OCCUPATIONAL HISTORY FORM

97 147 113 1748

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: Nelson Lyons (b) Reg'l. No. V35602
2. (a) Arm of service: Navy (b) Unit: H.M.C.S. "YORK" (c) Rank: Stoker II
3. (a) Date of birth: 10 May 21 (b) Have you any dependents? One (c) Place of residence at time of enlistment: Toronto, Ontario.
4. (a) Place of enlistment: Toronto, Ontario. (b) Date of enlistment: 4 May 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 years (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 1 Year High School
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer: Summit Dyeing Company Address: Toronto, Ontario.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Silk Screen Printing
20. (a) Your specific occupation: Printer (b) Number of years' experience at this occupation with any employer: 3 months
21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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: no

DATE: 4 May 194 2 SIGNATURE: Nelson Lyons

FWP.

51

100288

M.F.M. 16A
200M—11-40 (8110)
H.Q. 1772—39-1665

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(NAVAL)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

NATIONAL DEFENCE
MAY 13 1942
No. 113-L-1248

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant LYONS,

2. Full Christian name or names NELSON

Answer required by question 4 is rank for which pay is issuable. When warrant rank, show Class I or II.

3. Official Number N.K. 4. Rank Sto.II

5. Unit, Station, or Establishment H.M.C.S. "YORK"

Question 6: Should be taken on strength for pay on date of enlistment, or on reporting after being called out for duty. If granted leave of absence, Part II Orders should show record.

6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay 4 May '42. D.O. No. d/

Question 7: In the case of officers the date of reporting for duty is the date pay commences, and dependents' allowances cannot commence prior to that date.

7. (If "Officer") (*a*) Date of appointment D.O. No. d/

(*b*) Date reported for duty D.O. No. d/

8. Are you a member of the permanent forces, military or air? NAVAL

If so, (*a*) State permanent establishment, unit or station H.M.C.S. "YORK" TORONTO. (*b*) Are you receiving permanent force rates of pay and allowances? -YES-

Questions 9 and 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment

10. (*a*) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month

(*b*) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension"

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment Nov. '41 to Jan. '42 with Gutta Percha & Rubber Co., Feb. '42 to Apl.'42 with Summit Dyeing Co., Earnings for 6 Months= $415.00

12. Name of dependent LYONS (Surname) FLEDDA (Christian Name) MRS. (Mr. Mrs. or Miss)

Question 13: Give street name and number or post office box number, R.R. No., city, town or village and province.

13. Address 166 Brock Ave., Toronto, Ont.

14. Age of dependent 51 15. Relationship Mother

Questions 16 to 28: Have a bearing on the eligibility for the allowance and the amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

With Applicant, 166 Brock Ave., Toronto.

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? as above -

(State relationship) with her 17 year old son.

18. Is dependent being maintained in a Public Institution at the public's expense? NO

Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any Physical condition does not permit her to work

20. From what date have you been contributing to the support of this dependent?

-Since March '42.-

21. Are you the sole or partial support? Partial

State whether sole support or partial support

22. (*a*) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months $40. per month.

(*b*) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? This entitled me to Board and Lodgings.

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you? The eldest son contributed previously to her support until his enlistment in the Army in March '42.

24. If dependent is your mother, is your father living? YES

Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

-No Support- They are separated.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Lon Lyons	Camp Borden	23	Soldier	Single
Ronald Lyons	166 Brock Ave.	17	Unemployed	Single

(1 Sister Married)

5

26. (*a*) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

Lon Lyons contributed $10. per week until his enlistment in the Army. He now sends home $5. per week

(*b*) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: Yes, he received Board and Lodgings previous to his enlistment.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:		*Dependent's Average Monthly Allowances from:*	
Personal earnings	$	Workmen's Compensation Award.	$
Contributions and allowances from other members of family.	$ 20.00	Widow's Pension	$
Insurance	$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority)	$
Dividends from shares, bonds, etc.	$		$
Interest on loans or mortgages.	$		$
Rentals.	$		$
Other	$		$
Total	$ 20.00	Total	$ Nil

Question 28: (If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.
(If "OFFICER") Five days' pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

15 days' pay $ 21.00

29. Date assigned pay effective 4th May '42. Folio 9.

30. Have you made a prior assignment of pay. If so state number of days and to whom

-NO-

[OVER]

31. Have you made a previous claim for dependent's allowance? -NO-

If so give particulars of previous unit and official number under which applied for and date of application

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

I certify that the above is a true statement.

