

MASON, STIRLING CASHMAN

O47000

# OCCUPATIONAL HISTORY FORM

103-M-443

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 MASON, Stirling Cashman (b) Reg'l. No. Sub Lt  
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank Sub Lt  
3. (a) Date of birth Oct. 21/21 (b) Have you any dependents? NO (c) Place of residence Pine Hill Res. Station, N.S.  
4. (a) Place of enlistment Halifax, Nova Scotia (b) Date of enlistment April 27/42

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 20 yrs (b) Were you attending school or college up to the time of enlistment? Halifax, N.S.  
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.) Senior Matriculation  
7. If you attended a university, give name of university and standing or degree secured Dalhousie University; Two yrs. Honours  
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA  
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English & French

## 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) NOT Working (b) At time of enlistment of what trade union or professional society were you a member? NA

## 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? NA (at College)  
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. NA (b) State how long you had worked at this trade or occupation. NA  
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. Elementary  
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment. Summer 1941  
15. Give details of last employer, if any: Name C.N. Railways (Desk Clerk) Address Nova Scotia Hotel  
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Halifax, N.S.  
17. (a) If your last employment was in a business of your own, state nature and address of business. NA (b) Date of discharge. NA

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

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

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

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

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NA  
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? NA

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? yes  
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Plans to return to college  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Intend to enter edge priesthood after war

DATE June 7, 1942 194.....

SIGNATURE S.E. Mason



Copy To  
VWD  
ES

DEC 18 1942

Mrs. Julia L. Mason,  
 .....  
 860 Ellery St.,  
 .....  
 Victoria, B.C.  
 .....

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. C-47000 FD. 542.....

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

..... September 12..... 1944.....

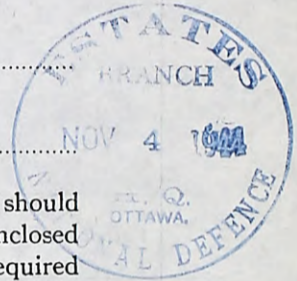
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

..... Lieutenant Stirling, Cashman Mason,.....

..... 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. Macdonald*  
 Commissioner  
 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.....	Julia Louise Mason	22	860 Ellery St. Victoria, B.C.	
2	Children of the Deceased and dates of their Births.....	Cashman Roger Stirling Mason	3 $\frac{1}{2}$ Mos.	860 Ellery St. Victoria, B.C.	
3	Father of the Deceased.....	James Edgar Mason	47	Tangier, N.S. Hfx. Co.	
4	Mother of the Deceased.....	Myrtle Victoria Mason	46	Tangier, N.S. Hfx. Co.	
5	Brothers of the Deceased	Full Blood	Cyril Garfield Mason Keith Wentworth Mason Fergie Collins Mason James Glendale Mason <del>Eric Ellsworth Mason</del> Terrance Guy Mason	24 17 15 9 1	#4 R.D., Scoudouc, NB Tangier, N.S. " " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Verna Lucille Mason Florence Christina Mason Frances Willow Mason Ruth Berneice Mason Noreen Victoria Mason Patricia Elizabeth Mason Els	25 18 14 13 11 7	Grace Maternity Hospital, Halifax, N.S. Tangier, Hfx. Co. N.S. " " "
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	Eric Ellsworth Mason	- Died - Dec. 7, 1924	none		
	Elsie Euphemia Mason	- " - Dec. 21, 1922	"		
	Grace Darling Mason	- " - Feb. 4, 1940	"		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Stirling Cashman Mason
9	Date of his birth.	October 21st, 1921
10	Place and date of his marriage.	Wolfeville, N.S. June 21st, 1943
11	Place and date of his parents' marriage.	Tangier, Hfx. Co., N.S. May 30, 1918 .

