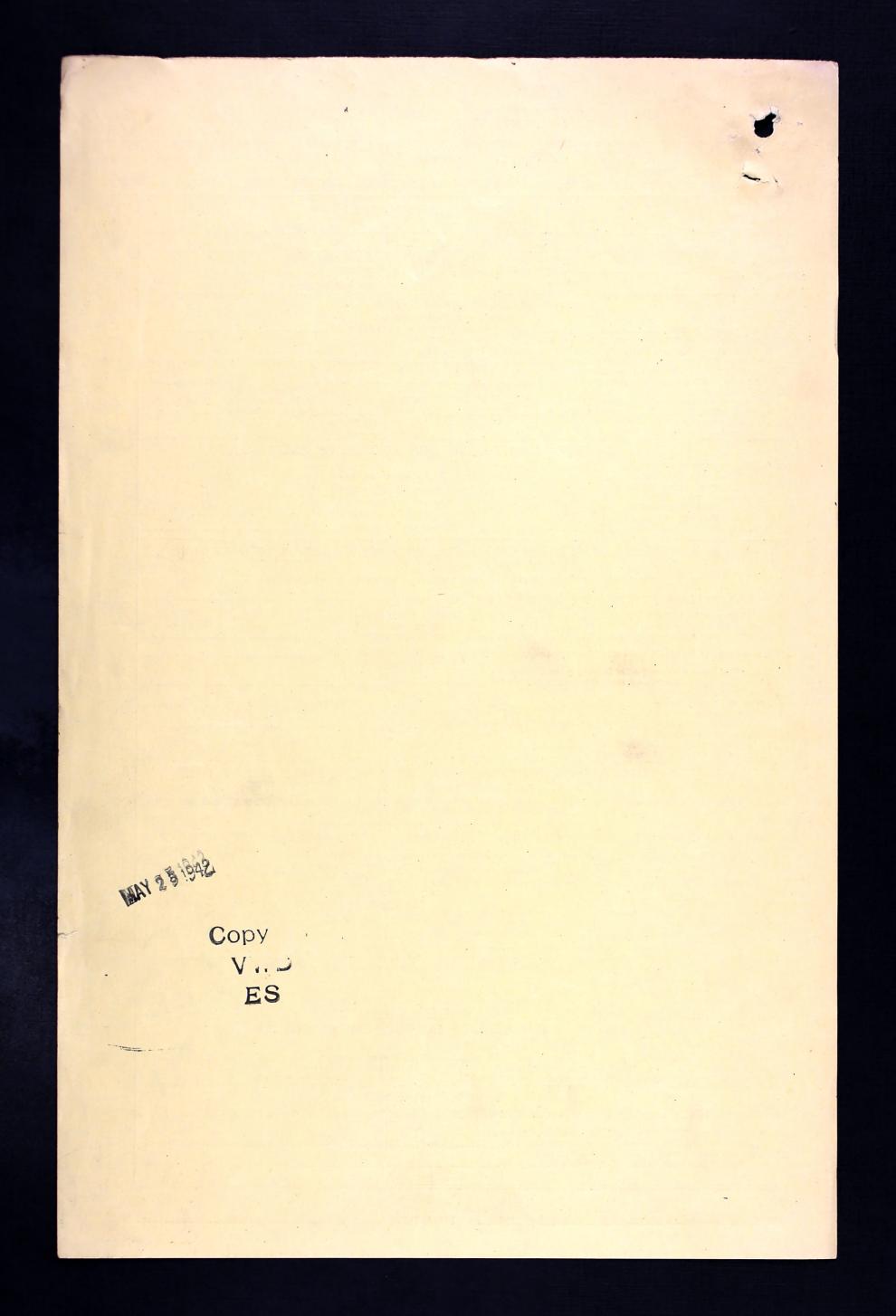




9327 NATIONAL DEFENCE	
CCUPATIONAL HISTORY FORM	117
THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY OF MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MILLED TO THE COMMITTEE.	OM- G IN
ALEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM	
Section A—GENERAL INFORMATION PLEA 1. (a) Print name in full. (b) Reg'l. No	/E .
4. (a) Place of enlistment (b) Date of enlistment (b) Date of enlistment (b) Date of enlistment (c)	
 5. (a) State age on (b) Were you attending school or college up to the time of enlistment? 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7. If you attended a university, give name of university and standing or degree secured. 	
8. (a) Did you ever (b) If so, (c) Did you (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship? occupation? finish it? did you serve at it? 9. (a) What languages (b) What languages (b) What languages do you speak fluently? do you read well?	
Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10. (a) State whether you were WORKING or NOT WORK- ING at time of enlistment. (Enter here only "Work- ing" or "Not Working", as case may be; particu- lars are asked for below). (b) At time of en- listment of what trade union or professional society were you a member?	
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. 	
 employer, if any: Name	
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 (8). 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	
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) 20. (a) Your (b) Number of years' experience at specific occupation (b) Did your employer promise (c) Do you wish 21. (a) Did your employer promise (b) Did your employer (c) Do you wish	
21. (a) Did your employer promise (b) Did your employer (c) Do you wish to return to your employment on discharge?	
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AND ADDENCY, 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 23. (a) Number of years (b) Have you made, or will you make plans to engaged in this business.	
engaged in this business	
24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming? 25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?	
Section G-MISCELLANEOUS 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
 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.)	
DATE and 27 1942 SIGNATURE DE MARCALU	



FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Kate Mulcahy,

Ste. 9, Coronado Apts.,

485 Furby Street,

....Winnipeg, Man.

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

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

and the following number quoted:-

H.Q. V- 35412 FD. 582

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

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

