

V51441
LENNOX
ALLAN

JOHN

P.M.

OTTAWA, Ont., 30 August, 4.

V-51441 PERS. (N)

Sir:

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

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
LENNOX, Allan John Cdr. Telegraphist V-51441, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Grandmother: Mrs. Margaret Hall, 344 North Algoma St., PORT ARTHUR, Ont.

23

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL	EW

Will: No record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

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

Sir:

..... 12th May, 1944,
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
LENNOX, Allan John Ordinary Telegraphist V51441 R.C.N.V.R.

DATE OF ENLISTMENT - 3rd December, 1942. Active Service 12th January, 1943.

DATE OF DISCHARGE - Will be reported later.

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

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

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Grandmother NAME- Mrs. Margaret Hall

ADDRESS- 344 North Algoma Street, PORT ARTHUR, Ontario

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD.

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

BF
12/18/44
N.P.R./5

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

(See reverse side for further instructions)

REMARKS:

.....

The following casualty has been reported -

NAME: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

HOSPITAL: _____

(In duplicate in hospital under jurisdiction of C. E. N. P.)

AS WITH: _____

(Duplicate in Canada only or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where and disability

NOTES:

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

NOTE: If records indicate that rating was reported from this file, identify or otherwise, details to be furnished and copy of any court order, the severities, treatment, etc., to be furnished.

Copy Form "B" to be
to ALICE (H) on
.....

Secretary, Canadian Forces Pension Commission,
Room 252, 1015 Highway 70 East, Ottawa, Ont.

NOTE: Duplicates copies of this form (Form "B") have been furnished to the Chief Property Officer (Allotment Section), Department of National Defence, Naval Service, for completion regarding the details of Maritime Allowance, Dependence Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

TFH:PMB

REGISTERED

FILE: V-51441 (Pers.N

8th May, 1944

Dear Mrs. Hall:

I deeply regret that I must confirm the telegram of the 8th May, 1944, from the Minister of National Defence for Naval Services, informing you that your grandson, Allan John Lennox, Ordinary Telegraphist, Royal Canadian Naval Volunteer Reserve, Official Number V-51441, is missing at sea.

According to the report received, your grandson 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 grandson's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

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

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. Margaret Hall,
344 North Algoma St.,
PORT ARTHUR, Ontario

LETTER di patch by
PERSONNEL N/VAL

MAY 9 1944

ms
MB

11th May, 1944.

10

Dear Mrs. Hall:

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

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

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

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

Yours sincerely,

LETTER DISPATCH
PERSONNEL NAVAL

MAY 12 1944

SECRETARY, NAVAL BOARD.

Mrs. Margaret Hall,
344 North Algoma St.,
PORT ARTHUR, Ont.

6000

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name Allen John LAMME
(Christian names in full)

Rank of Rating MINOR Official No. V-01641 RCNVR
(If unknown, date of first entry)

Place of Birth PORT WILLIAM, ONTARIO Date of Birth 19th APRIL, 1902.

Occupation in Civil Life ENGINEER Religion UNITED

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 YEAR 9 MONTHS

Date of Death 7th Oct, 1944 Place of Death AT SEA

Cause of Death MINOR ACTION - COLLISION OF H.M.C.S. "VALLEYFIELD"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

30

Nearest known relative or friend { Name Mrs. Margaret Hill Relationship GRANDMOTHER
Address 344 ALBION STREET, PORT ARTHUR, ONTARIO

Date on which the above was informed by Ship INFORMED BY H.M.C.S.

Date on which death was registered with local Officials NOT REGISTERED

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

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

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

Undertaker employed (if any)