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Tangier, Hfx. Co., N.S.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Nova Scotia, Hfx. Co. - 17 yrs. (b) Nova Scotia, <del>Hfx. Co.</del> <sup>Colchester Co.</sup> - 2 yrs. (c) Nova Scotia, H (d)
14	Nature of employment before enlistment.	University Student
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.	Not decided.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Presume one filed with Navy.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Bank of Nova Scotia, Annapolis Royal, N.S. amt. not known.
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.	\$400 - Registered <sup>Sheet</sup> <del>\$100</del> Bank of N.S. Harbour \$200 - sent by registered mail but not received are being traced <del>Hfx. Co.</del> - B. of N.S. Victoria B.C.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	North American Life - \$197.05 - Mrs Julia Mason, 1910 <sup>3</sup>
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.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(PLEASE TURN OVER)



0-47000

OFFICERS RECORD FORM

DATE:

SURNAME: *Mason* CHRISTIAN NAMES: *Stirling Cashman*  
 RANK: *Prob. Sub Lieut.*  
 HOME ADDRESS: *Tungien, Halifax Co. N.S.*  
 DATE OF BIRTH: *October 21, 1921* PLACE OF BIRTH:  
 EDUCATION: Matriculation, ~~Senior~~ Junior *3rd year Arts*  
 University Degrees: *Dal. University*  
 MERCANTILE MARINE CERTIFICATES: *none* No:  
 PRECIS MERCANTILE OR YACHTING EXPERIENCE: *Holidays, in small craft.*  
 PRECIS OF BUSINESS EXPERIENCE: *12 months at T. Eaton Co. Hfx N.S. - in Accounts & Shipping office.*  
 SPORTS: *swimming, tennis, skating, skiing*  
 OTHER HOBBIES OR INTERESTS: *Reading. Three mos. at Pictou Lodge as deck clerk.*  
 PREVIOUS NAVAL OR MILITARY TRAINING: *Dal. - Kings O.O.T.E.*

LANGUAGES SPOKEN FLUENTLY: *English*  
 LANGUAGES UNDERSTOOD: *French*  
 BIRTH PLACE OF FATHER: *Tungien, N.S.* BIRTH PLACE OF MOTHER: *Plenout Hfx. N.S.*  
 FATHERS OCCUPATION: *Fisherman*  
 NEXT OF KIN:  
 Surname: *Mason* Christian Names: *Myrtle Victoria*  
 Full Address: *Tungien, Halifax Co., N.S.*

HAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES? *No.*  
IF SO GIVE DETAILS:-

RELIGION: *C of E.* NAVAL IDENTITY CARD NO *#40773*  
 MARRIED or SINGLE: DEPENDENTS: *none*  
 HEIGHT: *5 ft. 11 in.* WEIGHT: *145 lb*

NOTE: HALIFAX ADDRESS:- *Pine Hill Residence*  
 TELEPHONE NUMBER:- *B 8576*





067117

APR - 2 1942  
10376 443

4

## ATTESTATION FORM

### FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

#### (A) DESCRIPTION OF APPLICANT

SURNAME..... MASON	PERMANENT ADDRESS
CHRISTIAN NAME..... Stirling Cashman	Tangier, Halifax Co., N. S.
RELIGION..... C. of E.	

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
21st October, 1921	Town Tangier, County Halifax, Province N. S. Country	Mrs. Myrtle Mason, (Mother) Tangier, Halifax Co., N. S.

#### PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 35	D. Brown	Brown	Medium	Kidney operation scar
Inches..... 11	Deflated..... 33				
145	Mean..... 34				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
25th March, 1942 Divisional Strength	Prob. Sub Lieut. (Temp)	Single	College Student

#### (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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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..... C.O.T.C..... for the period shown, and attach my record of service.

\* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
C.O.T.C.	Cadet	Sept. 1941.	

- (c) I have never been rejected for 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.

(OVER)

Noted in Service  
Records by *LB*  
20/4/42

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 25th day of March, 1942.

*S. E. Mason*  
Signature of Applicant.

