

V35526
MCCUE

THOMAS

BERNA

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

Mrs. Bertha McGue,
4547 Boyer Street,
Montreal, Que.

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

and the following number quoted:—

H.Q. V. - 35526 FD. 528

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

MCCUE, Thomas Bernard Steward,

V-35526, R.C.N.V.R.



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

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

GC/

H. Waddy
Commander
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	X		X
2	Children of the Deceased and dates of their Births.....	X		X
3	Father of the Deceased.....	Mr Frank McEue		(dead)
4	Mother of the Deceased.....	Mrs Bertha McEue		(Widow)
5	Brothers of the Deceased	Full Blood	Mr Frank McEue 45-47 Boyer str. Montreal Quebec	Brother. 33 years old
		Half Blood	X	
6	Sisters of the Deceased	Full Blood	Anna McEue Marion " Gertrude "	30 ^{years old} 45-47 Boyer str. Montreal 28 ^{years old} 45-47 Boyer str. 23 ^{years old} 45-47 Boyer str. Montreal Quebec
		Half Blood	X	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		X		X

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Thomas Bernard McEue
9	Date of his birth.	23 rd of September, 1923.
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Vankleek Hill Ontario 20 th of April 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	In Montreal Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal since (b) born (c) (d)
14	Nature of employment before enlistment.	Elevator Operator.
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.	Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	X
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No bank account
20	Amount of War Savings Certificates held by deceased. Indicate where located.	X
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	One bond I don't know if it was \$10,000 or \$50.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	X
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	X

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)

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 Bertha McCue

Signature of Informant

45-47 Boyer Str. Montreal Quebec

Address

CERTIFICATE

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

McCue { 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 MONTREAL this 28TH day of SEPTEMBER 19 44

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

Rev. Richard E. King

Qualification

Priest

Address St. Agnes Parish, 3980 St. Denis St.

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

Table with multiple rows and columns for additional remarks and details, including sections for 'OTHER PARTICULARS' and 'PART 2'.



CANADA

N. V. 5
50M-10-41 (1994)
N.S. 815-11-5

DJG

ATTESTATION FORM
(HOSTILITIES FORM)

NATIONAL DEFENCE

MAY -7 1942

N.S. 11377 416 03
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME McCUE OFFICIAL NO. √35526
CHRISTIAN NAMES Thomas Bernard MECK MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS 4547 Boyer Street, Montreal, Quebec. RELIGION Roman Catholic.

DATE OF BIRTH 23 September 1923 PLACE OF BIRTH Town Montreal NAME AND ADDRESS OF NEXT OF KIN MOTHER:-
Mrs. Bertha McCUE
4547 Boyer Street
Montreal
County _____ Province Quebec.
*Original Nationality of:
Father Irish
Mother Fr-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... <u>5</u>	Inflated... <u>38</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Nil</u>
Inches... <u>9 3/4</u>	Deflated... <u>36</u>				
<u>151</u>	Mean... <u>37</u>				

EDUCATIONAL STANDING Completed Grade Six TRADE OR CALLING AND IN WHOSE EMPLOY Unemployed

DATE OF ENROLMENT 5th May 1942 RATING FOR WHICH ENROLLED Prob/Steward(Temp) R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. MONTREAL

(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, 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 ~~XXXXXX~~ for the period shown, and attach my record of service, in corroboration of this statement

*Cross out Clause not applicable.

Personnel Records Division.

1. Naval Volunteer Reserve
2. Index Card...
3. Non-Sub. Card...
4. Statistical Card...
5. Rondo Strip...
6. Pension Card...
7.
8.

DATE 19/3/42

ENTERED IN RAY LEDGERS SERVED IN <u>H. M. C. S. "BYTOWN"</u>	RANK	FROM
FAIR <u>Whitely</u>	<u>XXXXXXXXXXNILXXXXXXXX</u>	

ROUGH LR (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 H.M.C.S. "MONTREAL" 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 5th day of May 1942

Signature of applicant Bernard M. C. Lene

(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 5th day of May 1942

M. O. Kelly

Signature of and rank of Attesting Officer.

Sub-Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Thomas Bernard McCUE 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 Bernard M. C. Lene

Witness M. O. Kelly

Date 5th May 1942

Rank Sub-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

Thomas Bernard McCUE having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the H.M.C.S. MONTREAL Division of the R.C.N.V.R. or in the appropriate official documents.

M. O. Kelly

Attesting Officer.

