

V65120
LOCKWOOD

HAROLD

LAVER

AN

FILE NO. N.S. V.65120 PERS(N).

30th August, 1944. 21

Dear Mrs. Lockwood:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son Harold Laverne Lockwood, Ordinary Seaman, Official Number, V.65120, 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.

Yours sincerely,


Deputy SECRETARY; NAVAL BOARD. 12

Mrs. Mabel L. Lockwood,
1158 Grafton Ave.,
Moose Jaw, Sask.

*Noted on Estate Card
6-9-44
G.P.*

Royal ✓ Canadian ✓
Message condolence
Date Sent: 30/8/44 NFR 5

B7 30/9/44
7 P R / 5
P M

a

TFH/DJW.

R E G I S T E R E D

A I R M A I L

NS V-65120 PERS.(N).

11th May, 1944.

Dear Mrs. Lockwood:

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

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

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

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

Yours sincerely,

MAY 12 1944

SECRETARY, NAVAL BOARD.

Mrs. Mabel L. Lockwood,
1158 Grafton Avenue,
MOOSE JAW, Saskatchewan.

E.M.

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

Sir:

AUG 30 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
LOCKWOOD, Harold Laverne	Ordinary Seaman	V-65120 R.C.N.V.R.

DATE OF ENLISTMENT - 24 June, 1943 Active Service: 15 July, 1943

DATE OF DISCHARGE - 7 May, 1944

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, presumed dead, when H.M.C.S. "VALLEYFIELD" was when and where any disability was incurred, or where death torpedoes and sunk by enemy action in the Atlantic. occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Mabel L. Lockwood,

ADDRESS - 1158 Grafton Ave., MOOSE JAW, Sask.

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

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

P.A.'S CHECKED IN

C.R. BY *R.*

C. R.
P. A.
NAVY TREASURY
DATE 6/9/44
INITIAL R

REMARKS:.....

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

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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	Nil	Nil	2Nil

To Whom Paid: _____ Address _____

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for _____ has been made for the period from 1st to _____ of _____ 194

Remarks:

Computed by. DMD.....

Checked by. DMD.....

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

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



Department of National Defence

1138403

Naval Service

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-65120 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:



NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
LOCKWOOD, Harold Laverne, Ordinary Seaman V-65120, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Mabel L. Lockwood, 1158 Grafton Ave., Moose Jaw, Sask.

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

MEM

Handwritten initials and date: 30/8/44

Will: Attached.

Yours truly,

Handwritten signature: H.B. Money

for SECRETARY, NAVAL BOARD.

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



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

"VALLEYFIELD"

H.M.C.S. at

..... *Harold Eugene Johnson*

Name..... (Christian names in full)

Rank or Rating..... Official No. *V. 65120 RCNVR*
(if unknown, date of first entry)

Place of Birth..... Date of Birth..... *19th Jan. 1924.*

Occupation in Civil Life..... Religion..... *United*

Number of years in the Navy (Long Service R.C.N., or mobilized
service in case of R.C.N. (Temporary) or Reserve ratings)..... *10 yrs.*

Date of Death..... Place of Death..... *At Sea.*

Cause of Death..... *Enemy action. Torpedoing of H.M.C.S. "Valleyfield".*
(If due to accident, violence, or enemy action, particulars to be
stated briefly)

Nearest known relative or friend Name..... Relationship..... *Mother*
Address..... *1158*

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]
A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"
..... 19

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.

24

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thg

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5



no. 114

113-2-3105

ATTESTATION FORM (HOSTILITIES FORM)

150674

5

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LOCKWOOD, OFFICIAL No. 165120
CHRISTIAN NAMES H. rold Laverne MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
1158 Grafton Avenue, MOOSE JAW, Sask.	United

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
6th January, 1924	Town <u>Moose Jaw,</u> County Province <u>Saskatchewan.</u>	(Mother) Mrs. Mabel Lockwood, 1158 Grafton Avenue, MOOSE JAW, Saskatchewan.
*Original Nationality of:		
Father <u>Canadian</u>		
Mother <u>Canadian</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet. <u>5</u>	Inflated <u>39</u>	Medium <u>Brown</u>	Green <u>Hazel</u>	<u>Medium</u>	<u>Scar left thumb,</u>
Inches. <u>7 3/4</u>	Deflated <u>35</u>				
<u>157</u>	Mean <u>37</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade 10</u> <u>Central Collegiate,</u> <u>MOOSE JAW, Sask.</u>	<u>Retail Salesman.</u> <u>Co-op Creameries Limited</u> <u>MOOSE JAW, Sask.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>24th June, 1943.</u> <u>(Divisional Strength)</u>	<u>Ordinary Seaman V/S</u>	<u>H.M.C.S "QUEEN", Regina.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
	<u>--- N I L ---</u>	

Personnel Records Division.

