

V54554
MOORE

WILLIAM

WALLA

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 **MOORE, William Wallace** (b) Reg'l. No. **V34534**
2. (a) Arm of service **NAVY** (b) Unit **R.C.N.V.R.** (c) Rank **ORD. SMN.**
3. (a) Date of birth **24 Jan 24** (b) Have you any dependents? **No** (c) Place of residence at time of enlistment **Cypress River, Man.**
4. (a) Place of enlistment **Winnipeg, Man.** (b) Date of enlistment **8th Feb 1943**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **16** (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.) **Grade X**
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 **Monarch Lumber Co.,** Address **Cypress River, Man.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Retail Lumber.**
20. (a) Your specific occupation **Elevator Assistant** (b) Number of years' experience at this occupation with any employer **4 Months.**
21. (a) Did your employer promise definitely to give you employment on discharge? **No** (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? **Yes** (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? **None** (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 **8th February** 194**3** SIGNATURE *William W Moore*



COPY TO
VWD
ES

FEB 27 1943

.....Mr. Wallace Moore,.....
.....P.O. Box 109,.....
.....Cypress River, Mah.

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-54554 FD. 527

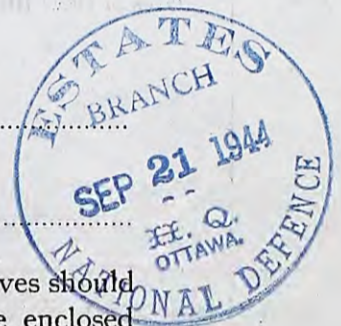
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

.....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

.....MOORE, William Wallace Able Seaman,.....

.....Official Number V-54554, R.C.N.V.R.



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

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

GC/

H. W. ...
Commander
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Wallace A. Moore	72	Cypress River, Manitoba.
4	Mother of the Deceased.....	Marjorie Jane Moore	50	" "
5	Brothers of the Deceased	Full Blood	None	
		Half Blood	None	
6	Sisters of the Deceased	Full Blood	Marjorie Harriett Stewart 24 23 Noreen Margaret Moore 22 Georgina Catherine Moore 18	" " " "
		Half Blood	None	
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	
	None	None		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Wallace Moore.
9	Date of his birth.	January 24 th , 1924.
10	Place and date of his marriage.	None
11	Place and date of his parents' marriage.	Winnipeg, Manitoba, Dec. 30, 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Cypress River, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Manitoba - 19 years. (b) (c) (d)
14	Nature of employment before enlistment.	Student - Carpenter, a short while.
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.	None

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	None, that I know of.
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?	None, (Single)
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?	He may have opened a Bank or Post Office Bank account in Halifax, Cornwallis, or Ottawa. I advised him to do so, but never heard. Yes, administer it, if you locate any.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None that I know of.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I think he had 2 or 3 bonds, held in trust by the Dominion, deducted from Navy pay cheques.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None, that I know of.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None, that I know of.

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.	None, that I ever heard of.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* 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.

Wallace A. Moore

{Signature of Informant

Cypress River, Manitoba

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Wallace A. Moore

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 Cypress River, Man. this 19 day of September 1944

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

D. H. Burgess

Qualification

Justice of the Peace

Address

Cypress River, Man.

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

My son, William Wallace Moore, A.S. V-54554, R.C.N. U.R. was killed by enemy action while on active service on H.M.C.S. Valleyfield, in the north Atlantic, east of Newfoundland, May 7, 1944, at the age of 20 years, 3 months, 14 days.

One of the survivors, George Ionian, of Trail, B.C. said, "We were about 9 hours out from Newfoundland when our boat was suddenly hit about the middle and went down right away. I was in the water in about 20 seconds and was on a raft for an hour and a half before I was picked up. The water was about 33 degrees. Three or four minutes before we were hit, I called the men that were to go on the next watch and your son, Bill, was one of the men I called. I remember him answering me. His bunk was right about where the torpedos hit and he wouldn't be away from there when the explosion came, right after the torpedos, that blew the whole centre to pieces."

Wallace A. Moore

113.711.6517



N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

I.C.N.S. 72972.

