[Handwritten initials]

REMARKS:.....

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

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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	<i>nil</i>	<i>19.00</i>	<i>19.00</i>
To Whom Paid:	<i>Mrs Mabel Knight</i>		
Address:	<i>74 Dominion St.</i>		
Date of Enlistment:	<i>See other page</i>		
Date of Discharge:	<i>See other page</i>		
Inclusive date to which D.A. and/or A.P. was Paid:	<i>May 31, 1944</i>		
The final deduction of Assigned Pay for	<i>19.00</i>		
has been made for the period from 1st to	<i>31st</i>	of	<i>May 1944</i>

Remarks:

Computed by.....
5/9/44 JF

Checked by.....
[Signature]

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

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



2

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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined KNIGHT, Raymond Edward

candidate for entry as Ordinary Seaman RCNVR

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.

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 18	Mos.	(j) Date of last Vaccination	1932		
(b) Height with bare feet	Feet 6	In.	(k) General Development	Fair		
(c) Weight without clothes	150		(l) Nose, Throat and Tonsils	Tonsils + +		
(d) Ears and Hearing	Rt. Lt. normal normal		(m) Heart and Lungs	normal		
(e) Chest Girth	Max. 36	Min. 32	Mean 34	(n) Abdomen Hernia, etc.	normal	
(f) Teeth	Deficient 4	Defective 0	Dentures 0	(o) Limbs and Joints	normal	
(g) Vision by Snellens Types	without glasses	Rt. 20	Lt. 20	Both 20	(p) Skin	normal
	with glasses where worn	Rt. 30	Lt. 30	Both 30		
(h) Colour Vision	Ishihara	normal			(q) Anus Haemorrhoids	normal
	R.C.N. Lantern					
(i) Chest x-ray	not taken approved positive doubtful	B-5188			(r) Testes Varicocele	normal
				(s) Urine	alt sugar	neg

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Raymond Knight
Signature of Candidate

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

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at TORONTO, ONT. the 9th of June 1943.

D/S
17th June
130

Chewison
Examining Medical Officer
(Rank) SURGEON LIEUT. R. O. N. V. R.

Per (m), 12/9/44

142568 #62

47

ACCOUNTS OF MEN DISCHARGED

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

Name KNIGHT Raymond E. Rating ORDINARY SEAMAN
Official No. V-64138 H.M.C.S. AVALON FOR VALLEYFIELD List 12²/3
Who* DISCHARGED DEAD on the 7 MAY 1944

	N	I	L	cts.
Net sum due on ledger on account of Wages.....				
Proceeds of sale of Effects charged against Wages, brought from the other side				
CASH—				
Proceeds of sale of Effects, brought from the other side.....				
Found amongst Effects.....				
Debts collected \$.....				
O.R.#25181 Adm of Naval Estates Cash deposited by official Receipt No. (Present War).....	49			90
Cash debited in the Accountant Officer's Cash Acct.....				
If in debt in ledger, amount to be stated (in red ink).....				
Rate of allotment (in words) <u>NINETEEN DOLLARS</u> charged to <u>31 May 44</u>				
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>				
Total† <u>CREDITOR</u>	49			90

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

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

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

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

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

C.N.S. 46 AUTHORITY: AVALON'S C.N.S. 249A #13928
5M-2-42 (3601) DATED 19 MAY, 1944.
H.Q. N.S. 815-9-45

LEDGER: [Signature]
AUDIT: [Signature]

Read this whole Form and Instructions on the reverse side before commencing to complete.

Can. S. 545
30M-1-43 (8044)
N.S. 815-9-545

WILL

(1) I, RAYMOND EDWARD KNIGHT, of His Majesty's Canadian Ship "YORK" TORONTO do hereby revoke all former wills by me made and declare this to be my last will.

5085

(2) I GIVE, DEVISE AND BEQUEATH unto my mother Mrs. Mabel Knight, 74 Dominion Street, Truro, Nova Scotia, all my estate.

Relationship, names and addresses of beneficiaries, and what each is to receive.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint my mother Mrs. Raymond Edward Knight 74 Dominion St. Truro, N.S. housewife, to be the Executrix of this my Last Will.
(Name) (Address) (Civil Occupation) (Rank or Rating)

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of June 1943.

Signed, published and declared by the above-named 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 have hereunto subscribed our names as witnesses.

Raymond Knight
(Name)
ORDINARY SEAMAN
(Rank or Rating)
V64138
Official No.

