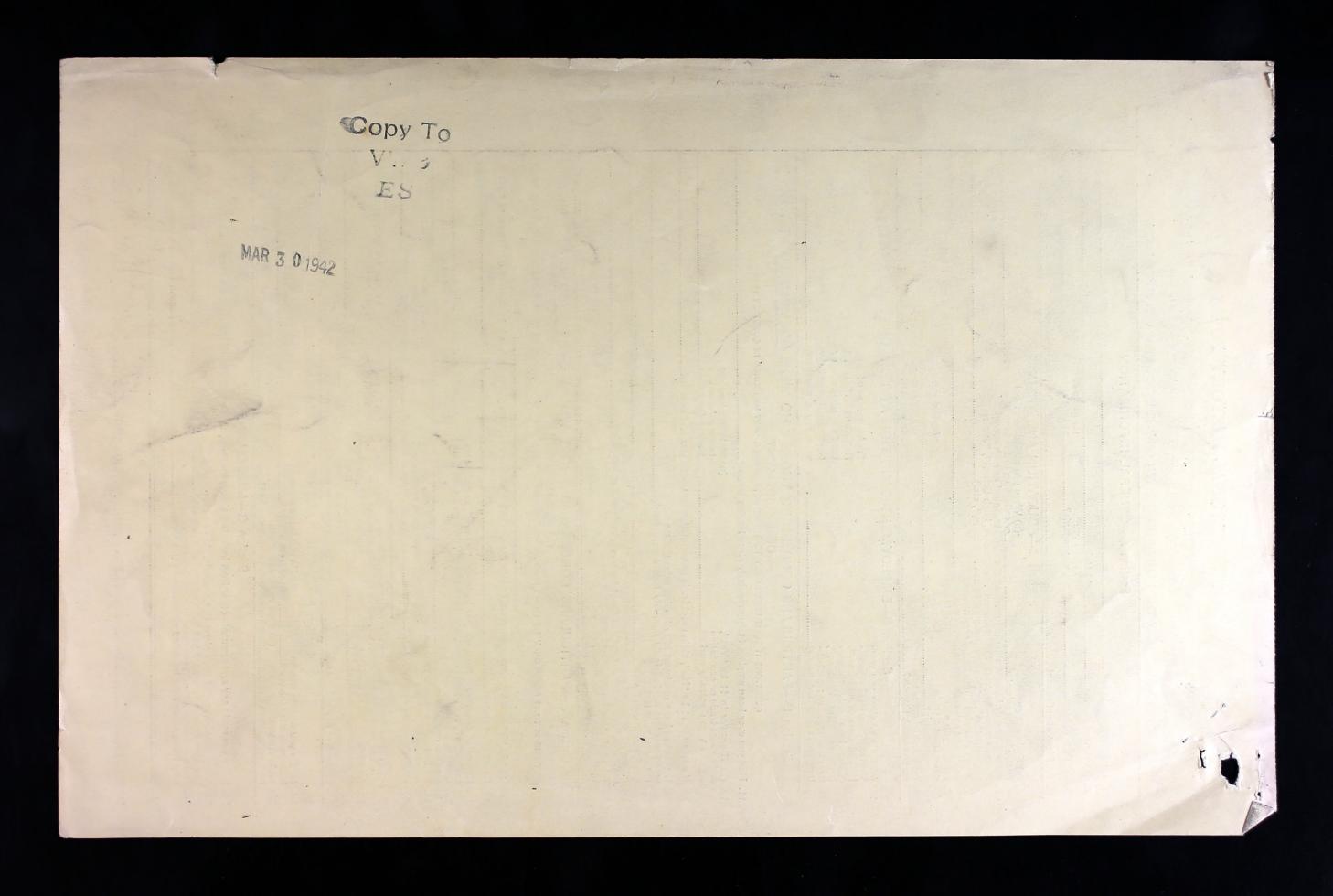




JAMES

-

53102 , 2018
OCCUPATIONAL HISTORY FORM
91
THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY CO MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM
Section A—GENERAL INFORMATION 1/15283 PLEAS
1. (a) Print name in full
2. (a) Arm of service (b) Unit (c) Rank 3. (a) Date of birth any dependents? at time of enlistment
4. (a) Place of enlistment
Section B—EDUCATION AND TRAINING
5. (a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment?
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.).
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship?
apprenticeship?did you serve at it? 9. (a) What languages do you speak fluently?
Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT
10. (a) State whether you were WORKINGorNOTWORK- (b) At time of en-
ING at time of enlistment. listment of what
ing" or "Not Working", as case may be; particu-
lars are asked for below)
Section D-PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT
QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)
11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", (b) State how long you state exact trade or occupation had worked at this at which you actually worked trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last
 Give details of last employer, if any: Name
17. (a) If your last employment was in a business of your own, state nature and address of business
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
 Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
specific occupation 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 (b) State parture of husings
22. (a) State nature of business, or professional practice. (b) Where was it located? 23. (a) Number of years (b) Have you made, or will you make plans to
engaged in this business
Section F—PARTICULARS OF FARMING EXPERIENCE
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming? 25. (a) Were you (b) How many years' actual (c) In what provinces
25. (a) Were you (b) How many years' actual (c) In what provinces born on a farm?
Section G-MISCELLANEOUS 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
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.)
may have, other than indicated elsewhere in this form
The there and the all
DATE 194 SIGNATURE



FOSCOMPLETION AND RETURN BY

......

Form P. 64

SEP 19 1944

Mrs. Angela McNeill,

260 lstSt.,

Brandon, Man.

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

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

and the following number quoted:--

H.Q.V- 15283 FD. 550

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

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

McNEIIL, Bernard James, Able Seaman,

Official Number, V-15283, 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.

ALL LANDON TRANSPORT MALLAND, L. P.

annander Rere

Director of Estates.

GC/

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

1 to

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:

egrees		Solution and States of A	INFORMANT'S S	STATEME	ENT
of Rela- tion- ship	RELA required to be	TIVES e accounted for	NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite h or her name, and date of death of each deceased relative
1	Widow of the D	eceased	He was not married.		
2	Children of the	Deceased and			
2		Births	None		si, sidell an
	All and				
3	Father of the D	eceased	Hugh Alexander MoNeill	48	260-1st.Street Brandon,Man.
4	Mother of the I	Deceased	Angela Mary McNeill	47	Same as above.
			John A ^{•M} cNeill	and the second second	St.Boniface,Man cer RCAF
5	Brothers of the Deceased	Full Blood	Dennis Hugh McNeill.Pilot Daniel farmp Stephen McNeil Patrick Joseph McNeill	23	Overseas. 260-1st.St. Brandon, Man.
	b	Half Blood			
			Florence Margaret.McNeill. Angela Mary McNeill	17	.C.N.S.(Wren) Newfoundland. 260-lst.St. Brandon,Man.
6	Sisters of the Deceased	Blood			
6	of the	Blood Half Blood			
6	of the Deceased	Half	Names and ages of their children (if any)		Address of their children

2

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Bernard James McNeill
9	Date of his birth.	May 17th.1925.
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	Brandon, Man. May 10th.1918
1	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Brandon, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	<pre>(a) Always in Manitoba (b) (c) (d)</pre>
14	Nature of employment before enlistment.	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.	Brandon, Manitoba
	PARTICULARS OF	F 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?	Not Married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None that I know of.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	He bot.V.Bonds but they were sent to his Mother.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Not that w I know of.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None
	OTHER PARTICU	JLARS
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.	None whatsoever.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
	(NOTE:The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estat	nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

(PLEASE TURN OVER)

1

3.

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 m. m. here. Signature ngela 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. of Informant 260-1st.Street,Brandon,Manitoba.Address CERTIFICATE I hereby certify that to the best of my knowledge and belief Angela Mary Meneill{ Name of } is the*.....of the Deceased mother *See above. above described. The above Declaration was made by the Informant and signed in my presence. Dated at. Brandon, Manitoba this 16 th. day of September 19 44 Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com-missioned Officer of any of His Majesty's Forces. Menermer Qualification Parish Priest. ven Address 327.4th.Street,Brandon,Manitoba. 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 the adverse conditions through which have passed in the past two years had been sending me my son may of this I way 1. I ~ a re none not changed and year, conditions have has been made n icult. Angela 7 1, 0 (the) O.J. momen



1



WAR PERFECT

4	TTESTATION	FORM
	(HOSTILITIES FO	ORM)

			CANAL				WAY SHALL DEFERIT					
×		ATTE	STATIC		FC	DRM	M27 18 11					
Re	and the state		OSTILITIE				WX13713					
E.	FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE											
	MONETT		2 CANADIA	VOLUNIEE	ICIAL NO V15282							
SURNAME CHRISTIAN N	Davina	rd Jame		OFF	OR WIDOWER single							
		NENT ADDRE			RELIGION							
260 lst	t St., Bran	don, Ma	nitoba.				R.C.					
DATE	OF BIRTH		PLACE OF BIRT	н		NAME AND	ADDRESS OF NEXT OF KIN					
May 17th	1924	Town Bra	indon		- 16	Mrs. Al	ngela McNeill(Mo					
*Original Nationalit Father SCO Mother SCO	y of: Ottish	County	nitoba.			260 lsi	t St., on, Manitoba.					
*If not the sor (A)	of natural born British				^{age} ENROLME	NT						
HEIGHT	CHEST MEASUR	REMENT	HAIR	EYES		COMPLEXION	WOUNDS, SCARS, MARKS					
Feet. 5	Inflated 371		let adat									
Inches 71	Deflated 35		Brown.	Brow	NID.	Fair	nil					
giant and	Mean					The state of the second second						
	EDUCATIONAL	STANDING			TRA	DE OR CALLING	AND IN WHOSE EMPLOY					
Section as	1	Jan Ba	Sec. nation	in N	Student							
Gra	adé X			-5 2	Student							
π			102-0-2		. 191 . I I realth							
DATE OF	ENROLMENT	RATING FC	OR WHICH ENRO	DLLED	R.C.	N.V.R. DIVISION, AT WH	OR OTHER ESTABLISHMENT, IICH ENROLLED					
Division March 91	nal Streng th, 1942.		nary Seam	an	-	H.M.C.S.	CHIPPAWA.					
(B)	DECI	ARATIC	DN TO BE	MAI	DE	BY APPLI	ICANT					
I hereby dee	clare as follows:-	2011/01/201										
(1) That	I am a British Su	ubject dom	iciled in Cana	da.								
	I am desirous of a at I accept and a						n Naval Volunteer Reserve					
(3) That	* (a) I have neve Force.		nd am not ser	ving in	any	v Naval, Milita	ary, Reserve, or Territorial					
	* OSXK Served H	XXXXXXX	XXXXXXXXX	XXXX	XX	for the perio	dXsbown,XandXattachXmy					
1 Sectores al	record	oK service,	in corroborat	lon of	this	statement.X						