ATTESTATION FORM
(HOSTILITIES FORM)

mod H. no J. Q. 94
3

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE
MOORE

SURNAME.....**MOORE**.....OFFICIAL No. **124524**
CHRISTIAN NAMES.....**William Wallace**..... MARRIED, SINGLE OR WIDOWER.....**Single**

PERMANENT ADDRESS	RELIGION
Cypress River, Man., (P.O. Box 109)	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN.
24th January, 1924	Town Cypress River County Province Manitoba.	Father, Wallace MOORE, P.O. Box 109, Cypress River, Man.
*Original Nationality of: Father Irish Mother English		

*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..... 5	Inflated..... 35½	D. Brown	Brown	Medium	Nil.
Inches..... 4¾	Deflated..... 34				
	Mean..... 34½				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade X	Carpenter, Monarch Lumber Co., Cypress River, Man.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strength 8th February, 1943	Ord. Smn.	H.M.C.S. CHIPPAWA

(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, Reserve, or Territorial Force.

* (b) I served in..... for the period shown, and attach my

~~Record of service, in collaboration of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM

Personnel Records TO Division.

1. Noted in Records A.S.
2. Index Card A.S.
3. Non-Sub. Card
4. Statistical Card
5. Bonus Card
6. Pension Card
7.
8.

DATE **22-2-43**

(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 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 **SEAMAN** by the prospect of being transferred at some future date to any other branch or rating.

Dated this **8th** day of **February, 1943**

Signature of applicant *X William W. Moore*

(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 **8th** day of **February, 1943.**

My authority for attestation is **N.S. 30-34-1, 16th June, 1942.**

[Signature]
Signature of and rank of Attesting Officer.

(D) **OATH OF ALLEGIANCE** **LIEUTENANT R. C. N. V. R.**

I, **William Wallace MOORE.** 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 *X William W. Moore*

Witness *[Signature]*

Date **8th February, 1943.** Rank **LIEUTENANT R. C. N. V. R.**

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.



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.....William Wallace MOORE.....
candidate for entry as.....Ordinary Seaman.....
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.
Eyes react to L&A Reflexes normal

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

(a) Age	Yrs. 19	Mos. 0	(j) Date of last Vaccination for Smallpox	School age Right arm	
(b) Height with bare feet	Feet 5	In. 4 $\frac{3}{4}$	(k) General Development	See below Bal Normal	
(c) Weight without clothes	119 Pounds		(l) Nose, Throat and Tonsils	N	
(d) Ears and Hearing	N		(m) Heart and Lungs	B.P. 128/74 Normal	
(e) Chest Girth	Max. 35 $\frac{1}{2}$	Min. 34	Mean 34 $\frac{1}{2}$	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 2	Defective 1	Dentures 0	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses	Rt. 6/12	Lt. 6/12	(p) Skin	N
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara Normal R.C.N. Lantern		(r) Testes Varicocele	N	
(i) Chest x-ray	not taken approved positive doubtful		(s) Urine Sugar & Alb.	Negative	

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.

William Moore

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.....Underweight, no symptoms or history.....
of disease.

*~~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

H. M. C. S. "CHIPPAWA"

Dated at..... the 8 of February 1943

J. Young
Examining Medical Officer
SURGEON LEUT. R. C. N. V. R.

(Rank).....

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

Sir:

12 May, 1944.

(Date)

The following casualty has been reported -

16

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
MOORE, William Wallace	Ordinary Seaman	V-54554, R.C.N.V.R.

DATE OF ENLISTMENT - 8 February, 1943. Active Service: 21 April, 1943.

DATE OF DISCHARGE - Will be reported later

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

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

Reason for discharge and - "Missing" at sea when the ship in which he was
when and where any disability was incurred, or where death serving was lost by enemy action. While this casualty
occurred.

is listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

(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. Wallace Moore,

ADDRESS- P.O. Box 109, Cypress River, Man.

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

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

A.B. Money

for
SECRETARY, NAVAL BOARD. *emc*

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

*By 12/18/44
NPR/1's
e*

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

NOTE: If reports indicate that there was separation from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation agreement, etc., to be furnished.