The above declaration was made and signed in my presence this 25th day of March, 1942.

*A. P. Connor*  
Signature of Enrolling Officer.  
Lieutenant, R.C.N.V.R.

(C) OATH OF ALLEGIANCE

Mason

I, Stirling Cashman, 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 *S. E. Mason*

Signature of Witness *A. P. Connor*

Date 25th March, 1942.

Rank Lieutenant, R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.



CANADA

P067118

APR -2 1942

Can. B. 207

60M-4-40 (4630)  
N.S. 815-2-207

10320443

3

# Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA (R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Mason - Stepling  
candidate for entry as subject. 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.

Age (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 re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Variocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
20 1/2	141 lbs.	5-9 1/2 ft. ins.	Good	36 inches (a) maximum 33 (b) minimum 34 (c) mean	right eye 6/9 left eye 6/6 colour vision O.K.	1934	B.P. 110/78 *X-Ray O.K.	N	N	N	N	N	Subnormal equal to normal	N

\*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

## 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.

S. Cashmore Mason  
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

[Empty box for 'IF REJECTED' text]

Dated at Salt Lake City the 2 of March 1942

V. Dain  
Examining Medical Officer

(Rank).....

**SURGEON LIEUTENANT**

B

A

Dalhousie and King's Universities  
 Contingent C.O.T.C.  
**ATTESTATION**  
 NON-PERMANENT ACTIVE MILITIA OF CANADA  
 HALIFAX, N.S.

UNIT..... REGTL. No. F426910

1. Surname? (Block letters) MASON M-250
2. Christian names? William, Cassman
3. Present address? Pine Hill Residence
- Phone No. ~~B 5-8576~~ 8576
4. Date of Birth? 21-10-21
5. British subject? yes
6. Occupation? Student
7. Religion? Church of England
8. Next of Kin. James E. Mason
9. Relationship? Father
- Address. Halifax, Halifax County
10. Previous Naval, Military or Air Force Service.....  
(Give particulars, qualifications, etc.)  
was A.T.C. Dalhousie  
attached to R.C.N.V.R.

3213513

**CERTIFICATE OF MEDICAL EXAMINATION**

Height 5' 9 1/4" Weight 160 Chest max 35 min 33

Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category C-2

Date 15-10-40 Signature [Signature]

**DECLARATION TO BE MADE ON ATTESTATION**

I, the undersigned, S. E. Mason.....do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

**OATH TO BE TAKEN**

I, S. E. Mason.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

W. S. K. Jones / Lieut Signature of Witness S. E. Mason Signature of Man

Dated this 7th day of October 1941 at Halifax

**CERTIFICATE OF ATTESTING OFFICER**

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

W. S. K. Jones / Lieut  
 Signature of Magistrate, Justice of Peace, or Attesting Officer

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	1-10-41	Part II Orders No. 37 13-11-41	<i>W. Mac Jones</i> 2nd Lt Officer Commanding Unit.....
<i>S.O.S. to Active Service</i>	1-5-42	Part II Orders No. 9 6-5-42	
<u>Medals and Decorations</u> <i>Attendance 1941-42</i>			
<i>Oct. Nov. Dec</i> $\frac{8}{10} \quad \frac{9}{13} \quad \frac{0}{3}$	<i>JAN</i> $\frac{0}{12}$	<i>FEB</i> $\frac{9}{12}$	<i>MAR</i> $\frac{34}{88} = 10 \text{ days}$

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

MEDALS AND MEMORIALS—DECEASED PERSONNEL  
RCNVR Aug. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Julia Mason - Widow

~~860 Ellery St.,~~ 1282 Richardson St.,

ADDRESS:

VICTORIA, B.C.

17-8-48

(1)

(2) MEMORIAL CROSS

WIDOW

Mrs. J. L. Mason

ADDRESS:

860 Ellery Street  
VICTORIA, B.C.

(2) 10 October 1944

(3) MEMORIAL CROSS

MOTHER

Mrs. J. Mason

ADDRESS:

TANGIER, N.S.

