

V44690  
MENZIES

JOSEPH

BLAIR

Mrs. Anita Menzies,  
4347 Draper Ave.,  
Montreal, Quebec.

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- 44690 FD. 525

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

September 12 194

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

MENZIES Joseph Blair Engine Room Artificer Third Class

Official Number V-44690, R.C.N.V.R.

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

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



*J. H. Wade*  
Commander  
Director of Estates.

GC/

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	John B. Menzies		4347 Draper Ave. Dumfries 28 Dec.
4	Mother of the Deceased.....	Anita Menzies		4347 Draper Ave. Dumfries 28 Dec.
5	Brothers of the Deceased	Full Blood		Bertrand Menzies died at Valleyfield on the 12 <sup>th</sup> of March 1922
		Half Blood		
6	Sisters of the Deceased	Full Blood		Agnie Menzies wife of Richard Borden 4347 Draper Ave Dumfries Dec.
		Half Blood		Lillian Menzies wife of Robert M. Drennan 4347 Draper Ave Dumfries Dec.
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	
	Bertrand Menzies 12 <sup>th</sup> March 1922			

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Blain Armand Paul Meryue
9	Date of his birth.	28 <sup>th</sup> of October 1913
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	August 8 <sup>th</sup> 1911 at Valley field Que

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Valley field Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 3 yrs in Quebec (b) 2 " Ontario (c) 4 " Quebec (d) 1 " Manitoba
14	Nature of employment before enlistment.	Estimator Dominion Engineering Co.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Franklin Center Que.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	yes
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?	Bank of Montreal Superior & Drummond Ave. Montreal Que. no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 375.00 in my safety deposit box.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Dom. of Canada Gen. Ins. Co. (4745) \$2,325 (Est) Sun Life \$1,000.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

## 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 debts.
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 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

\* Father 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.

J. Menzies (Signature of Informant)  
4347 Draper Ave. Montreal, Que. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief John Blair Menzies

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

Dated at Montreal this 21<sup>st</sup> day of September 1944

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

E. S. Retallack Qualification Commissioner Superior Court, Dist. of Montreal.  
Address 276 St. James St. West Montreal, Que.

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



(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 27th day of July, 1942

Signature of applicant J. B. Menzies

(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 27th day of July, 1942

C. A. Maase  
Signature of and rank of Attesting Officer.

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

(D) OATH OF ALLEGIANCE

I, Joseph Blair Menzies 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 J. B. Menzies

Witness C. A. Maase

Date 27th July, 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

Joseph Blair Menzies 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.

C. A. Maase  
Attesting Officer.  
Sub-Lieutenant, R.C.N.V.R.

27th July 194 2 R.C.N.V.R. Division H.M.C.S. "MONTREAL"  
(or other establishment)

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

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

This is to acknowledge that I have not been induced to enter the Engine Room Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

J. B. Menzies  
Signature



196873

Can. B. 207

100M-3-42 (3733)  
N.S. 816-2-207

M

112 M 5225

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined MENZIES, Blair.

candidate for entry as E.R.A.

and I believe him to be \*~~unfit for His Majesty's Service for the reason stated below~~ } He has signed the Certificate given below in my presence.

†Strike out if inapplicable. \*Delete one.

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

(a) Age	Yrs. <u>28</u>	Mos. <u>9</u>	(j) Date of last Vaccination for Smallpox	<u>1922</u>	
(b) Height with bare feet	Feet <u>5</u>	In. <u>7</u>	(k) General Development	<u>Good</u>	
(c) Weight without clothes	<u>141 1/2</u>		(l) Nose, Throat and Tonsils	<u>nose clear tonsils small</u>	
(d) Ears and Hearing	<u>normal</u>		(m) Heart and Lungs	<u>bl.pr. 135-7C</u>	
(e) Chest Girth	Max. <u>36</u>	Min. <u>34</u>	Mean <u>35</u>	(n) Abdomen Hernia, etc.	<u>normal</u>
(f) Teeth	Deficient <u>3</u>	Defective <u>0</u>	Dentures <u>0</u>	(o) Limbs and Joints	<u>normal</u>
(g) Vision by Snellens Types	without glasses	Rt. <u>6-6</u>	Lt. <u>6-6</u>	(p) Skin	<u>normal</u>
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	<u>skin tags.</u>
(h) Colour Vision	Ishihara <u>normal</u>	R.C.N. Lantern		(r) Testes Varicocele	<u>normal</u>
(i) Chest x-ray	(not taken approved positive doubtful)	<u>133744 Approved</u>		(s) Urine	<u>not taken.</u>

### 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.

*Blair Menzies*

Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

‡Strike out if inapplicable.