First witness sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness sign here.

Signature

Civil Address

Civil Occupation

(Beneficiaries are not to be Witnesses.)

[OVER]

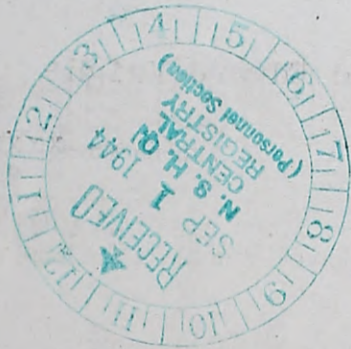
Noted in Service
Records by 13

NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.



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

Mrs. Mabel Knight,
74 Dominion Street,
Truro, N.S.

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

and the following number quoted:—

H.Q. V- 64138 FD. 580

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12, 1944

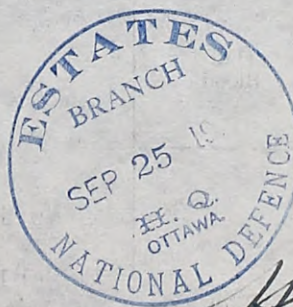
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

KNIGHT, Raymond Edward Ordinary Seaman

Official Number V-64138, 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.



A. J. Meade
Commander R.C.N.V.R.
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.....	Nil		
2	Children of the Deceased and dates of their Births.....	N.A.		
3	Father of the Deceased.....	George Edward Knight. deceased. 1933.		
4	Mother of the Deceased.....	Mable Knight.		
5	Brothers of the Deceased	Full Blood	Elmer. Leo. Knight. Royden Eugene Knight Kenneth Robert Knight Norman Russell. Knight.	
		Half Blood		
6	Sisters of the Deceased	Full Blood	Muriel Georgeina Huxter. Mable Ruth Knight	
		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	
	Harold Byers (18.6.22) Hilda Margaret (19.6.32)	Harold Byers. Knight. Hilda Margaret Knight.		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Raymond Edward, Knight.
9	Date of his birth.	18 June 1925.
10	Place and date of his marriage.	Not married.
11	Place and date of his parents' marriage.	5 October 1915. Oxford. Cumb Co. N.S.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Truro. N.S.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Truro N.S. until Jan'y 1942. (b) Weston. nt. 18 months. (c) (d)
14	Nature of employment before enlistment.	With Victory Aircraft. Weston, Ont.
15	State whether he owned the premises in which he lived, and, if so, where situated.	N.A.
16	Name place where deceased stated he intended to make his permanent home.	Not known.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	N.A.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	One \$5.00
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Not known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Value not known.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

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.	Not known
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(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

* 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.

Mabel Knight

{ Signature of Informant

..... North Gower, Carl Co., Ont. Address

CERTIFICATE

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

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

Dated at North Gower Ont. this 22nd day of September 1944.....

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

W. H. Whidden

Qualification Major, V.G. of C......

Address Hull Internment Camp, Hull, P.Q......

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

10

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

4
 NAVY

DECEASED
MEMBER'S
NAME

Raymond Edward

KNIGHT

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 10582

FILE NO. NS.V-64138

DATE 4th July '45

SERVICE NO. V-64138

FINAL RANK OR RATING Ord. Smn.

DATE OF DISCHARGE 7th May '44

PAYEE
ADDRESSMrs. Mabel Knight
North Gower,
Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE

7th May '1944.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 314 EQUAL TO 10 COMPLETE PERIODS AT \$7.50

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 159 LESS 14 INELIGIBLE DAYS, EQUAL TO 145 DAYS @ 25c. PER DAY

\$ 36.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25
ADDITIONAL PAY H.L.M.	\$.10
	\$
	\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$ 2.85	X 7 = \$	19.95
NO. OF DAYS	159	X \$	19.95
	183		

\$ 17.33

D. WAR SERVICE GRATUITY

\$ 128.58

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 128.58

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 128.58

Cheque 36237 - July 11/45

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 EP
 CHECKED BY [Signature]

TREASURY
 CHECKED BY [Signature]
 DATE [Signature]

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

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

Name of Deceased Member Raymond Edward KNIGHT Rank or Rating Ord. Smm. O.No. V. 64138

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. NIL
A.P. 19.00
D.A. —
A.P. —

Mrs. Mabel KNIGHT (MOTHER)
North Gower,
Ontario

2. Pension awarded or being awarded to:

mother - above

3. War Service Gratuity Application(s) received from:

mother - above

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to:

Mrs. Mabel KNIGHT - MOTHER
North Gower,
Ontario and -

In the full proportion of: 1

to:

In the proportion of: 1

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 28 June 1945

Ronald J. Thorne, C.P.O. WTR.
for D.N.C.A. (G) mm

W.S.G. Application No. 10582 ✓

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

FILE NO. N.S. V 64138 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>KNIGHT</u>	<u>RAYMOND EDWARD</u> ✓	<u>V 64138</u> ✓	<u>ORD 500</u> ✓
SURNAME	CHRISTIAN NAMES	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
	IN FULL		

CAUSE OF DISCHARGE: DISCHARGED DEAD (MCS VALLEY FIELD)

APPLICANT MOTHER - IN RECEIPT OF PENSION
A.P. \$ 19.00

Pension Awarded

TOTAL SERVICE

Date of Active Service 29 JUNE 43 ✓

Date of Discharge 7 MAY 44 ✓

Total No. of Days 314 ✓

Less non qualifying service N/A

366
52
LESS 314
52

24
28
52

Total Days 314 ✓

OVERSEAS SERVICE

% Total No. of Days 159 ✓

Less non qualifying service N/A

Total Days 159 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf

Computed By J. Dewoe

Checked By F. Hamilton

J. McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 21 1945

Original on file

N.D.A.

NON QUALIFYING SERVICE

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

Total days

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
BEAVER	16 OCT 43	22 OCT 43	7 ✓
✓ ANNETFIELD	8 DEC 43	7 MAY 44	152 ✓
			159 ✓

24
31
29
31
30
7

REASON FOR DISCHARGE: _____
 TYPE OF DISCHARGE: _____
 GRADE AT DISCHARGE: _____

COMMISSION OF SERVICE _____
 DATE SERVICE TERMINATED _____

DATE OF ENTRY INTO SERVICE _____
 DATE OF LAST PAYROLL _____

LA/HS

29

N.S. V-64138, F.D.72, PERS. (N)

25th September, 1944.

THIS IS TO CERTIFY that according to official information Raymond Edward Knight, Ordinary Seaman, Official Number V-64138, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

Deputy SECRETARY, NAVAL BOARD.

LA

2

H. B. Money
H. B. MONEY,
Paymaster, Commander, R.C.N.R.
Officer in Charge,
NAVAL PERSONNEL RECORDS

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 NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of At Sea Municipality of _____ Registered No. _____
 { If in City or Town _____ Street _____ (For use of Registrar General only)
 (Name) _____ (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 Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED KNIGHT Raymond Edward.
 (Surname) _____ (Given name or names) _____

RESIDENCE No. 74 Street Dominion St., City, Town or Rural Division Truro Province N.S.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Truro, N.S.
 (Province or Country)

9. DATE OF BIRTH June 8th 1925
 (Month) (Day) (Year)

10. AGE in	Years 18	Months 11	Days	If less than one day old hrs. or min.
------------	--------------------	---------------------	------	--

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Plaster Pattern Maker.

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Victory Aircraft Ltd.

13. Date deceased last worked at this occupation _____

14. Total yrs. spent in this occupation _____

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

FATHER

16. NAME _____

17. BIRTHPLACE _____
 (Province or Country)

MOTHER

18. MAIDEN NAME _____

19. BIRTHPLACE _____
 (Province or Country)

20. Signature of informant [Signature]
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Officer i/c, Naval Personnel Records

21. Place of burial, cremation or removal No burial
 Date of burial or removal _____

22. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 44
 (Month) (Day) (Year)

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

CAUSE OF DEATH

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

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 (b) _____ due to
 (c) _____

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

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

26. Was there a surgical operation? _____ Date of operation _____ 19 _____
 State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date 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 _____

28. Registrar's Record Number _____

29. Filed _____ 19 _____
 (Division Registrar)

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. (See reverse side for instructions.)

CCS

A/S 29 June 43

Name *Raymond Edward KNIGHT*

Sub-Rating and Seniority *Ord Seaman* Non-Sub. ^{29/6/43}

O.N. *V-64138* S.B. No. W.B. No.

Joined Ship *18 Aug 1943* from *Montevideo*

Engagement: Period *Hostilities* Expires

Date of Birth *8 June 1925* Religion *United*

Character *V.G.* Efficiency *Sat* Date *29 Oct 1943*

Badges *Mil* Class for Conduct *1* Class for Leave *1*

Date due for: Next Badge *29 June 46*

Progressive Pay *27 Dec 43*

L.S. & G.C. Recommended

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt. 1 *Yes* *Yes*

Higher Educ. Test.