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

[Signature]
Commanding Officer, R.C.N.
17th Oct 1944

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

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

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

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

Handwritten mark

STATEMENT OF ACCOUNT

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

List 122 No. 70 (Name) LENNOX, Allen J. Rank Rating Tel. No. V.51441

When entered F.B. Date of appearance F.B. Whither discharged DEAD

		\$	c.				
CREDIT from former account.....		63	93				
Pay as <u>Tel.</u> (Rank Rating) from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>2.00</u> a day).....		122	00				
Adjust. <u>Tel.</u> " <u>12 Jan.</u> " <u>31 Mch</u> (<u>80</u> " <u>.40</u> ").....		32	00				
" " " " (" ").....							
" " " " (" ").....							
" " " " (" ").....							
Kit Upkeep Allowance.....	Adjustment March, 1944. 1 Apl - 7 May	4	33				
OTHER CREDITS:.....							
G.M. 1 Apl - 7 May, 37 days @ .064		2	22				
Total credits.....		224	95				
DEBT from former account.....		N I L					
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	63.00	8.94				Total.....	71 94
2nd month.....						Total.....	
3rd month.....						Total.....	
Allotment <u>Nil</u>							---
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES: <u>O.R. 25181</u> payable Adm. Naval Estates (Present war).....						Total.....	153 01
						Total debits.....	224 95
						Balance Cr. or Dr.	N I L
						(Balance Dr. to be shown in red)	

LEDGER: *Yost*
AUDIT: *[Signature]*

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 5 June 19 44

[Signature]
PAY. LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

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..... LENNOX. Allen J. Rating Tel.
 Official No. V. 51441 H.M.C.S. AVALON "VALLEYFIELD" List 122/70
 Who*..... DISCHARGED DEAD on the 7 May 19 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181 Adm. Naval Estates (Present War)</u>	153	01
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... <u>Nil</u> charged to.....		
Name of ship from which transferred..... <u>HMCS. "VALLEYFIELD"</u>		
Total†.....	153	01

96

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 ONE HUNDRED & FIFTY-THREE dollars — ONE — cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 19 44.

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

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

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

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,.....WINNIPEG.....

.....Ottawa, Sept. 15th, 1944......

From.....Head Office.....

V-51441 TEL. LENNOX, Allan J.

P. & N. H. 1091-A

The Department of National Defence, Naval Service,
officially reports that the marginally named was reported -
Missing, presumed dead, 7 May, 1944 when H.M.C.S.
"VALLEYFIELD" was torpedoed and sunk by enemy action
in the Atlantic,
on the on service CANADA & HIGH SEAS.

His next of kin is reported as - Grandmother -
Mrs. Margaret Hall,
344 North Algoma St.,
Port Arthur, Ont.

The Addressograph Stencil shows payment of Assigned Pay of
\$Nil a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,
for
Canadian Pension Commission.

P.I.E

V51441

OFFICIAL NUMBER

NAME **LENNOX**
(Surname)

Allan John
(Given Names)

OFFICIAL NUMBER

V51441

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 Griffon	Ord. Smn.	3	12	42	Div. Str. Port Arthur.	V.G.	Sat.	31	12	42							
" "	" "	12	1	43	Active Service D.L.13-1-43	V.G.	Sat.	31	12	43							
York	"	16	3	43	D.L. 16-3-43												
St. Hyacinthe	"	7	5	43	D.L. 7-5-43												
"	Ord. Tel.	5	6	43	Trans. 249A-47460												
Stadacona	" "	6	11	43	DRD H-3121												
Annapolis	" "	17	11	43	Service Cert.												
Stadacona	" "	18	11	43	" "	V.G.	Sat.	7	5	44							
Hochelaga 11	" "	26	11	43	" "												
Valleyfield	" "	8	12	43	" "												
	Tel.	12	1	44	" "												
DISCHARGED	"	7	5	44	"Missing" Casualty List "Dead"												

GENERAL REMARKS

Valleyfield - Vancouver 2 days
8.12.43 (E) RD - P.126

Canadian Memorial Cross awarded to:
Mother: Mrs. Edna Lennox,
42 Priscilla Ave.,
WEST TORONTO 9, Ont.