MULCAHY, Daniel Stoker 1st Class.

V-35412, 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.

Alla anderla

h

Director of Estates.

GC/

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

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:

grees			INFORMANT'S S	TATEM	ENT
cela- ion- ship	RELAT required to be	IVES	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 De	cceased			
		14			
		•			
2	Children of the I dates of their I	Deceased and Births	La superior and and an		m noticitations.
			and the second		
	and the second	Constant of	Λ		
3	Father of the De	cceased	Dead	100	Nec 16-1936
4	Mother of the D	eceased	Mis Plate Mulcahy	51	Alec 16 - 1936 Ste 9. Coronadollips 485 Murly St 185 Murly St Ma
5	Brothers of the Deceased	Full Blood	William Mulsahy	26	4782 Beatrice St Vancouver B.C.
		Half Blood			
6	Sisters of the Deceased	Fuli Blood	Verlet Mulcaky	25	Steg. Coronado apto 485 Murby St Winnipey Man
		Half Blood ,			
7	Names of brothers of the full or the Deceased, who ar	or sisters (whether half blood) of the e dead, and date of	Names and ages of their children (if any)		Address of their children
	death of each.				6-14 W 77 6-14 (457) 14 Q 1777-314972

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

3.

Maniel Malcahija November 10 - 1916 8 Full names of the deceased. 9 Date of his birth. Place and date of his marriage. 10 Minnipey, Man. Sept 29-1914 11 Place and date of his parents' marriage. PARTICULARS OF DOMICILE Place where deceased was born. 12 (a) winnipey, manitaba Canada (271/2) (a) State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. 13 (b) (0) (d) Inucking Nature of employment before enlistment. 14 State whether he owned the premises in which he lived, and, if 15 so, where situated. Name place where deceased stated he intended to make his Wennipeg, Man Canada permanent home. 16 PARTICULARS OF ESTATE no Did he leave a Will? If in your custody, please forward. 17 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 18 Peno contract dealing with property? 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? 19 mo - usp utennipey Amount of War Savings Certificates held by deceased. Indicate 20 where located. none Amount of Victory Loan Bonds held by deceased. Indicate 21 whether registered or bearer and where located. If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. none 22 Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. 23 OTHER PARTICULARS Did the deceased after enlistment incur any debts for:no 24 (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. Have you or any other relative paid the funeral expenses or any 25 no. itemized its show acc amount paid, and by whom. (NOTE:-The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable

