

V67335  
**MOONEY**  
FRANCIS                      JOSEP

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full MOONEY, Francis Joseph (b) Reg'l. No. V-67335
2. (a) Arm of service Navy (b) Unit RCNVR (c) Rank Stoker I
3. (a) Date of birth 21 Aug 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment Greenfield Park, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 28th July 1943.

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 years (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 5th year Public School
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING
- (b) At time of enlistment of what trade union or professional society were you a member? 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 Northern Electric Co. Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Electrical supplies.
20. (a) Your specific occupation Toolmaker (b) Number of years' experience at this occupation with any employer 3 1/2 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? - (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? no (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 Resume former occupation.



DATE 28th July 1943. 194..... SIGNATURE Francis Joseph Mooney

Mr. James Mooney,  
 24 Street,  
 Charles Road,  
 Greenfield Park, Que.

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. - 67335 FD. 518

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

September 12 1944

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

MOONEY, Francis Joseph, Stoker First Class,

Official Number V-67335, 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.



*M. W. Brady*  
 Commanding Officer  
 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.....	<i>James Mooney</i>	<i>59</i>	<i>24 St Charles Rd Greenfield Park, P. Que</i>	
4	Mother of the Deceased.....	<i>Annie Mooney</i>	<i>56</i>	<i>24 St Charles Rd Greenfield Park, P. Que</i>	
5	Brothers of the Deceased	Full Blood	<i>Lieut. James Mooney, Jr</i>	<i>34</i>	<i>470 Melbourn St Ottawa</i>
		Half Blood	<i>Sapper E. J. Mooney</i>	<i>32</i>	<i>R. C. E. Overseas.</i>
6	Sisters of the Deceased	Full Blood	<i>Mrs L. Marmion</i>	<i>26</i>	<i>24 St Charles Rd Greenfield Park, P. Que</i>
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Francis Joseph Mooney
9	Date of his birth.	August 21 <sup>st</sup> 1922.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Liverpool England

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Greenfield Park, P. 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) Quebec (b) - County of Chambly (c) (d)
14	Nature of employment before enlistment.	Tool maker
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	24 St. Charles Rd Greenfield Park P. Que

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No Will in my custody - Do not know if there was (Service Mill)
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	War Savings Certificates - 6 - ten's - 17 - five's - located - 24 St. Charles Rd. Greenfield Park P. Q.
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.	Metropolitan Life - Policy # 82552331 - \$50,000.00 and - " " " - # 203182-C-3-877 - \$25,000.00 Auntie Mooney - Mother
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

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.

Mooney {Signature of Informant}  
24. St. Charles Road Greenfield Park, P. Dub. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief that James  
Mooney { 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 Greenfield Park this fourth day of October 19 44  
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Father A. Trshan Qualification pastor  
Address Greenfield Park. 26 Churchill Blvd.

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



CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

PWH

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MOONEY OFFICIAL No. V

CHRISTIAN NAMES Francis Joseph MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>24 St. Charles Rd., Greenfield Park, Que.</u>	<u>Roman Catholic</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>21 August 1922</u>	Town <u>Greenfield Park,</u> County <u>Chambly,</u> Province <u>Quebec.</u>	<u>Father, Mr. James Mooney, Same Address.</u>
*Original Nationality of:		
Father <u>English</u>		
Mother <u>English</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39½</u>	<u>Black</u>	<u>Brown</u>	<u>Dark</u>	<u>Scars both big toes.</u>
Inches <u>4½</u>	Deflated <u>38</u>				
<u>158</u>	Mean <u>38½</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>8th year Public School</u>	<u>Toolmaker &amp; Machinist Northern Electric Co. Montreal, Que.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>Divisional Strength 28th July 1943</u>	<u>STOKER I</u>	<u>H.M.C.S. "MONTREAL"</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Air Force, Reserve or Territorial Force.