Copy to be furnished to the following: (1) to the Department of National Defence, Ottawa, Ontario; (2) to the Department of Veterans Affairs, Ottawa, Ontario; (3) to the Department of Health, Ottawa, Ontario; (4) to the Department of Labour, Ottawa, Ontario; (5) to the Department of Justice, Ottawa, Ontario; (6) to the Department of the Prime Minister and the Privy Council, Ottawa, Ontario; (7) to the Department of the Secretary of State, Ottawa, Ontario; (8) to the Department of the Chief of the Defence Staff, Ottawa, Ontario; (9) to the Department of the Chief of the Naval Staff, Ottawa, Ontario; (10) to the Department of the Chief of the Air Staff, Ottawa, Ontario; (11) to the Department of the Chief of the Army Staff, Ottawa, Ontario; (12) to the Department of the Chief of the Canadian Forces Staff, Ottawa, Ontario; (13) to the Department of the Chief of the Canadian Forces Medical Services, Ottawa, Ontario; (14) to the Department of the Chief of the Canadian Forces Dental Services, Ottawa, Ontario; (15) to the Department of the Chief of the Canadian Forces Chaplain Services, Ottawa, Ontario; (16) to the Department of the Chief of the Canadian Forces Religious Services, Ottawa, Ontario; (17) to the Department of the Chief of the Canadian Forces Physical Services, Ottawa, Ontario; (18) to the Department of the Chief of the Canadian Forces Psychological Services, Ottawa, Ontario; (19) to the Department of the Chief of the Canadian Forces Legal Services, Ottawa, Ontario; (20) to the Department of the Chief of the Canadian Forces Administrative Services, Ottawa, Ontario; (21) to the Department of the Chief of the Canadian Forces Information Services, Ottawa, Ontario; (22) to the Department of the Chief of the Canadian Forces Communications Services, Ottawa, Ontario; (23) to the Department of the Chief of the Canadian Forces Transport Services, Ottawa, Ontario; (24) to the Department of the Chief of the Canadian Forces Maintenance Services, Ottawa, Ontario; (25) to the Department of the Chief of the Canadian Forces Quartermaster Services, Ottawa, Ontario; (26) to the Department of the Chief of the Canadian Forces Ordnance Services, Ottawa, Ontario; (27) to the Department of the Chief of the Canadian Forces Medical Services, Ottawa, Ontario; (28) to the Department of the Chief of the Canadian Forces Dental Services, Ottawa, Ontario; (29) to the Department of the Chief of the Canadian Forces Chaplain Services, Ottawa, Ontario; (30) to the Department of the Chief of the Canadian Forces Religious Services, Ottawa, Ontario; (31) to the Department of the Chief of the Canadian Forces Physical Services, Ottawa, Ontario; (32) to the Department of the Chief of the Canadian Forces Psychological Services, Ottawa, Ontario; (33) to the Department of the Chief of the Canadian Forces Legal Services, Ottawa, Ontario; (34) to the Department of the Chief of the Canadian Forces Administrative Services, Ottawa, Ontario; (35) to the Department of the Chief of the Canadian Forces Information Services, Ottawa, Ontario; (36) to the Department of the Chief of the Canadian Forces Communications Services, Ottawa, Ontario; (37) to the Department of the Chief of the Canadian Forces Transport Services, Ottawa, Ontario; (38) to the Department of the Chief of the Canadian Forces Maintenance Services, Ottawa, Ontario; (39) to the Department of the Chief of the Canadian Forces Quartermaster Services, Ottawa, Ontario; (40) to the Department of the Chief of the Canadian Forces Ordnance Services, Ottawa, Ontario.