Sub-Lieutenant R.C.N.V.R.

R.C.N.V.R. Division

(or other establishment) H.M.C.S. "MONTREAL"

5th May 1942

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 been Steward enter the Steward Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Bernard M. C. Lene

Signature

RCNVR

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD" Mar./45.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Bertha McCue - Mother

ADDRESS: 4547 Boyer St.,
Montreal, ³⁴Que.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. Bertha McCue
4547 Boyer Street
MONTREAL, Que.

ADDRESS:

(3)

10 October 1944

MEMORIAL BAR

DATE-DESP

REGN. NO

831

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

MCCUE	Thomas Bernard	V-35526	Stwd.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	7342.
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

VERIFICATION FORM
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,
 NAVAL GENERAL SERVICE MEDAL

NAME IN FULL *McQUE, Homer Bernard* RANK/RATING *Sub*

SHIP	SERVICE			AREA	QUALIFY		
	FROM	TO	DAYS		FROM	TO	1939
	6-5-42						
<i>Kinky</i>	<i>10-10-42</i>	<i>29-1-43</i>	<i>112</i>	<i>Atl.</i>			
<i>Ville de Quebec</i>	<i>26-4-43</i>	<i>10-7-43</i>	<i>13</i>	<i>Atl.</i>			
<i>Chesapeake</i>	<i>7-10-43</i>	<i>29-10-43</i>	<i>21</i>	<i>Atl.</i>			
<i>Valley field</i>	<i>7-12-43</i>	<i>7-5-44</i>	<i>153</i>	<i>Atl.</i>			
<i>Siach "Dead" <u>to date</u></i>	<i>7-5-44</i>						

VERIFIED BY *James P. Martin*

VERIFIED BY

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

NAME OFF. NO. V35526 ADDRESS

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

VERIFIED BY [Signature]

121.

CERTIFICATE of the SERVICE of

Thomas Bernard "McCUE"

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>1135526</i>
	<i>Montreal</i>	"
		"

Date of Birth <i>23rd September 1923</i>	Name and Address of Nearest Relative or Friend (In pencil) <i>Mother Bertha McCue</i>
Place of Birth <i>Montreal - Que</i>	
Place of Residence <i>4547 Boyer St. Montreal</i>	
Trade brought up to <i>Unemployed</i>	
Religion <i>Roman Catholic</i>	
Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....	
P.S.T. Date.....19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>3 April 42</i>	<i>5 May 42</i>	<i>Duration</i>	<i>Prof Skills</i>		<i>25 Feb '44</i>	<i>Canadian Volunteer Service Medal Class - Provisional Award</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>9 3/4</i>	<i>37</i>	<i>151</i>	<i>Brown</i>	<i>Blue</i>	<i>fair</i>	<i>Nil</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

Original on 47-7-23 J.A. 2455-

DEPENDENTS' ALLOWANCE BOARD
DEPARTMENT OF NATIONAL DEFENCE

NAVY

Ottawa, Canada

June 23rd, 1943

Director of Naval Pay Accounting,
Naval Service Headquarters,
Ottawa, Ontario.

Dear Sir:

We have received your letter of June 15th, 1943 enclosing a list of cases upon which no decision had been forwarded increasing the Allowance from January 1st, 1943.

We have checked the files on this list and are taking action to review them. Most of them require re-investigation before a decision can be reached, but D.A.B. Navy C will be forwarded as soon as possible.

The following files are considered to be in pay at the highest rate possible in their case, due either to the fact that Old Age Pension is involved or to increased incomes in the home.