\* (b) ~~Served in~~ XXXXXXXXXXXXXXXXXXXXXXXXXXXX for the period shown, and attach my ~~record of service, in corroboration of this statement.~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as.....STOKER I.....by the prospect of being transferred at some future date to any other branch or rating.

Dated this.....28th.....day of.....July 1943......

X Signature of applicant.....Francis Joseph Mooney.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this.....28th.....day of.....July 1943.....

My authority for attestation is.....RD 7-5-2 M, 25th June 1943......

E. J. W. Almonte  
Signature and rank of Attesting Officer.  
Sub-Lieutenant, RCNVR

(D) OATH OF ALLEGIANCE

I,.....Francis Joseph Mooney.....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.

X Signature of Applicant.....Francis Joseph Mooney.....

Witness.....E. J. W. Almonte.....

Date.....28th July 1943...... Rank.....Sub-Lieutenant, RCNVR.....

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.





Can. B. 207  
150M-9-42 (6269)  
N.S. 815-2-207

*M. J. R. B.*

# 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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined Robert Mooney, Francis, Joseph  
At sea - Stoker I  
candidate for entry as.....  
and I believe him to be \* $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$  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. 20	Mos. "	(j) Date of last Vaccination	Childhood		
(b) Height with bare feet	Feet 5	In. 4 3/4	(k) General Development	Fair. Obese.		
(c) Weight without clothes	158		(l) Nose, Throat and Tonsils	Good. Normal		
(d) Ears and Hearing	Rt. Normal	Lt.	(m) Heart and Lungs	Normal		
(e) Chest Girth	Max. 39 1/2	Min. 38	(n) Abdomen Hernia, etc.	Normal		
(f) Teeth	Deficient Good.	Defective	(o) Limbs and Joints	scars both large toes. deformity right 4th finger.		
(g) Vision by Snellens Types	without glasses	Rt. 6/9	Lt. 6/6	Both 6/6	(p) Skin	Normal
	with glasses where worn	Rt.	Lt.	Both		
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal	(q) Anus Haemorrhoids	Normal		
(i) Chest x-ray	not taken approved positive doubtful	198223	(r) Testes Varicocele	Normal		
		D.P.N.H.	(s) Urine	not taken		

BP 122/74

### 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.

*Francis J. Mooney*  
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.

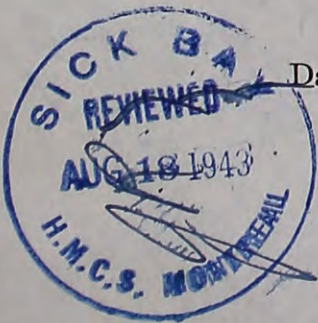
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

\* $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right\}$   
\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

[Empty box for UNFIT text]



Dated at Montreal the 23rd of July 1943

*John R. Moore*  
Examining Medical Officer  
(Rank) Surg. R.C.N.V.R.



Centre of Medical Examination of Officers, Men and Boys  
NAVY SERVICE OF CANADA

FORM OF REPORT

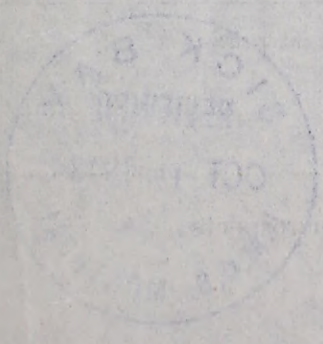
1. The candidate has been examined by the following medical officers:

The candidate has been examined by the following medical officers:

No.	Name	Rank	Signature	Date
1	Dr. J. H. ...	...	...	...
2	Dr. ...	...	...	...
3	Dr. ...	...	...	...
4	Dr. ...	...	...	...
5	Dr. ...	...	...	...
6	Dr. ...	...	...	...
7	Dr. ...	...	...	...
8	Dr. ...	...	...	...
9	Dr. ...	...	...	...
10	Dr. ...	...	...	...
11	Dr. ...	...	...	...
12	Dr. ...	...	...	...
13	Dr. ...	...	...	...
14	Dr. ...	...	...	...
15	Dr. ...	...	...	...
16	Dr. ...	...	...	...
17	Dr. ...	...	...	...
18	Dr. ...	...	...	...
19	Dr. ...	...	...	...
20	Dr. ...	...	...	...