L. Higginson
(Paymaster) (Rank)

Pay. Lieutenant, RCNVR.
Treasury Officer

Nelson Lyons
Signature of Applicant

Date 11th. May '42.

MAY 12 1942

Establishment, unit or station

H.M.C.S. "YORK"

Place TORONTO.

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

mployment Insurance Book No. L 466776 forwarded to 172 Spadina Avenue, Toronto, Ontario.

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

NO GH

4 97145

NATIONAL DEFENCE
MAR 27 1942
No. 113 L-1748

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Lyons OFFICIAL NO. V 35602

CHRISTIAN NAMES Nelson MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS	RELIGION
166 Brock Avenue, Toronto, Ontario.	Presbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
10 May 1921	Town Hampton County Northumberland Province Ontario.	Mother: Mrs. Fledda Lyons 166 Brock Avenue, Toronto, Ontario
*Original Nationality of: Father Canadian Mother Canadian		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 10½	Inflated 38½ Deflated 36½ Mean 37	Brown	Green	Med	Small Scar left knee (Front)

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
1 Year High School	Printer Summit Dyeing Company, 471 Adelaide St. West, Toronto, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
4 May 1942	Stoker II RCNVR (TEMP)	H.M.C.S. "YORK" Toronto

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

(3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

Personnel Records Division.
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pendant Card
7.
8.
DATE 18/5/42.

SERVED IN	RANK	FROM	TO
R.C.E.C.A. (R). 8th Field Coy	Sapper	7 Nov.1941	1 May 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.

(5) On being enrolled as a member of the Toronto Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this Fourth day of May 1942

Signature of applicant X Nelson Lyons

(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 Fourth day of May 1942

C. W. Sherston

Signature of and rank of Attesting Officer.

Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Nelson Lyons 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 X Nelson Lyons

Witness C. W. Sherston

Date 4 May 1942 Rank Lieutenant R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Nelson Lyons 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 Division of the R.C.N.V.R. or in the appropriate official documents.

C. W. Sherston

Lieutenant RCNVR Attesting Officer.

4 May 1942 R.C.N.V.R. Division (or other establishment) H.M.C.S. "YORK"

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 ENGINE ROOM Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

X Nelson Lyons

Signature

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

97146
NOV 14 1940
N 413 & 1248
CANADA

2

CANADA

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 N Lyons

‡candidate for entry as Stoker II

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.

Age {Years Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
				38½	20/20									
				(b) minimum	left eye									
20-5	166	5.10½	Good	36½	20/15	never	✓	✓	✓	✓	✓	✓	defic.	✓
				(c) mean	*colour vision									
				37										

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated. RED. GREEN. COLOUR BLIND.

Albumen Neg

X-ray {~~Not taken.~~ Approved. ~~Positive.~~ Doubtful. Lungs Clear

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.

Nelson Lyons
Signature of Candidate

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

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

This Candidate is the subject of .....

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

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at TORONTO, ONT. the 29 of April 19 40

C. Leon McNaughton
Examining Medical Officer

(*Rank*) SURGEON LIEUT. R.C.N.V.R.

N.V. 17
60M—11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

Nelson Lyons

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V35602
Halifax	H.M.C.S. "York" Toronto	"
		"

Date of Birth: 10 May, 1921

Place of Birth: Hampton, Ont.

Place of Residence: 166 Brock Ave., Toronto

Trade brought up to: Printer

Religion: Presbyterian

Name and Address of Nearest Relative or Friend (in pencil)

Mother:
Mrs Estella Lyons
166 Brock Ave
Toronto

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

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	4 May '42	Dur. Host.	Stok. II

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
1943 21	26 Feb 44	Canadian Volunteer Service Medal & Clasp. Provi. award.
	26 Feb 44	1939-43 Star. Provi. award.