by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

Inter degree relationship re		4. DECLARATION
Middle of the decased. Arrows Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle Middle	*Insert degree of relationship for example, "Widow", "Father", Batter that all the pa	articulars shown on this form are correct, and a true and complete
Information of the second seco	* Mother	of the deceased.
EXPLANTION IN THE PROPERTY INT	N.BTo 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.	Informant (Informant
Interly certify that to the best of my knowledge and belies Mr. K. Kullow Interly certify that to the best of my knowledge and belies Mr. K. Kullow Interly certify that to the best of my knowledge and belies Mr. K. Kullow Interly certify that to the best of my knowledge and belies Mr. K. Kullow Interly certify that to the best of my knowledge and belies Mr. K. Kullow Interly certify that to the best of my knowledge and by the Informant and signed in my presence Mr. K. Kullow Interly certify that to the best of the state the best of the Informant and signed in my presence Mr. K. Kullow Interly certify that to the best of the state the best of the lange of the Informant and signed in my presence Mr. K. Kullow Interly certify that to the best of the best of the state the best of the lange of the Informant and signed in my presence Mr. K. Kullow Interly certify the state to the best of the best of the best of the state to the best of the state to the st		yst.
the show he had been been been been been been been bee	I hereby certify that to the bes	
Address 363 Ht. Mary & B. S. M. Lay of September 10 and 10	*See above. { Na	ame of } is the*
Here in the second of the seco	above described. The above Decl	
Address 363 XH. Amory A. Autor I. University 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		this 21 et day of September 19 4
Address 363 Ht. Marry I. Luve. Use Warring the above the the the the the the the the the th	Notary Public or Com-	3 R. Wood Qualification Chancellor Deve or
<text></text>	of His Majesty's Forces. Address 363 X	1. mary's lave. When if eg, has
proper place in the Statument opposite. (If the disceased has binding 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	NOTE.—Before granting the above Certificate, care sho Relative stated by him or her to have died, and that the	uld be taken to see that the informant gives particulars concerning the death of any tail name and address and age of each surviving Relative specified is stated in its
USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE	proper place in the Statement opposite.	
	relationship of other relatives should	l be set out below.)
	USE SPACE BELOW FOR ANY AD	DITIONAL REMARKS YOU MAY WISH TO MAKE
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N. V. 5 50M-10-41 (1994) N.S. 815-11-5 NATIONAL DEFENCE

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ANAF

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ATTESTATION FORM (HOSTILITIES FORM)

	I NAMES D	aniel			MARRIED, SING	LE OR WIDOWER	DIII	
	PERMA	NENT ADDR	ESS			RELIGION	<u></u>	
	ste. 9-48	5 Furby	st., Wi	nnipe	eg.	R. C.		
	TE OF BIRTH		*PLACE OF BIR	тн	NAME AN	ID ADDRESS OF NEXT	OF KIN	
Original Nation Father Mother	vember,1916 nality of: Irish Polish	Town County Province	Winnip Manito		Kate Ste. Winni	Mulcahy (Mot 9-485 Furby peg.	her) St.,	
*If not th (A)	e son of natural born Britisl PERSC				next page N ENROLM	IENT		
HEIGHT	CHEST MEASU	REMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS	, MARKS	
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vision	of enrolment al strength	RATING F	OR WHICH ENR	OLLED	R.C.N.V.R. DIVISI AT	ON, OR OTHER ESTAB WHICH ENROLLED	LISHMENT	
	ril, 1942.		oker II	. CHIPPAWA				
(B)			ON TO BE		DE BY APP	LICANT		
	declare as follows:- at I am a British S		niciled in Can	ada.				
(2) Th	hat I am desirous of that I accept and a	being enro	lled as a mem	ber of t	he Royal Canac e said Force	lian Naval Volunte Personnel Recor	er Reseiv ds	
*Cross.ent	Clause not applicable.	XXXXXXX	******	xxxxi	1. CXXXIIIX NDEX PE LINIX STAKENDER I	Noted in Records Hod: Showin: and a Non-Sub. Card Statistical Card	intach in	
D IN PAY SE	ENEMD, JN	R	ANK			Pension Card		
	Albert	-	. 10 - X		. 8.	ATE 18/3	142	
Ment	1. 111:	ver been r	ejected for or ness.	discha	rged from any	of His Majesty's	Forces of	

.....Division of

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Signature of applicant...... (C) . CERTIFICATE OF ATTESTING OFFICER I hereby certify that all the foregoing statements were made by the volunteer above named, in my day of April, 1942. Signature of and rank of Attesting Officer. Sub-Lieut. ,R.C.N.V.R. (D) OATH OF ALLEGIANCE I, ______ Daniel MULCAHY ______ 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.. Witness.