Cross out Clause not applicable.			And the second section in the second
ENTERIED SERVED IN ,	RANK	FROM	то
FAIR Blenchur			Personnel Records Division
F.C. CHRY M.C. Chare	never been rejected for or count of unfitness.		3. Nam-Sub. Card.
(4) That the particula and belief.	rs contained above are correc	t and true according to t	5. Roneo Strip. M. F. G., 6. Pension Card.
			7. 8. DATE 25.3.67

H.M.C.S. CHIPPAWA Division of the

(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.

CERTIFICATE OF ATTESTING OFFICER

(D)

(C)

OATH OF ALLEGIANCE

I, Bernard James McNEILL 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

Date March 9th, 1942.

Rank Sub-Lieut., R.C.N.V.R.

Sub-Lieut., R.C.N.V.R.

Signature of and rank of Attesting Officer.

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

(E)

CERTIFICATE OF ATTESTING OFFICER

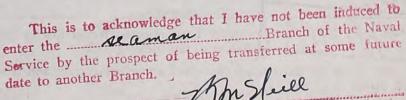
Bernard James McNEILL having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the H.M.C.S. CHIPPAWA Division of the R.C.N.V.R. or in the appropriate official documents.

Sub-Lieut., R.C.N.V.R. Attesting Officer. R.C.N.V.R. Division (or other establishment)......H.M.C.S. CHIPPAWA March 9th, 194.2

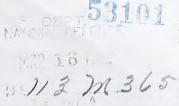
NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

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.







Can. B. 207

Signature of Candidate

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nore-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 Bernard James MCNEILL

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

Stand	larus.								-					
B Age {Years Months	S Weight without Clothes	S Height with Bare Feet	General Development (d)	Chest Girth	Vision by- S (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- entrated for Small (Date)	🕃 Lungs, Heart, etc.	 Abdomen, Hernia, etc. 	(2) Limbs and Joints	(1) Skin	a) Ears and Hearing	 Testes, Varicocele, etc. 	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	€ Anus, € Hæmorrhoids, etc.
, 17 9	lbs. 947 L	ft. ins.	Good.	$37\frac{1}{2}$ maximum $37\frac{1}{2}$ minimum 35 mean 36	right eye 20/20 left eye 20/20 *colour vision N.	Left arm school	Normal.	Normal.	Normal.	Normal.	Normal.	Normal	2 deficient. O defective. N & T Nommal	ormal.
*If colo degr	ur vision i ee of colou	s not normal ir blindness t	by Ishihara test. to be indicated.	Pupi	ls re	act t	0 L &	A. I	Refle	xes	nor	mal.		

X-ray Not taken. Approved. Positive. Doubtful. X-RAY APPROVED Write in the appropriate notation, and any remarks necessary. MNO. MAR 11 1942 WAR 11 1942 WAR 10. B 2950	um)
--	-----

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, *†Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. *‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.*

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

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.

IF REJECTED insert here UNFIT in block letters Dated at. WINNIPEG, MAN. 19.42. **VExamining** Medical Officer SURGEON LIEUT. R. C. N. V. R. (Rank).