DATE OF BIRTH	PLACE	CIVIL	COUL	REF	ED	DEPT	RESIDENCE	PROV	EN	OR	DATE
DY MO YR	BIRTH	PLAC	COUL	REF	ED	DEPT	RESIDENCE	PROV	EN	OR	DATE
19 4 22	11	299	0	40	61	49	00	0	10	0	08 95
ENLIST. DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	STR.	ACT. SERV. DATE	STR.	SHIP	CR	RANK	OR	DATE
DY MO YR	DY MO YR	CAT.	DY MO YR	CAT.	DY MO YR	CAT.	SHIP	CR	RANK	OR	DATE
63 6 42	12 01 43								98300	0	12 95
SENIORITY	STR.	NON	SUB	M.	CODED	CHECKED					
DY MO YR	CAT.	A	B	ST.							
05 06 43	10	00	00	21							

07-05-44 W.P. 70

V51441

OFFICIAL NUMBER

FILE NUMBER

113-I-2450

OFFICIAL NUMBER

V51441

NAME LENNOX (Surname) Allan John (Given Names) DATE OF BIRTH 19 April 1922.PLACE OF BIRTH Fort William, Ont. OCCUPATION Power House Operator.RELIGION United EDUCATION Junior Matriculation.RESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town Cameron Falls, Province, etc. Ont.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
3	12	42	H.O.	5'9	Brn.	Brn.	Med.	Scar lower lip.				

NEXT OF KIN RELATIONSHIP (in pencil) Mrs. Margaret Hall NAME (in pencil) Mrs. Margaret Hall
ADDRESS (in pencil): Street and No. 344 D. Algoma St. Town Fort William Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
			Eligible for award of CVSM. & Clasp (249A#A13913)	14	10	43	Qual. Tel. NS 21-25-3				
				5	6	43	Qual. Ord. Tel.				
				10	11	43	Qual. Anti-Gas				

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

FILM
NO. W.S.R. 5757-4
DATE

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

O.H.F. Received.

SECOND CLASS FOR CONDUCT

From

To



CERTIFICATE of the SERVICE of

Alan John LENNOX

in the Royal Canadian Naval Volunteer Reserve

I.C.N.S. - 66039

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V. 51441</i>
	<i>H.M.C.S. "Griffon"</i>	"
		"

Date of Birth..... <i>19th April 1922.</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth..... <i>Fort William Ontario</i>	<i>Grandmother</i>
Place of Residence..... <i>Cameron Falls Ontario</i>	<i>Mrs Margaret Hall,</i>
Trade brought up to..... <i>Power House Operator</i>	<i>344 No Algoma St.,</i>
Religion..... <i>United Church.</i>	<i>Port Arthur Ontario</i>
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>3 Dec. '42</i>	<i>Duration of Hostilities</i>	<i>(Comm) Ord. Smal</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On-Entry.....	<i>5</i>	<i>9</i>	<i>37 1/2</i>	<i>148</i>	<i>brown</i>	<i>brown</i>	<i>medium</i>	<i>scar lower lip</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

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

REGISTRATION NO. *Tel* OFF. NO. *✓ 51441* ADDRESS

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	<i>1 Star</i>
							ATLANTIC	
							FRANCE G.	
							AFRICA	
							PACIFIC	
							BURMA	
							ITALY	
							DEFENCE	
							C.V.S.M.	<i>2 & Clasp</i>
							" CLASP	
							WAR 1945	<i>1 medal</i>
							WAR 1915	

VERIFIED BY *ES*

.....
 DIR. OF PERSONNEL RECORDS.



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

113-L-2450
N. V. 5
50M-10-41 (1994)
NS 815-11-5
no D #289875
no list

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LENNOX, OFFICIAL NO. 151441
CHRISTIAN NAMES Allan John. MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS: CAMERON FALLS, Ontario. RELIGION: United Church

DATE OF BIRTH: 19th APRIL 1922. *PLACE OF BIRTH: Town FORT WILLIAM, County _____, Province Ontario. NAME AND ADDRESS OF NEXT OF KIN: Grandmother: Mrs. Margaret Hall, 344 N. Algoma Street, PORT ARTHUR, Ontario.

*Original Nationality of:
Father Scotch
Mother English

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>39</u>	<u>Brown</u>	<u>Brown</u>	<u>Medium</u>	<u>Scar lower lip.</u>
Inches..... <u>9</u>	Deflated..... <u>36</u>				
Mean..... <u>37½</u>					

EDUCATIONAL STANDING: Junior Matriculation. TRADE OR CALLING AND IN WHOSE EMPLOY: Power House Operator: Hydro-Electric Power Commission, CAMERON FALLS, Ontario.

