

V50961
LARIVIERE
JOSEPH ARTHU

OCCUPATIONAL HISTORY FORM

113-2422

F281294

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 LARIVIERE GERARD (b) Reg'l. No. V 50961
 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank Ord/Smn.
 3. (a) Date of birth 9 April 1924 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Montreal, Que.
 4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 23 Nov., 1942

PLEASE LEAVE BLANK

2

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) 7th
 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? YES (b) If so, for what occupation? Mechanic (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 5 months.
 9. (a) What languages do you speak fluently? French & English. (b) What languages do you read well? French & English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were NOT WORKING. WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) (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? Yes
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Helper Mechanic. (b) State how long you had worked at this trade or occupation 5 months.
 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 December 1941
 15. Give details of last employer, if any: Name Canadian Car & Foundry Address Montreal Que.
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Munition Plant.
 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..... (b) Where was it located?.....
 23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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



DATE 23 November 1942 SIGNATURE Gerard Lariviere

141

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, D. C.

Copy To
VWD
ES

DEC 8 1942

EVER DISCHARGED FROM ANY OF THE
ARMED FORCES.
YES.....
NO.....



CANADA

113-2-2422
Can. B. 207
100M-3-42 (3733)
N.S. 815-2-207

P281293
3

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined LARIVIERE Gerard
candidate for entry as O/D
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. 7	(j) Date of last Vaccination for Smallpox	Childhood	
(b) Height with bare feet	Feet 5	In. 8 1/2	(k) General Development	Poor	
(c) Weight without clothes	121 3/4		(l) Nose, Throat and Tonsils	SEPTUM TO LEFT TONSILS PRESENT.	
(d) Ears and Hearing	SOME LOSS OF LUSTRE BOTH T.M.'S.		(m) Heart and Lungs	BP 125/80. Normal	
(e) Chest Girth	Max. 35	Min. 33	Mean 34	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 10	Defective 7	Dentures PuD.	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses 6/9	Rt. 6/6	Lt. 6/6	(p) Skin	ACNE - FACE.
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(q) Anus Haemorrhoids	Normal
(i) Chest x-ray	not taken approved positive doubtful 15.6.701 approved D.P. 471.4. Montreal		(r) Testes Varicocele	(s) Urine	Normal Not take

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.

Gerard Larivière

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 Montreal the 20th of November 19 42

W D Flatt

Examining Medical Officer

(Rank) Surg. Lieut. R.C.N.V.S.

PB

113-L-2422

H.M.C.S. " STADACONA "

Warrant No. 1598, dated 13th July 1943 003163

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

For DETENTION.

(a) WHEREAS it has been represented to me by Lieutenant-Commander Charles Edward McArthur Donaldson, Royal Canadian Naval Volunteer Reserve

that on the 26th day of June 1943,

Name Joseph Arthur Adrien Gerard LARIVIERE

Date of Birth 9th April, 1924

Rating Ordinary Seaman, Royal Canadian Naval Volunteer Reserve.

Official Number V.50961

Good Conduct Medal N11

Good Conduct Badges N11

Date of Entry in Ship 30th May, 1943

List and Number on Ship's Book List 22 Number 727

Date of First Entry in H.M. Service 23rd November, 1942

Class for Conduct First Class

Character assessed to date, from the last annual assessment, but not including this offence
Very Good

Class for Leave First Class

Did [Insert full particulars of Offence.] Did desert from His Majesty's Canadian Ship "STADACONA" at Halifax, Nova Scotia, on 26th June, 1943, being apprehended at The Knights of Columbus Hostel on Hollis Street, Halifax, Nova Scotia, on 7th July, 1943, dressed in uniform.

I do hereby adjudge him the said Joseph Arthur Adrien Gerard LARIVIERE

Insert below in the proper columns the particulars of the punishment.

†To be imprisoned in			†To be kept in detention in		Confined in Cells on Board		†Disrated to	Deprived of Medal	Deprived of Badges, No.	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stop-ped Days	Other Punish-ments
Name of Gaol*	For Days	With Days H.L.	Name of Place of detention*	For Days	No. of Days	Diet					10	15	Leave stop-ped	Pay forfeited			
			Military Detention Barracks, Debert, Nova Scotia.	42						NO				NO			

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).