FORM 5		PR	OVING	CE OF MAN	ITOE	SA		-	ly		
	OFF	CIAL	REGI	ISTRATIO	NO	FDE	атн	1	1		
1. PLACE (If in Rural Munic	ipality	A\$ 50	18	Sec			Rge	6		
OF DEATH	If in City, Town o	or Village		(Name)) (If in hospital or	.Street		I	House No			
	OF STAY In I					ovince		nada (if im			
	A REAL PROPERTY AND ADDRESS								1		
3. PRINT F	ULL NAME OF	DECEASE	D	CINE TIL		Be	arnard.	Japes			
RESIDEN	CE 260 185	Street,		mame) On . Nan i tob and number and na		Given name or					
-	Usual place of abode 5. NATIONALITY										
	(Citizenship)	OR	IGIN	Widowed or Divorced (Write the word)	if in offic	Canada, provi ce; if foreign, sta	nce, city, tow ate the country	toba, give exact m, village or nea y and post office	rest p addre		
Nale	Canadian a	scottish	1	Sincle	3	randon,	Manito	ba			
9. DATE OF	Month	Day	Year	10. AGE IN	Years	Months	Days	If less that	n one		
BIRTH	(Write the word)	1.7	1924	J	20			hrs. or.			
Z 11. Trad	e, profession or ki	nd of work	as etc.								
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. 13. Date deceased last worked 14. Total years spent in											
Cot	and the second s										
at	deceased last wor this occupation	rkea			14. 10	this occupat	tion				
15. If married, of husb	widowed or divor and or maiden na	me of wife of	me of deceased	1							
72 16. Nam	e of father										
17. Birth 18. Maid	place of father			(sam	e as item	No. 8)					
18. Maid				(sam							
19. Birth	place of mother			(sam	e as item	No. 8)					
19. Birthplace of mother											
20. Signature of informant											
			allalla	afa, ottawa	A local second sec		nnel	Accords.	1/		
22. Place of bu	rial, cremation or	removal			Date o	of burial					
22. Place of bu	rial, cremation or	removal iy not i	recover	red.	Date o	of burial			1		
22. Place of bu 23. Burial Perr	rial, cremation or Ros nit was issued by.	removal ly not i	recover		Date of Address.	of burial			19		
22. Place of bu 23. Burial Perr	rial, cremation or Ros nit was issued by.	removal ly not 1 taker	recover	red.	Date of Address.	of burial			19		
 Place of bu Burial Perr Signature c or person 	nit was issued by of Undertaker n acting as Undert	removal Ly not i taker. ME	DICAL C	Certificate o	Date of Address.	of burial			19		
 Place of bu Burial Perr Bignature c or person DATE OF 	nit was issued by. f Undertaker acting as Undert DEATH	removal Ly not i taker	DICAL C	certificate o 7th (Day)	Date of Address.	of burial TH (N	Ionth)		1		
 Place of bu Burial Perr Signature or person DATE OF PATE OF PATE OF 	nial, cremation or No. nit was issued by. of Undertaker n acting as Undert DEATH Y CERTIFY tha	removal Ly not r taker	DICAL C	certificate o 7th (Day)	Date of Address, Address, F DEA	of burial TH (May (N	Ionth)		19		
 Place of bu Burial Perr Signature or person DATE OF PATE OF PATE OF 	nial, cremation or No. nit was issued by. of Undertaker n acting as Undert DEATH Y CERTIFY tha	removal Ly not r taker	DICAL C	certificate o 7th (Day)	Date of Address, Address, F DEA	of burial TH (May (N	Ionth)		19		
 22. Place of bu 23. Burial Perr 24. Signature corperson 25. DATE OF 26. I HEREB to Immediate cause 	nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha	removal ty not i taker	DICAL C d deceased 19	certificate o 7th (Day) from, and last saw h. USE OF DEATH	Date of Address.	TH May (N ive on	Ionth)	G.3.	11		
 22. Place of bu 23. Burial Perr 24. Signature cor person 25. DATE OF 26. F HEREB to Immediate cause 	nit was issued by. nit was issued by. of Undertaker n acting as Undert DEATH Y CERTIFY tha I ry or complication which mode of dying, such	removal ty not i taker	COLONIE COLONIE CA (a) MIS due to	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, prosu	Date of Address.	TH May ive on	Ionth)	C.S. d sunk 1	1		
 22. Place of bu 23. Burial Perr 24. Signature corperson 25. DATE OF 26. F HEREB to Immediate cause Give disease, inju death, not the failure, asphysia, Morbid conditions, diate cause (state cau	rial, cremation or nit was issued by of Undertaker acting as Undert DEATH Y CERTIFY tha ry or complication white mode of dying, such asthenia, etc. if any, giving rise t ted in order proc	removal	due to (b)enemi	certificate o 7th (Day) from, and last saw h. USE OF DEATH	Date of Address.	TH May ive on	Ionth)	C.S. d sunk 1	1		
 22. Place of bu 23. Burial Perr 24. Signature corperson 25. DATE OF 26. F HEREB to Immediate cause Give disease, inju death, not the failure, asphysia, Morbid conditions, diate cause (state cau	rial, cremation or nit was issued by of Undertaker acting as Undert DEATH Y CERTIFY tha I ry or complication which mode of dying, such asthenia, etc.	removal	DICAL C di deceased 19	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, prosu	Date of Address. Address. F DEA add add add add add add add add add ad	TH May (N ive on	Ionth)	C.S. A sunk i	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to Immediate cause Give disease, inju death, not the failure, asphysia, Morbid conditions, diate cause (stabackwards from the second second	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha I ry or complication which mode of dying, such asthenia, etc. if any, giving rise I the in order proc om immediate caus II tions (if important	removal	DICAL C di deceased 19	certificate o 7th (Day) from, and last saw h. USE OF DEATH sing, presu	Date of Address. Address. F DEA and and and and and and and and and and	TH May (N ive on	Ionth)	C.3. A sunk 1			
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to Immediate cause Give disease, inju death, not the failure, asphyria, Morbid conditions, diate cause (stabackwards from the other morbid conditions) for the morbid conditions of the morbid conditions of	rial, cremation or nit was issued by of Undertaker a acting as Undert DEATH Y CERTIFY that I ry or complication whice mode of dying, such asthenia, etc. if any, giving rise to ted in order procom immediate causa I tions (if important leath but not causal 2.	removal	CACCERCICAL C	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, presu	Date of Address. F DEA address. all and do by wat the	TH May (M ive on	Ionth)	C.S.	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. I HEREB to Immediate cause Give disease, inju death, not the failure, asphyxia, Morbid conditions, diate cause (stabackwards from the section of the morbid conditions). Other morbid conditions to or the tributing to or the	rial, cremation or nit was issued by of Undertaker a acting as Undert DEATH Y CERTIFY that I ry or complication whice mode of dying, such asthenia, etc. if any, giving rise to ted in order procom immediate causa I tions (if important leath but not causal 2.	removal	CACCERCICAL C	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, prosure VALLEYTICLE VALLEYTICLE	Date of Address. F DEA address. all and do by wat the	TH May (M ive on	Ionth)	C.S.	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. I HEREB to 26. I HEREB to 26. I HEREB 26. I HEREB 27. If a woman 28. Was there 	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication whice mode of dying, such asthenia, etc. if any, giving rise t toted in order proc or immediate cause itions (if important leath but not causal e. h, was the death as a surgical operatio	removal	CAL C DICAL C d deceased 19 (a) (a) (b) due to (c) ith pregnation	CERTIFICATE O 7th (Day) from, and last saw h. USE OF DEATH SINC, DY SILL VALLEY ILL VALLEY ILL	Date of Address. F DEA al	TH May ive on sad, who s torped	Ionth)	C.S.	1 		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to 26. F HEREB to Immediate cause Give disease, inju death, not the failure, asphysia, Morbid conditions, diate cause (sta backwards from 0ther morbid condi- tributing to of to immediate cause 27. If a woman 28. Was there 	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication whice mode of dying, such asthenia, etc. if any, giving rise t toted in order proc or immediate cause itions (if important leath but not causal e. h, was the death as a surgical operatio	removal	CAL C DICAL C d deceased 19 (a) (a) (b) due to (c) ith pregnation	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, presu VALLAYPIELA y action in	Date of Address. F DEA al	TH May ive on sad, who s torped	Ionth)	C.S.	1		
 Place of bu Burial Perr Burial Perr Signature of or person DATE OF DATE OF Therefore a second second	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication whice mode of dying, such asthenia, etc. if any, giving rise t tited in order proc orm immediate causal tions (if importantion leath but not causal a. h, was the death a a surgical operation ngs	removal	DICAL C di deceased 19 (a) (a) due to (b) due to (c) ith pregna	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, prosult Valuation in vaction in ncy?Date of operat in also the followin	Date of Address. Address. F DEA and do and do and and do and do and and and and and and and and and	TH May (N ive on	Ionth)	C.3. d sunk 1	1 		
 Place of bu Burial Perr Burial Perr Signature of or person DATE OF DATE OF Therefore a second second	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication whice mode of dying, such asthenia, etc. if any, giving rise t tited in order proc orm immediate causal tions (if importantion leath but not causal a. h, was the death a a surgical operation ngs	removal	DICAL C di deceased 19 (a) (a) due to (b) due to (c) ith pregna	certificate o 7th (Day) from, and last saw h. USE OF DEATH Sing, prosult VALLEYTICLE VALLEYTICLE VALLEYTICLE Note of operat	Date of Address. Address. F DEA and do and do and and do and do and and and and and and and and and	TH May (N ive on	Ionth)	C.3. d sunk 1			
 22. Place of bu 23. Burial Perr 24. Signature contract or person 25. DATE OF 26. If HEREB to 26. If HEREB to Immediate cause Give disease, injudenth, not the failure, asphysia, Morbid conditions, diate cause (stabeline cause (stabeline cause) (stabeline cause) (stabeline cause) (stabeline tributing to continue tributing tributing tributing tributing tributing tri	rial, cremation or mit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication which mode of dying, such asthenia, etc. if any, giving rise t ited in order pro- om immediate causal athenia, etc. if any, giving rise t ited in order pro- om immediate causal a, was the death and a surgical operation as due to external suicide or homicide	removal	CAL C DICAL C 1 deceased 	CERTIFICATE O 7th (Day) from, and last saw h. AUSE OF DEATH MUSE OF	Date c	TH May ive on	Ionth)	C.S.	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to 26. F HEREB to 26. F HEREB to 27. If a womar 28. Was there State findin 29. If death wa Accident, s Manner of 	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication whice mode of dying, such asthenia, etc. if any, giving rise t ted in order proc om immediate cause it ted in order proc om immediate cause asthenia, etc. if any, giving rise t ted in order proc om immediate cause asthenia, etc. as due to external suicide or homicide injury	removal	CAL C CDICAL C d deceased 19 (a) (b) due to (c) ith pregnation lence) fill i a which)	ERTIFICATE O 7th (Day) from, and last saw h. USE OF DEATH SING, DROSU VALLEY VALLEY SING, DROSU VALLEY IN ACTION IN NOTED IN	Date c	TH May ive on	Ionth)	C. 3. A sunk 1	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to 26. F HEREB to Immediate cause Give disease, inju death, not the failure, asphyria, Morbid conditions, diate cause (state backwards from the state function of the tributing to of the trib	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication which mode of dying, such asthenia, etc. if any, giving rise t the in order proc om immediate causal asthenia, etc. if any, giving rise t the in order proc om immediate causal asthenia, etc. as ungical operation ngs as due to external suicide or homicide injury	removal	CAL C DICAL C 1 deceased 	CERTIFICATE O 7th (Day) from, and last saw h. USE OF DEATH VALLANT IMA VALLANT IMA VAL	Date c	of burial	Ionth)	C. 3. d sunk 1	1		
 22. Place of bu 23. Burial Perr 24. Signature contract or person 25. DATE OF 26. F HEREB to 26. F HEREB to Immediate cause Give disease, injudenth, not the failure, asphysia, Morbid conditions, diate cause (stabackwards from the backwards fro	rial, cremation or mit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication which mode of dying, such asthenia, etc. if any, giving rise t ited in order proc om immediate causal asthenia, etc. if any, giving rise t ited in order proc om immediate causal asthenia, etc. as surgical operation as due to external suicide or homicide injury	removal	CAL C DICAL C 1 deceased 	ERTIFICATE O 7th (Day) from, and last saw h. USE OF DEATH SING, DROSU VALLEY VALLEY SING, DROSU VALLEY IN ACTION IN NOTED IN NOTICE IN NOTED IN NOTED IN	Date c	TH May ive on	Ionth)	C.S.	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to 26. F HEREB 10 26. F HEREB 10 27. If a womar 28. Was there State findin 29. If death wa Accident, s Manner of 29. If death wa Accident, s 	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha U ry or complication whice mode of dying, such asthenia, etc. if any, giving rise t toted in order proc om immediate cause if any, giving rise t toted in order proc om immediate cause if any, giving rise t toted in order proc om immediate cause asthenia, etc. as a surgical operation ogs	removal	CAL C CDICAL C d deceased 19 (a) (a) due to (b) due to (c) th pregnation e which) astry, in hears and cause	CERTIFICATE O 7th (Day) from, and last saw h. USE OF DEATH Sinc, prosu VALING IN AUSE OF DEATH Sinc, prosu VALING IN COMPANY	Date c	TH May ive on	Ionth)	C. S. d sunk 1	1		
 22. Place of bu 23. Burial Perr 24. Signature of or person 25. DATE OF 26. F HEREB to 26. F HEREB to 27. If a womar 28. Was there State findin 29. If death wa Accident, s Manner of Specify wh I HEREB Signed by 	rial, cremation or nit was issued by of Undertaker n acting as Undert DEATH Y CERTIFY tha Undertaker DEATH Y CERTIFY that ry or complication which mode of dying, such asthenia, etc. if any, giving rise t ted in order pro- om immediate caused asthenia, etc. If any, giving rise t ted in order pro- om immediate caused asthenia, etc. If any, giving rise t ted in order pro- om immediate caused asthenia, etc. asthenia, etc. if any, giving rise t ted in order pro- om immediate caused asthenia, etc. If any, giving rise t ted in order pro- om immediate caused asthenia, etc. in asthenia, etc. as due to external suicide or homicide in jury ether in jury occur Y CERTIFY that	removal	CAL C DICAL C due co (a) due to (b) due to (c) ith pregnar lence) fill i e which) astry, in hars and cause	CERTIFICATE O 7th (Day) from, and last saw h USE OF DEATH MUSE OF	Date c	TH May ive on	Ionth)	C. J. C. J. d. sunk 1			