Professional for higher Sub-rating

do Non-Sub.

(For Ordinary Seamen Form T.S. 34 must be used in addition)

Any Non-Service Attainments *Photography*

Swimming Qualification *Satisfactory*

Athletic Capabilities *Football, softball*

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

Time only

H.M.C.S. "*York*" Officer of Division.

Date *1 July 43*

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
- (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
- (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

Education:- 2nd yr. high. Knight is an intelligent rating. He is conscientious and shows a keen interest in his work. He is polite in manner and neat in appearance. His power of command is good but he is rather shy and needs encouragement. "M" test 166 B.

H. M. C. S. MONTCALM

W. R. Lutherford.
S/L. *Chief of Division*
V.R.

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <i>Raymond Edward KNIGHT</i>	OFFICIAL No. <i>V-64138</i>	Date of Birth <i>8 June 1925</i>
--------------------------------------	--------------------------------	-------------------------------------

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Sat.</i>	<i>70%</i>	<i>R.F.</i>
Seamanship— Boat work:			
(a) Pulling	<i>Super</i>	<i>90, 94, 89, 92, 96, 92</i>	<i>W.R.R.</i>
(b) Sailing			
Gunnery and Disciplinary Training.....	<i>Satis.</i>	<i>75</i>	<i>W.R.R.</i>
Shooting.....			
Swimming—P. P. T.	<i>Satis</i>	Date qualified <i>10/8/43</i>	<i>W.R.R.</i>
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			

On joining:— Weight *150* Height *6 ft* Date *17 June 1943*

On leaving:— Weight..... Height..... Date.....

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "*Montreal*"

Date *17 Aug 43*

Rogues Hall Captain.
a/Lieut. Comdr.
R.C.N.V.R.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....		
	For Able Seaman.....		
	Educational Test I.....		
	Rated Ordinary Seaman.....		

SEAMANSHIP			GUNNERY			TORPEDO			TOTAL		Date of Passing	Signature and Rank of Divisional Officer, and Ship
Subject	Hours	%	Subject	Hours	%	Subject	Hours	%	TOTAL	Date of Passing	Signature and Rank of Divisional Officer, and Ship	
Boat Work		75	Field Training		60	Whitehead			257 642	15/10/43	28 Hodgson Sub LT. H.M.C.S. Cornwallis.	
Anchors and Cables		85	Gun Drill		69	Low Power						
Compass and Wheel Rate of Tilt Road		75	Stripping			High Power			84	19/43	28 Hodgson Sub LT. H.M.C.S. Cornwallis.	
Rigging Sheets and Derricks		80	Fire Control		68	Instruments						
Sounding Machine, Lead and Line			Ammunition		60	Explosives						
Bends and Hitches, Blocks and Tackles		80	Director and Sighting			Paravanes						
Part of Ship Evolutions		75	Machine Gun			Depth charges						
Signals		80	A.A.									

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)	Divisional Officer's Remarks	Recommendation for non-sub. rate†
			Jamuel 29/10/43	S/T

Ordinary Seaman

Qualified for advancement to Able Seaman

on.....Date.

.....Commodore.....Date

.....Depot.....Date.

.....Captain.

Rated Able Seaman and Recommendations inserted on History Sheet

H.M.C.S.

.....Date

KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

Name Boyd Rating A/Sea Official No. _____

* State where issue made: _____

Name Boyd

Scale Allowed		Article	No.	Forms S.1048 on which issues were made			
R.C.N.	R.C.N.V.R.			7	10	18	
		Bags, Kit	1				
		Bags, Soap					
		Belts, Life		1			
		Belts, Waist			1		
		Boots, half					
		Brushes, Hard					
		" Polishing					
		" Clothes					
		" Hair					
		" Tooth					
		Caps, blue cloth	1				
		Caps, white duck	2				
		Cases, attache	1				
		Combs, horn		1			
		Collars, blue jean	3				
		Coats, oilskin					
		Drawers	2				
		Jerseys, naval	1				
		Jerseys, sport		2			
		(b) Knives, with spike	1				
		Lanyards, knife	1	2			
		Overcoats					
		Ribbons, Cap	2				
		Scarves, black silk	2				
		Shoes, black leather	1				
		Shoes, gymnastic	2				
		Shorts, recreational, drill	2				
		Shorts, tropical					
		Singlets, tropical					
		Socks, pairs	2				
		Stockings, pairs	2				
		(a) Suits, blue overall	1				
		Towels	2				
		Type					
		Vests, flannel	3				
		Vests, cotton uniform					
		Vests, Singlets for wear under					
		Vests, cotton uniform					
		Jumpers, serge	2				
		Jumpers, duck working	2				
		Trousers, serge	2				
		Trousers, duck	2				
		Beds	1				
		Blankets	2				
		Bed Covers	2				
		Hammocks	2				
		Clews and Lanyards, sets	1				
		Lashing	1				
		(b) Manual of Seamanship	1				