(3) 28 October 1944

MEMORIAL BAR

DATE DESP

REGN. NO

621

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS

(NAVY)

WAR SERVICE RECORDS

D.D.

MASON	Stirling Cashman	0-47000	A/Lieut	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. and Class	
War Medal	
	2282

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)





OFFICIAL NUMBER

FILE NUMBER

103-M-443

0 - 47000

OFFICIAL NUMBER

NAME

MASON  
(Surname)Stirling Cashman  
(Given Names)

DATE OF BIRTH

21 October, 1921

PLACE OF BIRTH

Tangier, Halifax, N.S.

OCCUPATION

College Student

RELIGION

Church of England

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town

Tangier

Province, etc.

N.S.

## 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
25	3	42	H.O.	5'11"	D. Brown	Brown	Medium	Kidney operation scar	C.O.T.C.	Cadet	9-41	

NEXT OF KIN, RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

## 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	
				16	1	43	Prize Money				

## BADGES, G.C. OR G.S.

## BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

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

## Date (in figures)

## DAYS FORFEITED

O.H.F. Received

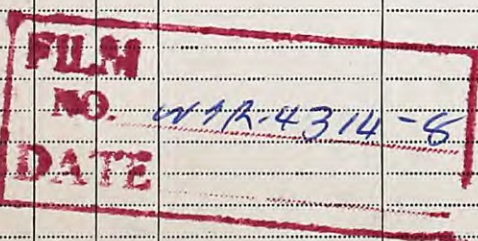
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
-----	-------	------	--------	-------	-------	----------	----------	----------------

Last Will & Testament dated 4-6-42 Received  
 Last Will & Test. dated 30-6-43 rec. No. 6522

## SECOND CLASS FOR CONDUCT

From

To



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

**77**  
AUG 30 1944  
.....  
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.  
MASON, Stirling Cashman Lieutenant R.C.N.V.R.

DATE OF ENLISTMENT - 25 March, 1942 Active Service: 27 April, 1942

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"  
when and where any disability was torpedoed and sunk by enemy action in the Atlantic.  
was incurred, or where death 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 - Wife NAME - Mrs. Julia L. Mason,

ADDRESS - 860 Ellery St., VICTORIA, B. C.

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, DEPENDENTS ALLOWANCE, etc.

P.A.'S CHECKED IN  
C.R. BY R.

C. R. P. A.  
NAVAL TREASURY  
DATE 6/19/44  
INITIAL B.

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>
Mrs. Julia L. Mason	Wife.		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	52.20	50.00	102.20

To Whom Paid: Mrs. Julia Mason (Wife) Address 860 Ellery St., Victoria, B.C.

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

Inclusive date to which D.A. and/or A.P. was Paid: May 31st, 1944.

The final deduction of Assigned Pay for 50.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by... DMD .....

Checked by... [Signature] .....

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

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

VICTORIA GENERAL HOSPITAL

Halifax, N. S.

Mar. 3rd, 1942.

Sgt. Lt. Lane,  
Medical Recruiting Offices,  
R. C. N. Barracks,  
Halifax, N. S.

Dear Sir:

Re: Cashman Mason

This patient was admitted in July 1939 and subsequently in September of the same year.

He was found to have hydronephrosis of the left kidney. The kidney was removed by Dr. Curry. Pathological examination revealed a simple chronic hydrocoele showing some simple chronic inflammatory change of the wall of the pelvis. No evidence of malignancy. Blood Chemistry was within normal limits. He made a good recovery and was discharged on October 1st, 1939.