Yours very truly,

DEPENDENTS' ALLOWANCE BOARD

(Sgd.) K. Cox
For R.O.G. Bennett - Chairman

*Noted
for JAT
for R.O.G.
5/7/43*

19

<u>NAMES</u>	<u>OFFICIAL NO:</u>	<u>YOUR REFERENCE</u>
BRADLEY, Richard Henry	V-40882	113-B-3513
BROWN, Jack Robert	V-9181	113-B-130
BUCKINGHAM, Walter Norman	V-560	113-B-2517
FERGUSON, Robert Dixson	3680	62-F-194
FIORE, Domenico Joseph	VR-108	128-F-3
GELINAS, Maurice	V-4367	113-G-711
HANSON, Harry Rathbone	7144	113-H-128
LEITE, Edward Cator	FR-608	128-L-45
<u>McCUE</u> , Thomas Bernard	V-35526	113-M-4160
MEAD, John Francis	16039	113-M-608
MURPHY, Daniel Joseph	25378	113-M-1081
GARNEY -O'BRIEN, James	V-32738	113-O-379
PREST, Victor Kent	Sub.Lieut.	103-P-169
BOMERFELD, Edwin Arthur	V-41525	113-S-3088
TANNER, Vincent Wilfred	A-4591	123-T-128
THOMSON, Walter Herbert Bruce	Lieut.	103-T-13
VAIL, Nelson Harold	V-17828	113-V-201
WATSON, John Cluff	V-35890	113-W-1868
WILSON, Alexander	V-34547	113-W-1780
WATSON, Charles Wilfred	V-47818	113-W-2559

TFH/LS

REGISTERED

AIR MAIL

32

8 May, 1944

Dear Mrs. McCue:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son Thomas Bernard McCue, Steward, Official Number V-35526, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL
MAY 9 1944
SECRETARY, NAVAL BOARD

Mrs. Bertha McCue,
4547 Boyer Street,
Montreal, P.Q.

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, Chairman of the Board
LEROY A. LINCOLN, President

#167.

64

CANADIAN HEAD OFFICE
OTTAWA, CANADA

CLAIM DIVISION
ARTHUR S. BOURINOT
Manager

September 27, 1944

cto 26-9

The Secretary
Naval Board
Department of National Defence
OTTAWA, Ontario

154647 (9)

In re: DC 82987619

Dear Sir(s)

This Company has been requested to entertain claim under the
above policy insuring the life of (Rank) Steward HMCS Valleyfield
(Name) Thomas Bernard McCue (No.) V 35526

He has been reported killed on active service on May 7, 1944
missing

We require the information in items No. 1 & 4 below to enable us
to make payment.

- 1. Official Death Certificate.
- 2. Date of Departure for Overseas Service.
- 3. Date of Enlistment.
- 4. Date of Birth.
- 5.

Your co-operation on these cases is greatly appreciated.

Yours truly

ARTHUR S. BOURINOT

Manager

Next of Kin - Bertha McCue, Mother
4547 Boyer
Montreal, Quebec

METROPOLITAN LIFE INSURANCE COMPANY

REPORT CHECK, Government
LARRY LINCOLN



METRO
BO
MADE
METRO

65

N.S. V-35526, F.D. 167, PERS. (N)

3rd October, 1944.

THIS IS TO CERTIFY that according to official information Thomas Bernard McCue, Steward, Official Number V-35526, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEY-FIELD" which was torpedoed and sunk by enemy action in the North Atlantic.

SECRETARY, NAVAL BOARD.

SECRETARY, NAVAL BOARD.

Handwritten initials

A.S.

SECRETARY, NAVAL BOARD.

SECRETARY, NAVAL BOARD.

SECRETARY, NAVAL BOARD.

Handwritten signature

DISTRIBUTION OF SERVICE ESTATES

TL Estates Form "P. 4"

NAVY

Name: McQue, Thomas B. No.: 7.35526
 Surname Christian Names

Rank Strl. Unit R.O.N.Y.R. 9/S Date of Death 7-5-44

AMOUNT

Date: 9-2-45

L.P.C.....\$ 35.37
 Other Credits..... .16
 Total..... 35.53

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Mother	Mrs. Bertha McQue, 4547 Boyer Street, MONTREAL, Que.,	17.77 ✓
$\frac{1}{8}$	Brother	Frank McQue, (As above)	4.44 ✓
$\frac{1}{8}$	Sister	Anna McQue, (As above)	4.44 ✓
$\frac{1}{8}$	Sister	Marian McQue, (As above)	4.44
$\frac{1}{8}$	Sister	Gertrude McQue, (As above)	4.44
(As next of kin entitled)			

TO BE FORWARDED BY REG. MAIL DIRECT.
 P4. TO TREAS. 7/3/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$35.53
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

P143199

DEPT. NATIONAL DEFENCE
M.F.M. 16A
100M-6-40 (5692)
H.Q. 1772-39-1665

NS CANADA

5

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

The names required by Questions 1, 2 & 3 must be shown in black capitals.