NOTE: Duplicate copies of this form (Form 10) have been forwarded to the following: (1) to the Department of National Defence, Ottawa, Ontario; (2) to the Department of Veterans Affairs, Ottawa, Ontario; (3) to the Department of Health, Ottawa, Ontario; (4) to the Department of Labour, Ottawa, Ontario; (5) to the Department of Justice, Ottawa, Ontario; (6) to the Department of the Prime Minister and the Privy Council, Ottawa, Ontario; (7) to the Department of the Secretary of State, Ottawa, Ontario; (8) to the Department of the Chief of the Defence Staff, Ottawa, Ontario; (9) to the Department of the Chief of the Naval Staff, Ottawa, Ontario; (10) to the Department of the Chief of the Air Staff, Ottawa, Ontario; (11) to the Department of the Chief of the Army Staff, Ottawa, Ontario; (12) to the Department of the Chief of the Canadian Forces Staff, Ottawa, Ontario; (13) to the Department of the Chief of the Canadian Forces Medical Services, Ottawa, Ontario; (14) to the Department of the Chief of the Canadian Forces Dental Services, Ottawa, Ontario; (15) to the Department of the Chief of the Canadian Forces Chaplain Services, Ottawa, Ontario; (16) to the Department of the Chief of the Canadian Forces Religious Services, Ottawa, Ontario; (17) to the Department of the Chief of the Canadian Forces Physical Services, Ottawa, Ontario; (18) to the Department of the Chief of the Canadian Forces Psychological Services, Ottawa, Ontario; (19) to the Department of the Chief of the Canadian Forces Legal Services, Ottawa, Ontario; (20) to the Department of the Chief of the Canadian Forces Administrative Services, Ottawa, Ontario; (21) to the Department of the Chief of the Canadian Forces Information Services, Ottawa, Ontario; (22) to the Department of the Chief of the Canadian Forces Communications Services, Ottawa, Ontario; (23) to the Department of the Chief of the Canadian Forces Transport Services, Ottawa, Ontario; (24) to the Department of the Chief of the Canadian Forces Maintenance Services, Ottawa, Ontario; (25) to the Department of the Chief of the Canadian Forces Quartermaster Services, Ottawa, Ontario; (26) to the Department of the Chief of the Canadian Forces Ordnance Services, Ottawa, Ontario.

TFH/CED

REGISTERED
AIR MAIL
N.S. V-54554 Pers (N)

8th May, 1944.

Dear Mr. Moore:

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, William Wallace Moore, Ordinary Seaman, Official Number V54554, 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.

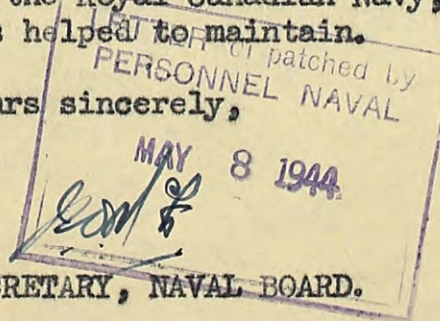
It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

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.

Mr. Wallace Moore,
P.O. Box 109,
CYPRESS RIVER, Manitoba.



mb

mb

E.S.

TFH/MWM

REGISTERED

AIR - MAIL

N. S. V54554 Pers (N)

11th May, 1944.

13

Dear Mr. Moore:

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.

Yours sincerely,

SECRETARY, NAVAL BOARD

MAY 10 1944

Mr. Wallace Moore,
P.O. Box 109,
CYPRESS RIVER, Manitoba.

E.M.
LJK

MEMORANDUM:

With reference to your
of the it is approved
to transfer
to

BY ORDER.

R. A. [unclear]
SECRETARY, NAVAL BOARD.

OTTAWA, Ont., 12 May,

V-54554 PERS. (N)

Dear Sir:

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

14

Name... **MOORE,** **William Wallace**
(Surname) (Christian Names)

Rank/Rating **. Ordinary Seaman .**

Official No... **V-54554, R.C.N.V.R.**

Nature of Casualty **"Missing" at sea from ship in which serving.**

Date of Casualty **... Will be reported later .**

Address at time of Enlistment **P.O. Box 109, Cypress River, Manitoba,**

Marital Status at time of Enlistment **.. Single .**

Occupation **.. Carpenter**

Name & Address of Next of Kin **.. Father: Mr. Wallace Moore, P.O. Box 109, Cypress River, Man.**

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

E.M.C

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

2 white fwd. C

AN

OTTAWA, Ont., 30th August,

4.

O.N. V-54554 PERS (N).

21

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>
MOORE, William Wallace Able Seaman, Official Number V-54554 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. Wallace Moore P.O. Box 109 Cypress River, Man.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mr. Wallace Moore, Cypress River, Man.	Nil (Stopped with last payment May 31st, 1944) \$25.00	Nil	DMD

WEM
30/8/44

Will: No. Record.

Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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

WEM

VT

REGISTERED

FILE NO. N.S. V-54554 PERS. (N)

22

30th August, 1944.

Dear Mr. Moore:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, William Wallace Moore, Able Seaman, Official Number V-54554, 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,

~~NPR~~ SECRETARY, NAVAL BOARD.

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

Mr. Wallace Moore,
P.O. Box 109,
Cypress River, Man.