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

CERTIFICATE of the SERVICE of

BERNARD JAMES MCNEILL in the Royal Canadian Naval Volunteer Reserve Official Number 15283 R.C.N.V.R. Division Training Headquarters " kawa " Name and Address of Nearest Relative or Friend (in pencil) Date of Birth. 30-10-Place of Birth ... radden 7an Place of Residence. rendan Hugh adexander 0 Trade brought up to. Real p. Religion 2 eptember 1942 ood Signature MB 7 Jinsma Rank ab Lieut RCNVR 1942 Can Swim :- P.P.T. Date P.S.T. Date......19..... Signature.....Rank..... PARTICULARS OF SERVICE MEDALS, DECORATIONS, etc. Date of Rating on Enrolment or Re-enrolment Date of Actual Volunteering Date of Enrolment or re-enrolment Period Volunteered for Nature of Decoration Presentation Award lion Malunter Service 9 March 42 hov. PERSONAL DESCRIPTION Height Weight Hair MARKS, WOUNDS, SCARS Chest (mean) Eyes Complexion Inches Feet Tin Brows Mil. 5 36 146 On Entry.. On re-enrolment-6 years' Service. On re-enrolment-12 years' Service. . Further Description if necessary TRANSFER BETWEEN DIVISIONS TRANSFER-LISTS A AND B List Date Authority To Date From

Year	SHIP OR ES	STABLISHMENT	LED0 List	GER	RATING	FROM	то	CAUSE OF DISCHARG
					active	Service		
<i></i>	1 1.	1.					900 42	
9.4.2.	lohi				Anen	7. June 42	//	
	Ma		·····			3 aug '42		
	Cornu				·	1. hov 1/2	4Jan 43	
743	Stada	cona				5Jan. 43.	2.Jan : 43	
	Stadacon	a (Q-100)				8 Jan	3.0 June 43	
1	For Rams	au (101-100)			a. B.	(79me '43 July 143	14 200-143	
	0	na (0-100)				00	17 105 43	
•••••	~		•••••					•••••••••••••••••••••••••••••••••••••••
	-	acona		•••••	- "	and the second second	25 Nov 43	•••••
	Hoche	laga I			"		7. Dec. 4.3.	
	Madaca	ma Valle	y he	ld)		. 8. Dec. 43.	29. F.E.B. /. 4.4.	
	AVALON	(VALLEY FIEL	b.)			I.MARCH 44	7. May ++	T.D.
		and the second						
		•••••••			,	•••••••••••••••••	·····	
					••••••			·····
	·····					·····.	••••••	
					••••••	•••••	•••••••	
					••••••••••••••••••••••••	••••••	•••••	
••••••						••••••		
	Wounds Recei	ived in Action, Hurt Cert	tificates,	, Merita	rious Service, Spe	cial Recommendat	tions, Prizes or otl	1er Grants
	Date			1	Details			Captain's Signature
								2
••••••		•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••				
			••••••	••••••		••••••	••••••	
······							••••••	
						••••••		
			·····					4
		× • • • • •						and the second second

NAVAL TRAINING and ACTIVE SERVICE

NAVAL TRAINING and ACTIVE SERVICE

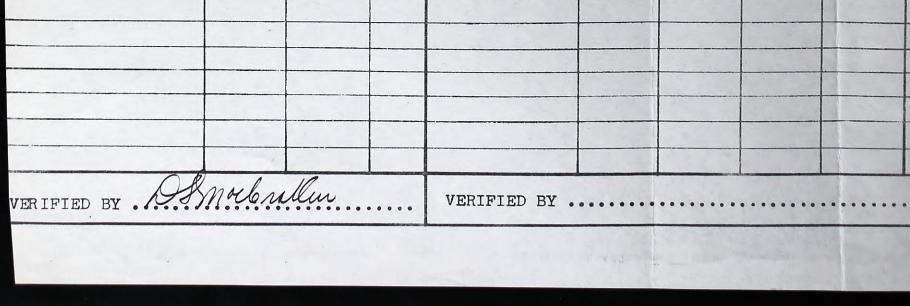
Vear	SHIP OR ESTABLISHMENT	LEDGER RATING			FROM		CAUSE OF DISCHARGE	
		OK ESTABLISHMENT	List	No.	KATING	FROM	TO	CAUSE OF DISCHARGE
•••••								
					and the second		-	
•••••	•••••	•••••••••••••••••••••••••••••••••••••••			•••••	•••••		
	•••••			•••••	•••••		•••••	
·····								
•••••	•••••	•••••••••••••••••••••••••••••••••••••••	•••••			•••••	•••••	
							Star Coldes	
••••••••	•••••		•••••	•••••	•••••			
							•••••	
				-				
		••••••				••••••	•••••	
	••••••				•••••••	•••••	••••••	•••••••
			1					
						•••••		
				3				
	••••••	•••••••••••••••••••••••••••••••••••••••	•••••	•••••	••••••	•••••••••••••••••••	••••••	
					1. 1. 1.			
								••••••
				-	Call Martin			
••••••					•••••••••••••••••••••••••••••••••••••••	•••• •••••••••••••••••	•••••••	
	EXA	MINATIONS, NOTATIONS, QU	ALIFIC	ATIONS	3		RECORD OF R	ATING
								Authority for Advancement
D	ate	Particulars	-	Capt	ain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
				0			and the second sec	

Date	T at ticulars	Captain's Signature	Rated	Date	stated
12 June 42	Stentety card \$ 53386	James C. O	a.B	7. June '43	7 ort Ramsay A.S. 9965
31 July 42.	Identity Card# 10146				
()	Q. ASG. 2 days.	Korgeman			
7 July '42		Ju Hwitt Co			
15 Oct '42	"TR "	Jesna Co			
18 400 . 43	NIGHT VISION (GOOD)	Phumen -	-		
	· · · · · ·	f-1 C.O.			

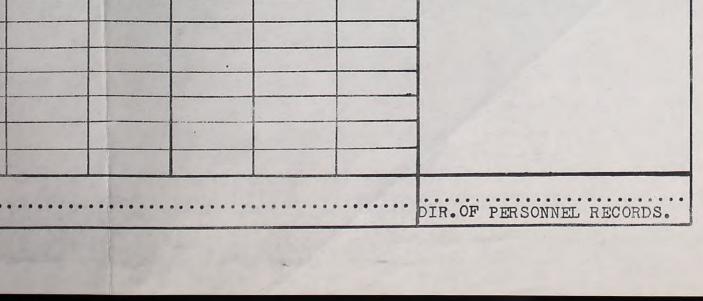
Name BERNARD JAMES Mc NEILL Conduct.

-	(Inclusive D	ates)					31st DECEMBER, V	VHILE MOBILIZED
From			То	Character	Noting S Rating in	in Rating ubstantive Brackets	Date	Captain's Signature
				VG	Sar (Pulson)	16 2 cg 4 c 3/Dec 4 c	The Caron
				VG	SAT	(AB)	31 Dec: 43	M. R.dal
				V.G.	Sat. (9.B.	7 May 44	instructures
GOOD CONDU	R.C.N.V.	.R.	BADGES					
Date	G.S.B.	1st.	Granted, Deprived, Restored					
	G.C.B.	2nd, 3rd	Restored	•••••••		•••••••		
				••••••			•••••	
						••••••	•••••	
				•••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •
				••••••				
				••••••			••••••	
				•••••				
		2.201						
		•••••••••••••••••••••••••••••••••••••••						
••••••								
					•••••			en jar i
T	IME FORF							
Date	P., D.C., C.P., or W.T.	No. Awarded	of Days			•••••		
	W.T.				·····			
		••••••						
		•••••••		••••••				
		•••••		••••••		•••••		

		CA	MPAIGN	STARS, DEFENO	CE MEDAL, NERAL SEF	WAR M	EDAL, C.	V.S.M. 8
NAME IN FULL	YEILL	BERNA	RO JA	MES. RANK/RATI	NG	:B		OFF.NC
	SI	ERVICE				Q.	UALIFYING	PERIODS
SHIP	FROM	то	DAYS	AREA	FROM	TO	1	ATLANTIC
Chippana	7.6.42	2.8.42						
0-100	8-1.43	17.11.43	314	atlantii				
Yalleyfuld	8.12.43	7.5.44	152	atlantic	Rost	7		
Dis	Rang	id	" 77	issing - pl	isume	d dead	2" 40	date
		7.5.44						
	•							
·								



		4	W. S. 1	3.					
FED	ORM DAL, C. AL (191	V.S.M. a:	nd CLASP	283	ATA				
•					• • • • • ADI	RESS	•••		-
U		PERIODS	IN DAYS	CTASP	1915 MEDAL	STARS MEDALS	12	ELIGIBLE FOR AWARDS OF	F
					amerikan in shikin ara	1939-45	/	Tai	9
-					and the second	ATLANTIC		star	
						FRANCE G.			
						AFRICA			
2	" 40	date			· · · · · · · · · · · · · · · · · · ·	PACIFIC			
						BURMA			
						ITALY			Constant of Constant
+						DEFENCE		and an an and the second s	and a second second
			14. 14.	•		C.V.S.M.	Z	* clasp	
+						" CLASP			
			-			WAR 1945	1.	medal	
						WAR 1915			
-								<i>Л. б. Л</i>	and the second se
						VERIFIED B	Y '	Amalara	12.
						4			
+									
-									
+						-			



Dear Mrs. McNeill:

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, Bernard James McNeill, Able Seaman, Official Number V-15283, 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,

SECRETARY, NAVAL BOARD

Mrs. Angela McNeill, 260 - 1st Street, BRANDON, Manitoba.