PERSONAL DESCRIPTION

	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	10½	37	166	Brown	Green	Med.	small scar left knee (front)
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
1942.	HMCS York.	active service		Sto II.	4 May 42.	15 June 42	
—"—	Cornwallis.	—	—	—"—	16 June '42	7 Sep. '42	
	Stadacona			—"—	8 Sep. '42	8 Mch '43	
	Stadacona (Fort William)			—"—	9 Mch '43	3 May '43	
	Stadacona (Fort William)			Sto I	4 May '43	6 Sep. '43	
	Avalon (—"—)			—"—	7 Sep. '43	11 Nov '43	
	Stadacona			—"—	12 Nov '43	25 Nov '43	
	Hochelaga II			—"—	26 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)			—"—	8 Dec '43	29 Feb 44	
	Avalon (Valleyfield)			—"—	1 Mch 44	7 May '44	D.D

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature
18 Jan 43	Learned A.C.P.W. # B 52077	

DISCHARGE

gnature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
10 Nov 43	Aux Watch Cert				

Name Nelson Lyons Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V. G.	Sat (Sto II)	31 Dec 42	D. F. McElymm for Capt
		V. G.	SAT (Sto I)	31 Dec 43	[illegible]
		V. G.	Sat. (Sto. I)	7 May '44	[illegible]

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

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

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

Dockyards I

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BENG FORWARDED TO THE MAN'S DEPOT

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

COPY

CERTIFICATE OF QUALIFICATION

H.M.C.S. "STADACONA"

This is to certify that LYONS H.

First Class Stoker, Official Number V-35602 serving in H.M.C.S. "STADACONA" has successfully passed through the Auxiliary Machinery Watchkeeping Course as laid down in K.R. and A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made on his History Sheet accordingly.

Engineer Officer

Noted on "STADACONA" 249a

folio No. A5779 dated 22.11.43.

Commanding Officer

Date Nov. 10th *19* 43.

S. 443
25M—12-42 (7639)
N.S. 815-9-443

Unemployment Insurance Book No. L 466776 forwarded to 172 Spadina Avenue, Toronto, Ontario.

5A II 863

R/F

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Lyons OFFICIAL NO. V 35602

CHRISTIAN NAMES Nelson MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS	RELIGION
166 Brock Avenue, Toronto, Ontario.	Presbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
10 May 1921 *Original Nationality of: Father Canadian Mother Canadian	Town Hampton County Northumberland Province Ontario.	Mother: Mrs. Fledda Lyons 166 Brock Avenue, Toronto, Ontario

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 10½	Inflated 38½ Deflated 36½ Mean 37	Brown	Green	Med	Small Scar left knee (Front)

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
1 Year High School	Printer Summit Dyeing Company, 471 Adelaide St. West, Toronto, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
4 May 1942	Stoker II RCNVR (TEMP)	H.M.C.S. "YORK" Toronto

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

(3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
R.C.E.C.A. (R). 8th Field Coy	Sapper	7 Nov.1941	1 May 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.

(5) On being enrolled as a member of the Toronto Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this Fourth day of May 1942

Signature of applicant X Nelson Lyons

(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 Fourth day of May 1942

C W Shenton

Signature of and rank of Attesting Officer.

Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Nelson Lyons 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 X Nelson Lyons

Witness C W Shenton

Date 4 May 1942 Rank Lieutenant R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Nelson Lyons 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 Division of the R.C.N.V.R. or in the appropriate official documents.

C W Shenton

Lieutenant RCNVR Attesting Officer.

4 May 1942 R.C.N.V.R. Division (or other establishment) H.M.C.S. "YORK"

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 ENGINE ROOM Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

X Nelson Lyons

Signature

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

V35602 OFFICIAL NUMBER | NAME LYONS (Surname) Nelson (Given Names) | OFFICIAL NUMBER V35602

P.I.B.

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
H.M.CS. York	Stoker II	4	5	42	Div. Str. Toronto	V.G.	Sat.	31	12	42							
" "	" "	4	5	42	Active Service D.L.	V.G.	Sat.	31	12	43							
Cornwallis	" "	15	6	42	D.L.	V.G.	Sat.	7	5	44							
Stadacona	" "	8	9	42	DRD												
Fort William	" "	9	3	43	DRD # 877H												
" "	Stoker 1	4	5	43	RATED(249A,#28529)												
Stadacona	"	12	11	43	DRD # H3183												
Hochelga II	"	26	11	43	DRD # H3341												
Chaleur II	"	6	12	43	DRD #66 Chaleur II												
Valleyfield	"	8	12	43	DRD #69 Chaleur II												
DISCHARGED	"	7	5	44	Missing Casualty List												
					Presumed Dead per ~~Casualx~~	Correction Sheet #100											