MA

Royal Canadian
Message condolence
Date Sent *30/8/44* NPR 5

*30/9/44
NPR
GM*

V54554

OFFICIAL NUMBER

NAME MOORE
(Surname)

William Wallace
(Given Names)

OFFICIAL NUMBER

V54554

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 "Chippawa"	Ord. Smn.	8	2	43	Div. Str. Winnipeg	V.G.	SAT.	31	12	43							
"	"	21	4	43	Active Service DL 7-5-43.	V.G.	SAT.	7	5	44							
Bytown	"	7	6	43	DRD Bytown #14.												
Cornwallis	"	27	8	43	DRD Bytown #29 Beaver 3.11.43 to 8.11.43												
Stadacona	"	20	11	43	DRD H-3258.												
Hochelaga 11	"	27	11	43	DRD H-3345.												
Valleyfield	A.B.	21	4	44	Service Cert.												
Avalon "	"	8	12	43	" "												
DISCHARGED	"	1	3	44	" "												
		7	5	44	"Missing" Casualty List. A'13927												
					"Presumed Dead" Corr. Sheet												

GENERAL REMARKS

Canadian Memorial Cross Awarded to:
 Mother: Mrs. Marjorie J. Moore
 Box 109,
 CYPRESS RIVER, Man.
 13-10-44

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION	P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK	
24	1	24	16	430	5	40	3	6	07	00	0	06	0	08 95	
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.	ESTAB.	A.	BR.	RANK		
08	07	43	21	04	43					9690	0	08	95		
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.									
08	02	43	B	00	00	21	07-05-44			SH		JW			

V54554

OFFICIAL NUMBER

FILE NUMBER

113-M-6517

OFFICIAL NUMBER V54554

NAME MOORE (Surname) William Wallace (Given Names) DATE OF BIRTH 24 Jan. 1924

PLACE OF BIRTH Cypress River, Manitoba. OCCUPATION Carpenter

RELIGION United EDUCATION Grade 10

RESIDENCE AT TIME OF ENLISTMENT: Street and No. P.O. Box 109. Town Cypress River. Province, etc. Manitoba

Table with columns: ENGAGEMENTS (Date, Period), DESCRIPTION (Height, Hair, Eyes, Complexion, Marks or Scars), PREVIOUS SERVICE (Served in, Rank or Rating, Dates)

NEXT OF KIN RELATIONSHIP (in pencil) NAME (in pencil) ADDRESS (in pencil): Street and No. Town Province, etc.

Table with columns: MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY; EXAMINATIONS, CERTIFICATES, ETC. (Date, Particulars)

Table with columns: BADGES, G.C. OR G.S.; BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES (SHIP OR ESTABLISHMENT, Wt. No., Date, BRIEF PARTICULARS OF OFFENCE, PUNISHMENT)

FILM NO. 447-5829-2 DATE

SECOND CLASS FOR CONDUCT From To

Table with columns: DAYS FORFEITED (Date, Prison, Det'n, Cells, C. Power, W. Trial, In diff. Char.)

O.H.F. Received



7/6/45

VERIFICATION
 CAMPAIGN STARS, DEFENCE MEDAL, V
 NAVAL GENERAL SERVICE

NAME IN FULL *MOORE William Wallace* RANK/RATING

SHIP	SERVICE			AREA	FROM	TO
	FROM	TO	DAYS			
<i>Beamer</i>	<i>3-11-43</i>	<i>8-11-43</i>	<i>6</i>	<i>atl</i>		
<i>Valleyfield</i>	<i>8-12-43</i>	<i>7-5-44</i>	<i>152</i>	<i>atl</i>		
	<i>Discharged Dead</i>					
	<i>As date 7-5-44</i>					

VERIFIED BY *Warkes* VERIFIED BY

VERIFICATION FORM

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

NAME A.B. OFF. NO. V-5-4554 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>star</i>
						ATLANTIC		
						FRANCE G.		
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.	2	<i>@ clasp</i>
						" CLASP		
						WAR 1945	/	<i>medal</i>
						WAR 1915		

VERIFIED BY *E. S. Parkes*
guo

Y DIR. OF PERSONNEL RECORDS.