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

This Candidate is the subject of.....

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

\*Delete one

IF REJECTED  
insert here  
UNFIT  
in block letters

Dated at Montreal the 25 of July/42 19

*W.D. Platt*

Examining Medical Officer

(Rank) Surg. Lieut. RCNVR



NO

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

4  
 NAVY

DECEASED  
MEMBER'S  
NAME

Joseph Blair

(CHRISTIAN NAMES)

MENZIES

(SURNAME)

REGISTER NO.

10538

FILE NO.

NBV-44690

DATE

17 Oct/45

PAYEE

 Director of Estates,  
 308 Sparks Street,  
 Ottawa, Ont.

 for Service Estate of  
 Joseph Blair MENZIES,  
 N.S. V-44690

SERVICE NO.

V-44690

ADDRESS

FINAL RANK OR RATING

E.R.A. 3/c

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

## A. TOTAL QUALIFYING SERVICE

 NO. OF DAYS 623 EQUAL TO 20 COMPLETE PERIODS AT \$7.50  
30

\$ 150.00

## B. QUALIFYING OVERSEAS SERVICE

 NO. OF DAYS 368 LESS 23 INELIGIBLE DAYS, EQUAL TO 345 DAYS @ 25c. PER DAY

\$ 86.25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$ 3.15		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25		
ADDITIONAL PAY Cert.	\$ .25		
H.L.M.	\$ .15		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$ <u>N11</u>	\$		
TOTAL	\$ 4.80	x7 = \$	33.60
NO. OF DAYS <u>368</u>		x\$	33.60
	<small>183</small>		

\$ 67.57

## D. WAR SERVICE GRATUITY

\$ 303.82

## E. DEDUCTIONS

OVERPAYMENT OF

 PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE \$  
 AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ N11

## F. TOTAL AMOUNT PAYABLE

\$ 303.82

## G. YOUR PORTION OF GRATUITY IS—

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

=\$ 303.82

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher # 3026 Oct 24/45

 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

for Dir. Naval Pay Accting.

**CERTIFICATE of the SERVICE of**

*Joseph Blair MENZIES*

**in the Royal Canadian Naval Volunteer Reserve**

Training Headquarters <i>R.C.N.B. Halifax</i>	R.C.N.V.R. Division <i>H.M.C.S. Montreal</i>	Official Number... <i>V-44690</i>
		"
		"

Date of Birth... <i>28 Oct. 1913</i>	Name and Address of Nearest Relative or Friend (In pencil) <i>Mother Mrs Anita Menzies, 4347 Draper Ave. Montreal, Que.</i>
Place of Birth... <i>Valleyfield, Que.</i>	
Place of Residence... <i>4347 Draper Ave, Montreal, Que.</i>	
Trade brought up to... <i>Estimator &amp; Machinist</i>	
Religion... <i>Roman Catholic</i>	
Can Swim:—P.P.T. Date..... 19..... Signature..... Rank..... <i>1st Lt</i>	
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>27 June 41</i>	<i>27 July '42</i>	<i>Duration</i>	<i>E.M.A. 4<sup>th</sup></i>	<i>26 Feb 44</i>	<i>26 Feb 44</i>	<i>Canadian Volunteer Service Medal &amp; Class. Prov. award.</i>
				<i>26 Feb 44</i>	<i>1939-42</i>	<i>Star. Prov. award.</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7</i>	<i>35</i>	<i>141 1/2</i>	<i>Brown</i>	<i>Green</i>	<i>Ruddy</i>	<i>Appendectomy scar B.L.G.</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

# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
1942	H.M.C.S. Montreal		E.P.A. 4 <sup>th</sup>	27 July '42	27 July '42 <sup>P.M.</sup>	
1942	H.M.C.S. Montreal		E.P.A. 3 <sup>rd</sup>	28 July '42	23 Aug '42	
	<u>Active Service</u>					
1942	H.M.C.S. Montreal		ERA 3 <sup>rd</sup>	24 Aug '42	24 Aug '42	
	Cornwallis		— " —	25 Aug '42	1 Oct '42	
	Stadacona		— " —	2 Oct '42	2 Nov '42	
	Stadacona (Lethbridge)		— " —	3 Nov '42	6 June '43	
	Stadacona		— " —	7 June '43	25 Nov '43	
	Wachetaga		— " —	26 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)		— " —	8 Dec '43	29 Feb '44	
	Avalon (— " —)		— " —	1 Mar '44	7 May '44	D. D.