To

1. Noted in Records. App

2. Index Card. App

3. Non-Sub. Card. App

4. Statistical Card. App

5. Roneo Strip. App

6. Pension Card. App

13643

(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 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 when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

(e) I have not been induced to enter as.....Ordinary Seaman V/S.....by the prospect of being transferred at some future date to any other branch or rating.

Dated this 24th day of June, 1943.

Signature of applicant.....Harold L Lockwood.

(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 24th day of June, 1943.

My authority for attestation is RD 7-3-2 of 12 Feb, '43.

Murray Robinson Sub-Lieut., RCNVR.
Signature and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Harold Laverne LOCKWOOD 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.....Harold L Lockwood.

Witness.....Murray Robinson

Date.....24th June, 1943. Rank.....Sub-Lieutenant, RCNVR

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.

V65120

OFFICIAL NUMBER

FILE NUMBER

113 - L - 3105

OFFICIAL NUMBER V65120

NAME LOCKWOOD. Harold Laverne DATE OF BIRTH 6th. January, 1924.
(Surname) (Given Names)PLACE OF BIRTH Moose Jaw, Saskatchewan. OCCUPATION Retail Salesman.RELIGION United Church. EDUCATION Grade X.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1158 Grafton Avenue, Town Moose Jaw, Province, etc. Saskatchewan.

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
24	6	43	H. O.	5' 7 $\frac{3}{4}$ "	Medium Brown	Hazel	Medium	Scar on left thumb				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Ina M. LockwoodADDRESS (in pencil): Street and No. 1158 Grafton Avenue Town Moose Jaw Province, etc. Sask.

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	
				28	9	43	Qual. Anti-Gas 1 day 249A 7653				
				29	10	43	Marked TR 249A A17552				

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. of 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.A. 5932-8
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									Last Will and Testament #6682 Received

SECOND CLASS FOR CONDUCT

From To



V65120 OFFICIAL NUMBER

NAME LOCKWOOD,
(Surname)

Harold Laverne
(Given Names)

OFFICIAL NUMBER V65120

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. "Queen"	Ord. Smn. V/S	24	6	43	Div. Strength Regina.	V.G.	Sat.	31	12	43							
"	"	15	7	43	Act. Ser. D.L. 15-7-43 #315	V.G.	SAT.	7	5	44.							
" Chippawa	"	21	7	43	D.L. 21-7-43 #64												
" Cornwallis	"	23	8	43	D.L. 28-8-43												
"	Ord. Smn.	20	12	43	Trans. 249A # 47647												
St. Hyacinthe		3	11	43	Service Certificate.												
Stadacona	"	30	12	43	DRD # 36 P # 3												
Valleyfield	"	16	2	44	DRD S # 74 P # 40												
DISCHARGED	"	7	5	44	"Missing" Casualty List												

Presumed dead (Casualty List Pg.-100)

GENERAL REMARKS

Canadian Memorial Cross awarded to
MOTHER, Mrs. Mabel L. Lockwood
1158 Grafton Ave.,
Moose Jaw, Sask.
to date, Oct. 10th, 1944.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU.	RELI.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE			
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION	P.	CTV.	TOWN	SERV.	DIV.	A.	BR.	RANK
06	1	24	19	660	X	40	3	7	07	23	0	17	0	08 95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK	
24	06	43	15	07	43					12200	0	08	95	
SECURITY			STR.	NON-SUB		M	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.								
15	07	43	16	00	00	21								

04 07 05 42

VERIFICATION FORM

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

RATING *Ord Smn* OFF. NO. *V-65120* 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	1 <i>Star</i>
							ATLANTIC	
							FRANCE G.	
							AFRICA	
							PACIFIC	
							BURMA	
							ITALY	
							DEFENCE	
							C.V.S.M.	2 <i>+ clasp</i>
							" CLASP	
							WAR 1945	1 <i>Medal</i>
							WAR 1915	

VERIFIED BY *JMM*

sl.