Yours truly,

Victoria General Hospital

Per

  
G. E. Matthews, M.R.C.S.I., R.C.P.

GEM/H

103-M-443  
Service

IN THE NAME OF GOD, AMEN

**I**, Stirling Cashman Mason, Sub-Lieutenant, R.C.N.V.R. of His Majesty's Ship Canadian Ship "Cornwallis"

(*now a Patient*)

\*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 wife, Julia Louise Mason, Wren, W-711, H.M.C.S. "Stadacona"

R 15 / 808

6522

*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.*

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

And I do hereby appoint my wife, Julia Louise Mason, Wren, W-711, H.M.C.S. "Stadacona"

**rix** 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 Cornwallis, N.S. hereunto set my hand, this 30th day of June, in the Year of Our Lord One Thousand Nine Hundred and Forty-three.

*Stirling Cashman Mason*

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

*[Handwritten signatures of witnesses]*

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


Records in Service  
Records by *[initials]*  
4-7-43

Mason C

OFFICER CANDIDATES

Date 15/4/41

Age 20

Name Mason, Cashman Stirling  
 Address. Kings College Halifax } Home Address  
 Date & Place of birth Oct 21<sup>st</sup> 1921 } Tanquer, Halifax County  
 Where Employed. Kings College 2<sup>nd</sup> year Arts  
 Education: 

Married or Single  Single

Sea Experience, Mercantile Marine Certificates  
Brought up on coast, sailed small craft.

Sports Baseball Basketball  
 Parents Nationality Canadian  
 Fathers Occupation Fisherman  
 Height 5' 11"  
 Weight 140 lbs.

Members of family on Active Service 1 brother in Air Force in the Ranks.

Remarks. Should in my opinion work up from the lower deck. Doubt very much that he has 'what it takes'

Medically Examined No  
X-Ray. No

  
 Lieutenant R.C.N.V.R.  
 O.R.O.

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

N. V. 3a

35M-3-41 (9824)

N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name..... MASON, Stirling Cashman  
Surname (in Block Letters) Christian Names  
 Address..... Pine Hill Residence, Halifax, N.S.  
Number Street Town or City County Province  
 Date of birth..... October, 21st, 1921 Place of birth..... Tangier, N.S.  
 Nationality..... British Are you British by birth?..... Yes or by Naturalization?.....  
 Birth place of (a) Father..... Tangier, N.S. (b) Mother..... Pleasant Harbour, N.S.  
 Are you (a) Single..... Single (b) Married..... (c) Widower..... (d) No. of Children?.....  
 Any physical defects (especially eyesight)?..... No.  
 Height..... 5' 11" Weight..... 140 Can you swim?.....

B. Education—

Highest school grade passed successfully?..... Any Matriculation?..... Senior  
Truro, High School.  
 University: (a) Name..... Dalhousie (b) Years attended..... 2 1/2 (c) Course and Degree.....  
for Arts Course.  
 Technical courses taken.....  
 Special studies.....  
 Languages spoken..... French and English

C. Sea Experience—

Have you ever been employed at sea?..... Give number of years and how employed?.....  
 Name and number of Mercantile Marine Certificates held.....  
 State last position held at sea (with dates).....  
 State employment since leaving sea.....

D. Occupation: What is your profession, trade or occupation in civil life?..... Student at Dalhousie

Are you (a) Actively pursuing your profession or trade on your own account?.....  
 (b) Employed; if so, in what capacity and under what employer?.....  
 General experience (with dates).....  
 Have you ever served in any of His Majesty's Forces? If so, which? How long?.....  
Rejected by R.C.A.F. had one kidney removed 2 years ago, called below  
standard but am in perfect condition now.  
 No. and Class of any Stationary Engineer's certificates or other certificates of competency.....  
 How long would you need to settle up your private affairs?.....

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

Experience in handling small craft. Can use compass and have knowledge  
6 months office experience. of Semaphore

F. Branch Applying for: (a) As Officer..... Yes..... (b) As Rating (i.e., in the ranks).....

If you cannot be accepted as an Officer are you willing to serve as a rating?.....  
 In what capacity do you wish to enrol?.....