DATE OF ENROLMENT: 3 DECEMBER '42. RATING FOR WHICH ENROLLED: Ord. Seaman R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED: H.M.C.S. "GRIFFON," PORT ARTHUR, ONTARIO.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

~~X (b) I served in _____ for the period shown and attach my record of service in confirmation of this statement~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

Personnel Records Division.

1. Noted in Records . . . 205

2. Index Card 205

3. Non Sub Card

4. Statistical Card 205

5. R neo Strip

6. Pension Card

7.

8.

DATE 14-12-42

(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.

HAS UNEMPLOYMENT INSURANCE BOOK.

(5) On being enrolled as a member of the.....H.M.C.S. "GRIFFON.".....Division of
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.....3.....day of.....DECEMBER '42.....

Signature of applicant.....

A. J. Lennox

(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.....3.....day of.....DECEMBER '42.....

Gualdo P. Bean

S/Lieut. RCNVR.

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,.....Allan John LENNOX.....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.....

A. J. Lennox

Witness.....

Gualdo P. Bean

Date.....3 DECEMBER '42.....

Rank.....S/Lieut. 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

.....Allan John LENNOX.....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. "GRIFFON.".....Division of the R.C.N.V.R. or in the appropriate official documents.

Gualdo P. Bean

S/Lieut. R.C.N.V.R.

Attesting Officer.

.....3 DECEMBER '42.....

.....194.....

R.C.N.V.R. Division

(or other establishment).....H.M.C.S. "GRIFFON," PORT ARTHUR.....

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.

A. J. Lennox



CANADA

113. L-2450

Can. B. 207

100 M-11-40 (7881)

N.S. 815-2-207

P289896

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 LENNOX - Alex

‡ candidate for entry as Ord Seaman

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

‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
20 yrs 5 mo	148	5'9"	Good.	(a) maximum 39 (b) minimum 36 (c) mean	right eye 20/15 left eye 20/15 *colour vision ok.	1932	normal	normal	normal	normal	normal	normal	deficient 0 defective - 3 normal	normal

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

vision - neg

X-ray

Not taken
 Approved
 Positive
 Doubtful

25/9/42

neg

Write in the appropriate notation, and any remarks necessary.

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.

A. J. Lennox
Signature of Candidate

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

[Empty box for UNFIT notation]

Dated at Port Arthur the 25th of September 1942

(W.M. MUSGROVE)

Examining Medical Officer

(Rank) Major, R.C.A.M.C., CA(A)

NON QUALIFYING SERVICE

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

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Annapolis	17 Nov '43	17 Nov '43	1-
Valleyfield	8 Dec '43	7 May '44	152-
			<u>153-</u>

24-
 31-
 29-
 31-
 30-
 7-
152

IN MILITARY SERVICE OR DISCHARGE
 CHARACTER OF SERVICE OR DISCHARGE

COMPLETION OF SERVICE
 DATE SERVICE COMPLETED

LINE NO. 1-2
 A.C.'S' VERIFICATION NO.

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

Name of Deceased Member Allan John LENNOX Rank or Rating TEL. O.No. V-51441

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. nil
A.P. nil
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: no record.

3. War Service Gratuity Application(s) received from: Mrs. Edna Lennox
42 Priscilla Ave.
Toronto, Ontario

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

() To be paid to: In the proportion of: /

- and -

to: In the proportion of: /

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

Group "B" (ii)
Group "C" of the above mentioned Directive.

Date 20th June 1945

for D.N.P.A. (G) Sm

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
 Member's Name **ALLAN JOHN LENNOX**
 (Christian Names) (Surname)

Payee *Director of Estates* } *for service estate of*
 Address *308 Sparks St.* } *ALLAN JOHN LENNOX*
Atlanta, Ont. } *N.S. V51441*

Register No. *101971*
 File No. *V51441*
 Date *18.6.43*
 Service No. *V51441*
 Final Rank or Rating *TEL*
 Date of Discharge *7 May 44*