GENERAL REMARKS

Canadian Memorial Cross awarded to Mother: Mrs. Fledda Lyons, 166 Brock Ave., Toronto, Ont. 10/10/44

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED.	PERM. RESIDENCE P.	CTY.	TOWN	PREV. ENL. SERV.	DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
10	5	21	11	300	0	50	7	1	56	14	9	23	0	15	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.	ACT. SERV. DATE DY.	MO.	YR.	SHIP CR. ESTAB.	RANK OR RATE A	BR.	RANK
04	05	42	04	05	42					1220	0	15	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
04	05	43	12	00	00	21	07-05-44		

V35602 OFFICIAL NUMBER | FILE NUMBER 113-L-1695 | OFFICIAL NUMBER V35602

NAME LYONS (Surname) Nelson (Given Names) DATE OF BIRTH 10 May 1921

PLACE OF BIRTH Hampton, Ontario OCCUPATION Printer

RELIGION Presbyterian EDUCATION 1 Year High

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 166 Brock Avenue Town Toronto Province, etc Ontario

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
4	5	42	H.O.	5' 10½"	Brown	Green	Medium	Small scar left	RCECA (R) 8th Field Coy	Sapper	7-11-41	to 1.5.42

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs [illegible]

ADDRESS (in pencil): Street and No. [illegible] Town [illegible] Province, etc. Ontario

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
28	2	44	C.V.S.M. (R&C) 1012-8-5	10	11	43	Granted Aux. W/k Course F.D.2403				
26	2	44	1939-1943 Star 249A A 10338								

Badges, G.C. or G.S.				
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received
Unemployment Insurance Book--Toronto, Ontario
Last Will & Testament dated 4-5-42 Received
(Invalid--Returned)

Second Class For Conduct

From	To

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

VERIFICATION FOR
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDA
NAVAL GENERAL SERVICE MEDAL

NAME IN FULL LYONS....Nelson..........RANK/RATING ....Sto....1/

SHIP	SERVICE			AREA	QUAL		
	FROM	TO	DAYS		FROM	TO	1
	4-5-42						
Valleyfield	8-12.43	7.5-44	152	Alt			
Fort William	9.3.43	11-11-43	248	Alt.			

Disch Missing presumed Dead (Valleyfield
To date 7-5-44

VERIFIED BY ....McEgan..........

VERIFIED BY ....

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

NG ....Sto....Yo.....OFF.NO. ....V35-602.....ADDRESS .....

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	Star
							ATLANTIC	1	Star
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
ad (Valleyfield)							ITALY		
							DEFENCE		
							C.V.S.M.	2	clasp
							" CLASP		
							WAR 1945	1	medal
							WAR 1915		

VERIFIED BY ....[illegible]....

.....

DIR.OF PERSONNEL RECORDS.

S. 1246A. (Revised—July, 1938.)
10M—4-41 (190)
N.S. 815-9-1246a

ORIGINAL

Valleyfield 5 Dec

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

(a) When a man leaves a ship after a period of not less than three months' service in her.
(b) Annually on 31st December, unless completed within the previous three months.
(c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Name: Surname	Name: Christian	Official Number	Port Division
LYONS	Nelson	V-35602	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of Commencing	Date of Completing	Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
New Entry Course	20-7-42	3-8-42	60%	Good	Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	4-8-42	1-9-42	Superior	Interested in his work	S/Lieut.RCNVR Engineer Officer.

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—Date B.R. 77 issued 4-8-42 Signature and Rank:— Lieut. Cmdr. (E) R.N. COMM'D ENG. RCN

Entered H.M. Service as Stoker 2nd Class 5-5-42
Advanced to Stoker 1st Class 4-5-43 (A.S. 28529)
Advanced to Leading Stoker
Advanced to Stoker Petty Officer
Advanced to Chief Stoker

Completed 2 years' training for Mechanician
Rated Mechanician 2nd Class
" " 1st Class
Advanced to Chief Mechanician

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

S. 1246A

Special Remarks :

STOKER RATIN

Employment and Abili

NOTE:—When a Stoker rating has become a Mechanician the words "Refit
are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfac

Date	← Watchkeeper →									← In Charge of —					
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea
7/9/42				Barracks Routine.											
9/3/43															
11-11-43				BARRACKS ROUTINE - EMPLOYED WORK PARTY.											
25-11-43															
8-12-43															

1770/672

STOKER RATING

ment and Ability Record

e a Mechanician the words "Refitting and Maintenance"
s 3, 4, 5, 6, 7 and 8.

as "Superior," "Satisfactory," "Moderate," or "Inferior."