Date of Application..... 26 May, 1941. Signature..... (Signed) Stirling Cashman Mason.

## CANADA'S HOTELS OF DISTINCTION

OWNED AND OPERATED BY  
CANADIAN NATIONAL RAILWAYS



THE FORT GARRY, WINNIPEG



THE NOVA SCOTIAN, HALIFAX



CHATEAU LAURIER, OTTAWA



THE CHARLOTTETOWN, CHARLOTTETOWN



THE MACDONALD, EDMONTON

#ORO-M-7.

FROM  
**PICTOU LODGE**  
PICTOU

PICTOU, N.S. July 19/41.

Lt. Comm. W.J.F. Hose, R.C.N.V.R.,  
H.M.C.S. Stadacona,  
Halifax, N. S.

Dear Sir:

In acknowledgement of your letter of the 11th. inst. re., the possibility of my following up my application of May 26th. , to join the service; I am at present working for the summer at the above summer resort and should like to remain here the rest of the season. As your letter arrived indirectly I was unable to report on the date specified in your letter. If it is possible I should like to have said application postponed until October of this year when I shall be in Halifax permanently again. If it is not too much bother sir, could you please confirm my request? I remain

Sincerely yours

*S. C. Mason.*



Nov. 2

13  
2

H.M.C. Dockyard,  
Esquimalt, B.C.

To Capt. W.R. Chaster, Chief Skpr. R.C.N.R.

H.M.C.S. Wolf.

Sir-

I have the honour of requesting permission  
to volunteer for service with His Majesty's Royal  
Navy according to N.M.O.2133.

(Sgd.) S.C. Mason, Sub-Lt. R.C.N.V.R.  
H.M.C.S. Wolf

039030 0-47000

By command of the Honourable the Minister of National Defence  
for Naval Services of the Dominion of Canada

37

To Sub-Lieutenant Stirling C. Mason, R.C.N.V.R., (Temporary),--

You are hereby-appointed promoted and re-appointed

Acting Lieutenant, R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship VALLEYFIELD.

promotion  
Your-appointment is to take effect from 15th January, 1944.

*R. A. Henington*

Secretary, Naval Board

Department of National Defence  
Naval Service

Ottawa, 6th March, 1944.

H.Q. 36a  
15M-2-43 (8622)  
N.S. 815-7-36

Personnel Records Division	
1. Noted in Records	IL
2. Index Card	
3. Non Sub. Card	
4. Statistical Card	
5. Re-asso Strip	IL
6. Pension Card	
7. ....	
8. ....	
DATE	6, 4, 44

P.O.

W.S.G. Application No. 3808 ✓

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

FILE NO. 0-47000 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>MASON</u>	<u>Stirling</u>	<u>Bashman</u>	<u>0-47000</u>	<u>A/Lieut.</u>	<u>U.R.</u>
SURNAME	CHRISTIAN NAMES IN FULL		OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE	

CAUSE OF DISCHARGE: DEAD ✓

Applicant is WIFE of deceased ✓

761
4
7
<hr/> 742

TOTAL SERVICE

Date of Active Service 27 Apr 1942 ✓

Date of Discharge 7 May 1944 ✓

Total No. of Days 742 ✓

# Less non qualifying service           

Total Days 742 ✓

OVERSEAS SERVICE

% Total No. of Days 394 ✓

# Less non qualifying service           

Total Days 394 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service NIL

Date of Active Service           

Date of Discharge           

# & % Overleaf           

Computed By ZH

Checked By [Signature]

DATE: JAN 1 5 1945

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

effian - [Signature]

NON QUALIFYING SERVICE

Overseas

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

(%)  
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Wolf M.L. 067 Wolf	2 Sep 1942	30 April 1943	241
Valleyfield	7 Dec 43	7 May 1944	153
			<u>394</u>

29	25
31	31
30	29
31	31
31	30
31	7
28	<u>153</u>
31	
30	
<u>241</u>	

DC

DEPARTMENT OF NATIONAL DEFENCE  
 NAVY        ARMY        AIR FORCE  
 STATEMENT OF WAR SERVICE GRATUITY

NAV

DECEASED  
 MEMBER'S  
 NAME

**Stirling Caskman**  
 (CHRISTIAN NAMES)

**MASON**  
 (SURNAME)

REGISTER NO.