Description	Year Issued			
	19.....	19.....	19.....	19.....
Caps, Winter				
Comforters				
Drawers, Woollen	2			
Helmets, Balaclava				
Jerseys, Naval				
Mitts, leather	1			
Rubbers	1			
Socks				
Stockings				

Description	Year Issued			
	19.....	19.....	19.....	19.....
Comforters				
Helmets, Balaclava				
Gloves or Mitts				
Socks				
Stockings				
Sweaters				
Wristlets				
Windbreakers				

(a) Note: Stokers issued with 2 Blue Jean Suits. (b) For Seamen's Branch only.

"It is an offence under the Official Secrets Act for unauthorized persons to retain possession of this booklet, or of parts of it, or to communicate its subject matter by any means to any persons other than those who require to know it in connection with their duty or with action undertaken at the request or with the approval of an Officer or Official of the Department of National Defence, authorized by the Department in that behalf."

Nº C 91182 **DEPARTMENT OF NATIONAL DEFENCE**
Revised Examination "M"

Last name... *Bright* Christian name... *Raymond Edward*
 Regimental No..... Rank... *O/Sea*
 Unit... *H.M.C.S. Montcalm* Date... *July 17* 19 *43*
 Age... *18* Previous Occupation... *Aircraft worker*
 Schooling... *9th grade* Language... *English*

Instructions

1. Do not open this booklet until you are told.
2. This booklet contains 8 short tests. You will have a limited time to work on each. Do not start work until the Examiner says "Go! Stop as soon as he says "Stop!"
3. You may not have time to do everything in each test, but do as much as you can. Both speed and accuracy are important. If you come to an item which is too hard, skip it and try the next. Each item counts the same. If you have any time left over, you can check what you have done on that page, but you must not turn back to an earlier page.
4. You will be told what to do on each page. Do not turn over any page except as you are told.

	Score		Comments
Test 1	<i>13</i>		
Test 2	<i>14</i>		
Test 3	<i>20</i>	<i>47</i>	
Test 4	<i>27</i>		
Test 5	<i>30</i>	<i>57</i>	
Test 6	<i>13</i>		
Test 7	<i>18</i>		
Test 8	<i>31</i>	<i>62</i>	
Total		<i>166</i>	
Rating	<i>B</i>		

This Examination has been prepared by the Canadian Psychological Association, and includes previously published material adapted to the present purpose by courtesy of: Harry J. Baker; C. E. Kellogg; Lewis M. Terman and Maud A. Merrill.

CCS - Records 8/11/43

INDIVIDUAL REPORT

For inclusion with S264 at New Entry Training Office,
Forwarded day New Entries leave ship. Not required for
Officer Candidates.

NEW ENTRY

H.M.C.S. "Beaver".....

DATE 22 October 1943

Week Sea Training

NAME OF RATING

OFFICIAL NO. V64132

Knight, R.

Ability

Smartness in
performance.
Good

Good

General Bridge Duties
(Lookout - Helmsman - B'sn Mate)

Good

Ship Upkeep & Maintenance

Good

Evolutions (Abandon Ship
Collisions, Fire Stations)
etc.

Trained

Remarks:

Commanding Officer.



TFH/PM

REGISTERED

AIR MAIL

N.S. V-64138 PERS.(N)

11th May, 1944.

