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7 Next of Kin Mr. Henry Lee,
7. Next-of-Kin Mr.Henry Lee,
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099 536 Young Street, (Winnipeg, Manitoba.
8. Physical Description: Height 5'8 ³ / ₄ " Weight 134 Color of Eyes Blue Color of Hair Reddish
9. Preference, if any, for Naval, Military or Air Force Service. (Give
particulars, qualifications, etc.)
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DEPARTMENT OF VETERANS AFFAIRS DECEASED 7 May 1944	AW	ARDS	IAVY	WAR SERVICE RECORDS D.D.
LEE Frank Edwar	٠d	v− 57850	A.B.	FILE No.
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address: Box 37	, Dickens, Man.	DATE DESP
2) MEMORIAL CROSS		REGN. NU 182
WIDOW		(2)
ADDRESS:		
MEMORIAL CROSS MOTHER	Irs. H. Lee	13 October 1944
	Box 37 DICKENS, Manitoba	(3) 10 UC CODOF 1944
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ARMY TRAINEE M 309652 Frank Edward H-500458 Pte LEE

30 days Training

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Unemployment Insurance Book with Employer.



I.C.N.S. 73182.

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

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

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DATE OF BIR	TH	PLACE OF BIR	TH	NAME AND	ADDRESS OF NEXT OF KIN
8th June, 19 Original Nationality of: Father Englis Mother Englis	h	St. Char Manitoba	- fe	Father, Henry L P.O. Bo Dickens	EE, x 37,
*If not the son of natur (A)	eal born British parents, partic PERSONAL 1			on ENROLM	ENT
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The sector have been been	treng t h 1943 Ore	d. Smn.		H.M.C.S. C	TTDDAWA

(1) That I am a British Subject domiciled in Canada.

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(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) Minavenever served and an not serving in any Navah Military, Reserver or Territorial Forces

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	ŢO
Winnipeg Light Infantry.	Private	9th Oct. 1940 Discharged from Man. #H-500458.	7th Nov. 1940. Portage la Prairie

(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 al 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.

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

Dated this 17th day of March, 1943 2 P. Leg.

Signature of applicant

(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..... March, 1943

My authority for attestation is N.S. 30-34-1, 16th June, 1942.

Signature of and rank of Attesting Officer.

.....

(D)

OATH OF ALLEGIANCE LIEUTENANT R. C. N. V. R.

I. Frank Edward LEE 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.

Witness

(a) I jave never been to he ad her er diale riged in on ner eccurate of utratees.

Signature of Applicant.

17th March, 1943. Date

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.

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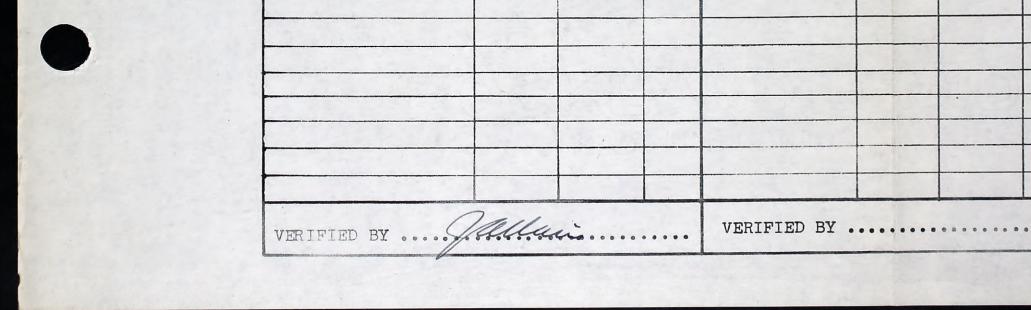
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(HOSTILITIES FORM) .

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(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 IF Force, and that I accept and agree to abide by the rules of the said Force. (3) That * (a) I have never served and amonot serving in any Naval Military Reserve or Ter Forces and that I accept and agree to abide by the rules of the said Force. (3) That * (a) I have never served and amonot serving in any Naval Military Reserve or Ter Forces out Clause not applicable. * (b) I served in Winnipeg Light Infantry for the period shows, and a record of service, in corroboration of this statement. *Cross out Clause not applicable. Materia SERVED IN RANK FROM Incer Card to Materia Materia Yes out Clause not applicable. Materia Private 9th Oct. 1940 Materia Representeer Materia Private State of from Representeer Provide set of from Representeer			RATING FO	R WHICH ENR	Cr: Wi	ane Ltd., nnipeg, Ma	n.
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Force, and that I accept and agree to abide by the rules of the said Force. (3) That * (a) I have never served xand xannot serving in any Naval Military Reserve, or Fer- Forcex x * (b) I served in Winnipeg Light Infantry for the period shows, and a record of service, in corroboration of this statement. *Cross out Clause not applicable. <u>SERVED IN</u> RANK FROM Index Card To Vinnipeg Light Private 9th Oct. 1940 Discharged from Portage Man. #H-500458 Pension Ca	DATE OF E Divisiona 17th Marc	nROLMENT al Strengt ah, 1943	h Oro	d. Smn.	Cr: Wi	ane Ltd., nnipeg, Ma MC.S. ESTABLISH	Ment in which enrolle HIPPAWA.
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*(b) I served in <u>Winnipeg Light Infantry</u> for the period shows, and a record of service, in corroboration of this statement. *Cross out Clause not applicable. <u>SERVED IN</u> RANK FROM <u>Inder Card To</u> <u>Served Infantry</u> . <u>Infantry</u> .	DATE OF E Divisiona 17th Marc (B) I hereby dec (1) That (2) That 1	INROLMENT Al Strengt Ch, 1943 DEC Clare as follows: I am a British S I am desirous of	h CLARATIC Subject dom	d. Smn. ON TO BE niciled in Can	Cra Wi DILED H E MADI Hada. ber of the	ane Ltd., nnipeg, Ma MCS. ESTABLISH A.M.C.G. C D. EY APPL. Royal Canadian	ment in which enrolle HIPPAWA.
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 (c) I have never been rejected for or discharged from any of His Majest account of unfitness. (4) That the particulars contained above are correct and true according to the best c 	DATE OF E Divisiona 17th Marc (B) I hereby dec (1) That (2) That (3) That (3) That *Cross out Clau SERVEN	ENROLMENT Al Strengt Al Strengt DEC Clare as follows: I am a British S I am desirous of t I accept and * (a) I have ne Force * (b) I served in recor- se not applicable. D IN	h CLARATIC Subject dom f being enrol agree to abio ver served xa m. Winnip d of service,	d. Smn. ON TO BE niciled in Can lled as a mem de by the rul and any not se peg Ligh: , in corrobora	Cra Wi DILED H C MADI Adda. Der of the s arxing it van t Infan tion of th 9th (Disch	ane Ltd., nnipeg, Ma MC.S. ESTABLISH M.C.S. ESTABLISH M.M.O.A. C LEY APPL Royal Canadian said Force. ny Naval XMilit htry for the period is statement. FROM Dct. 1940 narged fro	n. MENT IN WHICH ENROLLES HIPPAWA. CANT CANT Naval Volunteer Re ary Reserve, or Ter riod shows, rand a Divisio <u>Inder Card To</u> Inder Card To Navas Stores To Arabia Seg

serve from the date thereof for the duration of hostilities, being

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.