ED BY DIR. OF PERSONNEL RECORDS.

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

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

CERTIFICATE of the SERVICE of

Arnold LaVerne LOCKWOOD

16 N B. 87913

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Esquimaux Bk.</i>	R.C.N.V.R. Division <i>HMS Queen</i>	Official Number <i>V 65120</i>
		"
		"

Date of Birth *6th January 1924*

Place of Birth *Woods Bay, Sask.*

Place of Residence *1158 Gifford Ave. Moose Jaw*

Trade brought up to *Retail Salesman*

Religion *United*

Can Swim:—P.P.T. Date *19* Signature _____ Rank _____

P.S.T. Date *19* Signature _____ Rank _____

Name and Address of Nearest Relative or Friend (in pencil)
Mrs. Mahel
Same address



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>12 June '13</i>	<i>24 June '13</i>	<i>Durston</i>	<i>Honorable</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>7 1/4</i>	<i>37</i>	<i>157</i>	<i>med brown</i>	<i>Hazel</i>	<i>med</i>	<i>Scar left thumb</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED MEMBER'S NAME: **Harold Laverne** (CHRISTIAN NAMES) **LOCKWOOD** (SURNAME)
 PAYEE: **Director of Estates, for service estate of**
 ADDRESS: **308 Sparks St., Ottawa, Ont.** **Harold L. Lockwood,** **NSV-65120**
 DATE OF TERMINATION OF OVERSEAS SERVICE: **7 May/44**
 REGISTER NO. **12183**
 FILE NO. **NSV-65120**
 DATE: **12 Sep/45**
 SERVICE NO. **V-65120**
 FINAL RANK OR RATING: **Ord. Smp.**
 DATE OF DISCHARGE: **7 May/44**

A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS	298	EQUAL TO 9 COMPLETE PERIODS AT \$7.50
		\$ 67.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS	82	LESS 28 INELIGIBLE DAYS, EQUAL TO 54 DAYS @ 25C. PER DAY
		\$ 13.50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY		\$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		\$ 1.25
ADDITIONAL PAY	H.L.M.	\$.10
		\$
		\$
DEPENDENTS' ALLOWANCE 1/30 OF \$	NIL	\$
TOTAL	\$ 2.85	X 7 = \$ 19.95
NO. OF DAYS	82	X \$ 19.95
		183
		\$ 8.94
D. WAR SERVICE GRATUITY		\$ 89.94
E. DEDUCTIONS		
OVERPAYMENT OF PAY AND ALLOWANCES		\$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY		\$
OTHER DEDUCTIONS		\$ NIL
F. TOTAL AMOUNT PAYABLE		\$ 89.94

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = **\$ 89.94**

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 2485 - Sept. 21/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY LJM	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY <i>[Signature]</i>	DATE 11/1/45
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SERVICE REPRESENTATIVE
for Dir. Naval Pay. Accting.



CANADA

Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

2

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined LOCKWOOD Harold Laverne
candidate for entry as Ord. Surgeon, V/S.
and I believe him to be ^{in all respects fit for His Majesty's Service} ~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate given below in my presence.

‡Strike out if inapplicable *Delete one.

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

(a) Age	Yrs. 19 Mos. 4	(j) Date of last Vaccination for Smallpox	never
(b) Height with bare feet	Feet 5 In. 7 3/4	(k) General Development	APPROVED
(c) Weight without clothes	157	(l) Nose, Throat and Tonsils	APPROVED
(d) Ears and Hearing	APPROVED	(m) Heart and Lungs BP 120/80	APPROVED
(e) Chest Girth	Max. 39 Min. 35 Mean 37	(n) Abdomen Hernia, etc.	APPROVED
(f) Teeth	Deficient Defective Dentures <i>see dental chart</i>	(o) Limbs and Joints	APPROVED
(g) Vision by Snellens Types	without glasses Rt. 6/6 Lt. 6/6 with glasses where worn	(p) Skin	APPROVED
(h) Colour Vision	Ishihara N. R.C.N. Lantern	(q) Anus Haemorrhoids	APPROVED
(i) Chest x-ray	not taken approved positive doubtful <i>app.</i>	(r) Testes Varicocele	APPROVED
		(s) Urine	<i>neg.</i>

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.