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my knowledge and belief the above is a true and correct statement of the results of the examination of my name and that I have no objection to my name being included in the list of candidates for the position of ...



D. I. O.  
OCT 27 1914  
C.M.M.C.S. GUNWALLS  
DEEP BROOK, N.S.

*W. Macdonald*  
MEDICALLY  
GEON

LA/HS

N.S. V-67335, F.D.787, Pers.(N)

13th October, 1944.

THIS IS TO CERTIFY that according to official information Francis Joseph Mooney, Stoker First Class, Official Number V-67335, 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.

*[Faint, illegible text in left margin]*

*[Faint, illegible text in bottom right area]*

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. Monnet*

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.

LA/HS

N.S. V-67335, F.D. 787, Pers. (N)

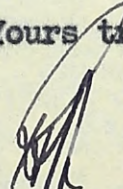
13th October, 1944.

Sir:

With reference to your letter of the 4th of October, 1944, attached hereto is a certificate respecting the death of Francis Joseph Mooney, Stoker First Class, Official Number V-67335, Royal Canadian Naval Volunteer Reserve.


The date of birth for this rating is recorded on Naval Service Headquarters' records as the 21st of August, 1922.

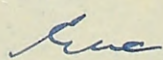
Yours truly,

  
SECRETARY, NAVAL BOARD.

Manager,  
Claim Division,  
Metropolitan Life Insurance Co.,  
OTTAWA, Ont.

Despatched by  
Sec. N. B.

  
Date 14/10/44  
Time 1130



21

OTTAWA, Ont., 30th August,

4.

V-67335 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>
MOONEY, Francis Joseph, Stoker First Class, Official Number V-67335, 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.	Father: Mr. James Mooney, 24 Street, Charles Road, Greenfield Park, Que.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Ann Mooney, 24 St. Charles Rd., Greenfield Park, P.Q.	NIL (\$20.00 allotment stopped May 31, 1944).	NIL
Hon. Rec.Gen. for 5th Victory Loan, Ottawa, Ontario.	NIL (\$8.40 stopped with last payment April 30, 1944).	NIL

Will: Will Attached

Yours truly,

*A.B. Money*  
for SECRETARY, NAVAL BOARD.

MEM

*Y.M.*  
30/8/44

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

VT

REGISTERED

23

FILE NO. N.S. V-67335 PERS. (N)

30 August, 1944.

Dear Mr. Mooney:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Francis Joseph Mooney, Stoker first class, Official Number V-67335, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

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

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Despatched by  
Sec. N. B.

Date 1/9/44  
Time 1430

Mr. James Mooney,  
24 St. Charles Road,  
Greenfield Park, Que.

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

*30/9/44  
7 P.M.  
O.M.*

Royal Canadian  
Messia ordolence  
Date 30/8/44 NPR 5

TFH/VB

REGISTERED  
AIR MAIL  
NS: V-67335 Pers.(N)

11th May, 1944.

Dear Mr. Mooney:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D.T. English, of Halifax, Nova Scotia, are missing.

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

LETTER dispatched by  
PERSONNEL NAVAL

MAY 12 1944

Yours sincerely,  
*[Signature]*  
SECRETARY, NAVAL BOARD.

Mr. James Mooney,  
24 St. Charles Road,  
GREENFIELD PARK; P.Q.

*[Handwritten initials]*



DEPARTMENT OF NATIONAL DEFENCE

NAVAL SERVICE

OTTAWA, CANADA.

In Reply Please Quote

N.S.....

.....

MEMORANDUM:

The enrolment of the undermentioned ratings  
in the Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
-------------	---------------	-------------	-------------

BY ORDER,

for *H. E. Money*  
SECRETARY, NAVAL BOARD.