Dated this 17th day of March, 1943

Signature of applicant x K-P. Lee

(C)

(D)

Date

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 <u>17th</u>

day of..... March, 1943

My authority for attestation is N.S. 30-34-1, 16th June, 1942.

Signature of Applicant.

Posenco

.....

Signature of and rank of Attesting Officer.

OATH OF ALLEGIANCE LIEUTENANT R. C. N. V. R.

I, Frank Edward LEE 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.

17th March, 1

Rank LIEUTENANT R. C. N. V. R.

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

Witness

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

ertificates of previous service will be returned after examination.



150м-9-42 (N.S. 815-2-207

Signature of Candidate

.....

6. W. A.

Examining Medical Officer SURGEON LIEUT. R. C. N. V. R.

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nore—This Certificate is to be	completed by the Examining Medical Officer and forwarded	to the Secretary of the Naval Bo	pard, Department of National Defence, Ottawa.
I, the undersig	gned, have examined Frank Edw	ard LEE	
‡candidate for entry and I believe him to given below in my pi tStrike out if inapplicable.	be *{in all respects fit for His Majesty's		
This examina	tion has been made in accordance with t	he current Instruction	s as to Medical Standards.
(a) Age	Yrs. Mos. 23 8	(j) Date of last Vaccination	Never
(b) Height with bare feet	Feet In. 5 $8\frac{1}{4}$	(k) General Development	Good
(c) Weight without clothes	148 pounds	(1) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Rt. Lt. Normal	(m) Heart and Lungs	B/P 130/80 Normal
(e) Chest Girth	Max. Min. Mean 39 37 38	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient Defective Dentures	(o) Limbs and Joints	Normal
(g) Vision by Snellens	without Rt. Lt. Both glasses 6/9 6/9 6/6	(p) Skin	Normal
Types	with glasses Rt. Lt. Both where worn	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern	(r) Testes Varicocele	Normal
(i) Chest approve positive doubtful	a APPROVED Much 17-1953	(s) Urine Sugar & Alb	Negative

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

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

This Candidate is the subject of.....

..... */which renders him medically unfit for service,

not considered of sufficient importance to cause his rejection, he being desirable in other respects. *Delete one.

IF REJECTED	
insert here	
UNFIT	
in block letters	
** ** ** *	

H. M. C. S. "CHIPPAWA"

Dated at the 17th of March 19.43.

MILITIA ACT

M.F.M. 83 240M-8-40 (6652) H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. H500458

Militia Unit taken On Strength Winnipeg Light Infantry,

	Surname (Block Letters)
2.	Christian Names (In Full) Frank Edward,
3.	During 536 Young Street, Winnipeg, Manitoba.
1.	Place of Birth KirkfieldtPark, Date of Birth & June 1919
5.	Religion Protestant 6. Occupation Wild Craft,
	Next-of-Kin Mr. Henry Lee,
•	536 Young Street, Winnipeg, Manitoba.
3.	Physical Description: Height 5'83" Weight 134
	Color of EyesBlue Color of Hair Reddish
١.	Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.) NAVAL
	Dated this 9th. day of October 1940.
	Training Centre No. 100th.
/	
	Training Centre No. 100th.
1.0	NO. 100 TRAINING CERTIFICATE
	NO. 100
	NO. 100 TRAINING CERTIFICATE STAMP
	NO. 100 COURSE 1 ETAMP NG. 100 COURSE 1 ETAMP NG. 100 COURSE 1 TRAINING CERTIFICATE STAMP

DISTRIBUTION OF SERVICE ESTATES Y.C.

Estates	Form	"P. 4"
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1 .		DISTRIBUTION OF SERV	TCE ESTATES	1.0.	Estates Forn	1 "P. 4'
x 4-		HAVY				
Name: LE		Frank E.		No.¥	57850	
	Sumanie	Christian Names				
		H.M.C.S. Valleyfield		7/5/	44	
Kank		Unit		6	ate of Death	
			AMOUNT			
			L.P.	. C	\$77.96	
		Date: December 14, 1944	Othe	er Credits		
			Tota	al	77.96	

SHARE	RELATION	ISHIP		NAME AN	ID ADDRESS	AMOUNT
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•	Mother		60	rs. Kama Lee, as above)	01	38.98
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			TO B	E FORWARDED	BY REG. MAIL DIRECT.	•
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AUTHO	RITY					DISTRIBUTION APPROVED AND AUTHORIZED
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9999	831	00	50	000	\$77.96	L. M. FIRTH
CLASSIFIE	D BY	1	EXAM	INED BY		(L. M. FIRTH) LtColonel Administrator of Estates
Original K. L. I	Signed by AcCUAIG	,		For C	hief Treasury Officer	AUDITED FOR PAYMENT

4

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Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. at
Name
Rank of Rating Official No
Place of Birth. Date of Birth.
Occupation in Civil Life
Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)
Date of Death Place of Death
Cause of Death (If due to accident, violence, or enemy action, particulars to be stated briefly)
······
·
Nearest known (Name
relative or friend. Address
Det - Hill H. J. CL. In C. Stational by M. M. M. M.
Date on which the above was informed by Ship
Date on which death was registered with local Officials
In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-
ing to Nationality
Place of Burial
Location, Number, etc., of grave
Undertaker employed
If borne for discipline only, date D.S.Q. or invalided
20 -8
Supposed A/ Chepter Li
Commanding Officer,
The NAVAL SECRETARY, Department of National Defence, Ottawa, Canada.
In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.
Distribution: File, Imp. W. G. Com., Dom. Stat., Register.
C.N.S. 1121 15M-6-41 (831) N.S. 815-9-1121

2.

1 mm

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	RELATIVES		INFORMANT'S STATEMENT							
of Rela- tion- ship		TIVES e accounted for	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 D	Deceased								
2	Children of the dates of their	Deceased and Births								
3	Father of the I	Deceased	Henry Lee.		Rosser Man					
4	Mother of the l	Deceased	Emma Eliza Lee		(1 11					
5	Brothers of the Deceased	Full Blood	james WA Lee Victor 9 Samuel P		Int Hype Ond Winnipeg Ma Rosser M.					
	1.1	Half Blood								
6	Sisters of the Deceased	Full Blood	Grace MiDonde Marriett Dare		Rosser Ma Rosser M					
		Half Blood								
7	of the full or t	rs or sisters (whether he half blood) of the <i>are dead</i> , and date of	Names and ages of their children (if any)		Address of their children					
	Ined.	J Gee								

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Henry Lee, P.O. Box 37,

DICKENS, Man.