3808

FILE NO.

NSO-47000

DATE

19 Mch/45

SERVICE NO.

RCNVR

FINAL RANK OR RATING

A/Lieut.

PAYEE

Mrs. Julia L. MASON,

ADDRESS

860 Ellery Street,  
Victoria, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 742 EQUAL TO 24 COMPLETE PERIODS AT \$7.50

\$ 180.00

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 394 LESS 22 INELIGIBLE DAYS, EQUAL TO 372 DAYS @ 25C. PER DAY

\$ 93.00

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$ 6.00  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$ 1.70  
 ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 52.20 \$ 1.75

TOTAL \$ 9.45 X7 = \$ 66.15

NO. OF DAYS 372 X \$ 66.15

\$ 134.47

## D. WAR SERVICE GRATUITY

\$ 407.47

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$ NIL

OTHER DEDUCTIONS \$

## F. TOTAL AMOUNT PAYABLE

\$ 407.47

## G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$

= \$ 407.47

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

*cheque # 120097 - 29/3/45.*

**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 SJD CHECKED BY [Signature]

TREASURY

CHECKED BY [Signature]DATE 21/3/45.

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

DISTRIBUTION OF SERVICE ESTATES

NAVY

Name: MASON, Stirling C. No. --  
 Surname Christian Names  
Lieut. R.C.N.V.R. 7-5-44  
 Rank Unit Date of Death

AMOUNT

Date: 21-6-45

L.P.C.....\$ 102.84  
 Other Credits..... 50.51  
 Total..... \$153.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Julia Mason, 860 Ellery St., Victoria, B.C.  (Sole beneficiary per will)	\$153.35

*J. M. Wilson*

P4. TO TREAS W  
2/8/45 gw

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$153.35
CLASSIFIED BY			EXAMINED BY		
<i>J.M. Wilson 7/1/45</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

103-51-443  
Service

IN THE NAME OF GOD, AMEN

I, **Stirling Cashman Mason**, Sub-Lieutenant, R.C.N.V.R. of His Majesty's Ship Canadian Ship "Cornwallis"

(~~now a Patient~~ *at*)

\*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 wife, **Julia Louise Mason**, Wren, W-711, H.M.C.S. "Stadacona"

6522

R 15 / 808

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.

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

And I do hereby appoint my wife, **Julia Louise Mason**, Wren, W-711, H.M.C.S. "Stadacona"

**ix** 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 **Cornwallis, N.S.** hereunto set my hand, this **30th** day of **June**, in the Year of Our Lord One Thousand Nine Hundred and **Forty-three**.

*S. Elmore Sub Lt. R.N.V.R.*

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

*[Signatures of witnesses]*

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

Recorded in Service  
Records by  
7-7-43

## 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.

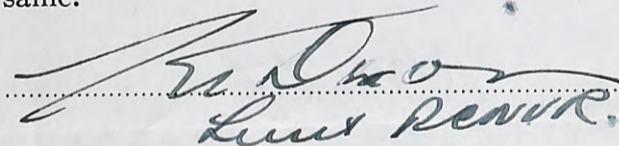


---

### 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  
Louis Revue. } by whom the Will was prepared.



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 NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of At Sea Municipality of \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (For use of Registrar General only)  
 If in City or Town \_\_\_\_\_ Street \_\_\_\_\_ House No. \_\_\_\_\_  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. NAME OF DECEASED WASON (Surname) Stirling Cushman (Given name or names)