Harold L. Lockwood

Signature of Candidate

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

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Regina, Sask. the 24 of June 1943

[Signature]
Examining Medical Officer

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

DECEASED 7 May 1944

NAVY

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.
WAR SERVICE RECORDS

LOCKWOOD	Harold Laverne	V-65120	O.S.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS: _____

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	657.
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR
HMCS "VALLEYFIELD" Mar./45

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS

PERSON

ENTITLED TO Mrs. Mabel L. Lockwood - Mother

ADDRESS: 1158 Grafton Ave.,
Moose Jaw, Sask.

DATE DESP

(1)

REGN. NO

256

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. M. Lockwood

ADDRESS: 1158 Grafton Avenue
MOOSE JAW, Sask.

(3)

10 October 1944

W.S.G. Application No. 12183

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

FILE NO. N.S. V-65120

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>LOCKWOOD,</u>	<u>HAROLD LAVERNE</u>	<u>V-65120</u>	<u>O/SMN</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL	RANK OR RATING
	IN FULL	NUMBER	ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (VALLEY FIELD) *11m 12*

Applicant - Mother (DA & AP Nil)

	<u>TOTAL SERVICE</u>	<u>1711</u>
Date of Active Service	<u>15 JULY 43</u> ✓	<u>1413</u>
Date of Discharge	<u>7 MAY 44</u> ✓	<u>298</u>
Total No. of Days	<u>298</u> ✓	
# Less non qualifying service	<u>Nil</u> ✓	Total Days <u>298</u> ✓

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>82</u> ✓	
# Less non Qualifying service	<u>Nil</u> ✓	Total Days <u>82</u> ✓

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service i ✓

Date of Discharge L

& % Overleaf

Computed By Margaret Proctor

Checked By John Boucher

Heath
 for (R.W. Underhill)
 A/Captain (s) R.C.N.V.R.
 Director of Naval Pay Accounting

DATE: JUL 26 1945

00F

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
			Total days	=====	=====

DATE OF DISCHARGE _____
 DATE OF NEXT RELATION _____

(3) NUMBER OF RELATIONS
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
VALLEY FIELD	16 FEB '44	7 MAY '44	82

14
 31
 30
 7

 82

COMPLETION OF SERVICE _____
 NAME SERVICE CONTAINED _____
 DATE OF DISCHARGE _____
 DATE OF NEXT RELATION _____
 NAME OF RELATION _____
 NAME OF RELATION _____
 NAME OF RELATION _____

Navy
 Army
 Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

#380

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 LOCKWOOD R.C.M.V.P.
(Print)
2. Christian Names HAROLD LAVENE
(Print)
3. Service No. V. 65120 4. Paid rank or rating at date of termination of Service

5. Address, in full, to which payments of gratuity are to be forwarded.
(Mrs) Mabel Lockwood,
1158 Shafton ave.
Moos Jaw.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>navy.</u>	<u>V. 65120</u>		<u>June 14/43</u>	<u>Aug 30/44</u>
<u>missing</u>				
<u>lost at sea.</u>			<u>May 7/1944</u>	<u>official last</u> <u>aug 30/44</u>

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 with His Majesty? ? If so, state name of Force or Forces

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 Forces)? ? If so, state the Force or Forces, with dates of commencement and termination of service.

NAVAL PERSONNEL
RECORDS
12183
JUL 9 1945
WAR SERVICE GRATUITY
SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

June 30/45-
(Date)

Mrs Mabel Lockwood
(Signature of Applicant)
Beneficiary

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 prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

Person 12/9/44

142825

#18

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 LOCKWOOD. Harold L. Rating O.Smn.
Official No. V.65120 H.M.C.S. AVALON "VALLEYFIELD" List 12²/99.
Who* DISCHARGED DEAD on the 7 May 19 44.