.....

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. NS. V-57850 FD. 623

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

1

OTTAWA, ONT.

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

LEE, Frank Edward, Able Seaman,

V-57850, 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.

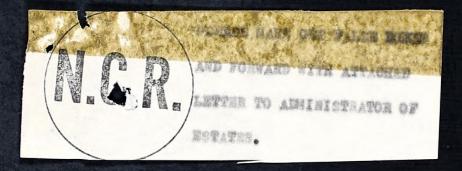
mmande Director of Estates.

GC/

1.F.W. 77 44 (4878) Q. 1772-39-972

<form></form>	Thereby declare that all the particulars shown on this form are correct, and a true and complete attement of all the relatives that the deceased even had in the decreases of even specified; and that I am the "	f relationship		
Thereby declare that all the particulars shown on this form are correct, and a true and compares the second in the decrease of the the the second in the decrease of	Thereby declare that all the particulars shown on this form are correct, and a true and complete 	f relationship	DECLARATION	E.
Alter and the relatives that the decreased ever had in the degrees speched; and that I am the '' is the decreased in the decreased is the decreased in the decreased in the decreased is the decreased in the decreased in the decreased is the decreased in the decreased in the decreased is the decreased in the decreased is the decreased in the decreased in the decreased is the decreased in the decreased in the decreased is the decreased in the decreased in the decreased in the decreased is the decreased in the decreased in the decreased is the decrease in the decrease is the decreased in the decreased in the decreased is the decreased in the decrease in the decreased in the decrease in the decrease in the decreased in the decreased in the decrease in the decrease in the decreased in the decreased in the decrease in the decreased in the decrease in the decrease in the decrease in the decreased in the decrease in the decreas	at the decreased even had in the decreased even had in the decreased. "	Widow" I hereby declare th	hat all the particulars shown on this form are correct, and a true and comp	olete
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Barbard	Barray			
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	Hardwards Person	fagistrate, Commissioner or Notary		ant
CRUTPICATE Anero certify that to the bot of my knowledge and helist. Area and an and a to the bot of my knowledge and helist. Anero Area and an and the bot of my knowledge and helist. Area and a to the bot of	CERTIFICATE Anecho centify that to the best of my knowledge and belief. Jewayyy Jewayy Anexanin Jewayyy Jeway	f His Majesty's Forces.	Box 37 Dichens O. Man. Address	c
I hereby certify that to the best of my knowledge and belief. Meaning the data way in the second above described. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence. The above Declaration was made by the Informant and signed in my presence above and the above Declaration above above	I hereby certify that to the best of my knowledge and belled			
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<form><form><form><form><form><form></form></form></form></form></form></form>	Charling of the series of the series 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	Dated at	pig this day of active 19	44
<text><text><text><text><text></text></text></text></text></text>	<text><text><text><text><text></text></text></text></text></text>	Priest, Magistrate,	and in Martino and	X
<text><text><text><text><text></text></text></text></text></text>	Address. Address and address a	Notary Public or Com- missioned Officer of any	Quantication Santio linca	1.3
<text></text>	between the billing that the trans that the train that is the train allow deal deal as a deal werving, kealwee been deal addresses and relationship of other relatives should be set out below. USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE	of His Majesty's Forces.	His the Sature Block	
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<text></text>	(Presenter of Statemant opposite) (If the decased has been within prelatives 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	NOTEBefore granting the above Certi	tificate, care should be taken to see that the informant gives particulars concerning the death o	of any
		roper place in the Statement opposite.		
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		entre el second de la companye y se se se potre est la través de la recención de la se traves de la companye de la second		

8	Full names of the deceased.	Frank Edward Lee.
9	Date of his birth.	June 19 1919
0	Place and date of his marriage.	
1	Place and date of his parents' marriage.	Southampton Englan
	PARTICULARS OF D	OMICILE
2	Place where deceased was born.	Kinhfield man
3	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) 3 manitaha (d)
4	Nature of employment before enlistment.	skipper
5	State whether he owned the premises in which he lived, and, if so, where situated.	
.6	Name place where deceased stated he intended to make his permanent home.	
	PARTICULARS OF	FESTATE
17	Did he leave a Will? If in your custody, please forward.	
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?	
Ð	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?	/
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Not Positine
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
	(NOTE:—The government pays funeral expenses within th and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses	mment will reimburse such relative to the extent of the amou





Department of National Defence

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Rabal Service

OTTAWA, Ont., 30th August, 194 4.

N.S. V-57850 PERS. (N)

IN REPLY PLEASE QUOTE

Sir:

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

NAME, RANK/RATING, Official No., UNIT PARTICULARS RE DEATH

NEXT OF KIN

LEE, Frank Edward

Missing, presumed dead to Able Seaman, date 7 May, 1944. He was serv-V-57850,R.C.N.V.R. ing in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Father: Mr. Henry Lee, P.O. BOX 37, DICKENS, Man.

	×			ALLOTMENTS	IN	FORCE
In fa	avor of		et			
	TTourse	(Dethen)				A D

Initials Amount

A.P. \$20.00 E.W.

LEE, Henry (Father) P.O. Box 37, Dickens, Man.

> W111: No record.

Yours truly,

oney

for SECRETARY, NAVAL BOARD.