The Commanding Officer,  
H.M.C.S. " " " " " "

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

146312

Sir:

AUG 30 1944  
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.  
MOONEY, Francis Joseph Stoker 1st Class V-67335 R.C.N.V.R.

DATE OF ENLISTMENT - 28 July, 1943 Active Service: 18 August, 1943

DATE OF DISCHARGE - 7 May, 1944

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

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

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was  
when and where any disability torpedoed and sunk by enemy action in the Atlantic.  
was incurred, or where death occurred.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. James Mooney,

ADDRESS - 24 St. Charles Road, GREENFIELD PARK, Que.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

C. R.  
P. A.  
NAVAL TREASURY  
DATE 23/9/44  
INITIAL

P.A.'S CHECKED IN

C.R. BY #

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
NIL	NIL	NIL	L NIL

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	\$20.00	\$20.00
<u>To Whom Paid:</u>	Mrs. Ann Mooney (Mother)		<u>Address</u> 24 St. Charles Road, Greenfield Park, P.Q.
<u>Date of Enlistment:</u>	See other side.		
<u>Date of Discharge:</u>	See other side.		
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>			
The final deduction of Assigned Pay for <u>\$20.00</u> has been made for the period			
from 1st to <u>31st</u> of <u>May</u> 194 <u>4</u> .			

Remarks:

Computed by.....L.D.....

Checked by.....*and*.....

for *Alec J. Roswell*  
 Chief Treasury Officer,  
 DEPARTMENT OF NATIONAL DEFENCE,  
 (Naval Service).

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

CAMPAIGN STARS, DEFENCE MEDAL, VERIFIED  
 NAVAL GENERAL SERVICE

NAME IN FULL MOONEY, Francis Joseph RANK/RATING Sto

SHIP	SERVICE			AREA	FROM
	FROM	TO	DAYS		
	18-8-43				
Valleyfield	14-2-44	7-5-44	115	AT.	

Desch -  
7-5-44.

VERIFIED BY J. J. Shab.....

VERIFIED BY .....

VERIFICATION FORM

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

RATING *Sta 1/c* OFF. NO. *V-67335* ADDRESS .....

QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
						1939-45	1	<i>Star</i>
						ATLANTIC		
						FRANCE G.		
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.	2	<i>4 clasp</i>
						" CLASP		
						WAR 1945	1	<i>medal</i>
						WAR 1915		

*Disch - Dead*  
*7-5-44.*

VERIFIED BY *J.B.*  
*lsl*

N.V. 17  
COM-9-42 (5943)  
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

*Francis Joseph MOONEY*

in the Royal Canadian Naval Volunteer Reserve

*I.C.# NS106972*

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-67335</i>
	<i>Three Montreal</i>	"
		"

Date of Birth..... <i>21 August 1922</i>	<b>O.H.F.</b>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth..... <i>Greenfield Park - Que.</i>		<i>Father</i>
Place of Residence..... <i>24 St Charles Rd. - Greenfield Park - Que.</i>		<i>James</i>
Trade brought up to..... <i>Toolmaker - Machinist</i>		<i>(same address)</i>
Religion..... <i>Roman Catholic</i>		

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

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

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>28 July '43</i>	<i>Duration of Hostilities</i>	<i>Sto I</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>4 3/4</i>	<i>38 3/4</i>	<i>158</i>	<i>Black</i>	<i>Brown</i>	<i>Dark</i>	<i>Scars both leg toes</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







Name Francis Joseph MOONEY

Conduct

SECOND CLASS FOR CONDUCT  
(Inclusive Dates)

CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED

From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat. (Sto. I)	31 Dec '43	<i>[Signature]</i>
		V.G.	Sat. (Sto I)	7 May 44	<i>[Signature]</i>

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

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

TIME FORFEITED

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

DECEASED 7 May 1944

D.D.