†See page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
20M-9-42 (6061)
N.S. 815-9-271

Granted remission of 14 days on sentence. Auth: N.S. 113-L-2422 (Staff) of 8th September, 1943.

Noted in Service Records by

Before awarding the foregoing punishment, (b) I did, on the 8th day of July, 1943 personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of **Lieutenant-Commander Charles Edward McArthur Donaldson, Royal Canadian Naval Volunteer Reserve**

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence~~
~~of (a)~~

he calling no one

~~the evidence~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the second Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship "STADACONA" at

HALIFAX, Nova Scotia, the 13th day of July, 1943

Alfred C. White
..... Captain.....
**Acting Captain,
Royal Canadian Navy.**

[Signature]
.....
**Lieutenant-Commander,
Royal Canadian Naval Volunteer Reserve**

{Signature and Rank
of Complainant

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the _____ day of _____, in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant Number 1598 dated and read by me this 13th day of July, 1943.

[Signature]
**Lieutenant-Commander,
Royal Canadian Naval Volunteer Reserve.**

FORMER OFFENCES

[Enter in 1st Warrant for any Man in each quarter, all Offences during the last 6 months (if he has been in Ship); for any previous time only Offences punished by Warrant. If a Man is punished by Warrant more than once in any quarter, only Offences committed after date of 1st Warrant need appear, a reference being given to date of 1st Warrant.]

No. of Punishment	XXXXXX																													
	3	4	6	7	8	10	11	12	13	14	15	16	Date of Punishment	No. of Days Imprisoned, specifying whether with or without Hard Labour	No. of Days detention	Disrated to	Deprived of Medal or Badges—No.	Whether Reduced to 2nd Class for conduct	No. of Days confined in Cell on Board, specifying Diet	Extra Work—14 days	Leave stopped	Reduction to a Lower Class for Leave	Pay forfeited for improper Absence	Grogs stopped	Extra Work or Drill—7 days	Reprimand by Captain	Extra Guard (Marines only)	Birching (Boys only)	Cuts with a cane	
1																														

Did remain absent over short leave 24 hours, namely from 0800 on 7th June, 1943 until 0800 on 8th June, 1943.

C. Stadacona on 8th June, 1943.

NO 8 NO 8

H.M.C.S. STADACONA

8th July 19 43

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations Art. 707 (1).

* Twenty-eight

{ days

~~in prison with hard labour~~

*

~~in prison with hard labour~~ Detention

XX

~~addition to the other punishments indicated.~~

Art. 776 (2).

~~To be struck out~~

XX

~~addition to the other punishments indicated.~~

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

The Commodore,

H.M.C. Dockyard,

HALIFAX, Nova Scotia.

Your Obedient Servant,

Alfred C. With
Acting Captain,
Royal Canadian Navy.

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

PROPOSED PUNISHMENT NOT CONSIDERED SUFFICIENT.

FORTY-TWO DAYS' DETENTION APPROVED.

Approved.

Signature

M. Taylor

The Officer Commanding

Rank

Commodore, Second Class,
Royal Canadian Navy.

H.M.C.S. STADACONA

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.



CERTIFICATE of the SERVICE of

Joseph Arthur Adrien Gerard BARIVIERE
in the Royal Canadian Naval Volunteer Reserve

J.C.D.S. 75984

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-50961</i>
	<i>NMCS "Catin"</i>	"
		"

Date of Birth *9 April, 1924* Name and Address of Nearest Relative or Friend (in pencil)

Place of Birth *Montreal, Que.* *MOTHER: LAURE*

Place of Residence *540 SICARD ST, MONTREAL, QUE.* [*SAME ADDRESS*]

Trade brought up to *Helper Mechanic* **O.H.F.**

Religion *Roman Catholic*

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>23 Nov. '42</i>	<i>Duration of Hostilities End Service</i>				

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>8 1/2</i>	<i>34</i>	<i>122</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>2 inch scar on left thigh</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

Name Joyce Arthur Adrian Gerard KARIVIERE Conduct

SECOND CLASS FOR CONDUCT
(Inclusive Dates)

CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE
SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED

From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.S.	Sat (Ord Ann)	31 Dec '42	<i>W. M. Thompson</i>
		Sai	Sat. (Ord Sea)	31 Dec '43	<i>W. P. Lidoat.</i>
		V.G.	Sat. (Ord Sea)	7 May '44	<i>E. J. Davis</i>

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served
7 July 43	W.T.	6	
13 July 43	D	42	28*

* Remission of 14 Days
(29539)



CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **LARIVIERE** OFFICIAL NO. **U-50961**
CHRISTIAN NAMES **JOSEPH ARTHUR ADRIEN GERARD** MARRIED, SINGLE OR WIDOWER **single**

PERMANENT ADDRESS	RELIGION
540 Sicard Street, Montreal, Que.	Roman Catholic

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
9th April 1924	Town Montreal	Mother: Mrs Louis LARIVIERE
*Original Nationality of:	County	Same Address
Father Fr. Can.	Province Quebec	
Mother Fr. Can.		

*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..... 33	Brown	Brown	Fair	2 1/2 inches scar on left thigh
Inches..... 31	Deflated..... 33				
181 1/2	Mean..... 34				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
11th Grade Commercial	Helper Mechanic (Unemployed)

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 23rd November, 1943	Ord. Seaman	H.M.C.S. "CARTIER"

(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 **XXXXXX** 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
----NOT APPLICABLE----			

(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 H.M.C.S. "CARTIER" Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this 23rd day of November, 1942

Signature of applicant XI Gerard Lariviere

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 23rd

day of November, 1942

Paul
Signature of and rank of Attesting Officer.
Sub.Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, JOSEPH ARTHUR ADRIEN GERARD LARIVIERE 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 XI Gerard Lariviere

Witness Paul

Date 23rd November, 1942 Rank Sub.Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

JOSEPH ARTHUR ADRIEN GERARD LARIVIERE having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the H.M.C.S. "CARTIER" Division of the R.C.N.V.R. or in the appropriate official documents.

Paul
Signature of Attesting Officer.
Sub.Lieutenant, R.C.N.V.R.

23rd November 1942 R.C.N.V.R. Division H.M.C.S. "CARTIER"
(or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

This is to acknowledge that I have not been induced to enter the SEAMAN Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Gerard Lariviere
Signature

V50961

OFFICIAL NUMBER

NAME LARIVIERE
(Surname)

Joseph Arthur Adrien Gerard
(Given Names)

OFFICIAL NUMBER

V50961

P.L.B.

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 "CARTIER"	Ord. Smn.	23	11	42	Div. Str. Cartier	V.G.	Sat.	31	12	42							
" "	"	20	1	43	Active Service D.L.20-1-43	Fair	Sat.	31	12	43							
Cornwallis	"	22	3	43	D.L. 23-3-43	V.G.	Sat.	7	5	44							
Stadacona	"	31	5	43	D.R.D. H-1612. "Run".26.6.43.												
"	"	26	6	43	To desertion.249A-28532												
"	"	7	7	43	From desertion.249A-28532.												
Brantford	"	24	10	43	DRD H-2786												
Stadacona	"	23	11	43	DRD H-3289												
Hochelaga II	"	27	11	43	DRD H-3345												
Valleyfield	"	6	12	43	Ledgers												
DISCHARGED	"				"Missing"(Casualty List) "Dead"												

A.B. 30 1 44 Rated(Memo 13-7-44)Post humously.

GENERAL REMARKS

Canadian Memorial Cross awarded to:
Mother. Mrs. Laure Lariviere,
540 Sicard St.,
MONTREAL, Que. 10-10-44

DATE OF BIRTH			PLACE OF BIRTH	CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
09	4	24	2	900	0	10	0	2	23	02	0	04	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK		
23	11	42	20	01	43					9690	0	08	95		
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.									
20	01	43	13	00	00	21	07-05-44			SK		M.P.			