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

D 2258 A 1000м-4-42 (4259) N.S. 815-5-2258

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MEMBER'S Frank	Edward	LEE		
INAME	(CHRISTIAN NAMES)	(SURNAME)		REGISTER NO
PAYEE Mr. H	and the second s	/	<u>y</u>	DATE
ADD SESS BOX 3	7, Dickens P.O., an.			SERVICE NO
	INATION OF OVERSEAS SERV	ICE 7 May 144		OF DISCHARGE
A. TOTAL QUALIFY		369 1	2	
B. QUALIFYING OV	NO. OF D	AYSEQUAL TO	COMPLETE P	ERIODS AT \$7.50
	LESS 9 INELIGIBLE DAYS, EQUAI	L TO 174 DAYS @ 25C.	PER DAY	
				-
C. SUPPLEMENT FC	OR OVERSEAS SERVICE		L.	
	P	RATES AT DISCHARG	.85	
	SUBSISTENCE OR LODGI AND PROVISION ALLOWAR	NCE \$.25	
	ADDITIONAL P	H.L.M.	.13	
		\$	>	
DEF	PENDENTS' ALLOWANCE 1/30 O	F \$\$		07 71
		TOTAL \$	•)) ×7 = \$	23.31
		NO. OF DAYS	183 × 5	
		*		
D. WAR SERV	ICE GRATUITY			
		F PAY AND ALL	OWANCES \$	NTT
E. DEDUCTIONS	OVERPAYMENT O	DEPENDENTS' A		IN T TY
E. DEDUCTIONS		DEPENDENTS' A AND ASS	SIGNED PAY \$	
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	STATEMENT OF WAR SERVICE GRATUITY - NAVY	
Deceased.	Frank Colward LEE	
Matino 41 S Matino	(Christian Names) (Surname)	
	Register No.	1939
Payee		1-57850
Address	Ber 37 Dickens P.O. Date	26-6-45
	Manitoba Service No. Service No.	
Date of termin	ation of overseas service 7 may 44 Date of Discharge	
A. TOTAL QUALI	FYING SERVICE	5 0 4 /
	No. of days <u>369</u> equal to 12 complete periods at 37,50	90.00
No. of days/8	OVERSEAS SERVICE 3 less 9 ineligible days equal to/74 days @ 25¢ per day FOR OVERSEAS SERVICE	43.50
	DAILY RATES AT DISCHARGE	
	Pay \$1.85 Subsistence or Lodging \$1.25 and Provision Allowance	
	Additional Pay A, A. 3 \$.10 H. L. M. \$.13	
Depender		
and Pattern Me	Total $3.33 \times 7 = $ 23.31$	
	No. of days 183 x \$ 23.31	23.3/
D. WAR SI	ERVICE GRATUITY	156.81-
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
	OTHER DEDUCTIONS \$ mil	
F. TOTAL AMOUN	NT PAYABLE	156.81
G. YOUR PORTI	ON OF GRATUITY IS	a and the state of
	Dependents' Allowance in issue to you \$ of \$ = Total Dependents' Allowance in issue \$	\$156.87
	I certify that the amount has been correctly computed and is	pavable
<u>CERTIFICATE</u> :	in accordance with the terms of the War Service Grants Act, the regulations issued thereunder.	1944 and
	Treasury	
Prepared by	Checked by Checked by Date	
	Service Rep	resentative
D.N.P.A. C	HECK	
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4 /W.P.Y. 9	TAK.	
5 April 10		
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TARTICULARS OF DEAD OR MISSING PERSONNEL WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY Norma of Docensed Member Frank E. LEE Rating A.B. O.No.V57850 1. Dependents' Allowance and Assigned Pay in force at date of death: D.A. -A.P. 20001 D.A. ____ A.P. ____ 2. Pension awarded or Ho record being awarded to:

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

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authoring 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:

() To be paid to:

In the proportion of: /

1839

- and -

In the proportion of: /

() 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)

to:

Group "C", of the above mentioned Directive.

for

vate 3/3/45

1839 FILE NO. N.S. V- 57850 TO: D.N.P.A. "WAR SERVICE GRATUITY" ITOB HO P COMPUTATION OF SERVICE Frank Bedwar 1-57850 1. RANK OR RATING OFFICIAL CHRISTIAN NAMES NUMBER IN FULL ON DISCHARGE x Dead CAUSE OF DISCHARGE: Application made by Father no Record of Pension In Receipt of A.P. \$ 20.00 but not D.A at time of ratings death. TOTAL SERVICE 5 may 43 Date of Active Service 369 Date of Discharge 7 may 44. Total No. of Days # Less non qualifying nil service Total Days 369 OVERSEAS SERVICE % Total No. of Days # Less non qualifying nil service 183 Total Days Record of Service in other Forces (per Naval Records) te no H 50058 de Branch of Service in N.P.A.M. Date of Active Service Date of Discharge no4'40 # & % Overleaf Computed By Checked By 4 for H.B. Money) NOV 2 4 1944 Payr. Gmdr. R.C.N.R. Officer-in-Charge Naval Personnel Records DATE: 100. - 2

applicant - Father Copy and f

.C.PEITS. A.T. J.C 107. 3 --NON QUALIFYING SERVICE Overseas (#) Date WAR STRVICE SHARVER No. of Days Reason O DATOT. DO 11 11 -11 11 11 11 11 EL MUT V 11 JIT 11 11 AFIGSIG NO MOUNT 11 11 $K=[-K,n]\times[n]$ -----Total Days TOTAL SERVICE Dete-of Astive Service (%) -----OVERSEAS SERVICE: er TELSHID TO SJBU No. of Deys To. Where Serving From val 18 .off Istor 2 Non' 43 12 Apl' 44 1631711 Inup non bae.1 m.L. 051 service Total Deva 18 Apl'44 - 7 may 44 Valleyfield 20 183 evel 10 ani istor "Less non qualifying Vallyfuld ML 051 obivies 2gnn 13 apr 3i Que 7 may 3100 Record of Service in Other Forces (per Marel Records) 02 29 Jul 31 meh Branch Af Service 12ape Sate of Active Service 163 Date of Discharge Resignation & 3 4 Compated By · Checked By fon (H.E. Meney) Payr. Ondr. R.O. . R. Officer-in-Gimingo Naval Personnel Reserce TRTAG a de la sula 4

and the second second

DEPARTMENT OF NATIONAL DEFENCE H.Q. 1772-39-2326 you last served.) **Application for War Service Gratuity** (Canadian Armed Forces) A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted. 1. Surname on termination of service......LEE (Print) 2. Christian Names FRANK EDWARD 3. Service No. V.5.7.8.5.0. 4. Paid rank or rating at date of termination of Service. A. B. 5. Address, in full, to which payments of gratuity are to be forwarded BOX 37 DICKENS P.O. MAN 6. State below your period or periods of service in the Armed Forces of Canada during the present war. Final Date of Date of Service Commencement Rank or Termination (Navy, Army or Air Force) Service No. Rating of Service of Service ARMY H. 500458 PTE. SEPT. 1940 Oct. 1940 NAVY V.57850 A.B. MAY 5.1943 MAY 7, 1944. 7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated 8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed tion of service. N.A. Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity. Henry Lee (Jather) (Signature of Applicant) los 1944 If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be pre-C.N.b.EL pared in the name given in question 1, a specific address in question 5 is particularly essential. When completed this form is to be mailed to the Headquarter in which you last served. V12: The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be ccompanied by Certificate of Service in Navythe case of ratings.) Army-The Secretary, Department of National Defence (Army), Ottawa. Attention Paymast General Air Force-The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer

1 Mil. 9-44 (5449)

Application for War Service Crinicity

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Sub-Lieut. Record-

Ar. Anderson of the Canadian Legion 'phoned re a Frank Lee deceased whose parents have an application for W.S.G. and are badly in need of financial aid. The attached file is the only one we have for a Frank Lee although the O.N. differs from the one given by Mr. Anderson in that he gave me V52580 and the attached man's O.N. is V-57850. Will you please call Mr. Anderson at 2-2679 and advise him of the status of **h**his application.