	\$	N	I	L	cts.
Net sum due on ledger on account of Wages.....					
Proceeds of sale of Effects charged against Wages, brought from the other side					
CASH—					
Proceeds of sale of Effects, brought from the other side.....					
Found amongst Effects.....					
Debts collected \$.....					
Cash deposited by official Receipt No. <u>25181 Adm. Naval Estates (Present War)</u>				107	70
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†..... <u>CREDITOR</u>				167	70

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 & SEVEN - - - - dollars - - SEVENTY - - - cents.

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

Approved PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer

[Signature] { Initials of the Assistant Accountant Officer
A/CAPTAIN. RCN. Commanding Officer.

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate

No..... to.....

Signature.....

Date..... 19.....

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

C.N.S. 46

AUTHORITY: AVALON'S CNS 249A #A13927 dated 19 May, 1944

5M-2-42 (3801)
H.Q. N.S. 815-9-45

LEDGER: Yes

AUDIT: [Signature]

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Mrs. Mabel L. Lockwood,
 1158 Grafton Ave.,
 Moose Jaw, Sask.

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

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

and the following number quoted:—

H.Q. V-65120 FD. 541

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

September 11 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

LOCKWOOD, Harold Laverne, Ordinary Seaman

V-65120, R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should
 be furnished the Estates Branch. You are asked therefore to read the enclosed
 memorandum before completing pages 2 and 3 of this form. The particulars required
 are to be carefully filled in and the Declaration on page 4 should then be signed in the
 presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
 Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
 to complete and sign the Certificate. This form should then be returned to the above
 address.

If there is insufficient space for complete particulars to be given opposite any
 question on pages 2 and 3 of this form, the space under "additional remarks" on
 page 4 should be used.



J. H. Weaver
 Comm. and Dir. Pers. Serv.
 Director of Estates.

GC/

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	X	X	X
2	Children of the Deceased and dates of their Births.....	X	X	X
3	Father of the Deceased.....	George N. Lockwood	46	1158 Grafton ave
4	Mother of the Deceased.....	Mrs. Mabel Lockwood.	48	1158 Grafton ave
5	Brothers of the Deceased	Full Blood L.A.C. George S. Lockwood R-118419, R.G.9.F. Douglas F. Lockwood. Lloyd V. Lockwood.	23 22 16	Rockcliffe Ottawa Repab. Depot. no 1. 1158 Grafton ave Moose Jaw. 1158 Grafton ave Moose Jaw.
		Half Blood	X	X
6	Sisters of the Deceased	Full Blood	X	X
		Half Blood	X	X
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	
	X	X	X	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Harold Laverne Lockwood
9	Date of his birth.	Jan. 6 th / 1924
10	Place and date of his marriage.	X
11	Place and date of his parents' marriage.	Muncney Ont. Nov. 20 / 1919

PARTICULARS OF DOMICILE

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

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?	X
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?	\$4.52 no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10.00 1158 Seafon Ave Moosejaw.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	X
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	X
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	\$50.00 Refundable portion of income tax year 1942

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.	X
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.	X

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

DECLARATION

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

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

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs. Mabel Lockwood.

{ Signature of Informant

1158 Grafton Ave. Moosejaw.

Address

CERTIFICATE

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

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

Dated at Moose Jaw this 30 day of Sept 19 44

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

Frank McIsaac

Qualification Commissioner for

oaths in & for Province of Sask

Address my commission expires Dec 31/48
26 High St West, Moose Jaw, Sask

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

Deceased applied for ~~\$200~~ \$300. in Dominion Canada bonds through navy on April, 17/44 to be paid for from pay assignments at the rate of \$50.00 per month

IN THE NAME OF GOD, AMEN

I, Harold Laverne LOCKWOOD, Ordinary Seaman V/S, V- 65/20 of His
Canadian Majesty's Ship "Queen",
(now a Patient in)

*If in Hospital or in Hospital Ship.

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

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my dear Mother:

Mrs. Mabel Lockwood,
1158 Grafton Avenue,
MOOSE JAW, Sask.

6682

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

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

And I do hereby appoint my Mother:

Mrs. Mabel Lockwood,
1158 Grafton Avenue,
MOOSE JAW, Sask.

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

In Witness whereof I have at Regina, Sask., hereunto set my hand, this Twenty-fourth day of June, in the Year of Our Lord One Thousand Nine Hundred and forty-three.