CERTIFICATE of the SERVICE of

William Wallace MOORE

in the Royal Canadian Naval Volunteer Reserve

I.C.N.S. 72972

Training Headquarters	R.C.N.V.R. Division <i>"Chippawa"</i>	Official Number <i>V-54554</i>

Date of Birth <i>24th January, 1924</i>	Name and Address of Nearest Relative or Friend (In pencil) <i>(Father) Wallace Same address</i>
Place of Birth <i>Cypress River, Manitoba</i>	
Place of Residence <i>Cypress River, Manitoba (P.O. Box 109)</i>	
Trade brought up to <i>Carpenter</i>	
Religion <i>United Church</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>8 Feb '43</i>	<i>Duration of Hostilities</i>	<i>Ord. Smn.</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>4 ³/₄</i>	<i>34 ¹/₂</i>	<i>119</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Medium</i>	<i>Nil</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

4
NAVY

MG

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

DECEASED MEMBER'S NAME

William Wallace MOORE
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 14368
FILE NO. NSV-54554
DATE 17 Aug/45
SERVICE NO. V-54554
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 7 May/44

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

for Service Estate of
William W. Moore,
NSV-54554
7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 393 EQUAL TO 12 COMPLETE PERIODS AT \$7.50

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 158 LESS 23 INELIGIBLE DAYS, EQUAL TO 135 DAYS @ 25C. PER DAY

\$ 33.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 11.25
ADDITIONAL PAY B.L.M. \$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

TOTAL \$ 3.23 X7 = \$ 22.61
NO. OF DAYS 158 X \$ 22.61

\$ 19.53

D. WAR SERVICE GRATUITY

\$ 143.28

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

F. TOTAL AMOUNT PAYABLE

\$ 143.28

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 143.28
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 2186 4/9/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY
FS

TREASURY
CHECKED BY
DATE 22/1/45

SERVICE REPRESENTATIVE

For Dir. Naval Pay Acctng.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **MOORE** **William W.** No. **V54554**
 Surname Christian Names

A B **HMCS Valleyfield** **7-5-44**
 Rank Unit Date of Death

AMOUNT **W.S.G.** **143.28**
 L.P.C.....\$ **54.34**

Date..... **22-10-45**

Other Credits.....
 Total..... **197.62**
 Prev.dist. **54.34**
 This dist. **143.28**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	Wallace A. Moore, P.O. Box 109, CYPRESS RIVER, Man.	71.64
1/2	mother	Mrs. Marjorie J. Moore, (As above) (As next of kin entitled)	71.64

OCT 25 1945

P4. TO TREAS.

VSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$143.28
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

NON QUALIFYING SERVICE

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

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Beaver	3 Nov '43	8 Nov '43	6
Valleyfield	8 Dec '43	7 May '44	152
			<u>158</u>

1711
1560
151
152

CHARACTER OF SERVICE
 IN LINE OF DUTY
 CHARACTER OF SERVICE
 NUMBER OF DISCHARGES
 NUMBER OF DISCHARGES

COMPLETION OF SERVICE
 DATE SERVICE COMPLETED

DATE OF ENTRY INTO SERVICE
 DATE OF ENTRY INTO SERVICE

W.S.G. Application No. 14368

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

FILE NO. N.S. V-54554

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>MOORE</u>	<u>William Wallace</u>	<u>V-54554</u>	<u>A.B</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Valleyfield)
Applicant - Father A.P. 25.00

	<u>TOTAL SERVICE</u>	<u>1711</u>
Date of Active Service	<u>21 Apr '43</u>	<u>1329</u>
Date of Discharge	<u>7 May '44</u>	<u>382</u>
Total No. of Days	<u>383</u>	<u>383</u>
# Less non qualifying service	<u>—</u>	Total Days <u>383</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>158</u>	
# Less non qualifying service	<u>—</u>	Total Days <u>158</u>

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service — ✓

Date of Discharge — ✓

& % Overleaf

Computed By J.C. McNeill

Checked By L. L. Looe

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

AUG 3 1945
 DATE: _____

N.O. 007.
NDA.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name WILLIAM WALLACE MOORE
 (Christian Names) (Surname)

Payee DIRECTOR OF ESTATE FOR SERVICE ESTATE Register No. 14368
 Address 308 SPARKS ST. OTTAWA ONT. WILLIAM W. MOORE File No. 154554
 Date 9 AUG 45
 Service No. 154554
 Final Rank or Rating A3