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

Date	Details	Captain's Signature

*[Handwritten mark]*







Department of National Defence

Naval Service

1138371

OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. O.N. V-44690 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>
MENZIES Joseph Blair Engine Room Artificer Third Class Official Number V-44690, 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. Anita Menzies, 4347 Draper Ave., Montreal, Quebec.

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

(\$16.80 for 5th Victory Loan stopped April 30, 1944).

MEM

*Handwritten:* JHM 30/8/44

Will: No Record.

Yours truly,

*Handwritten signature:* H.B. Money

for SECRETARY, NAVAL BOARD.

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



ON THIS SEVENTEENTH DAY of the month of August,  
in the year One thousand nine hundred and forty-two.

BEFORE ME. GEORGES BEAUREGARD, residing in the  
City of Montreal and ME. JOSEPH HECTOR R. MESSIER, residing  
in the City of Verdun, both the undersigned Notaries for the  
Province of Quebec, practising in the City of Montreal,

-: APPEARED :-

Mr JOSEPH BLAIR MENZIES, Estimator, Petty Officer  
of Royal Canadian Navy, V. R., residing at No. 4347 Draper  
Avenue, Montreal,

WHO being of sound and disposing mind, has made  
and dictated his Last Will to the said Notaries in the man-  
ner following:-

ARTICLE 1o.- I commend my soul to Almighty God;

ARTICLE 2o.- I order that all my just debts,  
funeral and burial expenses be paid as soon as possible  
after my death. As to my burial, funeral expenses and masses  
to be celebrated for the repose of my soul, I rely entirely  
upon the discretion of my universal legatees hereinafter  
named.

ARTICLE 3o.- I give and bequeath the universality  
of all the property and rights, moveable and immoveable,  
real and personal, composing my Estate and Succession, without  
exception or reserve, including the benefits and advantages  
to derive from my insurance policies issued on my life, unto  
my father, JOHN B. MENZIES, whom I hereby appoint my Testa-  
mentary Executor.

ARTICLE 4o.- Should my said father predecease me,  
I give and bequeath the universality of all my said property,  
to my mother, ANITA BERTRAND-MENZIES, and in default of both,  
my father and mother, to my sisters, AGNES MENZIES, wife of  
Richard Bowden and LILLIAN MENZIES, wife of Robert Drennan,

share and share alike, with representation per root.

ARTICLE 50.- I revoke all former Wills, Codicils  
and all other testamentary dispositions by me at any time  
heretofore made.

The present Last Will was thus made and executed  
in the City of Montreal, in the office of Georges Beauregard,  
one of the undersigned Notaries, under the Number Four thousand  
four hundred and ninety-five of his original deeds.

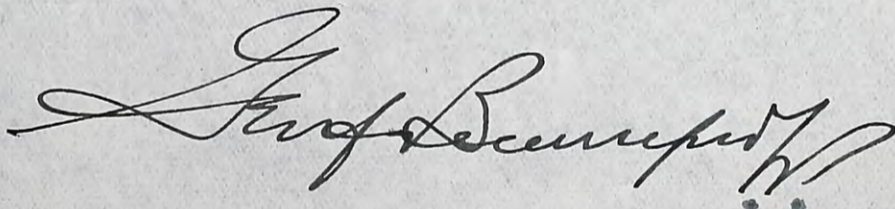
AND after the present Last Will had been read to  
the Testator by the said Me. Georges Beauregard, in the  
presence of his above named colleague, the Testator has  
signed the said Last Will in the presence of the said Notaries  
who both have signed the same in the presence of the Testator  
and in the presence of each other.

(signed) J. BLAIR MENZIES

" J. H. R. MESSIER, N. P.

" GEORGES BEAUREGARD, N. P.

A TRUE COPY of the original hereof remaining of  
record in my office.