NAME _____

Official Number _____

In Charge of →														
13	14	15	16	17	18	19	20	21	22	23	24	25
Boiler Water Tender	Boiler Cleaning Party	Engineroom Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties	Engineer's Writer	Charge of Engineers' Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
									Sto 1/c		Cornwallis	
									Sto 1/c		Stadacona	[illegible]
									STO. 1/c		Sir Wilfrid Laurier	
WORK	PARTY.								STO. 1/c		STADACONA	[illegible]
									Sto 1/c		HACHELAGA II	
											Valleyfield	

THE CANADIAN ARMY—RESERVE PERSONNEL

CERTIFICATE OF DISCHARGE

This Certifies *that* B142216 Sapper Nelson Lyons
(Regtl. No.) (Rank) (Name in full)

of Toronto *County of* York

Province of Ont *served continuously in the*

8th Field Coy R.C.E. C.A.(R)
(Regiment or Corps)

from the 7th *day of* November *19* 41 *, to*

the 1st *day of* May *19* 42 *, and is now discharged therefrom, and that he attended and completed Annual Training for the years*

6 Months
(Each year separately, in figures)

Six Months
(Total number of years, in words)

Nelson Lyons
(Signature of Soldier)

Place Fort York Armouries Toronto

Date 1st May *19* 42

O C. 8th Field Coy

Commanding O.C. 8th Field Coy R.C.E. C.A.(R).
(Sqn., Bty. or Coy.)

†*Commanding*
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

50M—2-41 (9314)
H.Q. 1772-39-62

EY

N.P.R. /5-1

FORM A.

FILE: N.S. V-35602 PERS.(N)

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

Sir: 12 May, 1944.
(Date)

33

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
LYONS, Nelson	Stoker 1st Class	V35602, R.C.N.V.R.

DATE OF ENLISTMENT - 4 May, 1942.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. - "Missing" at sea when the ship in which he was serving, was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to 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- Mother NAME- Mrs. Fledda Lyons.

ADDRESS- 166 Brock Ave., Toronto, Ont.

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.
12/8/44
NPR/5 6

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)

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

48

Name NELSON LYONS
(Christian names in full)

Rank or Rating STOKER 1/c Official No. V-35602 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth HAMPTON, ONTARIO Date of Birth 10 MAY, 1921.

Occupation in Civil Life PRINTER Religion PRESBYTERIAN

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

Date of Death 7 MAY, 1944 Place of Death AT SEA

Cause of Death ENEMY ACTION--TORPEDOING OF HMCS VALLEYFIELD
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend
Name MRS. FLEDDA LYONS Relationship MOTHER
Address 166 BROCK AVE. TORONTO

Date on which the above was informed by Ship INFORMED BY NSHQ

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.....

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

17 May 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

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Fledda Lyons,
166 Brock Ave.,
Toronto, 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. V-35602 FD. 545

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

LYONS, Nelson Stoker 1st Class

V-35602, R.C.N.V.R.

ESTATES BRANCH SEP 16 1944 H.Q. OTTAWA NATIONAL DEFENCE

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.

H. W. Wade
Commander R.C.N.(R)
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

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		James Lyons		Died with Mrs Lyons 10 years ago
4	Mother of the Deceased		Mrs Hedda Lyons	53	166 Brock Ave. Toronto
5	Brothers of the Deceased	Full Blood	Lonnie Lyons	25	Military service Entoffia bank.
			Ronald Lyons	19	Naval service H.M.S. York.
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood	Mrs F. Bruner	27	488 Landsdowne. Toronto
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.	Nelson Lyons
9	Date of his birth.	May 9th. 1922
10	Place and date of his marriage.	/
11	Place and date of his parents' marriage.	Toronto Oct. 10th. 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hampton 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) Hampton, Ont. (b) (c) Toronto " . (d)
14	Nature of employment before enlistment.	Gutta Percha Rubber Co.
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.	/

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes in Naval Records.
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.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	a. None b. None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Mother.....of the deceased.