V50961

OFFICIAL NUMBER

FILE NUMBER

113-L-2422

OFFICIAL NUMBER

V50961

NAME LARIVIERE (Surname) Joseph Arthur Adrien Gerard (Given Names) DATE OF BIRTH 9 April, 1924PLACE OF BIRTH Montreal, Quebec OCCUPATION Helper Mechanic (Unemployed)RELIGION Roman Catholic EDUCATION Grade 7 CommercialRESIDENCE AT TIME OF ENLISTMENT: Street and No. 540 Sicard Street Town Montreal Province, etc. Quebec

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
23	11	42	H.O.	5'8 $\frac{1}{2}$ "	Brown	Brown	Fair	2 Inches Scar on left thigh.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs Laure LariviereADDRESS (in pencil): Street and No. 540 Sicard Street Town Montreal Province, etc. Quebec

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 award of CVSM & Clasp 249A#A13912.	29	5	43	Marked TR				
				7	5	43	Qual. Anti-Gas 249A#L2158				
				7	8	43	Qual. Anti-gas 2nd issue. 'A-26598.				

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		
					HMCS "STADACONA"	1598	13	7	43	Did desert.	42 days detention. Granted 4 days remission of sentence. Granted add'l 14 days Remission <i>see file 4300 file</i>

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
13	7	43		24					

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35

FILM
NO
DATE

WSP-5733-4

VERIFICATION FORM

NAVAL STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

7 maid
Arthur NAVAL GENERAL SERVICE MEDAL (1915).

RANK/RATING *P.B.* OFF. NO. *V-50961* ADDRESS

DAYS	AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
								1939-45	1	<i>Star</i>
	<i>Ken</i>							ATLANTIC	1	<i>Star</i>
								FRANCE G.		
<i>50</i>	<i>at</i>							AFRICA		
<i>52</i>	<i>at</i>							PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>Clasp</i>
								" CLASP		
								WAR 1945	1	<i>Medals</i>
								WAR 1915		
	<i>FORFEITS</i>	<i>medals earned prior to Ken</i>								
		<i>War Medal</i>								

VERIFIED BY *[Signature]*
Enl

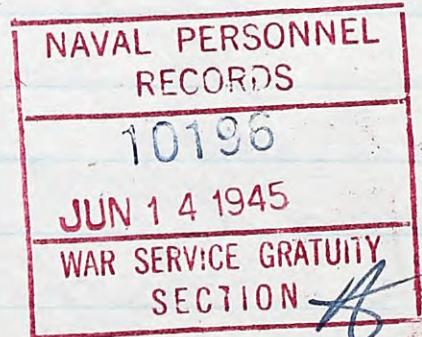
VERIFIED BY DIR. OF PERSONNEL RECORDS.

P616258

Montreal - June 12th 1945 -

NS-V. 50 961 - N-15 -

Department of National Defense
Naval Service

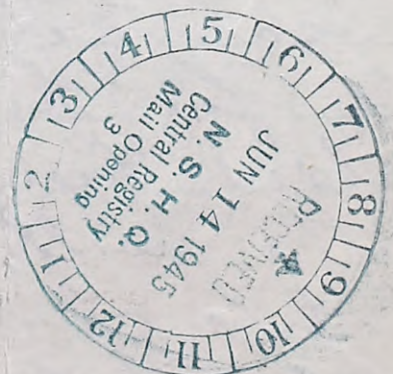


Sir

It was certainly a great shock to me, receiving \$45.00 for the loss of my dear Son, my oldest Son and the only one really I had hope for the future on account of his unselfishness, and his good heart toward his Mother so when he signed everything to my name, in case the worst happen, it was because he wanted me to have what was coming, and I should think that the dear boy, who enlisted before he was called for, and gave his young life for his country, that his word should be taken in consideration, that was a will, it seems to me, He knew the life I'm living having to beg for everything from my husband, that's the reason

Why, he was sending me money very often
one time \$20.00, and many small amount
to help me out and ease my life a little
so you can realize what a great loss
and I am sure you will find me
eligible for the War Service Gratitude
so I'll be able to have Doctors care for
my health who was very shattered
since my dear beloved Lon has died
and thats the only way I will be
able to see about it. So will you
please send me a War service gratuity form
please

From Mrs Laine Lawrie
540 Sicard St
Montreal



STATEMENT OF WAR SERVICE GRATUITY - NAVY

Member's Name *Joseph Arthur Adrien Gerald* LARIVIERE
 (Christian Names) (Surname)

Payee *Director of Estates* for service estate of
 Address *308 Sparks St., Ottawa, Ont.* Joseph A. A. G. LARIVIERE
 Register No. 10196
 File No. V50961
 Date 18-6-45
 Service No. V50961
 Final Rank or Rating A. B.
 Date of termination of overseas service *7 May 44* Date of Discharge *7 May 44*