DEPARTMENT OF VETERANS AFFAIRS

# AWARDS



WAR SERVICE RECORDS

P.

MOONEY Francis Joseph		V-67335	Sto. 1/C.	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 AN DATE DESPATCHED
1939-45 Star,	7242      24/11/49
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Jan. 45

"VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mr. James Mooney - Father

ADDRESS:

24 St. Charles Road,  
Greenfield Park, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. A. Mooney

24 St. Charles Road

ADDRESS:

Greenfield Park  
MONTREAL 23, Que.

MEMORIAL BAR

(1)

DATE DESP

REGN NO

544

(2)

(3)

28 October 1944

V67335

OFFICIAL NUMBER

FILE NUMBER

113-M-8159

OFFICIAL NUMBER

V67335

NAME MOONEY (Surname) Francis Joseph (Given Names) DATE OF BIRTH 21st August, 1922PLACE OF BIRTH Greenfield Park, Que. OCCUPATION Toolmaker & MachinistRELIGION R.C. EDUCATION 8th year Public SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 24 St. Charles Rd. Town Greenfield Park Province, etc. Que.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	7	43	H.O.	5' $\frac{3}{4}$	Black	Brown	Dark	Scars both big toes.				

NEXT OF KIN RELATIONSHIP (in pencil) father NAME (in pencil) Mr James MooneyADDRESS (in pencil): Street and No. 24 St. Charles Rd. Town Greenfield Park Province, etc. Que.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				14	12	43	Qual. Anti/Gas 1 day				

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

Date (in figures)			DAYS FORFEITED					In diff. Char.	O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		
									Last will and Testament #9108 Rec.

SECOND CLASS FOR CONDUCT

From

To



**P.I.B.**

V67335

OFFICIAL NUMBER

NAME MOONEY  
(Surname)

Francis Joseph  
(Given Names)

OFFICIAL NUMBER

V67335

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	Stoker 1	28	7	43	Montreal Div. Str.	V.G.	SAT.	31	12	43.							
" " (Est.)	"	18	8	43	D.L. 26-8-43 Act. Service	V.G.	SAT.	7	5	44.							
Cornwallis	"	20	10	43	D.L. 20.10.43.												
Stadacona	"	18	12	43	D.R.D. # 16 P.#. 2												
" Valleyfield"	"	14	1	44	DRD # 41 P # 3												
DISCHARGED	"	7	5	44	"Missing" "Casualty List"												
					Presumed dead (Casualty List pg.-100.												

GENERAL REMARKS

Can. Memorial Cross awarded to mother to date 28-10-44

DATE OF BIRTH	PLACE	CIVIL	OCCU	RELI-ED	PERM. RESIDENCE	PREV. ENL	RANK OR RATE ON ENLISTMENT
DY. MO. YR.	BIRTH	MAIN	SUB	GION	P. CTY. TOWN	SER. DIV.	A BR RANK
21 8 22	12	3 3 3	0	10 1	2 11 04	0 09	0 15 94
ENLIST. DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR	RANK OR RATE		
DY. MO. YR.	DY. MO. YR.	CAT.	DY. MO. YR.	ESTAB.	A BR RANK		
28 07 43	18 18 43				2 20 0	15 94	
SENIORITY	STR.	NON-SUB	M				
DY. MO. YR.	CAT.	A B	ST.				
18 08 43	10	00 00 21					

07-05-44

Read this whole Form and Instructions on other side before commencing to complete.

Can. S. 545  
30M-1-43 (8044)  
N.S. 815-9-545

# WILL

(1) I, Francis Joseph Mooney, of His Majesty's Canadian Ship Montreal do hereby revoke all former wills by me made and declare this to be my last will.

Relationship, names and addresses of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my Father Mr James Mooney of 24 St Charles Rd Greenfield Park P.Q. my intire estate

9108

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint James Mooney as above Executive of this my Last Will. E. Lectucian to be the ~~Executrix~~ (Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 28 day of July 1943.