- 1. Surname of applicant McCUE
- 2. Full Christian name or names Thomas Bernard
- 3. Age 18 years
- 4. Official Number V-35526
- 5. Rank Stewd. / PR.B.
- 6. Unit, Station, or Establishment HMCS "MONTREAL"
- 7. Date appointment or enlistment May 5th 1942

Question 8: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

- 8. Date reported for duty May 6th 1942
- 9. Are you a member of the permanent forces, military or air? yes
- If so (a) State permanent establishment, unit or station HMCS "MONTREAL"
1464 Mountain St.
- (b) Are you receiving permanent force rates of pay and allowances? yes

Questions 10 & 11: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

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

- 11. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....

- 12. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....
elevator operator \$19.50 per week
\$600.00 for six months

- 13. Name of dependent McCUE Bertha Mrs.
Surname Christian Name Mr. Mrs. or Miss

Question 14: Give street name and number or post office box number, R.R. No. city, town or village and province.

- 14. Address 4547 Boyer st. Montreal, Que.

15. Age of dependent.....55years..... 16. Relationship.....Mother.....

Questions 17 to 30
Have a bearing on
the eligibility for the
allowance and the
amount payable.

17. With whom did the dependent reside in the 6 months' period preceding your enlistment?
.....with Thomas Bernard McCue + Family.....
State name, address and relationship to dependent

18. With whom will the dependent make his or her home hereafter?.....
(State relationship)sisters.....

19. 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

20. 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.....old age.....

21. From what date have you been contributing to the support of this dependent?.....
.....14 years.....

22. Are you the sole or partial support?.....partial support.....
State whether sole support or partial support

23. (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.....\$12.00 per week.....
.....\$288.00 for 6 months.....

(b) Did your contributions entitle you to board and lodgings in return or did you pro-
vide your own board and lodgings?.....board and lodging.....

24. If this dependent became dependent upon you within the six months preceding enlist-
ment, what change in the dependent's financial circumstances has made him or her so
dependent upon you?.....
.....~~CONFIDENTIAL~~.....

25. Is the dependent your mother, step mother or foster mother?.....MOTHER.....
state which

26. Is your father, step father or foster father living?.....No.....
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, and give his age.

30. Fi
per m
assigned
to obta
If 15
month
signed
wife an
addition
per m
assigned
pendent

P143199

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

Name	Address	Age	Occupation	Married or Single
Annie	4547 Boyer st	28	Maid	single
Marian	" "	25	cashier	single
Gertrude	" "	21	none	single
Frank	" "	31	none	single

5A

28. (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.

Marian \$7.00 per week
 Annie \$2.50 per week

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: yes, board and lodging

(c) Did any of the above relatives serve during the South African War 1899-1902 or during the First Great War? No

Yes or No

If "yes" give name and unit or regimental number

29. 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.

	REMARKS
Insurance Annuity	\$
Dividends or Interest on Bonds and Shares	\$
Interest on Mortgages or Loans	\$
Rentals	\$
Workmen's Compensation*	\$
Old Age Pension*	\$
Mother's Allowance	\$ 38.00
War Pension No.*	\$
War Veterans Allowance No.*	\$
Applicant's Assigned Pay	\$ 21.00
Other Assigned Pay	\$
Other Family Contributions	\$ 38.00
Other Income	\$
Total	\$ 59.00

*Give Pension No. if in receipt of Pension.

30. Fifteen days' pay per month must be assigned to dependent to obtain allowance. If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days' pay per month must be assigned to this dependent.

30. What amount of pay have you assigned per month on behalf of this dependent?
15 days days' pay. \$ 21.00

[OVER]

31. Date assigned pay effective..... 1st June '42

32. Have you made a prior assignment of pay. If so state number of days and to whom
..... No

33. 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. I certify that the above is a true statement.

for D. W. Swain, Paymaster V. R. T. B. M. Lane
Pay. Lieut. Commander - R.C.N.V. Rank Signature of Applicant
Accountant Officer

Date 17 June 1942

Establishment, unit or station HMCS "MONTREAL"
Place Montreal, Que.

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

Other Income	
Other Family Contributions	
Other Assigned Pay	
Applicant's Assigned Pay	
War Veterans Allowance No. 1	
War Pension No. 1	
Mother's Allowance	
Total	

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

ACCOUNTS OF MEN DISCHARGED

58

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..... **McGUE, Thomas B.**..... Rating..... **STWD**.....
 Official No. **V. 35526**..... H.M.C.S. **AVALON " VALLEYFIELD**..... List. **12²/2927**
 Who* **DISCHARGED DEAD**..... on the **7 May**..... 19 **44**

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 25181² Adm. Naval Estates (Present War)	46	89
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 FIVE DOLLARS HMCS. "VALLEYFIELD"		
Total†..... CREDITOR	46	89

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-SIX - - - - -** dollars **- - EIGHTY-NINE -** cents.