Harold L. Lockwood

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

Witnesses

Murray Robinson Sub. Surg.
[Signature]

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

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

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

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

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

Noted in Service
Records by *[Signature]*

Instructions for filling up the Form

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

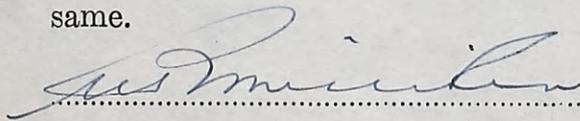
Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

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



CERTIFICATE

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


.....

} Signature of the person
} by whom the Will was prepared.

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.

No. 19

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of At Sea Municipality No.

1. PLACE OF DEATH (If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

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

3. PRINT FULL NAME OF DECEASED LOCKWOOD Harold Laverne RESIDENCE 1158 Grafton Ave., Moose Jaw, Sask. (Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX Male 5. CITIZENSHIP Canadian 6. RACIAL ORIGIN 7. Single, Married, Widowed or Divorced (Write the word) Single 8. BIRTHPLACE (Province or Country) Sask.

9. DATE OF BIRTH January 6th, 1924 AGE in Years 20 Months 4 Days If less than one day hrs. or min.

11. Trade, profession or kind of work as farmer, teamster, office clerk, etc. Retail Salesman 12. Kind of industry or business, as agriculture, lumbering, bank, etc. Co-op Creameries Limited 13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. Name of father 16. Birthplace of father Canada (Province or Country) 17. Maiden name of mother 18. Birthplace of mother Canada (Province or Country)

19. Signature of informant H.B. Money Address Naval Service Headquarters, Ottawa. 20. Relationship to deceased Officer i/c, Naval Personnel Records.

21. Place of burial, cremation or removal Body not recovered Date of burial, cremation or removal 19.

22. Signature of Undertaker or person acting as Undertaker (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

Table with columns: CAUSE OF DEATH, DURATION (Yrs., Mos., Dys.). Cause of death: Missing, presumed dead, when H.M.C.S. "V LLEYFIELD" was torpedoed & sunk by enemy action in the Atlantic. Duration: 23.

25. If a woman, was the death associated with pregnancy? 19.

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

27. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury 19. Manner of injury (State which) (How sustained) Nature of injury Specify whether injury occurred in industry, in home or in public place.

Signed by M.D. Address Date 19.

28. I hereby certify that the above return was made to me at Dated 19 (Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions) Every item of information should be carefully supplied.

In case of Stillbirth consult definition on reverse side before making out certificate.

OTTAWA, Ont., 11 May, 4
N.S. V-61520 PERS. (N)

Dear Sir:

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

Name.....
LOCKWOOD (Surname) Harold Jayne (Christian Names)

Rank/Rating Ordinary Seaman

Official No..... V65120, R.C.N.V.R.

Nature of Casualty "missing" at sea from ship in which he was
serving.

Date of Casualty Will be reported later.

Address at time of Enlistment
1158 Grafton Ave.,
Moose Jaw, Sask.

Marital Status at time of Enlistment..... Single.

Occupation..... Retail Salesman.

Name & Address of Next of Kin
Mother: Mrs. Mabel L. Lockwood,
1158 Grafton Ave., MOOSE JAW, Sask.

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

EMC.

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

2

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full LOCKWOOD, Harold Laverne. (b) Reg'l. No. V65120
 2. (a) Arm of service Navy (b) Unit RCNVR (c) Rank Ord. Smn. V/S
 3. (a) Date of birth 6 January '24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Moose Jaw, Sask.
 4. (a) Place of enlistment Regina, Sask. (b) Date of enlistment 24 June, '43.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 1/2 (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.) 2 yrs. Highschool.
 7. If you attended a university, give name of university and standing or degree secured ---
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? --- (c) Did you finish it? --- (d) If you did not finish it, how long did you serve at it? ---
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers, Local #395.

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 Co-Operative Creameries Limited Address MOOSE JAW, Sask.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Creamery.
 20. (a) Your specific occupation Retail Salesman (b) Number of years' experience at this occupation with any employer 3 1/2 yrs.
 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? No (c) Do you wish to return to your former employment? No

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? No
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) ---
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Salesman.



DATE 24th June 1943 SIGNATURE Harold Lockwood

Copy To
VWD
ES

JUL 10 1945