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

Francis Joseph Mooney (Name)  
Stoker I (Rank or Rating) 067335 Official No.

First witness sign here.

(5) Signature D. W. Hitchinson  
Civil Address 3507 University St. Montreal, Que.  
Civil Occupation Writer, RCNVR

Noted in Service Records by [Signature]

Second witness sign here.

Signature [Signature]  
Civil Address 1442 Sherbrooke St. W. Apt 5, Montreal, Que.  
Civil Occupation Writer, RCNVR

(Beneficiaries are not to be Witnesses.)

[OVER]

NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.  
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as  
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"  
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my friend John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"  
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

**DISTRIBUTION OF SERVICE ESTATES**

TL

Estates Form "P. 4"

NAVY

Name: MOONEY, Surname Francis J. Christian Names No.: Y.67335

Rank Sp. 1 Unit R.M.C.S. Valleyfield\* Date of Death 7-5-14

AMOUNT

Date: 14-12-14 L.P.C.....\$ 81.52  
 Other Credits.....  
 Total..... 81.52

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	James Mooney, 24 St. Charles Rd., GREENFIELD PARK, Que.,  (Sole beneficiary under will)	81.52

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 2/1/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	81	00	50	000	81.52
CLASSIFIED BY			EXAMINED BY		
Original Signed by <b>K. L. McCUAIG</b>			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



**STATEMENT OF ACCOUNT**

*32*

True extract from the ledger of H.M.C.S. "AVALON VALLEYFIELD" ending 30 June 19 44

List <sup>12</sup> No. 98 (Name) MOONEY, Francis J. Rank Rating Sto.I. No. V.67335

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

	\$	c.
CREDIT from former account.....	41	56
Pay as <u>Sto.I.</u> from <u>1 Apl</u> to <u>31 May</u> (..... <u>61</u> days at \$ <u>2.00</u> day).....	122	00
" " " " (..... " " ).....		
" " " " (..... " " ).....		
" " " " (..... " " ).....		
" " " " (..... " " ).....		
Kit Upkeep Allowance..... <u>Adjustment March, 1944</u> <u>1 Apl - 7 May</u>	3	67
OTHER CREDITS: <u>G.M. 1 Apl - 7 May, 37 days @ .06¢</u>	2	22
<b>Total credits.....</b>	<b>173</b>	<b>92</b>

DEBT from former account..... **N I L**

PAYMENTS:—	1st	2nd	3rd	4th	5th	Total
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....	44.00					44 00
2nd month.....						Total.....
3rd month.....						Total.....

Allotment..... 20.00, 8.40m chged Apl; 20 chged May..... **48 40**

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. 25182 payable Adm. Naval Estates (Present War)..... **81 52**

.....

.....

LEDGER: <i>Not</i>	<div style="border: 1px solid blue; padding: 5px; width: fit-content;"> <i>DA - Nil</i>                      Noted in Allotment                      Ledger Current Rec. correct                      Date <u>14/5/45</u> <i>JK</i> Signature                 </div>	Total debits	173	92
AUDIT: <i>OK</i>		Balance Cr. or Dr.	NIL	

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37.....

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 5 June 19 44

*W.M. Murray*  
**PAY LIEUT. CDR., R.C.N.V.R.**  
 ACCOUNTANT OFFICER

142624

33

# 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... MOONEY, Frances J. ..... Rating... STO. I. .....  
 Official No. V. 67335 ..... H.M.C.S. AVALON " VALLEYFIELD ..... List. 12<sup>2</sup>/98 .....  
 Who\* ..... DISCHARGED DEAD ..... on the 7 May ..... 19. 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side.....	L	
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
<u>25181 Adm. Naval Estates,</u>		
Cash deposited by official Receipt No. .... (Present War).....	81	52
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>TWENTY DOLLARS</u> charged to <u>31 May</u> .....		
Name of ship from which transferred..... <u>HMCS. "VALLEYFIELD"</u> <u>1944</u> .....		
Total†..... <u>CREDITOR</u> .....	81	52

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 EIGHTY-ONE - - - - - dollars..... - - FIFTY-TWO - - cents.