File No. N. S. V. 57850. PERS. (N)..

DEPARTMENT OF NATIONAL DEFENCE - Naval Service -

WAR MEMORIAL CROSS

Issued to:-

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Wife: -

Mother: -

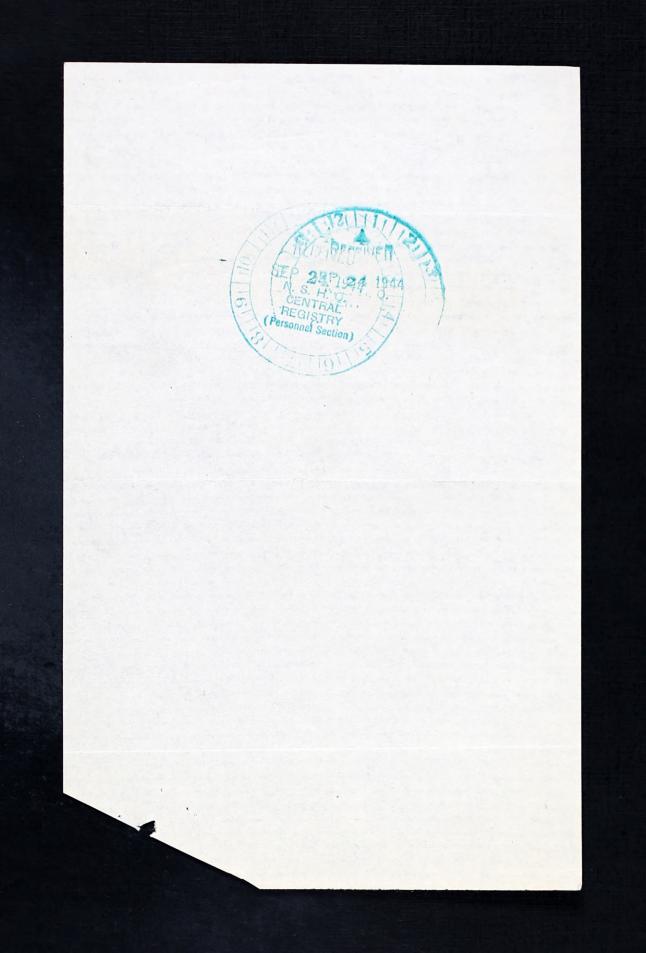
Mrs. H. Lee, Box 37, DICKENS, Man.

Date forwarded: - OCT 1.3 1944 Registered Mail No: - () - 3196

The strength of the second of the



Low Mi 20/9/ m. H. Lee · Box 37 Dickens P.O Hile no. N.S. V. 57850, Man Sept. 21/44 Sect. Naval Board. 149121 Dear Sir, #12. In reference to your letter of Sept 15 regarding whereabouts of Mrs. Lee mother of A.B. Frank Lee. I am glad to inform you that she is living and at the above address. I'm sure she would be pleased to receive a Memoid hors, as she already has ne received after the loss of another son L. A. C. Fred Lee, killed in action Dec 42. I with this letter for my father who at secont is too ill. 1800 Mis sincerely Mis mc Donald



REMARKS: THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE. and the state of the state Maiden name Date of marriage and/or Names of Dependents Relationship of wife date of birth of children D. A. Viel TOTAL A. P. 21.1 20.00 Monthly rate: To Whom Paid: Mr. Henry Lee Address PUBOX 37 Dickens Man Date of Enlistment: see other side Date of Discharge: see other side. Inclusive date to which D.A. and/or A.P. was Paid: a.P. find to 3/st may 44 The final deduction of Assigned Pay for \$20.00 has been made for the period may 194 4 3/ret of from 1st to Remarks: . . . Computed by a.L. Checked by oscell

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

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

	P.M.			
R. /5-2.				
		FORM "B"	FILE	: N.S. V-57850 PERS.
••	· · · DEPARIT	ENT OF NATIONAL DE	PENCE	-
		Ottawa, Ca	nada.	17937:
Cimi		4N		AUG 3 0 1944
Sir:				(Date)
	The follow	ving casualty has b	een reported	
AME		RANK or RATIN	<u>.</u>	NAVAL NO.
E. Frank Edwa	ard	Able Seaman		V-57850 R.C.N.V.
ATE OF ENLIST	ENT - 17 Marc	h, 1943 Active S	ervice: 5 N	ay, 1943
ATE OF DISCHAR	RGE - 7 May.	1944	5 - C	
		-		
OSPITAL - (If	discharged in	n hospital under ju	risdiction of	of D.P. & .N.H.)
ERVICE - (Ind	CANADA & HIGH	r in Canada only: c	r in Canada	and the high seas or
	sewhere.)		-	and the second
eason for disc		Missing, presumed	dead, when.	H.M.C.S. WALLEYFIELD"
hen and where as incurred, o			k by enemy a	action in the Atlantic.
ccurred.				
			hilite des	to enemy pation
(Sho	ow clearly who	ether death or disa ether it occurred i	bility due n Canada. O	to enemy action, r on the high seas or
ccident or di	sease, and who	ether it occurred i	n Canada, o:	to enemy action, r on the high seas or
ccident or di elsewhere outs	sease, and wh ide Canada.)	ether it occurred i	n Canada, o:	to enemy action, r on the high seas or
Accident or dialsewhere outs	sease, and who ide Canada.) RELATIONSHIP	ether it occurred i	n Canada, o	r on the high seas or
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VEXT OF KIN &	sease, and whe ide Canada.) RELATIONSHIP Father	ether it occurred i	n Canada, o: NAME - Mr.	r on the high seas or
ADDRESS -	sease, and whe ide Canada.) RELATIONSHIP Father P.O. Box 37	ether it occurred i	n Canada, o: NAME - Mr.	r on the high seas or
ADDRESS -	sease, and who ide Canada.) RELATIONSHIP Father P.O. Box 37	ether it occurred i	n Canada, o: NAME - Mr	r on the high seas or Henry Lee,
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ADDRESS -	sease, and who ide Canada.) RELATIONSHIP Father P.O. Box 37 records indica otherwise, de	other it occurred i DICKINS, Man. ate that rating was tails to be furnish	NAME - Mr.	r on the high seas or <u>Henry Lee</u> , from his wife, legally of any Court Order,
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ADDRESS - IOTE: If or the FOR	sease, and why ide Canada.) <u>RELATIONSHIP</u> Father P.O. Box 57 records indica otherwise, de Separation A M "A" RESPECT WARDED. PILE	ether it occurred i DICKENS, Man. ate that rating was tails to be furnish greement, etc., to ING THE ABOVE NAMEI ASE SEE REVERSE SII	NAME - Mr. NAME - Mr. separated : ed and copy be furnished be furnished be furnished be for DETAI	r on the high seas or Henry Lee, from his wife, legally of any Court Order, d. C.R. SY REVIOUSLY
ADDRESS - IOTE: If or the FOR	sease, and why ide Canada.) <u>RELATIONSHIP</u> Father P.O. Box 57 records indica otherwise, de Separation A M "A" RESPECT WARDED. PILE	ether it occurred i DICKENS, Man. ate that rating was tails to be furnish greement, etc., to	NAME - Mr. NAME - Mr. separated : ed and copy be furnished be furnished be furnished be for DETAI	r on the high seas or Henry Lee, from his wife, legally of any Court Order, d. C.R. SY REVIOUSLY
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ADDRESS - NOTE: If or the FOR	sease, and why ide Canada.) RELATIONSHIP Father P.O. Box 37 records indica otherwise, de Separation A M "A" RESPECT WARDED. PILE	ether it occurred i DICKENS, Man. ate that rating was tails to be furnish greement, etc., to ING THE ABOVE NAMEI ASE SEE REVERSE SII	NAME - Mr.	r on the high seas or Henry Lee, from his wife, legally of any Court Order, d. C.R. SY C.R. SY REVIOUSLY LS OF MAR-
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ACCIDENT OF KIN & NEXT OF KIN & RELATIONSHIP - ADDRESS - NOTE: If or the FOR	sease, and why ide Canada.) RELATIONSHIP Father P.O. Box 37 records indica otherwise, de Separation A M "A" RESPECT WARDED. PILE	ether it occurred i DICKENS, Man. ate that rating was tails to be furnish greement, etc., to ING THE ABOVE NAMEI ASE SEE REVERSE SII	NAME - Mr.	r on the high seas or Henry Lee. from his wife, legally of any Court Order, d. C.R. BY REVIOUSLY LS OF MAR. C. R. P. A. NAVAL JERASURY
Accident or di elsewhere outs NEXT OF KIN & RELATIONSHIP - ADDRESS - NOTE: If or the FOR	sease, and why ide Canada.) RELATIONSHIP Father P.O. Box 37 records indica otherwise, de Separation A M "A" RESPECT WARDED. PILE	ether it occurred i DICKENS, Man. ate that rating was tails to be furnish greement, etc., to ING THE ABOVE NAMEI ASE SEE REVERSE SII	NAME - Mr.	r on the high seas or Henry Lee, from his wife, legally of any Court Order, d. C.R. SY C.R. SY REVIOUSLY LS OF MAR-