Date of termination of overseas service 7 May 44 Date of Discharge 7 May 45

A. TOTAL QUALIFYING SERVICE
 No. of days 383 equal to 12 complete periods at \$7.50
 30

B. QUALIFYING OVERSEAS SERVICE
 No. of days 158 less 23 ineligible days equal to 135 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<u>1.55</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>	
Additional Pay <u>H.L.M.</u>	\$	<u>.13</u>	
Dependents' Allowance 1/30 of \$ <u>Nil</u>	\$	<u>0</u>	
Total		<u>3.23</u>	<u>x 7 = \$ 22.61</u>
No. of days <u>158</u>		<u>183</u>	<u>x \$ 22.61 = \$ 19.53</u>

D. WAR SERVICE GRATUITY 143.28

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

F. TOTAL AMOUNT PAYABLE 143.28

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 143.28
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>[Signature]</u>	6	<u>[Signature]</u>
2	<u>[Signature]</u>	7	<u>[Signature]</u>
3	<u>[Signature]</u>	8	<u>[Signature]</u>
4	<u>[Signature]</u>	9	<u>[Signature]</u>
5	<u>[Signature]</u>	10	<u>[Signature]</u>

50

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

38

Name... **MOORE, William W.** Rating..... **A.B.**
 Official No. **V. 54554** H.M.C.S. **AVALON " VALLEYFIELD** List. **12²/6**
 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.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 25181 Payable Adm. Naval Estates (Present War)	54	34
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) TWENTY-FIVE DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS "VALLEYFIELD"		
Total†.....	54	34

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 **FIFTY-FOUR - - - - -** dollars **--THIRTY-FOUR --** 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. RON** 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.

STATEMENT OF ACCOUNT

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

List 12-2 No. 6 (Name) MOORE Wm W. Rank Rating A.B. No. V-54554

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

		\$	c.
CREDIT from former account.....		33	41
Pay as A.B. from 21 Apl to 31 May (41 days at \$ 1.85 a day)		75	85
" O/Smn " 1 Apl " 20 Apl (20 " 1.50 ")		30	00
" " " " (" " ")			
" " " " (" " ")			
" " " " (" " ")			
Kit Upkeep Allowance Adj March 1 Apl-7 May		4	33
OTHER CREDITS:			
Grog Money 1 Apl 7 May 37 Days @ .06		2	22
Total credits.....		146	28

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

PAYMENTS:—	1st		2nd		3rd		4th		5th		Total	
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month.....	33.00		8.94								41	94
2nd month.....											Total	
3rd month.....											Total	

Allotment 25.00 Chgd Apl & May 50 00

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

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. #25181 Adm Nav Est (Present War) 54 34

LEDGER: <i>[Signature]</i> AUDIT: <i>[Signature]</i>	Total debits 146 28 Balance Cr. or Dr. N I L (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

[Signature]
 PAY LIEUT. CDR., R.C.N.V.R.
 ACCOUNTANT OFFICER

C.N.S. 2426
 25M-5-42 (4545)
 N.S. 815-9-2426

This form if placed in an envelope, marked "Dominion Statistics—FREE, penalty for improper use, \$300," and properly addressed will pass through the mail "FREE"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH (If in Rural Municipality At. Sec. Twp. Rge. (Name) (If in City, Town or Village. Street. House No. (Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant) (in years, months and days)

3. PRINT FULL NAME OF DECEASED MOORE (Surname) William Wallace (Given name or names in usual order) RESIDENCE P.O. Box 109, Cypress River, Man. (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY Canadian 6. RACIAL ORIGIN British 7. Single, Married, Widowed or Divorced Single 8. BIRTHPLACE Cypress River, Man.

9. DATE OF BIRTH Month January Day 24th Year 1924 10. AGE IN Years 20 Months 3 Days If less than one day hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Carpenter 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Monarch Lumber Co., Cypress River, Man. 13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

PARENTS 16. Name of father 17. Birthplace of father (same as item No. 8) 18. Maiden name of mother 19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant H.O. Money 21. Relationship to deceased Officer i/c, Naval Personnel Records.