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

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

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

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



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

26

H.M.C.S. VALLEYFIELD at SEA

Name Francis Joseph MOONEY

Rank or Rating Stoker 1/c (Christian names in full) V-67335 RCNVR

Place of Birth GREENFIELD PARK, QUE. (If unknown, date of first entry) 21 AUGUST, 1922.

Occupation in Civil Life TOOLMAKER AND MACHINIST Religion ROMAN CATHOLIC.

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 9 MONTHS.

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

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

Nearest known relative or friend Name MR. JAMES MOONEY Relationship FATHER

Address 24 ST. CHARLES ROAD GREENFIELD PARK, QUEBEC.

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

Date on which death was registered with local Officials NOT REGISTERED.

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh, or Dublin according to Nationality.

Place of Burial (If known) Date of Burial (If known)

Location, Number, etc., of grave (If known)

Undertaker employed (If any)

If borne for discipline only, date D.S. Q. or invalided.

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

17th. MAY 1944 44

The Naval Secretary, Department of National Defence, Ottawa, Canada.

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

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

1653

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

Name of Deceased Member Francis J. MOONEY ✓ Rank or Rating Sto 1/c ✓ O.No. 467335 ✓

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A.            Mrs. Ann Mooney ✓  
A.P. 20<sup>00</sup> ✓ (mother)  
D.A.             
A.P.           

2. Pension awarded or being awarded to: No record ✓

3. War Service Gratuity Application(s) received from: Mrs. Annie Mooney  
24 St. Charles Rd.  
Greenfield Park,  
Montreal 23, 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" (ii)  
Group "C" of the above mentioned Directive.

Date 3/3/45

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

TO: D.N.P.A.

FILE No. N.S. V-67335

"WAR SERVICE GRATUITY"  
COMPUTATION OF SERVICE

MOONEY Francis Joseph V-67335 Sto 1/c  
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING  
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Allot. 20<sup>th</sup> mother)  
Application made by mother - no Record of Pension

18 Aug '43	14
Sep	30
Oct	31
Nov	30
Dec	31
Jan '44	31
Feb	29
Mar	31
Apr	30
May	7
<b>Total</b>	<b>264</b>

TOTAL SERVICE

Date of Active Service 18 Aug '43  
Date of Discharge 7 May '44  
Total No. of Days 264  
# Less non qualifying service nil

Total Days 264

OVERSEAS SERVICE

% Total No. of Days 115  
# Less non qualifying service nil

Total Days 115

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_  
Date of Active Service \_\_\_\_\_  
Date of Discharge \_\_\_\_\_

# & % Overleaf

Computed By [Signature]  
Checked By [Signature]

[Signature]  
for (H.B. Money)  
Payr. Cmdr, R.C.N.R.  
Officer-in-Charge  
Naval Personnel Records

DATE: NOV 21 1944

[Handwritten initials]

NON QUALIFYING SERVICE

Overseas

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

(%)

OVERSEAS SERVICE:

Where Serving

From

To.

No. of Days

*Valleyfield*

*14 Jan '44*

*7 May '44*

*115*

*Valleyfield*

*18  
29  
31  
30  
7  
-----  
115*

Naval Personnel Records  
Officer-in-Charge  
Pay. Corp. H.C.M.R.  
For (H.S. Loney)

Checked by \_\_\_\_\_  
Computed by \_\_\_\_\_

DATE: \_\_\_\_\_

**DISTRIBUTION OF SERVICE ESTATES**

DME

Estates Form "P. 4"

NAVY

Name..... **MOONEY** ..... **Francis J.** ..... No. **V67335**  
Surname Christian Names

..... **Sto. 1/c** ..... **H.M.C.S. "Valleyfield"** ..... **7-5-44**  
Rank Unit Date of Death

AMOUNT    **W.S.G.**    **94.52**  
                   **L.P.C.**.....\$    **81.52**

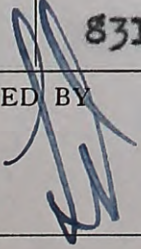
Date..... **10-10-45**.....