Dear Mrs. Knight:

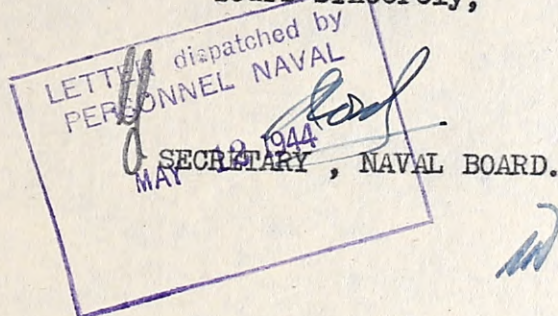
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

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

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

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

Yours sincerely,



Mrs. Mabel Knight,
74 Dominion Street,
Truro, N.S.,

London

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 RAYMOND EDWARD KNIGHT (b) Reg'l. No. V64138
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank ORD. SIK.
3. (a) Date of birth 8 June 1925 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Yeaton, Ontario
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 17 June, 1943

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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 Victory Aircraft Company Address Malton, Ontario.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Aircraft Mfg.
20. (a) Your specific occupation Plaster Pattern Maker (b) Number of years' experience at this occupation with any employer 1 year.
21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? none (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?.....
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 None.



DATE 17th June 1943 SIGNATURE Raymond Knight

Copy To
VWD
ES

6 1943

DEPENDENTS ALLOWANCE BOARD

19

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V64138 Rank or Rating Ordinary Seaman

KNIGHT Raymond
(Surname) (Christian Names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment.....

DECISION OF THE BOARD

Date reported to have died May 7th, 1944.....

Assigned Pay \$ 19.00 discontinued June 1st, 1944.....

No Dependents' Allowance in pay but authority is hereby granted to pay Allowance in lieu of Assigned Pay to Mother..... under Art. 113 A, P.R. & I.

Mrs. Mabel Knight.....

North Gower, Ontario.....

\$ 19.00.....

Effective June 1st, 1944 until advice is received of decision of C.P.C.

SPECIAL PLEASE

C.P.C. CHECKED
G.A. BY *[Signature]*

Reviewer *[Signature]*.....

[Signature]
.....
(Chairman)

[Signature]
.....
(Member)

Date Nov. 15/44.....

.....
(Member)

D.A.B. 20C
50M-12-43 (3254)
H.Q. 1772-45-20

Noted D.N.P.A 20-11-44

V64138

OFFICIAL NUMBER

FILE NUMBER

113-K-1871

OFFICIAL NUMBER

V64138

NAME KNIGHT Raymond Edward DATE OF BIRTH 8 June, 1925.
(Surname) (Given Names)PLACE OF BIRTH Truro, N.S. OCCUPATION Plaster Pattern MakerRELIGION United Church EDUCATION 1 Year High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 74 Dominion Street Town Truro Province, etc. N.S.

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
17	6	43	H.O.	6'	Brown	Rt. Br. Lt. Grey	Fair	Nih				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) MarjorieADDRESS (in pencil): Street and No. 74 Dominion Street Town Truro Province, etc. N.S.

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	
			Eligible for C.V.S.M. & clasp	22	9	43	Qual. Anti-Gas 1 day 249A 7619				
				29	10	43	Marked TR 249A A17479				

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

FILM
NO. WMA 6022-8
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									O.H.F. Received Last will and Testament #5286 Rec.

SECOND CLASS FOR CONDUCT	
From	To



PIB

V64138

OFFICIAL NUMBER

NAME KNIGHT
(Surname)

Raymond Edward
(Given Names)

OFFICIAL NUMBER

V64138

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS YORK	Ord. Smn.	17	6	43	Div. Str. Toronto	V.G.	Sat.	31	12	43							
"	"	29	6	43	Act. Ser. D.L. 29-6-43	V.G.	Sat.	7	5	44							
Montcalm	"	2	7	43	D.L. 2-7-43												
Cornwallis	"	17	8	43	D.L. 17-8-43. (Beaver 16/8/43 to 23/10/43.)												
Stadacona	"	19	11	43	DRD H-3254												
Hochelaga 11	"	27	11	43	DRD H-3345												
Valleyfield		8	12	43	Service Certificate.												
DISCHARGED		7	5	44	"Missing" Casualty List												

Presumed dead (Casualty List Pg. 99.)

GENERAL REMARKS

Can. Memorial Cross awarded to
Mother Mrs. Mabel Knight
74 Dominion St.
Truro, N.S.
to date 22/9/44.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	MAIN	SUB.	MAIN	SUB.	GRON	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK	
08	6	25	14		2960	40		2	4	02	0		23	0	08 95	
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP. OR ESTAB.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	A	B	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
17	06	43	27	06	43						9690	0	08	95		
SENIORITY			STR.		NON-SUB		M		CODED			CHECKED				
DY.	MO.	YR.	A	B	A	B	ST.									
29	06	43	13	00	00	21		J. J.			JAB					

07.05.44