Person 2/9/44 142542

38

# 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 MENZIES, Joseph B. Rating E.R.A. 3/c  
Official No. V.44690 H.M.C.S. AVALON "VALLEYFIELD" List 121/2  
Who\* DISCHARGED DEAD on the 7 May 1944

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			n i l
CASH—			
Proceeds of sale of Effects, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No. <u>25181 Adm. Naval Estates (Present War)</u> .....			326 79
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Nil</u> charged to.....			
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u> .....			
Total†.....			326 79

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 THREE HUNDRED & TWENTY-SIX - dollars -SEVENTY-NINE - cents.

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

Approved PAY LIEUT. CDR. R.C.N.V.R. Accountant Officer  
A/CAPTAIN. RON. Commanding Officer  
Initials of the Assistant Accountant Officer

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate  
No..... to.....  
Signature.....  
Date..... 19.....

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

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13940 dated 22 May, 1944

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

LEDGER: [Signature] AUDIT: [Signature]



ESTATES BRANCH

2 Dec 44

Mr. John Menzies,  
4347 Draper Avenue,  
Montreal, Que.

MENZIES, Joseph B., ERA/3, (Deceased)  
No. V.44690. R.C.N.V.R.

Dear Mr. Menzies:

Thank you for your letter of November 27th in which you enclosed the following War Savings Certificates: one with the face value of \$25; twenty-two each with the face value of 5; twenty-four each with the face value of 10.

We have noted that you wish these certificates transferred into your name and will communicate with you later in this connection.

Yours faithfully,

7

(L.M. Firth) Colonel,  
Director of Estates.

LBR/MEN

7L

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: MENZIES, Joseph B. No: V. 44690  
Surname Christian Names

Rank S.R.A. /3 Unit R.C.R.V.R. Date of Death 7-5-44

AMOUNT

Date: 7-8-48

L.P.C. .... \$ **326.79**  
 Other Credits.....  
 Total..... **326.79**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<b>All</b>	<b>Father</b>	<b>John B. Menzies, Executor of estate of Joseph B. Menzies, deceased. 4347 Draper Avenue, MONTREAL, Que.,</b>	<b>326.79</b>

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 19/2/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<b>831</b>	<b>00</b>	<b>50</b>	<b>000</b>	<b>\$326.79</b>
CLASSIFIED BY <i>Original Signed by</i> <b>K. L. McCUAIG</b>			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



VERIFICATION FORM

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

RATING *5/P/A 3/c* OFF.NO. *V44690* 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		<i>1 Star</i>
						ATLANTIC		<i>1 Star</i>
						FRANCE G.		
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.		<i>2 Clasp</i>
						" CLASP		
						WAR 1945		<i>1 Medal</i>
						WAR 1915		

VERIFIED BY *J.P. Davis*  
*Lee*

BY ..... DIR. OF PERSONNEL RECORDS.

B.R. 77 & 16 issued 17-9-42

(ORIGINAL)

~~Comm'd Eng. R.C.N.~~ *H.H.R. Ingraham V.R.*

**ORIGINAL**

Form S.—1233g. (Revised—March, 1938)  
2,500—5-40 (5133) N.S.—815-9-1233g.

Engine Room Artificer's History Sheet

*Palleyfield ✓*  
*6-12-43*

Name MENZIES, Joseph Blair

Port Division HALIFAX Official Number V-44690

Served apprenticeship \_\_\_\_\_ for \_\_\_\_\_ years at the trade of \_\_\_\_\_

E.R.A. V. in H.M.S. " \_\_\_\_\_ " for \_\_\_\_\_ years

Date rated Acting E.R.A. IV \_\_\_\_\_

I. Certified as capable of taking charge of a Watch in the Boiler Room, and, having proved an efficient workman, is recommended for confirmation.

Date 27-7-42 Engineer Officer *John Mitchell* Captain *Edwards*  
(N.O. 2438) LIEUT.(E) RCNVR. A/CAPTAIN RCN.  
Confirmed E.R.A. IV. 27-7-42

Necessary Action  
A 13916  
*[Signature]*

II. Certified as capable of taking charge of a Watch in the Engine Room, and able to calculate readily the H.P. developed (from Torsionmeter/Indicator), and recommended in all respects for the rating of Chief Petty Officer.