Date of termination of overseas service *7 May 44*

A. TOTAL QUALIFYING SERVICE
 No. of days $\frac{482}{30}$ equal to *16* complete periods at \$7.50 \$ *120.00*

B. QUALIFYING OVERSEAS SERVICE
 No. of days *153* less *2* ineligible days equal to *151* days @ 25¢ per day \$ *37.75*

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<i>2.00</i>	/	\$	—
Subsistence or Lodging and Provision Allowance	\$	<i>1.25</i>	/	\$	—
Additional Pay <i>H.L.M.</i>	\$	<i>.13</i>	/	\$	—
Dependents' Allowance 1/30 of \$ —					
Total			<i>3.38</i>	<i>x 7</i>	<i>= \$ 23.66</i>
No. of days			<i>153</i>	<i>x</i>	<i>\$ 23.66</i>
			<i>183</i>		<i>19.78</i>

D. WAR SERVICE GRATUITY *177.53*

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

F. TOTAL AMOUNT PAYABLE *177.53*

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ ~~*177.53*~~
 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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<i>L.S.M.</i>	6	
2	<i>L.S.M.</i>	7	<i>[Signature]</i>
3	<i>[Signature]</i>	8	
4	<i>[Signature]</i>	9	<i>[Signature]</i>
5	<i>[Signature]</i>	10	

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of At Sea Township of _____
 If in City, Town or Village _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED LANNOX, Allan John
 (Family name) (Given name or names in usual order)

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

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

8. BIRTHPLACE Ontario
 (Province or Country)

9. DATE OF BIRTH April 19 1922
 (Month) (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	<u>22</u>	<u>1</u>		hrs. or min.

OCCUPATION	11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.	Power House Operator
	12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.	Hydro Electric Power Commission
	13. Date deceased last worked at this occupation	14. Total years spent in this occupation

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

FATHER	16. NAME	_____
	17. BIRTHPLACE	(Province or Country)

MOTHER	18. MAIDEN NAME	_____
	19. BIRTHPLACE	(Province or Country)

20. Person giving information sign here N.S. [Signature]
 Address Payar. Cdr., R.C.N.R. Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Officer i/c. Naval Personnel Records.

21. Place of Burial, Cremation or Removal _____
 Date of burial or removal _____

22. Burial Permit was issued by _____
 Address _____

23. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH	PHYSICIAN
<p>I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.</p> <p>Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).</p> <p>II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.</p>	<p>Underline the cause to which death should be charged statistically</p>
<p>(a) <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was due to torpedoed and sunk by enemy action in the Atlantic.</u></p> <p>(b) _____</p> <p>(c) _____</p>	

26. If a communicable disease is mentioned on this certificate, give

(a) Date of appearance	_____ 19____
(b) Duration of disease	_____ days

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

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

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date of injury _____ 19____
 (State which)

Manner of injury _____ (How sustained)
 Nature of injury _____

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

Signed by _____ M.D.
 Address _____ Date _____ 19____

30. Division Registrar's Record No. _____

31. Filed _____ 19____
 (Division Registrar)

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

- NAVAL SERVICE -

N.S.....

MEMORANDUM TO D.N.I.,
&
V.C.N.S.

20

This is to certify that -

LENNOX, Allan John, Telegraphist
V-51441, R.C.N.V.R.
was serving in H.M.C.S. "VALLEYFIELD" as at 0210Z.
7th May, 1944.

[Handwritten signature in blue ink]
.....
Chief of Naval Personnel

This rating lost his life as the result of enemy action while
serving aboard the H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned rating is, therefore,

Missing, Presumed Dead

Concurred:-
C. H. Little
.....
Dir. Naval Intelligence.

[Handwritten signature in blue ink]
.....
A/Captain, R.C.N.,
DIRECTOR OF OPERATIONS DIVISION.

[Handwritten signature in black ink]
.....
Approved for Staff.

O t t a w a, 1943.

OCCUPATIONAL HISTORY FORM

113-2450
0389897

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 Allan John LENNOX (b) Reg'l. No. V. 57441
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank ORD. SIBN.
3. (a) Date of birth 19 APR. '22 (b) Have you any dependents? No. (c) Place of residence at time of enlistment CAMERON FALLS, Ontario.
4. (a) Place of enlistment PORT ARTHUR, Ontario. (b) Date of enlistment 3 DEC. '42.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18. (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.) Junior Matriculation.
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? Power House Operator. (c) Did you finish it? No. (d) If you did not finish it, how long did you serve at it? 3 years.
9. (a) What languages do you speak fluently? English. (b) What languages do you read well? English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING. (b) At time of enlistment of what trade union or professional society were you a member? NONE.