Dated on board H.M.C.S. **AVALON** at **ST. JOHN'S**
Nfld. this **FIFTH** day of **JUNE** 19 **44**
 Approved **[Signature]** **PAY LIEUT. CDR., R.C.N.V.R.** Accountant Officer
 { Initials of the Assistant Accountant Officer
[Signature]
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.

HS
REPORT OF PARTICULARS OF PERSONNEL REPORTED
DEAD, MISSING, PRISONER OF WAR OR INTERNEE.

35

CASUALTY NO. 506
FILE NO: N.S. V-35526 PERS. (N)

NAVY INFORMATION

D. N. P. A.
C.T.O. (N), (N. ALLOTS.)
C.T.O. (N) Re: Dependents' Allowance

It is notified for your information that Thomas Bernard McCue, Steward, Official Number V-35526, Royal Canadian Naval Volunteer Reserve, is 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.

Next of kin as recorded in this office is:

Mother: Mrs. Bertha McCue,
4547 Boyer Street,
Montreal, Quebec.

H. B. Money

(H. B. Money),
Paymr. Lieut. Cdr., R.C.N.R.,
Officer i/c, Naval Personnel Records.

Ottawa, Ont., 1944.
Date -

CURRENT	
D.A.	
A.P.	
TOTAL	
CHECKED	
LEDGER	

Certified that Ledger Action has been taken

.....
for C. T. O. (N)

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

36

.....20 May, 1942.....
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
McCUE, Thomas Bernard Steward V-35526 R.C.N.V.P.

DATE OF ENLISTMENT - 5 May, 1942 Active Service: 6 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 - "Missing" at sea when the ship in which he was
when and where any disability serving was lost by enemy action. While this
was incurred, or where death casualty is listed as missing, it is impossible to make an estimate as to his
occurred. 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. Bertha McCue,

ADDRESS - 4547 Boyer St., Montreal, Quebec.

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. *EMC*

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

107/18/44
12/18/44
NPR/K

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)

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory												
	Street	No.	Hospital or Institution	City	Town	Village	Parish	Township								
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname..... (Block letters)		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH											
4. RESIDENCE	Given names.....				22. Date of death.....											
	Street.....				23. I HEREBY CERTIFY that I attended deceased from											
	Official name of civil municipality or township.....			 19..... to..... 19.....											
Municipal county.....		Province.....		and last saw h..... alive on.....		19.....		24. CAUSE OF DEATH								
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)		I											
Male	Canadian		Single		Immediate cause											
9. If married give name of wife or husband of deceased				Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.				(a) Missing, presumed dead								
10. BIRTHPLACE (Province or Country)				Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).				(b) When R.M.C.S. "VALLEY-FIELD" was torpedoed and sunk by enemy action in the								
11. DATE OF BIRTH				Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				(c) Atlantic.								
12. AGE OF DECEASED				III				If a communicable disease is mentioned on this certificate, give								
Years Months Days If less than one day old				(a) Date of appearance.....				19.....								
20 hrs. or min.				(b) Duration of disease.....				days								
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.				25. If a woman, was there a puerperal condition?.....												
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.				26. Was there a surgical operation?.....				Date of..... 19.....								
15. Date deceased last worked at this occupation				16. Total years spent in this occupation				State findings..... Was there an autopsy?.....								
17. NAME				18. BIRTHPLACE (Province or Country)				27. If death was due to external causes (violence) fill in also the following:—								
FATHER								Accident, suicide or homicide..... Date..... 19.....								
MOTHER (Maiden Name)								(State which)								
19. Place of burial, cremation or removal				Body not recovered.				Manner of injury.....								
20. Date of burial.....								(How sustained)								
21. PLACE OF REGISTRATION OF THIS BURIAL								Nature of injury.....								
(a) Name of parish or church.....								Specify whether injury occurred in industry, in home, or in public place.....								
(b) Civil municipality of.....								Signed..... M.D.								
(c) Municipal county.....								Address..... Date..... 19.....								
(d) Date.....								28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)								
(Month) (Day) (Year)								29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.								
								Payor. Cdr., R.C.N.C. Officer i/c, Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.								
								This signature authorizes the collector to accept this form as authentic.								
								(Voir l'autre côté pour le français)								