-

PILES N.S. VALUES POINT DEFARITAGE NETTONAL DEFAUES Ottawn, Canada. ID May, 1944 Str: (Debb) The following casualty has been reported - <u>MAE</u> <u>NAVAL NO.</u> MAES <u>NAVAL NO.</u> MAES <u>NAVAL NO.</u> <u>NAVAL NO.</u>			LP		
DEFAULTENT OF MATTING DEFAUS Ottawn, Canada. IS May, 1944 	N.P.R/5-1	Will we have a	FORM A.	File. N.S. V-15282	Pers
Ottawa, Canada. 13 May, 1044 Sir: (Detw) The following esculty has been reported - MME NANK or RATING MARK OF ENLISTER NANK or RATING MARK OF ENLISTER 9 March, 1942. Active Service: V June, 1943 DATE OF DISCHARGE - Will be reported later HOSFITAL - (If discharged in hospital under jurisdiction of D.F. & N.H. ERRVICE - Genda and High Bees (Indicate whether in Genada colly: or in Canada and the high seas or elsewhere.) "Missing" at sea when the ship in which he was made in active, or where death Mark in addition of the beat in the ship in which he was difficient or of the beat in control, or where death "Missing" at sea when the ship in which he was afficient presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted wher			· · · · · · · · · · ·	TITC. N.D	10101
Ottawa, Canada. 13 May, 1044 Sir: (Detw) The following esculty has been reported - MME NANK or RATING MARK OF ENLISTER NANK or RATING MARK OF ENLISTER 9 March, 1942. Active Service: V June, 1943 DATE OF DISCHARGE - Will be reported later HOSFITAL - (If discharged in hospital under jurisdiction of D.F. & N.H. ERRVICE - Genda and High Bees (Indicate whether in Genada colly: or in Canada and the high seas or elsewhere.) "Missing" at sea when the ship in which he was made in active, or where death Mark in addition of the beat in the ship in which he was difficient or of the beat in control, or where death "Missing" at sea when the ship in which he was afficient presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted where official presemption of death with fate has been set. Strifted wher		DEPARTMEN	T OF NATIONAL DEFE	NCE	171
Sir: (Date) The following easualty has been reported - MARE The following easualty has been reported - MARE The following easualty has been reported - MARE A Service - March, 1942. Active Service: 7 June, 1943 DATE OF DISCHARCE - Will be reported later HOSPITAL - (If discharged in hospital under jurisdiction of D.P. & N.H. SERVICE - Canada and High Seas or elsewhere.) Maising at sea when the ship in which he was when and where any disability we incurred, or where death SERVICE - Canada and High Seas or elsewhere.) Maising at sea when the ship in which he was freeson for discharge and - Wiesi incurred, or where death SERVICE - Canada and High Seas or elsewhere.) Maising at sea when the ship in which he was freeson for discharge and - Wiesi incurred, or where death SERVICE - Canada and High Seas or elsewhere.) Maising at sea when the ship in which he was freeson for discharge and - Wiesi incurred, or where death SERVICE - Canada and High Seas or elsewhere outside Canada). EXAMPTIF listed as missing, it is impossible to make an estimate as to his chance of survival. Should se information of coursed to the contrary, you will be botified them official presumption of death with date has been set. Make - Mars. Angels Madein, or on the high seas or elsewhere outside Canada). EXEX OF KIN & REMATIONSHIP - MALE - Mars. Angels Madeill, MDERES - 260-1st Street, Brandon, Man. Note: If records indicate that rating was separated from his wife, deally or otherwise, details to be furnished and copy of any Court Order, the separation Agreement, etc., to be furnished. SECRETARY, NAVAL BOARD., SECRETARY, NAVAL BOARD., Secretary, Canadian Pension Commission, Recom 228, Daly Building, OTTAWA, Ont. NOTS: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treessury Officer (Allotaret Section). Department of Mational	5				14
MAIN OF RATING MENTILL, Bernard James NAVE NO. Able Seman NAVE NO. Y=10505, R.C.N.Y.R. DATE OF ENLISTERNY - 9 March, 1942. Active Service: 7 June, 1942 DATE OF ENLISTERNY - 9 March, 1942. Active Service: 7 June, 1942 DATE OF DISCHARCE - Will be reported later HOSPITAL - INTE OF DISCHARCE - Will be reported later Indicate whether in Canada and High Seas SERVICE - Canada and High Seas Indicate whether in Canada and the high seas or elsewhere.) Main and where any disbility was incurred, or where death Entring was lost by encay action. While this can earring was lost by encay action. Medified Man official presumption of death with fate has been set. Show Clearly whether death of disbility due to encay action. Section of disease, and whether it occurred in Canada, or on the high seas or plaswhere outside Canada). If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished. MORESS - 250-Is Street, Brandon, Man. MAME _ Mark_ to Allots, (N) on	Sir:		1. 1		
MANUALLI, Bernard James Able Semant V-10283, R.C.N.V.R. DATE OF ENLISTMENT - 9 March, 1042. Active Service: 7 June, 1043 DATE OF DISCHARCE - Will be reported later HOSPITAL - (If discharged in hospital under jurisdiction of D.P. & N.H. SERVICE - Canada and High Sees (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) "Hissing" at sea when the ship in which he was incurred, or where death "Hissing" at sea when the ship in which he was eerving was lost by enemy action. While this en was incurred, or where death "How clearly whether death of the scentrary, you will be obtified when official presumption at death with fate has been set." Show clearly whether it courred in Canada, or on the high sees or alsewhere outside Canada). "EXT OF KIN & PELATIONSHIP - ELATIONSHIP - Mother NAME - MARE - MARE - MARE - MARE - MARE - to che mark with, see, to be furnished. Copies Form "B" fwd. to Allots. (N) on		The followin	g casualty has bee	en reported -	
DATE OF ENLISTMENT - 9 March, 1942. DATE OF ENLISTMENT - 9 March, 1942. Active Service: 7 June, 1942 DATE OF DISCHARGE - Will be reported later HOSPITAL - (If discharged in hospital under jurisdiction of D.F. & N.H SERVICE - Canada and High Seas (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Taissing" at sea when the ship in which he was envired and where any disability erving was lost by enery action. While this on Service: Show clearly whether death active for the high seas or Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly whether death or disability due to enery action. Show clearly or otherwise, details to be furnished and copy of any Curt Order, the separation Agreement, etc., to be furnished. Copies Form "B" fwd. to Allots. (N) on 	NAME		RANK or RATIN	IG NAVAL NO	
DATE OF DISCHARGE - Will be reported later HOSPITAL - (If discharged in hospital under jurisdiction of D.P. & N.H SERVICE - Canada and High Sees (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and - When and where any disability erving was lost by enemy action. While this an erving was lost by enemy action. Ext of KIN A EELATIONSHIP - WELATIONSHIP - Wother Ext of KIN A EELATIONSHIP - WELATIONSHIP - Wother Ext of KIN A EELATIONSHIP - WINSE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished. Copies Form "B" fwd. for SECRETARY, NAVAL BOARD., Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont. NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Denartment of Wational NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Copies Form "B" fwd. Ext of the this form (Form "B") have been forwarded to the Copies Form (Fine Treasury Offi	MONETILL, Bern	ard James	Able Seaman	V-15283, R.C.	N.V.R.
HOSPITAL - HOSPITAL - (If discharged in hospital under jurisdiction of D.P. & N.H SERVICE - Canada and High Seas (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and - when and where any disability was incurred, or where death Serving was lost by enemy action. While this on wering was lost by enemy action. While this on Serving was lost by enemy action. Serving was lost by enemy action. Secretary, Canadian Pension Commission, Reom 228, Daly Building, OTTAWA, Ont. NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Denartment of National NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Denartment of National	DATE OF ENLIST	INENT - 9 March,	1948.	Active Service: 7 June	, 1942
(If discharged in hospital under jurisdiction of D.P. & N.H SERVICE - Canada and High Seas (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and - When and where any disability was incurred, or where death Serving was lost by enemy action. While this can active for the energy action while this can serving was lost by enemy action. While this can be prive and the 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. actident or disease, and whether it occurred in Canada, or on the high seas or actident or disease, and whether it occurred in Canada, or on the high seas or actident or disease, and whether it occurred in Canada, or on the high seas or actident or disease. MANE - MARE - MARE - Mars. Angela MaNeill, MANE - Mars. Angela MaNeill, MADE - Mars. Angela MaNeill, MADE - Mars. Angela MaNeill, MADE - Secretary, Canadian Fension Commission, Room 228, Daly Building, OTTAWA, Ont. NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Department of National	DATE OF DISCHA	ARGE - Will be r	eported later		
SERVICE - Canada and High Seas (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and was incurred, or where death Serving was lost by energy action. While this can active of incurred in the information be received to the contrary, you will be notified when official presumption of death with date has been set. Show clearly whether death of disability due to energy action. action of disease, and whether it occurred in Canada, or on the high seas or alsowhere outside Canada). NEXT OF KIN & FELATIONSHIP - RELATIONSHIP - Mother NAME - Mrs. Angels Material, action of disease, Brandon, Man. Note: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Cuart Order, the separation Agreement, etc., to be furnished. Copies Form "B" fwd. to Allots. (N) on 	HOSFITAL -				
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and	And the second state is a ferror state to	(If disch	arged in hospital	under jurisdiction of I).P. & N.H
elsewhere.) Reason for discharge and - when and where any disability mas incurred, or where death arry 72 listed as missing, it is impossible to make an estimate as to his chance of survival. Should no information be received to the contrary, you will be notified when official presumption of teath with date has been set. Show clearly whether death of disability due to enemy action, actident or disease, and whether it occurred in Canada, or on the high sees or plsewhere outside Canada). NEXT OF KIN & RELATIONSHIP - RELATIONSHIP - Nother NAME - Mrs. Angela McNeill, 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 	SERVICE -				
Reason for discharge and		(Indicate whether elsewhere.)	in Canada only; c	or in Canada and the hid	sh seas or
<pre>when and where any disability serving was lost by enemy action. While this ca was incurred, or where death serving was lost by enemy action. While this ca active is disting, it is impossible to make an estimate as to his chance of survivel. 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 of disability due to enemy action, accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether it occurred in Canada, or on the high seas or accident of disease, and whether death of disease disease accident of disease, and whether it occurred in Canada, or on the high seas or accident of the accident disease disease disease accident of disease disease disease disease disease disease accident disease disease disease disease disease disease accident disease disease</pre>	Reason for dis		"Missing" at se	a when the ship in which	h he was
Af survival. Should no information be received to the contrary, you will be instified 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 accident or disease, and whether it occurred in Canada, or on the high seas or accident or disease, and whether it occurred in Canada, or on the high seas or accident or disease, and whether it occurred in Canada, or on the high seas or accident or disease, and whether it occurred in Canada, or on the high seas or accident or disease, and whether it occurred in Canada, or on the high seas or accident or disease, and whether it occurred in Canada, or on the high seas or accident or disease, and whether it occurred in Canada, or on the high seas or Base of the second of disability due to enemy action. MDRESS _ 260-lst Street, Brandon, Man. 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. Mathematicate the separation Agreement, etc., to be furnished. Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont. Mathematicate the section of the section of the section of the copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Secti	when and where was incurred,	any disability or where death	The second se	erteren de la participation de la company de la	
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 & FELATIONSHIP - RELATIONSHIP - NAME _ ADDRESS - Scolet Street, Brandon, Man. 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. M.M	usity is liste	d as missing, it	is impossible to a	make an estimate as to	his chance
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 & FELATIONSHIP - RELATIONSHIP - NAME _ ADDRESS - Scolet Street, Brandon, Man. 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. M.M	of survival.	Should no informe	tion be received	to the contrary, you wi	11 be
ADDRESS - 260-let Street, Brandon, Man. 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 Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont. NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Department of National			51.00		
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 Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont. NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Department of National	and a state of the			as unlore menorres	
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 Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont. NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section). Department of National	ADDRESS -	260-1st Street, I	irandon, Man.		
to Allots. (N) on N.P.R/5 Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont. NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National	Note:	regarry or (otherwise, details	to be furnished and or	my of ony
Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont.					
Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont.		N.P.R/5			
Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont.				HBM onen!	
Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont.			fe	or	
NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National				SECRETARY, NAVAL BOAR	D.
Chief Treasury Officer (Allotment Section), Department of National	Secretary, Car Room 228, Dal;	nadian Pension Co y Building, OTTAN	ommission, NA, Ont.	Pistor	150.
Chief Treasury Officer (Allotment Section), Department of National				1 10 pr	N° NO
Chief Treasury Officer (Allotment Section), Department of National				1 Josh	N° NO
Chief Treasury Officer (Allotment Section), Department of National			1	10mp	× . YQ
	NOTE; DI	uplicate copies o	f this form (Form	"B") have been forward	ed to the

Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

N.P.R./5-2.

FORM "B"

FILE: N.S. V-15283 PERS. (N)

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

Sir:

AUG 3 0 1944 146290 (Date)

NAVAL TREASURY

INT TAL

The following casualty has been reported -

NAME		RANT or RATING	NAVAL NO.
MCNEILL,	Bernard James	Able Seaman	V-15283 R.C.N.V.R.
DATE OF EN	ILISTMENT - 9 Me	rch, 1942. Active Servi	ce: 7 June, 1942.
DATE OF DI	SCHARGE - 7 Me	y, 1944.	
HOSPITAL -	(If discharged	in hospital under jurisdict DA & HIGH SEAS er in Canada only; or in Ca	
when and w	discharge and - where any disabil	ity	when H.M.C.S. "VALLEYFIELD" was emy action in the Atlantic.
elsewhere		hether death or disability hether it occurred in Canad	
RELATIONSH	IIP -	Mother NAME -	Mrs. Angela McNeill.
ADDRESS -		260 - 1st Street, Brandon	, Manitoba.
			· The shirt of the section
NOTE :	or otherwise, d	cate that rating was separa etails to be furnished and Agreement, etc., to be furn	copy of any Court Order,
			11 Startes
	FORWARDED. PLI	FING THE ABOVE NAMED HAS BE LASE SEE REVERSE SIDE FOR DA DEPENDENTS ALLOWANCE, etc.	ETAILS OF MAR-

P.A. 'S CHECKED IN

C.R. BY

REMARKS:

2.

1 · · · · · · · · · · · · · · ·	DEFE	NCE, NAVAL SERV	ICE.		
		Maiden name'	Date of	marriage	and/or
ames of Dependents H	Relationship	of wife	date of	birth of	children

- 2 -

Mrs. Angels. McWeill Mother

		<u>D. A.</u>	<u>A. P.</u>	TOTAL		
Monthly	rate:	Nil	\$15.00	\$15.(00	
To Whom Date of	The second second	Mrs. Angela McNeil		Erandon, Ma		
		bue berter s.	lde.			
Date of	Dischat	rge: See other i	side.		X	

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

The final deduction of Assigned Pay for ______has been made for the period from 1st to _______ 19444. Remarks:

N 400

And again the second

for alect Boswell

,

Chief Treasury Officer, DEPARTMENT OF NATIONAL DEFENCE, (Naval Service).

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



Department of National Defence

124032

Naval Service

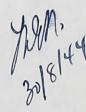
IN REPLY PLEASE QUOTE V-15283 Pers.(N) N.S.

Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF	KIN
McNEILL, Bernard ^J ames, Able Seaman, ^O fficial Number, V-15283 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serv- ing in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy es- cort duty in the Atlantic.	1	Mrs. Angela McNeill, 260 Ist St. Brandon, Man M GFP 55 55 55 55 55 55 55 55 55 55 55 55 55
In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Mrs. Angela McNeill, 260 - 1st St., Bzandon, Man.	Nil	Nil	
	Nil		DMD
John A. McNeill, 260 - 1st St.,		Nil	40

(Allot. \$15.00 to mother, and \$10.00 to brother stopped with last payment May 31st, 1944.)



No Will

Will:

Yours truly,

for SECRETARY, NAVAL BOARD.

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

Brandon, Man.



87-1

Trear a market and the treat of the treat of

OR LICTRY HOT AUF. AVAL NY REPORTS

91.130 0. · 1.00 *

Nre. sogela jokeili, 200 - 1et Sc.,

drondon , lost .

1 :: ·

. MoMBILE, Serund Venez, At lo sauge, UCTIOIA. Ambur, V-IDNE. we with the postant of a state of a state of the state of Histori - Pre Maria Riste 7 Herry, John, L'E in Han, C.S.

Arts There

E.HOLLWYR.

Pather: Wr. Angel v Md 211

Surgidon, New. TSUTTER .

~

VENCE THEP IN DERCH



· ... £

Pound Cruss.

The contraction of the contracti We have a state of the state of

• توقيق المرتجع الم

States - 7 TANTO

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

Name	stian names in full)
	Official No
Place of Birth	Date of Birth
Occupation in Civil Life	Religion
Number of years service in the Navy (Long	Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings)	e Year, Aleven norths.
Date of Death	Place of Death
Cause of Death(If due to accident, violence,	or enemy action, particulars to be stated briefly)
Nearest known relative or friend. Address	motler Relationship
	hip Informed by M. S. S. S.
Date on which death was registered with loc	al Officials
In the case of Imperial Service men, whether	Active Service, Pensioner or Reserve, date on which the
prescribed return was rendered to the Reg	gistrar General in London, Edinburgh or Dublin, accord-
ing to Nationality	
Place of Burial(if known)	Date of Burial
Location, Number, etc., of grave	(if known)
Judertaker employed	(if any)
If borne for discipline only, date D.S.Q. or in	valided
	Com?
	Commanding Officer,
The NAVAL SECRETARY, Department of National Defence,	

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

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

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

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name MCNEILL. Bernard	J.	RatingA.E	3
Official No. v. 15283	.C.S. AVAION	"VALLEYFTELD.	List. 1.22./49
Who* DISCHARGED DEAD			-
Net sum due on ledger on account o	f Wages		NIL cts.
Proceeds of sale of Effects charged a	gainst Wages, brough	nt from the other side	
		\$ cts.	
CASH— Proceeds of sale of Effects, bro side			
Found amongst Effects			
Debts collected §			
ash deposited by official Receipt N	25182 Adm. N	aval Estates	48 01 /
ash debited in the Accountant Offic			
f in debt in ledger, amount to be st			
FIFT Rate of allotment (in words)TE	TEN DOTTARS		
Name of ship from which transferred		10	M44
	Total†CRED		48 01 -
We hereby certify that we have	in the second		
rue statement of all wages, Effects, "VAILEYFIELD" amountin	and other Credits or g to a net balance†		of AVALON IOT
fFORTY-EIGHT	dollars.		cents.
Dated on board H.M.C.S.	AVALON	atST.	JOHN'S
NFLD. this.	FIFTH	day of JUNE	
pproved	PAY LIEUT.	DR., R.C.N.V.R.	.ccountant Officer
A is		lut.	Initials of the Assistant Accountant Officer
Estimer -	Commandir	g Officer.	
A/CAPTAIN. RCN	C.		
or Use at Headquarters. \$	cts	credited on Insp	ector's certificate
Noto			
	Signature		
	der aller	Date	
*State whether discharged on shore, D.D. or Run. Subscription for Charitable or other purposes should n	ot be shown hereon, but on a I	†State whether ' temittance List, and dealt with	'debtor'' or ''creditor''. as laid down in the King's
	Regulations.	and and an and a second second	lated 19 May, 19
5M-2-42 (3601) H.Q. N.S. 815-9-45	LEDGER	/	
	AUDITE		

ACCOUNT OF SALE OF THE EFFECTS

	TO WHOM SOLD			-
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger	Paid for in Cash
		**************************************		1
	a the second statements			
		and the second second	A 14 - Marco	1.5
•••••				
	t C T			
••••••				94
••••••				
••••••				
	BATT AND	and the first		
	(1. m) AB (03.		a con transmission	
	Transf I.F		a la stati e inte	See.
	and a second	The Art of		
	50 33			
<u>بر</u>	12 19731178			
			dan yang yang dan	
	for a faith and the second			
	de ser la companya de	4	· · · · · · · · · · · · · · · · · · ·	
		Total proceeds of sale carried to account on the other side		

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

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

.....