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

Mrs Fledda Lyons ..... Signature of Informant

166 Brock ave ..... Address

Toronto Ont

CERTIFICATE

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

See above. Mrs. Fledda Lyons ..... {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 Toronto .....this 14th day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Douglas V. Hoskins F/O Qualification R. C. A. F.

Address 51 Heddington Ave. Toronto. 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

STATEMENT OF ACCOUNT

55

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

List 12[2] No. 31 (Name) LYONS. Nelson Rank Rating Sto.I. No. V.35602

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

	$	c.
CREDIT from former account	32	46
Pay as Sto.I. (Rank Rating) from 1 Apl to 31 May (61 days at $2.00 a day)	122	00
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
" Adjustment March, 1944 " (" ")		33
Kit Upkeep Allowance 1 Apl - 7 May	4	47
OTHER CREDITS: G.M. 1 Apl - 7 May, 37 days, @ .06¢	2	22
Total credits	161	48
DEBT from former account	N	I L
PAYMENTS:— 1st month 32.00; 2nd month 8;94		
Total	40	94
2nd month Total		
3rd month Total		
Allotment AP 31.00, 8.40 chged Apl.; AP 31.00 chged May.	70	40
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts	2	00
OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates (Present War)	48	14
Total debits	161	48
Balance Cr. or Dr. (Balance Dr. to be shown in red)	N	I L

PAYMENTS:—	1st	2nd	3rd	4th	5th
	$ c.	$ c.	$ c.	$ c.	$ c.
1st month	32.00	8;94			
2nd month					
3rd month					

LEDGER: Hett

AUDIT: [illegible]

Number of days actually victualled during period mentioned above 38

NOT VICTUALLED

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

Date 5 June 1944

PAY LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

C.N.S. 2426
25M—5-42 (4545)
N.S. 815-9-2426

Pers (n) 12/9/44 142581

56

ACCOUNTS OF MEN DISCHARGED

#75

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 LYONS. Nelson *Rating* Sto. I.

Official No. V.35602 *H.M.C.S.* AVALON " VALLEYFIELD *List* 12²/31

*Who** DISCHARGED DEAD *on the* 7 May *19* 44

	$	cts.
Net sum due on ledger on account of Wages	N I	L
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. 25182 Adm. Naval Estates (Present War)	48	14
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) AP THIRTY-ONE DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total† CREDITOR	48	14

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 FORTY-EIGHT - - - - dollars - - FOURTEEN - cents.

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

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

{ 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

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 249A #A13925 dated May, 19, 1944.

LEDGER:

AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature | .....Signature

.....Rank | .....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

166 Brock Avenue, Toronto,
November 21, 1944.

Director of Estates,
Department of National Defence,
308 Sparks Street,
OTTAWA, Ontario.

Dear Sir: Re: LYONS, Nelson, Sto.1, (Deceased)
No. V.35602, R.C.N.V.R.

As requested in your letter of November 13th I am enclosing you herewith photostat copy of the will of my late son on which has been endorsed a notarial certificate as requested.

I trust everything is in order and you will settle my son's affairs as soon as possible.

Yours sincerely,

Hedda Lyons

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: LYONS, Nelson No.: V.35602
Surname Christian Names

Sto.1 H.M.C.S."VALLEYFIELD" 7-5-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 48.14

Date: 14-12-44

Other Credits

Total 48.14

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Flodda Lyons, 166 Brock Avenue, TORONTO, Ontario. (Sole beneficiary under will)	48.14

TO BE FORWARDED BY REG. MAIL DIRECT,

P4. TO TREAS. 2/1/45 Q4

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$48.14

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

Can. S. 345
15M—9-40 (7291)
N.S. 815-9-345

IN THE NAME OF GOD, AMEN

I, Nelson LYONS, Stoker II, V-35602, R.C.N.V.R. of His Majesty's Canadian Ship "STADACONA"

(~~[illegible]~~),

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

Mrs Fledda LYONS,
166 Brock Avenue,
Toronto, Ontario.

*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.

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, together with all other my Estate and Effects whatsoever and wheresoever.

And I do hereby appoint my mother:
Mrs Fledda LYONS,
166 Brock Avenue,
Toronto, Ontario.

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

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 Halifax, N.S. hereunto set my hand, this Ninth - - - - - - - - day of December -, in the Year of Our Lord One Thousand Nine Hundred and forty-two.

Nelson Lyons

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* {

Leading Writer, R.C.N.V.R.

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.