Date 27-7-42 Engineer Officer *John Mitchell* Captain *Edwards*  
(N.O. 2438) LIEUT.(E) RCNVR. A/CAPTAIN RCN.  
Rated E.R.A. III. 27-7-42

Necessary Action  
A 13916  
*[Signature]*

Rated E.R.A. II. \_\_\_\_\_  
Rated E.R.A. I. \_\_\_\_\_

III. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit for the rating of C.E.R.A., and is recommended for this advancement.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_  
Rated Acting C.E.R.A. II. \_\_\_\_\_  
Confirmed C.E.R.A. II. \_\_\_\_\_  
Rated C.E.R.A. I. \_\_\_\_\_

IV. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit in every respect for advancement to Warrant Rank, and is recommended for this advancement.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_

NOTE.—Certificates I., II., III. and IV., when granted, are to be noted on Service Certificate. The Depot is to be informed as soon as each Certificate is granted.





## COURSES TAKEN AND EXAMINATIONS PASSED

(To be filled up when applicable.)

Date	Particulars	Initials of Engineer Officer, if of Lieutenant's rank or above, otherwise Captain
1-9-42 to 15-9-42	Completed New Entry Training.	<i>Sam Donaldson</i>
16-9-42 to 2-10-42	Completed Technical Training At S.T.E.  SATISFACTORY	<i>BR Spencer</i>

## VOCATIONAL TRAINING CERTIFICATE

*To be filled up on completion of a Vocational Training Course, other than a Correspondence Course*

(Vocational Training is optional)

Vocation \_\_\_\_\_

We certify that (name)\* \_\_\_\_\_

\_\_\_\_\_ (residence) \_\_\_\_\_

\_\_\_\_\_ has satisfied us

that he possesses a † \_\_\_\_\_ knowledge of the vocation mentioned, and we consider that ‡ \_\_\_\_\_

Examiners \_\_\_\_\_

Business and Business Address \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signed \_\_\_\_\_ President,

\_\_\_\_\_ Vocational Training Committee.

## SPECIAL REMARKS §

TO BE FILLED ONLY ON FINAL DISCHARGE

His character during service was || \_\_\_\_\_

His general efficiency in carrying out his duties

was || \_\_\_\_\_

His efficiency on discharge was assessed as || \_\_\_\_\_

Captain's signature \_\_\_\_\_

\* Name in full. † Here insert qualification. ‡ Special notation as applicable. § Include power of command, intelligence, initiative, energy and any qualification not otherwise recorded. || See article 610, clauses 3 to 7, King's Regulations and Admiralty Instructions. To be filled in by the Captain of the ship from which the man is discharged to shore, or to Depot as a preliminary to discharge to shore.

(ORIGINAL)

C.N.S. 264 (S. 264)

30M-10-41 (2181)

N.S. 815-9-264

Name MENZIES, Joseph Blair

Sub-Rating and Seniority L.H.A. 3/c Non-Sub

O.N. V-44690 S.B. No. W.B. No.

Joined Ship 26-8-42 from Montreal

Engagement: Period Duration Expires

Date of Birth 28-10-13 Religion R.C.

Character Efficiency Date

Badges Class for Conduct Class for Leave

Date due for: Next Badge

Progressive Pay

L.S. & G.C. Recommended

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt.1

Higher Educ. Test.

Professional or higher Sub-rating

do Non-Sub.

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

General Remarks (including intelligence, energy, initiative, powers of command).

Satisfactory, interested in his work.

H.M.C.S. " CORNWALLIS "

*Sgt. Dr. Dyerham V.R.*  
Officer of Division.

Date Oct 30/42

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.  
 (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.  
 (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.

One of the better types. Good worker, keen and intelligent.  
Recommended for Officers Selection Board re Executive Branch  
Commission.

H.M.C.S. Littbridge.....

Date June 8/42.....

J. Martin, Rcmd. V.R.  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

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

Name of Deceased Member Joseph Blair MENZIES Rank or Rating CRA 3/c O.No. V-44690

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A. nil  
A.P. nil ✓  
D.A. \_\_\_\_\_  
A.P. \_\_\_\_\_

2. Pension awarded or being awarded to: no record

3. War Service Gratuity Application(s) received from: Mr. John Blair MENZIES - father  
4347 Draper Ave.  
Montreal 28, 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:

( ) To be paid to: \_\_\_\_\_ In the proportion of: /

- and -

to: \_\_\_\_\_ In the proportion of: /

(X) 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" (11)~~  
X Group "C" of the above mentioned Directive.