22. Place of burial, cremation or removal Body not recovered Date of burial 19

23. Burial Permit was issued by Address

24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 7th May 1944 (Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw him alive on 19

CAUSE OF DEATH

I Immediate cause (a) Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk due to by enemy action in the Atlantic. (b) Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (c) II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

27. If a woman, was the death associated with pregnancy?

28. Was there a surgical operation? Date of operation 19 State findings Was there an autopsy?

29. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide? Date of injury 19 (State which) Manner of injury (How sustained) Nature of injury Specify whether injury occurred in industry, in home, or in public place.

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D. Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death," and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.)

Every item of information should be carefully supplied.

DISTRIBUTION OF SERVICE ESTATES
NAVY

TL Estates Form "P. 4"

Name: **MOORE,** Surname Christian Names **William W.** No.: **V. 54554**
 Rank **A.B.** Unit **H.M.C.S. "VALLEYFIELD"** Date of Death **7-5-44**

AMOUNT

Date: **22-1-45**

L.P.C.....\$ **54.34**
 Other Credits.....
 Total..... **54.34**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Wallace A. Moore, P.O. Box 109, CYPRESS RIVER, Man.,	27.17
1/2	Mother	Mrs. Marjorie J. Moore, (As above) (As next of kin entitled)	27.17

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 29/1/45 PA

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$54.34
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

STATEMENT OF ACCOUNT

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

List 12-2 No. 6 (Name) MOORE Wm W. Rank Rating A.B. No. V-54554

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

	\$	c.
CREDIT from former account.....	33	41
Pay as <u>A.B.</u> from <u>21 Apl</u> to <u>31 May</u> (<u>41</u> days at \$ <u>1.85</u> a day).....	75	85
“ <u>O/Smn</u> “ <u>1 Apl</u> “ <u>20 Apl</u> (<u>20</u> “ <u>1.50</u> “).....	30	00
“		
“		
“		
Kit Upkeep Allowance <u>Adj March</u>		33
<u>1 Apl-7 May</u>	4	47
OTHER CREDITS:.....		
<u>Grog Money 1 Apl 7 May 37 Days @ .06</u>	2	22
Total credits.....	146	28

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

PAYMENTS:—	INCLUSIVE DATE					
	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....	33.00	8.94				Total 41 94
2nd month.....						Total
3rd month.....						Total

Allotment 25.00 Chgd Apl & May..... 50 00

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

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. #25181 Adm Nav Est (Present War)..... 54 34

Total debits

146 28

Balance Cr. or Dr.

N I L

(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

[Signature]
PAY. LIEUT. CDR., R.C.N.V.R.

ACCOUNTANT OFFICER

142564
Pms(m)
12/9/44

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... MOORE.. William W. Rating..... A.B.
Official No. V. 54554 H.M.C.S. AVALON " VALLEYFIELD List. 12²/6
Who* DISCHARGED DEAD on the 7 May 19 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Payable Adm. Naval Estates (Present War)</u>	54	34
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-FIVE DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>		
Total†.....	54	34

40

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 FIFTY-FOUR - - - - - dollars --THIRTY-FOUR-- cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 1944.

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

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: AVALONS CNS 249A #A13927 dated 19 May, 1944
5M-2-42 (3601) E.Q. N.S. 815-9-45
LEDGER: Yes
AUDIT: Am

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

25

H.M.C.S. "VALLEYFIELD" at SEA

Name William Wallace MOORE (Christian names in full)

Rank or Rating Able Seaman Official No. (If unknown, date of first entry)

Place of Birth Cypress River, Man. Date of Birth 24th January, 1924

Occupation in Civil Life Carpenter Religion United Church

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 year 1 month

Date of Death 7th May, 1944 Place of Death Sea

Cause of Death Enemy action. Torpedoing of H.M.C.S. "Valleyfield" (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend Name Mr. Wallace Moore Relationship Son Address Cypress River, Manitoba, (P.O. Box # 109)

Date on which the above was informed by Ship Informed by H.M.C.S.

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 invalidated

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

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

17th May, 1944.

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.

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

MOORE	William Wallace	V-54554	A.B.	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

C.V.S.M. & Clasp

War Medal

4537

23-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD" Jan. /45. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON

ENTITLED TO Mr. Wallace A. Moore - Father

ADDRESS: P.O. Box 109,
Cypress River, Man.

DATE DESP.....

(1)

REGN. NO. 284.....

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL

MOTHER Mrs. M. J. Moore

ADDRESS: Box 109
CYPRESS RIVER, Manitoba

(3) 13 October 1944