A. TOTAL QUALIFYING SERVICE
 No. of days $\frac{434}{30}$ equal to *14* complete periods at \$7.50 105.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days *20* less *14* ineligible days equal to *188* days @ 25¢ per day 47.00

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 1.85	
Subsistence or Lodging and Provision Allowance	\$ 1.25	
Additional Pay H. L. M.	\$.13	
\$		
\$		
\$		
\$		
Dependents' Allowance 1/30 of \$		
Total	$3.23 \times 7 =$	\$22.61
No. of days	$\frac{202 + 188}{183}$	$\times \$22.61 =$
		24.96
		23.23

D. WAR SERVICE GRATUITY 175.23

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

F. TOTAL AMOUNT PAYABLE 176.96

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ *176.96*
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.M.P.A. CHECK

1 <i>w</i>	6 <i>[Signature]</i>
2 <i>w</i>	7 <i>[Signature]</i>
3 <i>[Signature]</i>	8 <i>[Signature]</i>
4 <i>[Signature]</i>	9 <i>[Signature]</i>
5 <i>[Signature]</i>	10 <i>[Signature]</i>

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

53

Name LARIVIERE, Joseph A.A.G. Rating Able Seaman
 Official No. V.50961 H.M.C.S. AVALON-VALLEYFIELD List 12²-2
 Who* Discharged Dead on the 7th. May, 1944.

	\$	cts.
Net sum due on ledger on account of Wages.....	NIL	
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash Deposited by O.R.No.25182 ADM.NAVAL ESTATES (PRESENT WAR)		
Cash debited in the Accountant Officer's Cash Acct.....	200.52	
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>Nil</u> charged to.....		
Name of ship from which transferred <u>VALLEYFIELD</u>		
Total†..... Creditor	200.52	

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for VALLEYFIELD amounting to a net balance† Creditor

of TWO HUNDRED dollars FIFTY-TWO cents.

Dated on board H.M.C.S. AVALON at St. John's Newfoundland this 6th. day of September 1944.

Approved [Signature] PAY. LIEUTENANT COMMANDER, RCNVR. Accountant Officer
 { Initials of the Assistant Accountant Officer }
[Signature] A/CAPTAIN, R.C.N. Commanding Officer.

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

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

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON - VALLEYFIELD" ending 30th. June, 1944.

List 12-2 No. 2 (Name) LARIVIERE, Joseph A.A. Rank Rating Able Smn No. V.50961

When entered Former Book Date of appearance Former Book Whither discharged Dead 52

		\$	c.
CREDIT from former account.....		47.68	
Pay as <u>Ordinary Seaman</u> from <u>1st. Apl.</u> to <u>31st. May</u> (<u>61</u> days at \$ <u>1.50</u> a day)		91.50	
" <u>Adj. Over Six Months</u> (<u>Rank Rating</u>) " <u>21. July '43</u> <u>31st. Mch '44</u> (<u>255</u> " <u>.25</u> ")		63.75	
" <u>Adj. Able Seaman</u> <u>30th. Jan</u> " <u>31st. May</u> (<u>123</u> " <u>.35</u> ")		43.05	
" " " " (" " ")			
" " " " (" " ")			
Kit Upkeep Allowance <u>Adj. Mch. .33; 1st. Apl - 7th. May</u> <u>4.47</u>		4.80	
OTHER CREDITS: <u>Grog Money - 9th. Apl - 7th. May 29 days @ .06</u>		1.74	
Total credits.....		252.52	

DEBT from former account..... NIL

PAYMENTS:—	1st	2nd	3rd	4th	5th	Total
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....						Total.....
2nd month.....	47.00					Total..... 47.00
3rd month.....						Total.....

Allotment..... NIL

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: Pay Over-Paid Period in Detention as Ord. Smn. Over 6 months 21 July - 9 Aug '43 20 days 5.00

O.R.No.25182 ADM.NAVAL ESTATES PRESENT WAR 200.52

LEDGER: *W*

AUDIT: *W*

Notes 19/6/45 N.P.A. (G) W.P.A.

Total debits 252.52

Balance Cr. or Dr. NIL

(Balance Dr. to be shown in red)

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

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 6th. September, 1944.