Date 29 June 1945

Ronald J. Thorne, C.P.O. WTR.  
for D.N.P.A. (G) sm

W.S.G. Application No. 10538 "

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

FILE NO. N.S. V-44690. "

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

MENZIES " Joseph Blain " V-44690 " S.R.A. 3<sup>rd</sup> "  
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING  
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: dead (Wallyfield) "

Applicant: ... when ... D.A.P.P. - Nil  
24 Aug '42 to 23 Aug '43

TOTAL SERVICE  
Date of Active Service 24 Aug '42 "  
Date of Discharge 7 May '44 "  
Total No. of Days 623 "  
# Less non qualifying service Nil

Avg. 8  
30  
31  
30  
31  
29  
31  
293  
623

Total Days 623 "

OVERSEAS SERVICE  
% Total No. of Days 368 "  
# Less non qualifying service Nil

Total Days 368 "

Record of Service in other Forces (per Naval Records)  
Branch of Service N  
Date of Active Service .  
Date of Discharge L.

# & % Overleaf

Computed By M. J. Snodgrass  
Checked By J. Williams

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

DATE: JUN 21 1945

DD. 006  
N.D.A.

NON QUALIFYING SERVICE

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

DATE OF DISCHARGE

DATE OF VOLUNTARY SEPARATION

(%)

OVERSEAS SERVICE:

Where serving	From	To	No. of Days
Feltbridge	3 Nov '42	6 June '43	216 "
Valleyfield	8 Dec '43	<del>29 Feb '44</del> 7 May '44	<u>152 "</u> 368 "

LETHBRIDGE

VALLEYFIELD

Nov. 28	DEC 24
31	31
31	27
28	31
31	30
30	7
31	
6	
<u>216</u>	152

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

HG

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

2  
 NAVY

DECEASED  
MEMBER'S  
NAME

Joseph Blair

(CHRISTIAN NAMES)

MENZIES

(SURNAME)

REGISTER NO. 10538

FILE NO. NSV-44690

DATE 17 Oct/45

 PAYEE Director of Estates,  
 ADDRESS 308 Sparks Street,  
 Ottawa, Ont.

 for Service Estate of  
 Joseph Blair MENZIES,  
 N.S. V-44690

SERVICE NO. V-44690

FINAL RANK OR RATING E.R.A. 3/c

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

DATE OF DISCHARGE 7 May/44

## A. TOTAL QUALIFYING SERVICE

 NO. OF DAYS 623 EQUAL TO 20 COMPLETE PERIODS AT \$7.50

\$ 150.00

## B. QUALIFYING OVERSEAS SERVICE

 NO. OF DAYS 368 LESS 23 INELIGIBLE DAYS, EQUAL TO 345 DAYS @ 25C. PER DAY

\$ 86.25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

 PAY \$ 3.15  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$ 1.25  
 ADDITIONAL PAY Cert. \$ .25  
 H.L.M. \$ .15

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

 TOTAL \$ 4.80 X 7 = \$ 33.60  
 NO. OF DAYS 368 X \$ 33.60  
 183

\$ 67.57

## D. WAR SERVICE GRATUITY

\$ 303.82

## E. DEDUCTIONS

OVERPAYMENT OF

 PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE  
 AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ Nil

## F. TOTAL AMOUNT PAYABLE

\$ 303.82

## G. YOUR PORTION OF GRATUITY IS—

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

= \$ 303.82

 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

W

CHECKED BY

TREASURY

CHECKED BY

DATE

for Dir. Naval Pay Accting.

SERVICE REPRESENTATIVE



PA 170

AT



LA/HS

N.S. V-44690, F.D. 185, Pers. (N)

16th October, 1944.

43

THIS IS TO CERTIFY that according to official information Joseph Blair Menzies, Engine Room Artificer Third Class, Official Number V-44690, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

*[Signature]*

~~SECRETARY, NAVAL BOARD.~~

*[Signature]*

*[Signature]*

*A.S.*

*Two copies made.*

LA/HS

41

N.S. V-44690, F.D. 118, PERS. (N)

4th October, 1944.

Dear Mrs. Menzies:

With reference to your letter of the 26th of September, 1944, the sinking of H.M.C.S. "VALLEYFIELD" occurred beyond three miles from the shores of Canada and Newfoundland.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Handwritten initials and marks.