1	I SP TONED I	1
	Signature	Signature
	Ache Quarka Q. 44	
	Rank	Rank
	Vill "Otion.	

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

. Nº : SE 17 ...

anteit.



STATEMENT OF ACCOUNT

When entered	F.B.					Rating A.B.		
				4			\$	с.
						- 0-		00
(Rank Ra	ting)					s at \$1.85 a day)		
"	3 "	1 Apl	" 31	May	(61	"	6	10
"					.(" ")		
"			"		.(" ")		
"	"	ć _			.(" ")		
Kit Upkeep Allowar	nce	djustme	ent Marc	h, 1944		······		33
OTHER CREDITS	5:	т нр.	с — / <u>М</u> а	-y			4	47
	_					Total credits	135	75
				·				
DEBT from former	account						N	IL
PAYMENTS:-	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
st month	12.00	8.94				Total		.94
and month						Total		
Brd month						Total		
Allotment 16.80	, 15.00,	10.00	chged A	pl: 15	.00. 10	.00chged May	66	80
		*				1	D. Deserved and A.	
Hospital stoppages						and the second se	-	
						a man in the second s		01
JIIIBR CIIMROD	J	<u>c.y.t.04</u> p	a.y.a.br.c	e on	var 28.6	ates (Present War)		
	•••••••		·····		••••••	·····		
	••••••	······	1	••••••		•••••••••••••••••••••••••••••••••••••••	•••••	
LEDGER: UCA				••••••		••••••	·····	······
Charles ACM						Total debits	135	75
					Balance Cr			

NOT VICTUALLED LENT, SICK OR LEAVE DATE FROM TO DAYS SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 5 June 19 44

All Imr

.

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

STATEMENT OF WAR SERVICE GRATUITY	- Contraction of the second
(CHRISTIAN NAMES) (SURNAME)	NO. 3421 NO. NS.V1528
Dimention of Patatan P. C	ATE 19 Ap1/4
A. TOTAL QUALIFYING SERVICE	\$ ¢
NO. OF DAYS 701 EQUAL TO 23 COMPLETE PERIODS AT \$7.	.50 172.50
NO. OF DAYS 466 LESS 11 INELIGIBLE DAYS, EQUAL TO 455 DAYS @ 25C. PER DAY	113.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	E
DAILY RATES AT DISCHARGE PAY \$ 1.85 SUBSISTENCE OR LODGING \$ 1.45 AND PROVISION ALLOWANCE \$ 1.45 ADDITIONAL PAY A.A.3 \$.10	EN BRANCH
s	MAY SO
DEPENDENTS' ALLOWANCE 1/30 OF \$\$ \$\$ SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C TOTAL \$\$ \$\$ 23.80 NO. OF DAYS 455 X\$ 23.80	59.17
D. WAR SERVICE GRATUITY	345.42
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCES \$ AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$	Nil
F. TOTAL AMOUNT PAYABLE	345.42
G. YOUR PORTION OF GRATUITY IS-	
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$OF \$ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$	<u></u> =\$345 . 42
CERTIFICATE I CERTIFY THAT. THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED T	
PREPARED BY CHARED BY CHECKED BY DATE	min 9
	REPRESENTATIVE

		1
1.4.	the second se	1
	STATEMENT OF WAR SERVICE GRATUITY - NAVY	m
Deceased	has to read the to be a place to many the set of the se	11
Member's Name	BERNARD JAMES MCNEILL (Christian Names) (Surname)	(
8		
Payee Di	Rector. of Estates, for Service Register No. 308 Sparks St. Estate of Date	3421
Address .	30 8 SPARKS St. Estate of Date	18/4/45
	OHAWA, ONH. MeNeill Final Rank or Rating Date of Discharge	V15283
*	OHAWA, ONT. Menerel Bate of Discharge	A.B. 1MAY44/
A. TOTAL QUAL		85 ¢
	No. of days 70/ equal to 23 complete periods at \$7.50	172.50
B. OUALTRYING	OVERSEAS SERVICE	
No. of days44	Gless // ineligible days equal to 45 Ldays @ 25¢ per day	113.75-
C. SUPPLEMENT	FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE	
	Pay \$ 1.85 Subsistence or Lodging \$ 1.45	
	Subsistence or Lodging \$ 1.45 and Provision Allowance	
	and Provision Allowance AA3 . 10	
	\$ c*	
Depende	nts' Allowance 1/30 of 8 8	
Depondo	Total 3. 40 x 7 = \$ 23.80	
*	No. of days 455 x 8 23.80	59.17
	No. of days 455 x \$ 23.80	~ 1.11/
D. WAR S	ERVICE GRATUITY	345:42
Dennin		
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
E. DEDUCTIONS	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
E. DEDUCTIONS	DEPENDENTS' ALLOWANCE	
F. TOTAL AMOU	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$	345:42-
F. TOTAL AMOU	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ UNT PAYABLE	345:42
F. TOTAL AMOU	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ UNT PAYABLE ION OF GRATUITY IS	-
F. TOTAL AMOU	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ INT PAYABLE ION OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$	345'.42
F. TOTAL AMOU	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ UNT PAYABLE ION OF GRATUITY IS	-
F. TOTAL AMOU G. YOUR PORTI	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ INT PAYABLE TON OF GRATUITY IS Dependents' Allowance in issue to you \$ Total Dependents' Allowance in issue \$	= \$ 345:42
F. TOTAL AMOU	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS INT PAYABLE ON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is	= \$ 345.42 s payable
F. TOTAL AMOU G. YOUR PORTI	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ INT PAYABLE TON OF GRATUITY IS Dependents' Allowance in issue to you \$ Total Dependents' Allowance in issue \$	= \$ 345.42 s payable
F. TOTAL AMOU G. YOUR PORTI	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ INT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder.	= \$ 345.42 s payable
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE:	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ INT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you for a for	= \$ 345.42 s payable
F. TOTAL AMOU G. YOUR PORTI	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ INT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you for a for	= \$ 345.42 s payable
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE:	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS OTHER DEDUCTIONS ON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE:	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS OTHER DEDUCTIONS ON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date	= \$ 345.42 s payable
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE:	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS PAYABLE TON OF GRATUITY IS Dependents' Allowance in issue to you of of the formation of the format	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A.	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS PAYABLE TON OF GRATUITY IS Dependents' Allowance in issue to you of of the formation of the format	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 2	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 Q.M.	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 2	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 2 4 4 2 2 4 2 2 4 2 2 4 2 2 2 4 2	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 2 4 4 2 2 4 2 2 4 2 2 4 2 2 2 4 2	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 2 4 4 2 2 4 2 2 4 2 2 4 2 2 2 4 2	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and
F. TOTAL AMOU G. YOUR PORTI CERTIFICATE: Prepared by D.N.P.A. 1 2 4 4 2 2 4 2 2 4 2 2 4 2 2 2 4 2	DEPENDENTS' ALLOVANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$ OTHER DEDUCTIONS \$ NT PAYABLE CON OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue \$ I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder. Checked by Date Service Re CHECK	= \$ 345442 s payable 1944 and

DISTRIBUTION OF SERVICE ESTATES

MH Estates Form "P. 4"

NAVY Aranke Unit R. C. N. V. R. 7-5-44 Date of Death AMOUNT W.S.G. 345.42 L.P.C. \$ 345.01 Other Credits..... 48.01 Prev.dist. 345.42 This dist. SHARE RELATIONSHIP NAME AND ADDRESS AMOUNT Hugh A. McNeill, 260--1st St., Brandon, Man. 172.71 12 Father 12 Mrs. Angela M. McNeill, 172.71 Mother (as above) (As next of kin entitled) Pu to have 20/10/45 WSG AUTHORITY DISTRIBUTION APPROVED MAD AUTHORIZED H.Q. F.E. No. H.Q. SUB. VOTE PRI OBJ. AMOUNT 9999 L 42 \$345 831 00 000 50 (L. M. FIRTH) Colonel Director of Estates CLASSIFIED BY EXAMINED BY AUDITED FOR PAYMENT For Chief Treasury Officer usey

For Chief Treasury Officer

.....

Passing Certificate

This is to Certify

that Bernard James McNEILL

Rating Ordinary Seaman, R.C.N.V.R. Official Number V.15283

has passed

NI

THE EDUCATIONAL TEST, I, R.C.N.

held on.....

7th July, 1942.

For advancement to Petty Officer

1 au

Naval Secretary Commander, R.C.N.V.R., Director of Education.

Department of National Defence,

Ottawa, this lst day of August, 19.42.

C.N.S. 2431 10M-7-40 (6232) N.S. 815-9-2431 C.N.S. 536d. Revised—Nov., 1936. 15M—4-41 (188) N.S. 815-9-536D.