•	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" FORM 5 PROVINCE OF MANITOBA
	OFFICIAL REGISTRATION OF DEATH
0	1. PLACE OF DEATH If in Rural Municipality
	(Name) (If in hospital or Institution, give name instead of street and number 2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigration (if immigration)) (in years, months and days) In Canada (if immigration) In Canada (if immigration)
	3. PRINT FULL NAME OF DECEASED LICE Frank Edward (Surname) (Given name or names in usual order)
	RESIDENCE
	Nale Canadian English Single St. Charles, Man.
1999	9. DATE OF BIRTH Month Day (Write the word) Year 18 Year 1919 Years 10. AGE IN Months 24 Days 11 If less than one hrs. or
to obtain all the particulars required shall issue the Burial Permit. The uired by Section 41 to fill in all the ENT RECORD. side for instructions.)	11. Trade, profession or kind of work as spinner, teamster, office clerk, etc
It to It to stion.	12. Kind of industry or business, as cotton-mill, lumbering, bank, etc
tain all the particular issue the Burial Perr by Section 41 to fill RECORD. for instructions.)	at this occupation
phtain sell issued by IT R	of husband or maiden name of wife of deceased
w, to ob ho shall required ANENT e side	10. Name of father
as Undertaker, Registrar who nce, who is req A PERMAN (See reverse d	20 17. Birthplace of father
ss Unde Registi nce, wh A PE See re	19. Birthplace of mother
ing as sion F sion F andan IS	The above stated particulars are true, to the best of my knowledge and belief.
n act bivit n atte THIS ied.	The above stated particulars are true, to the best of my knowledge and belief. 20. Signature of informant. Address Maval Personnel Records.
perso th the last it t. 7 v. 7	Address Mayal Service Headquarters, Ottaxa, Records, 22. Place of burial, cremation or removal Date of burial
ker or p ae with cian fas INK. Ily sup	Body not recovered.
Indertaker or person at the same with the Di e Physician fast in at ADING INK. THI carefully supplied.	23. Burial Permit was issuéd by
he Un file th i the VFAL be ci	24. Signature of Undertaker or person acting as Undertaker
duty of the U , and to file cate from th ITH UNF/ should be	MEDICAL CERTIFICATE OF DEATH
	25. DATE OF DEATH (Hour) (Day) (Month) (19
t, makes it the tion of Death Medical Certifi PLAINLY W information	26. I HEREBY CERTIFY that I attended deceased from
makes edical edical form	to
tistics Aci I Registra tains the WRITE item of	I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. Marbid conditions, if any, giving rise to imme- (b) Action in the Atlantic.
IS, Vital Sta the "Officia dertaker ob ticulars. Every	diate cause (stated in order proceeding backwards from immediate cause).
SEC.	Other morbid conditions (if important) con- tributing to death but not causally related {
	27. If a woman, was the death associated with pregnancy?
	28. Was there a surgical operation?
	29. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide?
- + _	Manner of injury
-10-	Nature of injury
-	Specify whether injury occurred in industry , in home , or in public place I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belie
	Signed by
	Address
	30. Registered number
	31. (Signature of Division Parister)
1	

No.

0

C.N.S. 264 (S. 264) 75M-5-42 (4758) N.S. 815-9-264

N.S. 815-9-264 LEE 1. Name Sub-Rating and Seniority. ORD. SMIN 5- May Non-Sub O.N. V - 57850 S.B. No. W.B. No. 43 from devisional streng Joined Ship Engagement: Period 17 mm h'43 Expires Date of Birth 18 me 19 Religion 6 of Character..... Efficiency Date 14 une Date due for: Next Badge..... Progressive Pay..... L.S. & G.C. Recommended Date Oualified? Wishes to Pass? Recommended? Advancement. yes Educ. Test Pt.1 Higher Educ. Test. Professional or higher Sub-rating do Non-Sub. (For ordinary Seamen Form T.S.34 (S.536D) must be used in addition). Any Non-Service Attainments Swimming Qualification Athletic capabilities General Remarks (including intelligence, energy, initiative, powers of command). M Test- Row Score -128 18-35-Education al (as tan as provident work goes). Particularly good # and. rad. Imant, 1 39 Ce N. Kobe H.M.C.S. RCMR Date 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

(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.