Mrs. Anita Menzies,  
4347 Draper Avenue,  
Montreal 28, Quebec.

Despatched by  
Sec. N. B.

Date 6/10/44  
Time 1600

Handwritten initials.

V-4427	V-19289
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
V-56590	V-2299
V-10506	V-34242
V-11244	V-44790
V-53512	V-18039
V-61903	V-399
V-49761	A-4506
V-16586	V-64486
V-23508	N-4649
V-39924	V-57455
V-59892	N-4122
A-5954	N-4323
O-22420	V-5995
O-23950	O-62255
V-30201	V-13701
V-22262	O-65010
V-38722	V-48962
V-31768	V-17305
V-55196	V-41902
V-905	V-63143
V-65619	O-70570
V-55803	V-50046
N-4472	V-35344
V-50475	V-5794
V-23128	O-71320
V-65496	V-17781
V-17703	V-14540
O-35660	V-516
V-54304	V-25850
V-3538	V-3386
V-43818	V-688
V-52497	V-50598
V-64138	O-76380
V-25279	V-5911
V-50961	V-37893
V-57850	N-21989
V-51441	V-56565
V-65120	V-599
V-62261	N-21498
V-49646	V-8662
V-35602	V-50658
O-47000	V-51989
V-44690	V-6388
V-67335	
V-54554	

*H.B. Moncrief*

Encls. for  
SECRETARY, NAVAL BOARD.

The Secretary,  
Canadian Pension Commission,  
228 Daly Building,  
Ottawa, Ont.

The Dominion Statistician,  
Bureau of Statistics,  
Ottawa, Ont.

The Secretary,  
Imperial War Graves Commission,  
312 Transportation Bldg.,  
Ottawa, Ont.

The Director of Records,  
Daly Building,  
Ottawa, Ont.

## 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 City   Town   Village   Parish   Township												
	Street	No.		Hospital or Institution												
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..... <b>Blais</b> (Block letters)																
Given names..... <b>Joseph Alair</b>																
4. RESIDENCE	Do not write in this space															
	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH															
22. Date of death..... <b>May 7th 1941</b> (Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from .....19..... to.....19..... and last saw h.....alive on.....19.....																
24. CAUSE OF DEATH																
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																
(a) <b>Missing, presumed dead, when H.M.C.S. "VALLEY-FIELD" was torpedoed and sunk by enemy action in the Atlantic.</b>																
(b) <b>due to</b>																
(c) <b>due to</b>																
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																
III If a communicable disease is mentioned on this certificate, give																
(a) Date of appearance.....19.....																
(b) Duration of disease.....days																
25. If a woman, was there a puerperal condition?.....																
26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....																
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide.....Date.....19..... (State which) Manner of injury..... (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place.....																
Signed.....M.D.																
Address.....Date.....19.....																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <b>Major. Carl, M.C.S.C. Officer 1/9, Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.</b>																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. <b>Naval Personnel Records, Ottawa, Ont.</b>																
This signature authorizes the collector to accept this form as authentic.																
(Voir l'autre côté pour le français)																
5. SEX	6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)											
	<b>Male Canadian</b>		<b>Single</b>		<b>Single</b>											
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) <b>Valleyfield, Quebec.</b>																
11. DATE OF BIRTH..... <b>October 23th 1913</b> (Month) (Day) (Year)																
12. AGE OF DECEASED Years Months Days If less than one day old <b>30 7</b> hrs. or.....min.																
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.															
	<b>Estimator and Mechanist</b>															
15. Date deceased last worked at this occupation																
16. Total years spent in this occupation																
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal <b>No burial</b>																
20. Date of burial.....19.....																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....															
	(b) Civil municipality of.....															
	(c) Municipal county.....															
	(d) Date.....19..... (Month) (Day) (Year)															

TFH/AT

REGISTERED  
AIR MAIL  
NS:V-44690, Pers "N"

8 May, 1944.

Dear Mrs. Menzies:

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 Joseph Blair Menzies, Engineerroom Artificer Third Class, Official Number V-44690, Royal Canadian Naval Volunteer Reserve, is missing at sea.

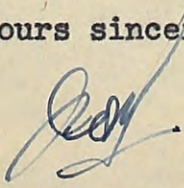
According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

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. Anita Menzies,  
4347 Draper Avenue,  
MONTREAL, Quebec.