[Signature]

ACCOUNTANT OFFICER
PAY.LIEUTENANT COMMANDER, RCNVR.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county At Sea	Official name of civil municipality or township	Place an X over the word which applies to this municipality or this territory City Town Village Parish Township													
	Street	No.	Hospital or Institution													
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname..... LARIVIERE										Do not write in this space	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH				
	Given names..... Joseph Arthur Adrien Gerard											22. Date of death..... May 7th 1944 (Month) (Day) (Year)				
RESIDENCE	Street..... Sicard No. 540										23. I HEREBY CERTIFY that I attended deceased from19..... to.....19..... and last saw h..... alive on.....19.....					
	Official name of civil municipality or township..... Montreal										24. CAUSE OF DEATH I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Missing, presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed & sunk by enemy action in the 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. (b) due to (c) III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days					
Municipal county..... Quebec. Province.....																
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
Male	French Canadian		Single													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Montreal, Quebec.																
11. DATE OF BIRTH April 9th 1924 (Month) (Day) (Year)																
12. AGE OF DECEASED Years Months Days If less than one day old 20 1 hrs. or min.																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Helper Mechanic															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.															
15. Date deceased last worked at this occupation										16. Total years spent in this occupation						
17. NAME										18. BIRTHPLACE (Province or Country)						
FATHER																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal																
20. Date of burial.....19.....																
21. PLACE OF REGISTRATION OF THIS TRIAL	(a) Name of parish or church.....															
	(b) Civil municipality of.....															
(c) Municipal county.....																
(d) Date.....19..... (Month) (Day) (Year)																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) NAVAL SERVICE HEADQUARTERS, OTTAWA, ONT.										29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.						
This signature authorizes the collector to accept this form as authentic.										(Voir l'autre côté pour le français)						

DEPARTMENT OF VETERANS AFFAIRS
DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

LARIVIERE	Joseph Arthur (A)(G) Adrien Gerard	V-50961	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	5363.
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "VALLEYFIELD" Jan/45

REGISTRATION No. DATE OF DESPATCH

1) MEDALS
PERSON

ENTITLED TO Mr. Wilfred A. Lariviere - Father

(1)

ADDRESS: 540 Sicard St.,
Montreal, Que.

Re App Card 4-1-50

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. L. Lariviere

(3) 10 October 1944

ADDRESS: 540 Secord Street
MONTREAL, Que.

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

369

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name **LARIVIERE** Surname Christian Names **Joseph A.** No. **V50961**

Rank **A B** Unit **R.C.N.V.R. O/S** Date of Death **7-5-44**

Date **15-10-45**

AMOUNT	W.S.G.	176.96
	L.P.C.....\$	180.52
	Other Credits.....	
	Total.....	357.48
	Prev. dist.	180.52
	This dist.	176.96

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/4	father	Wilfred A. Lariviere, 540 Sicard St., MONTREAL, P.Q. (1/4 as next of kin entitled) (1/2 for benefit of 3 minors - 1/6 each)	132.72
1/4	mother	Mrs. Laure Lariviere, (as above) (As next of kin entitled)	44.24

WSG

OCT 18 1945
P4. TO TREAS.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$176.96
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(Signature)

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

TL

Estates Form "P. 4"

NAVY

Name: **LARIVIERE,** Surname Christian Names **Joseph A. G.** No.: **V. 50961**

Rank **A.B.** Unit **R.C.N.V.R. O/S** Date of Death **7-5-44**

AMOUNT

Date: **13-12-44**

L.P.C.....\$ **180.52**
 Other Credits.....
 Total..... **180.52**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/4	Father	Wilfred A. Lariviere, 540 Sicard St., MONTREAL, Que., ($\frac{1}{2}$ As next of kin entitled) ($\frac{1}{2}$ for benefit of 3 minors - 1/6 each)	135.39
$\frac{1}{4}$	Mother	Mrs. Laure Lariviere, (As above) (As next of kin entitled)	45.13

TO BE FORWARDED BY REG. MAIL DIRECT.

P.A. TO TREAS. 2/1/45 PH

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$180.52
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

.....
 (L. M. FIRTH) Lt.-Colonel
 Administrator of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

142568

See no. 119/44 #66

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 LARIVIERE, Joseph A.A.G. Rating Able Seaman
 Official No. V.50961 H.M.C.S. AVALON-VALLEYFIELD List 12²-2
 Who* Discharged Dead on the 7th. May, 1944.