P.T.O.

Very good sating, older & more reliable, very to do his bit, should make a very worth who rating.

H.M.C.S. Maden + Date Sept 6/43

.K.M. Johnstow 5/2. U.R. Officer of Division.

Churchel conscientions worker. Very interestis in his work. Sense of Respensibility above the average. Recommended for AATT course

H.M.C.S. M.L. 051 Date 12 april 1944

in henvel Officer of Division.

H.M.C.S.

Officer of Division.

Date.....

H.M.C.S. Date

Officer of Division.

.....

Officer of Division.

H.M.C.S.....

Date.....

Signature and Rank of Divisional Officer **Educational Examinations** Ship Date 1-Accelerated Advancement..... Passed Educa-For Able Seaman..... tionally Educational Test I..... Rated Ordinary Seaman Compass and Wheel Rule of the Road Sounding Machine Lead and Line Bends and Hitche Blocks and Tackles Date of Passing Rigging Sheers and Derricks Anchors and Cables Part of Ship Evolutions Signature and Rank of Boat Work SEAMANSHIP TOTAL Divisional Officer, and Ship Subject Signals Hours 28-8-43 2 00 84. % 96 1288 78 83 87 SUB/WIEUTENANT, RCNVR, % "NADEN" H.M.C.S. Shooting teacher Date of Passing Field Training Aut.Weap Director and Sighting Signature and Rank of Ammunition * Stripping Gun Drill Divisional Officer, and Ship TOTAL Subject GUNNERY Lookout A. ome 2 29-7-43 Hours 66.8 7 Sat. Sat 2 33 % SUB/LIEUTENANT , RCNVR. 65 100 99 % H.M.C.S. "NADEN" Date of Passing Depth charges Signature and Rank of Instruments High Power Low Power Whitehead Paravanes Explosives Divisional Officer, and Ship TOTAL Subject TORPEDO Hours mo % 85 绍 SUB LIEUTENANT, RCNVR, 2-8 43 % H.M.C.S. "NADEN" * 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 recom-mended, the word "NO" is to be entered. Recommenda-Divisional Officer's Remarks tion for non-sub. rate† Total Period of Practical Experience as Ord. Seaman in part of Ship Recommended for Advancement to Able Seaman on (Date) Ship Rated Able Seaman and Recommenda-Ordinary Seaman tions inserted on History Sheet Qualified for advancement to Able Seaman H.M.C.S. on.....Date. DateCommodoreCaptain.DepotDate.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

20M-10-41 (2221) N.S. 815-9-536D.

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

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

Frank Edwar			of Birth kune '19
Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School		Maltis - 75 % - 42%. Eng. 65%. + 1	R
Seamanship— Boat work: (a) Pulling	Sot.	72%	R
(b) Sailing			
Gunnery and Disciplinary Training	toE	agood voier & a Smant	R
Shooting			
Swimming—P. P. T.		Date qualified	
Physical and Recreational Training			
Special qualifications			
Call Boy			
Bugler (Sea Service)			
Special Remarks	and the second second		
e.g., C. W. Candidate			
On joining:— Weight	148	Height 5 8 1/4 Date 17 me	h '43
On leaving: Weight.	150	Height 5' 84" Date 18 Ju	ne 43.
* State in	remarks column wl	hether Normal, Advanced Class or V/S or W/T.	
H.M.C.S." Chippo		Date 18 June 43	Captain.

117 M.L. 051 3-11-43 Page 1

GUNNERY HISTORY SHEET

To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Official No. 1 578 50.

S.

8 8

1245 10M-1-42 (3032) N.S. 815-9-1245

Port Division ESQUIPMALT BC

RECORD OF GUNNERY STATIONS IN SHIPS AT SEA

To be filled in, in H. M. C. Ships at sea, when duties are performed for not less than six months. Where a rating is found unsuited for any particular Gunnery duty, a notation to that effect is to be made in RED. Should any man be subject to severe seasickness, and therefore unsuitable for employment in ships smaller than cruisers, this fact is to be reported to the Commodore of the man's Depot, and a notation made on Page 1.

Date	SHIP	Ra	tings	Stat	ion	Ability	Initials of Gunnery Officer	
Date	5111	Seaman	Gunnery	Gun and Mounting	Duty	Ability	Officer	
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Page 2

RECORD OF EXAMINATIONS IN GUNNERY

To b and above

1. ...

To be filled up on qualification in Gunnery for Able Seaman and on completion of every qualifying or re-qualifying course, for confirmed or acting Gunnery rating carried out in a Gunnery School. 01

Failures to be filled in, in RED.

-	DATE	19-1	11.43	7-10	-43																		
SUBJECT	SHIP	NAT	DEN.	NAC	N																		
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RECORD OF TEST FIRINGS

To be filled in for Test Firings *only* carried out in Gunnery Schools and H. M. C. Ships at sea with any gun 3-inch and above. Assessment is V.G.I., V.G., G., Fair and Poor (Failure).

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Date	Ship	Gun	Mounting	Rounds	Nature of Practice	Qualified or Failed	Assessment	Initials of Gunnery Officer
••••••••								

LEWIS GUN, RIFLE AND PISTOL PRACTICES To be filled in immediately on completion of Course.

Ship and Date	Lewis Gun (Points)	Rifle (Points)	Pistol (Points)	Initials of Gunnery Officer	Ship and Date	Lewis Gun (Points)	Rifle (Points)	Pistol (Points)	Initials of Gunnery Officer
				1					

RECORD OF VISION TESTS To be filled in by Medical Officer after each Test. Note:-Date of issue of astigmatic lens is to be noted in this space.

Ship	Gunnery Rating	Date	Hospital or Ship		ion L.	Initial Test for	Re- qualifying Test for	Passed or Failed	Remarks	Initials of Medical Officer
NADENI		8-9-43.		6/6	6/6	AA3.		P.	1.0 59 AM	RA!
						C.				

LA/CM

N.S. V-57850. PERS. (N)

5

14th September, 1944.

Sir:

With reference to your letter of the lith of September, 1944, Frank Edward Lee, Able Seaman, Official Number V-57850, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead on the 7th of May, 1944, when his ship H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic.

Yours truly,

oney

SECRETARY, NAVAL BOARD.

8ª AN

Advertising Department, Crane Limited, Head Office 1170 Beaver Hall Square, P.O. Box 70, Montreal, P.Q.