5

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NA	ME		OFFICIAL No.	Date of Birth
Bernar	d James Mo	NEILL	V-15283.	17th May, 1924
ON L	EAVING H	ARBOUR TRA	INING SERVICE	
Subject	Ability	(pe	REMARKS ercentages obtained, etc.)	Initials of Instructing Officer
School Seamanship— Boat work: (a) Pulling	Sat. Sat.	Eng. 80 62%	Mjuitos 6	7. 11118.)Z. 11113.)Z.
(b) Sailing Gunnery and Disciplinary Training	Sat.	power . Detail v	f command you	od W.B.) Z.
Shooting Swimming—P. P. T	moderate GOOD Passed.	539_{o} Date qualified	4 June 1942.	good WYBK-
Physical and Recreational Training				
pecial qualifications Call Boy				
Bugler (Sea Service)				
pecial Remarks e.g., C. W. Candidate	- <u> </u>	2 DAYS ANTI	/GAS 11-8-42	
		-		
				·····
On joining:— Weight	<u>146 lbs.</u>	Height5!	.7 <u>1</u> "Date91	h March, 1942.
On leaving:— . Weight	146 '14	Height5	7 1/2" Date 30	2 July 1942
* State in remar	ks column whether		dvanced Class, or V/S or W/T.	
H.M.C.S. "CHIPPAWA		JUL : Date	3871 19942 VILCO	rde Captain.

		Educat	tional Ex	aminatio	ns	-		Date	6	1	SI	nip	Signature and Rank of Divisional Officer				
E	assed duca- onally Educational Test I Rated Ordinary Seaman								21102 4					······			
IIIGNEER	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing		mature an	d Rank of er, and Ship			
	Hours % %	80%	24%	814% 90%		82%	86%			% I =62	12-10-42		Ste Spr	vens Renok			
	Subject	Field Training	Gun Drill	Stripping	Fire Control	100Ammunition	Director and Sighting	Machine Gun		TOTAL	* Date of Passing	1	nature and ional Offic	d Rank of er, and Ship			
	Hours % %	170 250	186 200	90 125	125 150	85 100	80 100	60 75	L.O. SAT.	79•6%	2-9-42	112	Da T. R.C.	NIR			
	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	5 + X - 1		TOTAL	* Date of Passing		• 2	l Rank of er, and Ship			
	Hours %		-					-66%			 12 - 9	Die ER 42/M	R.C.	n lolar M. O. K. Nacles			
In T]	the event he letters by the I mended,	of failure Q.R. III Divisional the word	to pass and th and th L.R. III Officer i 1 ''NO''is	ny examinate word "I , C.R. III in the case to be ente	Ation, the FAILED , A.A. 3, e of men ered.	percenta, '' noted. S.T., S.D so recom	ge is to be)., etc., ar mended.	noted in I e to be en If not re	RED. tered ecom-	D	ivisional	Officer's Rem	arks	Recommendation for non-sub. rate†			
	Ship			of Practic Ord. Sean of Ship			ement to	ecommended for ement to Able Seaman on (Date)				A					
1012							1			•							
	Qualif			eaman nceme)		tions i	nserted o	n Histo				
ri.			1 5722 1101	Date.				Comm	1		60			E			

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

CHASED 7 May 1944	AV	VARDSNAVY		WAR SERVICE RECORDS
MCNEILL Bernard J	ames	V-15283	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS) CHR	RISTIAN NAMES	REG. No.	RANK ON DISCHAR JE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No. Nil	DATE DESF	ATCHED:		
ADDRESS:				,
ADDRESS:				
CAMPAIGN MEDALS	RE 7274	GISTRATION NUME	ER AND DATE DE	ESPATCHED
	7274	GISTRATION NUME	ER AND DATE DE	ESPATCHED

	MORIALS-DECEASED PERSONNEL WFIELD " Dec. /44 R.C.N.V.R.	REGISTRATION No. DATE OF DESPATCH
(1) MEDALS PERSON TLED TO MI	. Hugh A. McNeill- Father	(1)
ADDDECC.	0 - 1st St. andon, Man.	MEMORIAL BAR
(2) MEMORIAL CROS	<u>s</u>	DATE DESP
ADDRESS:		REGN. NO. 168
(3) MEMORIAL CROS MOTHER	Mrs. Angela McNeill	(3)
ADDRESS:	260 - 1st Street BRANDON, Man.	⁽³⁾ 10 October 1944

	283c			LE NUM	BER		113-1	1-3.659.			·	OFFICIAI	L NUMBER	V152	.83
NAME	McNEILL, (Surname)									DATE OF BIRTH					
	Brandon, Manitoba						OCCUPATI	on S	tudent.		••••••	••••••		••••••	
	Roman Catholic.		EDUC	TION											
RESIDENCE AT TH	IME OF ENLISTMENT: Street and N	¥o		st St	reet.,				Brando	m.,	Province			a	
Date (in figures)	ENGAGEMENTS			1	1		DESCRIPTIO	1.	1			41.000	US SERVICE Rank	Date	
Day Month Year	Period		Height	Hair		Eyes	Comp	lexion	Marks	or Scars	Serve	1 in	or Rating	From	To
9 3 42	Hostilities only		51711	Brow	n B	rown	Fat	r	Nil.						
						••••••									
						•••••									
•••••••••••••••••••••••••••••••••••••••						•••••				••••••					
NEXT OF KIN RE	SLATIONSHIP (in pencil).	Mal	Ter.				NAME	(in pencil)	Mas	angel	as Tile	Floils			
): Street and No.		6	A. A.	(TTTIME		1.00	andon	and the second second			and a	
MEDALS, CLA	ASPS, HURT CERTIFICATES, PRIZE MONE								XAMINATIONS, CE				4	81	14
Date (in figures) Day Month Year	Particulars		Date (in	figures) nth Year	-		Partic	ulars		Date (in figur Day Month		P	ARTICULARS		
	VSM Ribbon & Class	(#3)	-7		1	ed E.	T. 1 R	C.N.							
$\begin{array}{cccccccccccccccccccccccccccccccccccc$.V.S.M. Ribbon & Clasp 39-1943 Star. (249A/10	0337)	24				P.T. "								
			15 1			. "TR									
												••••••			
								•							
Data (in Saures)	DGES, G.C. OR G.S.				1		in figures)	S OF WARF		NISHMENTS AND C.F	11		-		
Day Month Year	st, 2nd or 3rd G.C. Deprived or G.S. Restored	SHIP OR	ESTABLISHME	INT	Wt. No.	Day M	Ionth Year		BRIEF P.	ARTICULARS OF OFFI	INCE		PUNISH	MENT	
••••••							••••••								
							•••••								
							••••••								
					A more sure		and the second second								
						·····									
TILM			. 1			······					3				
TILM	R-5415-3	Date (in figures		1 Det'	n C	DAYS FO		W. Trial	In diff. Char.	.H.F. Recei	ved.				
TILM	R-5415-3	Date (in figures		Det'	n C			W. Trial		.H.F. Recei	.ved.				
	R-5415-3			Det'	n C			W. Trial		.H.F. Recei	ved.				
	R-5415-3			Det'	n C			W. Trial		.H.F. Recei	.ved.				
	R-5415-3			Det'	n C			W. Trial		.H.F. Recei	.ved				
	R-5415-3			Det'	n C			W. Trial		.H.F. Recei	.ved.				
	R-5415-3 CLASS FOR CONDUCT			Det'	n C			W. Trial		.H.F. Recei	ved				
BANK BANK	<u><i>R</i>-5415-3</u> СLASS FOR CONDUCT То			Det'	n C			W. Trial		.H.F. Recei	ved			W.S	
				Det'	n <u>C</u>			W. Trial		.H.F. Recei	ved.			W.S APPELIC	Ci ATK

1 2 3 4 5 6	5 7 8 9 10	11	12	13	14 15 16 17 18 19 20	21 2	2 2	23 24	25	26	27	28 29	30 3			34	35	36	37
V15283	OFFICIAL NUMBER	NAME	: (Surn	ame)	ICNEILL, Ber (Given N	nard Iames)	Jame	as				OFFIC	P.I.	BER		vı	5283		
Ship or Establishment	Rating	Day	From	Year	Remarks	Chara	oter	Efficiency	Day	Date	h Year	Non-Sub	. Rating		Qualified	-	Re	-Qual	ear
HMCS "Chippawa"	Ord. Smn. II	9	36	42	Div. Str. Winnipeg. Active Service	V.G V.G	•	Sat. Sat.	31 31	12 12	42 43	Q&R A/	A.A.3	7	12	42			
Naden Cornwallis		3 1 6	8		DL. DRD # 94	. V.G	*	Sat.	.7		44								
Stadacona Q-100 "	и и А.В.	8 7	1	43	DRD. #345 DRD. #H=369 Bated, 2/94(9965)														
Stadacona Hochelaga	n tt	18 26	11	43	Rated. 249A(9965) DRD H-3237 DRD H-3342		•••••												
Valleyfield DISCHARGED	11 11	8 7	12	43	Chaleur DRD Q-69 "Missing" (Casualty List		<u></u>		101)										
					Presumed Daad. (per Correc	:010n	Sne	et r.#	101)			Canad	lian M		RAL RE		s Aw	arde	d to
DISCHARCED	H	7	5	44	" làsing" (C suslty List)							Mothe	er:	Mrs. 260-	Ang lst.	ela St.	McNe	<u>ill</u> ,	
]	Bran	don,	Man	. 1	0-10	-44.
																			·····
				•••••															
						DATE	OF	YR BIR			OCCU.	RELI-ED	PERM. RE	SIDENC	E PREV.	ÈNLI DIV		BR 1	and the second
						1/2	5	24/18	X	XX	0	10 X	607	01	0	06	0	88	75
							IST. 1 1910.				CAT		T. SERV.	YR.	SHIP	OR TAB.	RANH		ANK
						09 SÉI	103	HA 67	106 R. N	42 ION - 5	UBTI	M		1	62 COD	ED	CH	ECKE	7
						DY	IMO.	VR. CA	Т. С	4	BB	эт. (C		2	Su,	us .	2	8	-
						i L	1-0		- C	P						1	1	-	4