RESIDENCE No. \_\_\_\_\_ Street \_\_\_\_\_ City, Town or Rural Division Tangier, Halifax Co., N.S. Province N.S.  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin	7. Single, Married, Widowed or Divorced (write the word) <u>Married</u>
8. BIRTHPLACE <u>Tangier, Halifax Co., N.S.</u> (Province or Country)			
9. DATE OF BIRTH <u>October 21 1921</u> (Month) (Day) (Year)			
10. AGE in { Years Months Days If less than one day old <u>22</u> hrs. or min.			
OCCUPATION			
11. Trade, profession or kind of work as <u>College Student.</u> spinner, teamster, office clerk, etc.			
12. Kind of industry or business, as <u>cotton-</u> mill, lumbering, bank, etc.			
13. Date deceased last worked at this occupation		14. Total yrs. 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. Signature of informant <u>H.B. Money</u> Address <u>Payor, Cdr., R.C.M.C., Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Records</u>			
21. Place of burial, cremation or removal <u>Body not recovered</u> Date of burial or removal			
22. UNDERTAKER (Name and address)			

## MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 1941  
 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

## CAUSE OF DEATH

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

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

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

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

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 (State which)  
 Manner of injury \_\_\_\_\_ (How sustained)  
 Nature of injury \_\_\_\_\_  
 Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Signed by \_\_\_\_\_ M.D.  
 Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

28. Registrar's Record Number \_\_\_\_\_

29. Filed \_\_\_\_\_ 19\_\_\_\_ (Division Registrar)

79

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE 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.

CLASS OF  
SERVICE

# TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

41

FULL RATE  
DAY LETTER

TO: MRS. JULIA L. MASON,  
860 ELLERY STREET,  
VICTORIA, B.C.

FROM: NAVAL SERVICE HEADQUARTERS,  
OTTAWA, Ont.

W

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY REGRETS TO REPORT THAT YOUR

HUSBAND

(FATHER, HUSBAND, SON, ETC.)

LIEUTENANT STIRLING CASHMAN MASON

(FULL NAME)

R.C.N.V.R.

(RATING) X

XXXXXXXX

OFFICIAL NO.

IS MISSING AT SEA. LETTER FOLLOWS.

FILE NS: 0-47000 PERS(N)

DRAFTED BY NPR per TFH

CHECKED BY

DATE 8 May, 1944.

S. 2575  
5M. SETS 11-42 (6949)  
N.S. 815-9-2575

NAVAL

CHARGE NAVAL

NAVAL MESSAGE

To:

NSHQ

From:

GUY MASON  
40 CONCORD AVE CAMBRIDGE MASS

0 47000

GNP  
GSOR

PLEASE INFORM WHETHER LIEUT S C MASON AMONG  
SURVIVORS HMCS VALLEYFIELD

51

/16

T/T

P/L

161940 /5/44

GED

15422

P.A. IS CHECKED IN  
C.R. BY *G. K.*

REGISTERED  
AIR - MAIL  
N.S. O-47000 Pers (N)

11th May, 1944.

Dear Mrs. Mason:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield" from which your husband 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,

SECRETARY, NAVAL BOARD.

Mrs. Julia L. Mason,  
860 Ellery Street,  
VICTORIA, B. C.

JMTH

VT

REGISTERED

FILE NO. N.S. 0-47000 PERS. (N)

76

30th August, 1944.

Dear Mrs. Mason:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your husband, Lieutenant Stirling Cashman Mason, 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.

*NPR*

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Despatched by  
Sec. N. B.

*noted on 5-9-44*  
*Estate Card*  
*G. P.*

Mrs. Julia L. Mason,  
860 Ellery St.,  
Victoria, B.C.

*vm*  
Date *1/9/44*  
Time *1500*

Form  Canadian   
/ enclose Condolence  
Date Sent *30/8/44* NFK

*30/8/44*  
*NPR/S*  
*PM*

*a*