LETTER DISPATCHED BY  
PERSONNEL BOARD  
MAY 8 1944



*L.F.*

19687

113 705225

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full MENZIES J. SHAIR (b) Reg'l. No. V 44690
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank ERA 3
3. (a) Date of birth OCT 28 1918 (b) Have you any dependents? (c) Place of residence at time of enlistment 4347 DRAPER AVE
4. (a) Place of enlistment MONTREAL (b) Date of enlistment JULY 27/42

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 22 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) SENIOR MATRICULATION 4 YRS TECHNICAL COURSE MECHANICAL
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? FRENCH & ENGLISH (b) What languages do you read well? ENGLISH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING
- (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

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

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

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

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

18. Name of employer DOMINION ENGINEERING WORKS LTD Address 1 RUE LACHINE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MANUFACTURING MACHINERY
20. (a) Your specific occupation WORK ESTIMATOR (b) Number of years' experience at this occupation with any employer 4 YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NONE

DATE JULY 27 1942 SIGNATURE JBS Menzies O.H.F. Received

Copy To  
VWD  
ES

AUG 20 1942

V44690

OFFICIAL NUMBER

NAME MENZIES

Joseph Blair  
(Given Names)

OFFICIAL NUMBER V44690

**P.L.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
HMCS "MONTREAL"	E.R.A. 4th/C.	27	7	42	Div. Str. Montreal	V.G.	Sat	31	12	42							
" "	E.R.A. 3rd/C.	28	7	42	" " "	V.G.	Sat.	31	12	43							
" "	"	24	8	42	Active Service D.L. 25.8.42	V.G.	Sat.	7	5	44							
" Cornwallis	"	25	8	42	D.L. 25.8.42												
" Stadacona	"	2	10	42	DRD 30.9.42												
" Lethbridge	"	3	11	42	DRD H-41												
" Stadacona	"	7	6	43	D.R.D. #H-1738												
" Hochelaga 11	"	26	11	43	D.R.D. #H-3342 (Stad-Valleyfield)												
Avalon (Valleyfield)	"	8	12	43	Ser.Cert.												
DISCHARGED	"	7	5	44	"Missing" Casualty List (DEAD)												

GENERAL REMARKS

Canadian Memorial Cross granted to:  
 Mother: Mrs. Anita Menzies,  
 4347 Draper Ave.,  
 MONTREAL, Que. to date  
 10th October, 1944.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	MAIN	SUB	MAIN	SUB	ST.		P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
28	07	42	13	00	00	00	21		07-05-44							
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.			A	BR	RANK		
27	07	42	28	07	42							9690		3594		
SENIORITY			STR.	NON-SUB		M.				CODED		CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.										
28	07	42	13	00	00	21										

0213



V44690

OFFICIAL NUMBER

FILE NUMBER

113-M-5225

OFFICIAL NUMBER V44690

NAME MENZIES (Surname) Joseph Blair (Given Names) DATE OF BIRTH 28th October, 1913PLACE OF BIRTH Valleyfield, Quebec OCCUPATION Estimator and MachinistRELIGION R. C. EDUCATION Senior Matriculation and 4 years Technical CourseRESIDENCE AT TIME OF ENLISTMENT: Street and No. 4347 Draper Avenue Town Montreal Province, etc. Quebec

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
27	7	42	H. O.	5' 7"	Brown	Gr. Grey	Ruddy	Appendectomy Scar				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Anita MenziesADDRESS (in pencil): Street and No. 4347 Draper Ave Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
28	2	44	Awarded C.V.S.M. (R&C)	18	6	43	Qualified Anti-Gas 1 Day'A 28430				
26	2	44	" 1939-43 Star A'A10338	27	7	42	Granted Boiler R. W/K C. A'A13916				
				27	7	42	Granted E.R. W/K Cert. "				

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			

FILM NO. NSR-5725-4  
DATE

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

SECOND CLASS FOR CONDUCT	
From	To



MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD" Feb/45, R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. John E. Menzies - Father

ADDRESS: 4347 Draper Ave.,  
Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. A. Menzies

ADDRESS: 4347 Draper Avenue  
MONTREAL, Que.

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 543

(2)

(3) 10 October 1944

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

MENZIES	Joseph Blair	V-44690	ERA.3	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	
Atlantic Star	7487
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)