Other Credits.....  
 Total..... **176.04**  
 Prev. dist.    **81.52**  
 This dist.     **94.52**

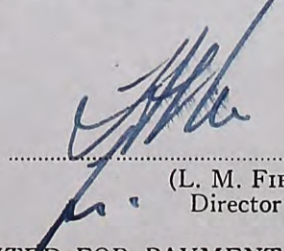
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	father	James Mooney, 24 St. Charles Road, Greenfield Park, MONTREAL, 23, P.Q.  (sole beneficiary per will)	94.52

P4. TO TREAS.  
 OCT 18 1945

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$94.52
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
 (L. M. FIRTH) Colonel  
 Director of Estates  
 AUDITED FOR PAYMENT



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county <b>At Sea</b>	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>MOON Y</b>	Do not write in this space										CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH				
	Given names..... <b>Francis Joseph</b>											22. Date of death..... <b>May 7th 1944</b> (Month) (Day) (Year)				
4. RESIDENCE	Street..... <b>24 St. Charles St.</b>	No.	23. I HEREBY CERTIFY that I attended deceased from													
	Official name of civil municipality or township..... <b>Greenfield Park,</b>	.....19..... to.....19.....														
Municipal county.....	Province..... <b>Quebec.</b>	and last saw h.....alive on.....19.....														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	24. CAUSE OF DEATH													
<b>Male</b>	<b>Canadian</b>	<b>British</b>	<p>I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.</p> <p>(a) <b>Missing, presumed dead, when H.M.C.S. "VALLEY-FIELD" was torpedoed &amp; sunk by enemy action in the Atlantic.</b></p> <p>Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... (c).....</p> <p>II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (a)..... (b).....</p>													
9. If married give name of wife or husband of deceased			<p>III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days</p>													
10. BIRTHPLACE (Province or Country) <b>Greenfield Park, Chambly, Quebec.</b>			25. If a woman, was there a puerperal condition?.....													
11. DATE OF BIRTH..... <b>August 21 1922</b> (Month) (Day) (Year)			26. Was there a surgical operation?.....Date of.....19.....													
12. AGE OF DECEASED Years Months Days If less than one day old <b>21 9</b> .....hrs. or.....min.			State findings.....Was there an autopsy?.....													
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc..... <b>Machinist</b>	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc..... <b>Northern Electric Co., Montreal.</b>												16. Total years spent in this occupation			
	15. Date deceased last worked at this occupation												18. BIRTHPLACE (Province or Country)			
17. NAME																
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)																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <b>J.P. [Signature]</b>										29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.						
This signature authorizes the collector to accept this form as authentic.																
<p>28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)</p> <p>29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.</p> <p><b>Major Gen. [Signature] Officer i/c Naval Personnel Records.</b></p> <p>(Voir l'autre côté pour le français)</p>																

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OTTAWA, Ont., 12 May, 4  
N.S. V-67335 PERS. (N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

MOONEY Francis Joseph  
 Name ..... (Surname) (Christian Names)  
 Rank/Rating ..... Stoker 1st Class  
 Official No. .... V67335 R.C.N.V.R.  
 Nature of Casualty ..... "Missing" at sea from ship in which he was serving.  
 Date of Casualty ..... Will be reported later.  
 Address at time of Enlistment ..... 24 St. Charles Road, Greenfield Park, Quebec.  
 ..... Single  
 Marital Status at time of Enlistment .....  
 Occupation ..... Toolmaker & Machinist  
 Name & Address of Next of Kin ..... Father: Mr. James Mooney, 24 St. Charles Road, GREENFIELD PARK, Quebec.

Yours truly,

for SECRETARY, NAVAL BOARD *emc*

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.

*2 white fwd c*