L

VICTORIA, B.C. VANCOUVER, B.C. CALGARY, ALTA. EDMONTON, ALTA. SKATOON, SASK. REGINA, SASK. WINNIPEG, MAN. FORT WILLIAM, ONT. CRANE LTD. LONDON, ENG. MANCHESTER, BIRMINGHAM, BRISTOL, LEEDS, GLASGOW FACTORY-IPSWICH

2 CRANE

HEAD OFFICE 1170 BEAVER HALL SQUARE WORKS: 3800 ST. PATRICK STREET

MONTREAL

September 11th, 1944

Assistant Naval Secretary, Royal Canadian Navy, National Defence Headquarters, Ottawa, Ont.

GENERAL MANAGER

LONDON, ONT. HAMILTON, ONT. TORONTO, ONT. KINGSTON, ONT. OTTAWA, ONT. QUEBEC, P. Q. HALIFAX, N. S. MONCTON, N.B. ST. JOHN'S, NFLD.

EPHONE LANCASTER 3231

13382

Dear Sirs :-

J.I.ROBINSON.

VICE-PRESIDENT &

We read in the newspapers of September 8th that the H.M.C.S. Valleyfield victims are now presumed dead. Could you tell us if O/S Lee, F.E., V-57850 who is a Crane employee of our Winnipeg branch, is among the missing and could be reported as presumed dead. This information is for publication in our house organ, "Cranews."

Thanking you for the information, we are

Yours truly,

CRANE LIMITED

emails

A. Perrault, Advertising Department

AP:LM

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Creating . Colt. astina.I Cortaner pic dentsters, Boyni canadian appres lauracino Merid Schredery, - - - - September Jlun, 1950

RECEN SED 1944 () state to the former of the second secon

30th August, 1944.

Dear Mr. Lee:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son Frank Edward Lee, Able Seaman, Official Number V. 57850, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

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

Noted on Estate G.P.

Mr. Henry Lee, P.O. Box 37, DICKENS, Man.

Deputy

SECRETARY, NAVAL BOARD.

Yours sincerely,

Royal ane Nersage ondolence Date Ser 30 1 NER

TFH/MHM

REGISTERED

AIRR MAIL

N.S. V-57850 PERS.(N)

11th May, 1944. the second before the

Yours sincerely,

RETARY, NAVAL POARD.

trow of the second second second

Dear Mr. Lee:

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.

Mr. Henry Lee, P.O. Box 37, DICKENS, Manitoba.

ACTOR 1 FILE

RACE JAVAN 3

13 May,

N.S. V-57850 PERS. (N)

40

Dear Sir:

-

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name... ISB, Frank Fdward (Surname) (Christian Names) Rank/Rating Ord. Seaman Official No.. V.57850 R.G.M.V.R. Nature of Casualty ... Missing. At sea from ship in which serving. Date of Casualty ... Mill be reported later. Address at time of Enlistment P.O. Box. 37. Diskens, Nam. Marital Status at time of Enlistment... Single Occupation... Shipping Clork Name & Address of Next of Kin Father: Nr. Henry Lee, P.O. For. 37. Diskens, Manitoba.

Yours truly,

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2 white

for SECRETARY, NAVAL BOARD.

The Deputy Minister (Taxation), Department of National Revenue, Ottawa, Ont, TFH/MGF

REGISTERED AIR MAIL -NS: V-57850 PERS.(N)

8 May, 1944.

Dear Mr. Lee:

I deeply regret that I must confirm the telegram of the 3th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Frank Edward Lee, Ordinary Seaman, Official Number V57850, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian ETTER distonts sincerely, Navy, the high traditions of which your son has helped to maintain.

SECRETARY, NAVAL BOARD.

RSONNEL

Mr. Henry Lee, P.O. Box 37, DICKENS, Manitoba. RT/VD

113-L-2750

14th April, 1943.

MEMORANDUM:

LEE,	Frank Edw	ard	Ord. Sm.	V57850	17 Moh'43.	
	NAME		RATING	<u>O.N.</u>	DATE.	
	in the	The enro		undermentioned R.C.N.V,R., is		

2. The above named rating is eligible to count 30 Days'Service in the Canadian Army under N.R.M.A. towards the award of Good Conduct Badges.

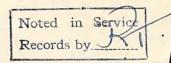
3. Army Discharge Cortificate is returned herewith.

BY ORDER,

oney

for SECRETARY, NAVAL BOARD,

The Commanding Officer, H.M.C.S. " OHIPPAWA 11 ,





OCCUPATIONAL HISTORY FORM

The second or the specific

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN MOUSTRIAL 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
Section A—GENERAL INFORMATION 1. (a) Print name in full. 1. (b) Reg'l. No. 57833 2. (a) Arm of service. (b) Unit. (c) Rank (c) Rank 3. (a) Date of birth. 100 (b) Have you any dependents? (c) Place of residence at time of enlistment. (c) Place of enlistment. 4. (a) Place of enlistment. 101 (b) C. 1043
2 (a) Arm of service NeVV. (b) Unit R.C.N.V.R. (c) Bank Ord. Son.
2. (a) Ann of service 18 Jun 1919 (b) Have you (c) Place of residence Winnipeg. Man.
3. (a) Date of printment Winnipers, Mane (b) Date of enlistment 17 Mer. 1943
4. (a) Place of emistment Section B-EDUCATION AND TRAINING
 5. (a) State age on (b) Were you attending school or college up to the time of enlistment? 6. State definitely highest standing reached at public, technical or high school
(for instance—"4 years, Public School", "two years, High School", "Junior Grado 1X Matriculation", or "4 years technical course in printing", etc.)
7. If you attended a university, give name of university and standing or degree secured.
university and standing or degree secured. 8. (a) Did you ever (b) If so, (d) If you did not
enter upon a trade No for what (c) Did you finish it, how long annrenticeshin? for what did you serve at it?
9. (a) What languages (b) What languages anglight do you speak fluently? Englight
Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT
10. (a) State whether you were
WORKING or NOT WORK- (b) At time of en-
(Entry have only Mark
as case may be: particu-
lars are asked for below) were you a member?
Section D-PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME
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", (b) State how long you
state exact trade or occupation at which you actually worked
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
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 (b) Date of dis- nature and address of business
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
19. Nature of employer's business (for instance, "farmer", or "building
contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
specific occupation shapping Gierre this occupation with any employer this occupation with any employer the specific occupation with any employer the specif
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plumbing Equipment. 20. (a) Your specific occupation specific occupation definitely to give you employer promise definitely to give you employment on discharge? (b) Did your employer model and the promise you employment on discharge? (b) Did your employer model and the promise you employment on discharge?
employment on discharge?employment on discharge?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
Section F—PARTICULARS OF FARMING EXPERIENCE
24. (a) Do you wish to engage No (b) Do you feel competent Yee (c) If so, in what to operate a farm?
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?
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. Rerd Rock Mining.
17th March 3 DATE 194 SIGNATURE 9. Lee
DATE 194. SIGNATURE

a. juna. . 4.5.7 1 7 19931 COPY TO VWD ES