55

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash Deposited by O.R.No.25182 ADM.NAVAL ESTATES (PRESENT WAR)			
Cash debited in the Accountant Officer's Cash Acct.....			200.52
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Nil</u> charged to.....			
Name of ship from which transferred..... <u>VALLEYFIELD</u>			
Total†..... <u>Creditor</u>			200.52

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

Dated on board H.M.C.S. AVALON at St. John's Newfoundland this 6th. day of September 1944.

Approved [Signature] Accountant Officer
PAY.LIEUTENANT COMMANDER, RCNVR.
 { Initials of the Assistant Accountant Officer }
[Signature] Commanding Officer.
A/CAPTAIN, R.C.N.

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 CNS.249A. A.12954 dated 23d.May, 1944.

STATEMENT OF ACCOUNT

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

List **12-2** No. **2** (Name) **LARIVIERE, Joseph A.A.G.** Rank Rating **Able Smn** No. **V.50961**

When entered **Former Book** Date of appearance **Former Book** Whither discharged **Dead**

	\$	c.
CREDIT from former account.....	47.68	
Pay as Ordinary Seaman from 1st. Apl. to 31st. May (61 days at \$ 1.50 a day).....	91.50	
" Adj. ^(Rank Rating) Over Six Months " 21 July '43 31st. Mch '44 255 " .25 ").....	63.75	
" Adj. Able Seaman 30th. Jan " 31st. May (123 " .35 ").....	43.05	
" " " " (" " ").....		
" " " " (" " ").....		
Kit Upkeep Allowance Adj. Mch. .33; 1st. Apl - 7th. May 4.47	4.80	
OTHER CREDITS: Grog Money - 9th. Apl - 7th. May 29 days @ .06	1.74	
Total credits.....	252.52	

DEBT from former account..... **NIL**

PAYMENTS:—	INCLUSIVE DATE						
	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....						Total.....	
2nd month.....	47.00					Total.....	47.00
3rd month.....						Total.....	

Allotment..... **NIL**

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: **Pay Over-Paid Period in Detention as Ord. Smn. Over 6 months 21 July - 9 Aug '43 20 days**..... **5.00**

O.R.No.25182 ADM.NAVAL ESTATES PRESENT WAR..... **200.52**

LEDGER: <i>W</i>	Total debits	252.52
AUDIT: <i>AP</i>	Balance Cr. or Dr.	NIL
	(Balance Dr. to be shown in red)	

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

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

Date..... **6th. September,** 19 **44**

[Signature]
ACCOUNTANT OFFICER
PAY. LIEUTENANT COMMANDER, RCNVR.

Mrs. Laure Lariviere,
 540 Sicard St.,
 Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. V-50961 FD. 552

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

LARIVIERE, Joseph Arthur Adrien Gerard Able Seaman,

Official Number, V-50961, 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. A. Wade
 Curran and McCreary
 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.....	Wilfred Arthur Laurier	49	540 Sicard st
4	Mother of the Deceased.....	Mrs Laure Laurier	45	540 Sicard st
5	Brothers of the Deceased	Roger Laurier	17	540 Sicard st
		André Laurier	14	540 Sicard st
5	Brothers of the Deceased	Full Blood		
		Half Blood	/	
6	Sisters of the Deceased	Marcelle Laurier	11	540 Sicard st
		Full Blood		
6	Sisters of the Deceased	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	
	/	/		

W.W.M
(813) 1-3
110-111 0.1

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Arthur Adrien Lévesque
9	Date of his birth.	9th April 1924
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Montreal - Oct 27 - 1919

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	I don't know
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I don't know
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan life \$5,84.00 Father Wilfrid Arthur Larivière
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.	No No
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

(I am) 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 Laure Lavieie

{ Signature of Informant

540 Sicard St. Montreal

Address

CERTIFICATE

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

Laure Lavieie

*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 *Montreal* this *20* day of *September* 19 *44*

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

Ernest Y. Allard

Qualification

Judge Trial

Address

4309 St. Lacheur St. Montreal

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

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

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

My son told me in his last letter that he was paying a war bond