W.S.G. Application No. 10149-

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

FILE NO. N.S. V-35526-

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>McCUE, Thomas Bernard</u>	<u>V-35526</u>	<u>Sturd.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL RANK OR RATING NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead - Valley field -
Applicant - Mother - D.A. \$10.00 A.P.K. 31.00

TOTAL SERVICE

Date of Active Service 6 May 1942
 Date of Discharge 7 May 1944
 Total No. of Days ~~1098~~ 733
 # Less non qualifying service —

365
366
2
733

733
Total Days ~~1098~~

OVERSEAS SERVICE

% Total No. of Days 299
 # Less non qualifying service —

Total Days 299

Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

& % Overleaf

Computed By [Signature]
 Checked By [Signature]

[Signature]
 for (H.B. Money)
 Payr. Cmdr. R.C.N.R.
 Director of Personnel Records

DATE: JUN 14 1945

00F.

D.A.

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
		<u>Total days</u>

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Husky	10 Oct 142	29 Jan 143	112-
Ville de Quebec	28 June 143	10 July 143	13 -
Shediac	7 Oct 143	27 Oct 143	21-
Valleyfield	7 Dec 143	7 May 144	153
"			<u>299</u>
"	22	3	25
"	30	12	31
"	31	13	29
"	29		31
"	<u>112</u>		30
"			7
			<u>153</u>
			<u>Total days</u>

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

DECEASED
 MEMBER'S
 NAME

Thomas Bernard
 (CHRISTIAN NAMES)

McCUE
 (SURNAME)

REGISTER NO. 10149
 FILE NO. NS.V-35526
 DATE 22nd June '45.
 SERVICE NO. V-35526
 FINAL RANK OR RATING Stwd.
 DATE OF DISCHARGE 7th May '44.

PAYEE
 ADDRESS

Mrs. Bertha McCue,
 4547 Boyer Street,
 Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 7th May '44.

DATE OF DISCHARGE 7th May '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 733 EQUAL TO 24 COMPLETE PERIODS AT \$7.50

\$ 180.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 299 LESS 13 INELIGIBLE DAYS, EQUAL TO 286 DAYS @ 25C. PER DAY

71.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.95
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$1.45
 ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ 10.00 \$.34

TOTAL \$3.87 X7 = \$27.09
 NO. OF DAYS 286 X \$27.09

42.34

D. WAR SERVICE GRATUITY

293.84

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ Nil
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

293.84

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

= \$ 293.84

Belegue 34677 6/7/45

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		CHECKED BY		TREASURY	
[Signature]		R. K. [Signature]		DATE	
				29/6/45	

SERVICE REPRESENTATIVE

for Dir. Naval Personnel

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Memb. Name

Thomas Bernard / MC CUE
(Christian Names) (Surname)

typed

Payee

Mrs Bertha McCUE,

Register No. 10149 -

File No. V35526 -

Date 16-6-45 -

Service No. V35526 -

Final Rank or Rating *Stwd.* -

Address

4547 Boyer Street,
Montreal P.Q.

Date of termination of overseas service 7 May 44 Date of Discharge 7 May 44

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{733}{30}$ equal to 24 complete periods at \$7.50

180.00 -

B. QUALIFYING OVERSEAS SERVICE

No. of days 299 less 13 ineligible days equal to 286 days @ 25¢ per day

71.50 -

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 1.95 -
Subsistence or Lodging \$ 1.45 -
and Provision Allowance
Additional Pay H.L.M. \$.13 -

Dependents' Allowance 1/30 of \$ 10.00 \$.34 -
Total 3.87 - x 7 = \$ 27.09 -

BA confirmed by [signature]
No. of days $\frac{286}{183}$ x \$ 27.04 - 42.34 -

D. WAR SERVICE GRATUITY

293.84 -

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

OTHER DEDUCTIONS \$ *nil*

F. TOTAL AMOUNT PAYABLE

293.84 ✓

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 293.84 ✓
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	Date

Service Representative

D.E.P.A. CHECK

- 1 *[initials]* 6 *[initials]*
- 2 *[initials]* 7 *[initials]*
- 3 *[initials]* 8 *[initials]*
- 4 *[initials]* 9 *[initials]*
- 5 *[initials]* 10 *[initials]*