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

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

11. Had you ever been employed fairly regularly since leaving school?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
15. Give details of last employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Hydro Electric Power Commission, Address CAMERON FALLS, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Electric Commission.
20. (a) Your specific occupation Power House Operator. (b) Number of years' experience at this occupation with any employer 3 years.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes. (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? 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? 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? Yes.
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.) Plan to return to present job after hostilities.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....



DATE 3 DECEMBER '42. 194..... SIGNATURE A.J. Lennox

COPY TO
VWD
ES

DEC 18 1942

~~DECEASED~~ 7 May 1944

AWARDS NAVY

LENNOX	Allan John	V-51441	Tel.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT


WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	664
C.V.S.M. & Clasp	
War Medal	
	03-10191 M
	
	P

(THE REVERSE IS TO BE USED FOR)

MEDALS AND MEMORIALS - DECEASED PERSONNEL

RCNVR "VALLEYFIELD" Nov/45

(1) MEDALS N/K Grandmother -- Mrs. Margaret Hall 15.9.44
PERSON 344 North Algoma Street

ENTITLED TO Mrs. Edna Lennox - Mother) PORT ARTHUR?
 Ontario

ADDRESS: ~~-344 North Algoma St.,~~
 Port Arthur, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. E. Lennox

ADDRESS: 42 Priscilla Avenue
 WEST TORONTO 9, Ontario

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN NO 2262
 CANCELLED

(2)

(3) 10 October 1944

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.N.V.R.

LL

Name..... LENNOX Allan, J. No. V.51441
 Surname Christian Names

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

AMOUNT

W.S.G. 177.53
 L.P.C. \$ 153.01

Date..... 2 Nov. 45

Other Credits..... 184.34

Total..... 514.88

Prev. dist. 494.67

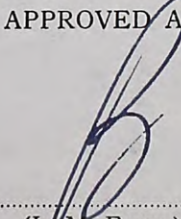
This dist. 20.21

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Edna Lennox, 42 Priscilla Ave., Toronto, Ont. (1/2 as next of kin entitled) (1/2 for benefit of 1 minor)	20.21
		P4. TO TREAS.	

9-11-45 PN

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	531	00	50	000	20.21
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L.M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

Mrs. Margaret Hall,
344 North Algoma St.,
PORT ARTHUR, Ont.

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

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

and the following number quoted:—

H.Q.S. V-51441 FD. 617

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 1944

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

LENNOX, Allan John Telegraphist,

V-51441, 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.

GC/

M. Swach
Commander RCNVR
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Mr. Henry Lemnox	Step Father	42 Percilla St. Toronto, Ont.
4	Mother of the Deceased.....	Mrs. Edna Lemnox	44	42 Percilla Ave West Toronto Ont. (9)
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood	13	42 Percilla Ave West Toronto, Ont. (9)
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Allan John Lennox
9	Date of his birth.	April 19/1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Port Arthur, Ont. April 16 th 1930.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Fort William, Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario, Port Arthur Thunder Bay (b) (c) (d)
14	Nature of employment before enlistment.	Electrician for Hydro Co.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Port Arthur, Ont.

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?	
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.	Twelve } In care of Mrs. Margaret Hall 344 Algoma, and deposited in Royal Bank, Port Arthur Ont
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Two Fifty Dollar Bonds (Bearer) also in Royal Bank, Port Arthur Ont
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No - Lived with grandmother No - from his infancy.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Grand mother (beneficiary) 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 Margaret Hall

Signature of Informant

344 N. Algoma St. Port Arthur Ont Address

CERTIFICATE

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

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

Dated at Port Arthur this 18th day of September 19 44

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

Rev. J.E. Scherf B.A. Qualification Clergyman

Address 289 Wolsey St. Port Arthur Ont

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

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

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

Not quite sure of the insurance. If you refer to the Hydro. at 620 University Ave. Toronto If he had any it would be under the P. I. insurance from Cameron Falls.

Mrs Margaret Hall