The reverse side of this paper is hereby certified to be a true photostatic copy of a Will executed by Nelson Lyons, named therein, who died on the 7th day of May, 1944, while serving in the Canadain Navy on Active Service.

Dated at Toronto, Canada

this 21st November 1944.

.....

Notary Public or Commissioner
in and for the province of Ontario.

418011

97

☒ 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

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 LYONS (DECEASED) (Print)

2. Christian Names NELSON (Print)

3. Service No. V 35602 4. Paid rank or rating at date of termination of Service STOKER I.

5. Address, in full, to which payments of gratuity are to be forwarded
Mrs. F. Lyons (Mother)
166 Brock Avenue
Toronto 3, Ontario

NAVAL PERSONNEL RECORDS
FEB 26 1945
6718
WAR SERVICE GRATUITY SECTION

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
Navy	V 35602	STOKER 1ST CLASS	MAY 4, 1942	MAY 6, 1944

no leave on

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? NO If so, state name of Force or Forces N.A.

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)? NO If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

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

February 21/45 (Date)

Fledda Lyons (Signature of Applicant)

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.

Mae MacIntyre
Witness

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.

typed

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Nelson Lyons
(Christian Names) (Surname)

Payee Mrs Hedda Lyons.

Address 166 Brock Avenue. Toronto 3, Ont

Register No. 6418
File No. V35602
Date 27 Mch 45
Service No. V35602
Final Rank or Rating STO. 1/C
Date of termination of overseas service 7 May 44
Date of Discharge 7 May '44

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 735/30 equal to 24 complete periods at $7.50	180.00
B. QUALIFYING OVERSEAS SERVICE No. of days 400 less 15 ineligible days equal to 385 days @ 25¢ per day	96.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 2.00 Subsistence or Lodging and Provision Allowance $ 1.45 Additional Pay Dependents' Allowance 1/30 of $25.00 .83 Total 4.28 x 7 = $ 29.96 No. of days 385/183 x $ 29.96	63.03
D. WAR SERVICE GRATUITY	339.28
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	339.28

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $ _____ of $ = $339.28
Total Dependents' Allowance in issue $

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

Prepared by	Checked by	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1 DNP
2 DNP
3 DNP
4 OK
5
6
7
8
9
10

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Nelson (Christian Names) LYONS. (Surname)

Payee Mrs Hedda LYONS.

Address 166, Brock Ave. Toronto. 23 Ont.

Register No. 6718
File No. V35602
Date 21 Mcl45.
Service No. V35602
Final Rank or Rating STO. 1/c
Date of termination of overseas service 7 May '44 Date of Discharge 7 May '44

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 735/30 equal to 24 complete periods at $7.50	180.00
B. QUALIFYING OVERSEAS SERVICE No. of days 400 less 15 ineligible days equal to 385 days @ 25¢ per day	96.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 2.00 Subsistence or Lodging and Provision Allowance $ 1.45 Additional Pay $ Dependents' Allowance 1/30 of $ 25.00 .83 Total ~~4.30~~ 4.28 x 7 = $ ~~30.66~~ No. of days 385/183 x $ 30.66	~~64.50~~ ~~54.95~~
D. WAR SERVICE GRATUITY	~~331.20~~ 340.75
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	~~340.75~~

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $ _____ of $ = $ ~~340.75~~
Total Dependents' Allowance in issue $

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

Prepared by	Checked by	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1 D.N.P. 6
2 D.N.P. 7
3 D.N.P. 8
4 9
5 10

6718

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

Name of Deceased Member Nelson Lyons Rank or Rating STO. 1/C O.No. V35602

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

D.A. 25.00 Mrs Hedda Lyons (MOTHER)
A.P. 31.00 166 Brock Ave.
Toronto 2, Ont
D.A. –
A.P. –

2. Pension awarded or being awarded to: mother – as above

3. War Service Gratuity Application(s) received from: Mrs Hedda Lyons
166, Brock Ave.
Toronto 2 Ont

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

(X) To be paid to: Mrs Hedda Lyons - mother In ~~the~~ full ~~proportion of:~~ /

- and -

to: In the proportion of: /

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 21 Mcl' 45

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

NON QUALIFYING SERVICE

			Overseas
Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
		Total Days	

OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
"Valleyfield"	8 Dec. '43	7 May '44	152
"Fort William"	9 Mch. '43	11 Nov. 43	248
			400