10149

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

Name of Deceased Member Thomas B. McCue Rank or Rating STWD O.No. V35526

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. \$ 10.00 ✓ Mrs Bertha McCue ✓ (mother)
A.P. \$ 31.00 ✓ 4547 Boyer St
Montreal - P.Q.
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: Mother - as above

3. War Service Gratuity Application(s) received from: Mrs Bertha McCue (mother)
4547 Boyer Street
Montreal - P.Q.

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 Bertha McCue - mother ✓ In the full proportion of: 1
- and -

to: In the proportion of: 1

() 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 19 June '45

[Signature]
for D.N.P.A. (G) [Signature]



Department of National Defence

124031

Naval Service

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-35526, PERS. (N)

Sir:

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



<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
MCCUE, Thomas Bernard Steward, V-35526, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Bertha McCue, 4547 Boyer Street, Montreal, Que.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Bertha McCue, 4547 Boyer St., Montreal, P.Q.	Nil	Nil	
	(D.A.\$10.00 and A.P.\$31.00 stopped May 31, 1944).		
Bond Clothes Shop, Montreal, P.Q.		(A.P.\$5.00 stopped May 31, 1944).	

MEM
WEL
30/8/44

Will: No record.

Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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

Canada has been recording the following cases of the following...

PROVINCE OF ONTARIO
 COUNTY OF YORK
 DISTRICT OF NORTH YORK

The following cases of the following...



RECEIVED SEP 1 1944 N.S.H.O. CENTRAL (Personal Section) 1944

For sale by the Government of Canada
 through the Dominion Bureau of Supplies
 Ottawa, Ontario

V35526

OFFICIAL NUMBER

FILE NUMBER

113-M-4160

OFFICIAL NUMBER V35526

NAME McCUE (Surname) Thomas Bernard (Given Names) DATE OF BIRTH 23 September, 1923PLACE OF BIRTH Montreal, Que. OCCUPATION UnemployedRELIGION Roman Catholic EDUCATION Completed Grade SixRESIDENCE AT TIME OF ENLISTMENT: Street and No. 4547 Boyer St. Town Montreal Province, etc. Que.

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
5	5	42	H.O.	5'9 $\frac{3}{4}$ "	Brown	Blue	Fair	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Bertha McCue
ADDRESS (in pencil): Street and No. 4547 Boyer St. Town Montreal Province, etc. Que.

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	
25	2	44	C. V. S. M. (R&C) 249A A 10305	3	12	43	Qual. Anti-Gas (2nd Issue) 249A A 10264				

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.		

SECOND CLASS FOR CONDUCT

From To



FILED
NO. 1002-5661-5
DATE

V35526

OFFICIAL NUMBER

NAME **McCUE**
(Surname)

Thomas Bernard
(Given Names)

OFFICIAL NUMBER

V35526

P.I.B.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. Montreal	Stwd. Prob.	5	5	42	Div. Str. Montreal	V.G.	Mod.	31	12	42							
Montreal	" "	6	5	42	Active Service.	V.G.	Sat.	31	12	43							
CORNWALLIS	" "	20	7	42	DL.	V.G.	Sat.	7	5	44							
STADACONA	" "	4	8	42	DRD												
Husky	" "	10	10	42	DRD, #H-18.												
Stadacona	" "	30	1	43	DRD H-561												
Fort Ramsay	" "	30	3	43	DRD H-1057												
	Steward	5	3	43	RATED(249A, #9781) Back Dated.												
Ville de Quebec	"	28	6	43	Fort Ramsay WRD #49.												
Chaleur II	"	11	7	43	Chaleur II WRD #Q-49.												
Fort Ramsay	"	12	7	43	Chaleur II WRD #Q-49.												
Chedabucto	"	7	10	43	WRD # 65												
Stadacona	"	30	10	43	DRD # H3047												
Hochelaga II	"	4	12	43	DRD S.L. P.9												
Valleyfield	"	6	12	43	S.C.												
DISCHARGED	"	7	5	44	Missing per Casualty List												

Presumed Dead per Correction Sheet #101

GENERAL REMARKS

Awarded Canadian Memorial Cross to
Mother: Mrs. Bertha McCue,
4547 Boyer St.,
Montreal, Que. 10/10/44

DATE OF BIRTH			PLACE BIRTH		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENLI	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR.	RANK
23	9	23	12	RR	0	70	0	2	23	02	0	0	0	21
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
05	03	42	06	03	44					96900	21	94		
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.								
05	03	43	13	00	00	21								