24
31
29
31
30
7
152

23
30
31
30
31
31
30
31
11
248

W.S.G. Application No. 6718

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

FILE NO. NS-V-35602

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
LYONS,	Nelson	V-35602	Sto. 1/c

CAUSE OF DISCHARGE: "Missing — presumed Dead." (Valley field)

Application made by mother —

731
4
735

TOTAL SERVICE

Date of Active Service 4 MAY '42

Date of Discharge 7 MAY '44

Total No. of Days 735

Less non qualifying service —

Total Days 735

OVERSEAS SERVICE

% Total No. of Days ~~452~~ 400

Less non qualifying service —

Total Days ~~452~~ 400

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By

Checked By

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

DATE: FEB 27 1945

54

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 LYONS. Nelson *Rating* Sto. I.

Official No V.35602 *H.M.C.S* AVALON " VALLEYFIELD *List* 12²/31

*Who** DISCHARGED DEAD *on the* 7 May *19* 44

	$	cts.
Net sum due on ledger on account of Wages	N I	L
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. 25181 Adm. Naval Estates (Present War)	48	14
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) AP THIRTY-ONE DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total† CREDITOR	48	14

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 FORTY-EIGHT - - - - dollars - - FOURTEEN - cents.

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

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

{ 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

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 249A #A13925 dated May, 19, 1944.

LEDGER:

AUDIT:

STATEMENT OF ACCOUNT

5-3

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

List 12[2] No. 31 (Name) LYONS, Nelson Rank Rating Sto.I. No. V.35602

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

	$	c.
CREDIT from former account	32	46
Pay as Sto.I. (Rank Rating) from 1 Apl to 31 May (61 days at $2.00 a day)	122	00
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Adjustment March, 1944		33
Kit Upkeep Allowance 1 Apl - 7 May	4	47
OTHER CREDITS: G.M. 1 Apl - 7 May, 37 days, @ .06¢	2	22
Total credits	161	48
DEBT from former account	N	I L

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	32.00	8;94				Total	40	94
2nd month						Total		
3rd month						Total		

Allotment AP 31.00, 8.40 chged Apl.; AP 31.00 chged May.	70	40
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts	2	00
OTHER CHARGES: O.R. No. 25182 payable Adm. Naval Estates (Present War)	48	14
Total debits	161	48
Balance Cr. or Dr.	N	I L

(Balance Dr. to be shown in red)

LEDGER: Ck

AUDIT: noted for OMPA(9) Dec. 21 Mar 45.

Number of days actually victualled during period mentioned above 30

NOT VICTUALLED

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

Date 5 June 1944

PAY LIEUT. CDR., R.C.N.V.R.

ACCOUNTANT OFFICER

C.N.S. 2426
25M—5-42 (4545)
N.S. 815-9-2426

FORM 6

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

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

1. PLACE OF DEATH County or District of: At Sea Township of: ____
If in City, Town or Village (Name): ____ Street: ____ House No.: ____
(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 LYONS (Family name) Nelson (Given name or names in usual order)

RESIDENCE No. 166 Street: Brock Ave, City, Town, Village or Township: Toronto Province: Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE: Ontario (Province or Country)

9. DATE OF BIRTH: May (Month) 10th (Day) 1921 (Year)

10. AGE in

Years	Months	Days	If less than one day old
23			hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.: PRINTER

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: Summit Dyeing Co.

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: H.B. Money
Address: Payor. 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: Body not recovered
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 (Month) 7th (Day) 1944 (Year)

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

CAUSE OF DEATH

I. Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.
due to
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) ____
due to
(c) ____

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

PHYSICIAN: Underline the cause to which death should be charged statistically

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? ____ (State which) Date of injury: ____ 19__
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)

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
LYONS	Nelson	V-35602	Sto.1		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
~~1939-45 Star~~	2010.
~~Atlantic Star~~	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNVR

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD" Jan/45.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Fledda Lyons - Mother

ADDRESS: ~~166 Brock Ave.,~~ ~~Toronto, Ont.~~ Queen Victoria Ave., Lorne Park Road P.O. Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. F. Lyons

ADDRESS: 166 Brock Avenue
TORONTO, Ontario

MEMORIAL BAR

(1) 9-1-52

DATE DESP. 5362

REG. NO. CANCELLED

(2)

(3) 10 October 1944