27th April, 1942. Date

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

(E)

CERTIFICATE OF ATTESTING OFFICER

Rank Sub-Lieut.

Daniel MULCAHY having been duly enrolled to serve in the Royal

Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the <u>H.M.C.S.</u> <u>CHIPPAWA</u> Division of the R.C.N.V.R. or in the appropriate official documents.

Sub-Lieut., R.C.N. V.R. Atte Attesting Officer.

V.R.

27th April 1942.

R.C.N.V.R. Division (or other establishment) H.M.C.S. CHIPPAWA

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

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

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

dge that I have not been induced to This is toBranch of the Naval enter the some future Service by the prospect of being transferred at date to another Branch. 11 Signature



Can. B. 207 100 M-11-40 (7881) N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nors-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 _____ Daniel ____ MULCAHY

‡candidate for entry as......Stoker II and I believe him to be *{in all respects fit for His Majesty's Service. unfit for this Majesty's Service the reason stated below. the Certificate given below in my presence. ‡ Strike out if inapplicable. Alb * Delete one. Urine: Sugar Negative

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

© Age {Years Months	© Weight without © Clothes	© Height with Bare	General Development (d)	Chest Girth (e)	Vision by S (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small (Date)	S. Lungs, Heart, etc. 90	🙃 Abdomen, Hernia, etc.	. Limbs and Joints	(?) Skin	(a) Ears and Hearing	 Testes, Varicocele, etc. 	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	a Anus, Hæmorrhoids, etc.
25 5	lbs. 百円9日	ft. ins.	Good.	inches (a) maximum $40\frac{1}{2}$ (b) minimum $3(7)\frac{1}{2}$ mean $38\frac{1}{2}$	right eye 6/6 left eye 6/6 *colour vision N.	Never vaccinate	Normal. B.P. 130/9	Normal.	Normal.	Normal.	Normal.	LemroN	0 0	N & T Normal. Normal.
*If colo degr	ur vision i ee of colou	s not norma ir blindness	l by Ishihara test to be indicated.	Pup	ils r	eact -	to L 8	A.	Ref	lexe	s n	orma	1.	

Not taken. Approved. Positive. Doubtful. X-RAY APPROVED APP 29 1942 FILM No. 76-62 Х-гау Write in the appropriate notation, and any remarks necessary

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

IF REJECTED insert here UNFIT in block letters

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

This Candidate is the subject of.....

*(which renders him medically unfit for service,

not considered of sufficient importance to cause his rejection, he being desirable in other respects. * Delete one.

Dated	atWINNIPEG, MAN.	the	27th	.of	April	19 4	2.
Lanca							

Examining Medical Officer

Signature of Candidate

SURGEON LIEUT. R. C. N. V. R. (Rank).....

DEPARTMENT OF VETERANS AFFAIRS	AW	ARDS NAVY	- B.	WAR SERVICE RECORDS
DECEASED 7 May 1944				
MULCAHY Daniel		V-35412	Sto.l	FILE No.
SURNAME (IN BLOCK LETTERS) CHR	ISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE				
BADGE (CLASS) No.	DATE DESPA	ATCHED:		
ADDPESS:	•			
			· · ·	Ĵ.
CAMPAIGN MEDALS	RE	GISTRATION NUM	BER AND DATE D	DESPATCHED
<u>1939-45 Star</u> Atlantic Star				
C.V.S.M. & Clasp War Medal	_			
Mai medai				
	8517	-		
		(THE REVERSE TO BE	USED FOR ESTATE P	URPOSES)

MEDALS AND M HMCS "VALLI	EMORIALS-DECEASED PERSONNEL EYFIELD" Jan/45. R.C.N.V.R.	REGISTRATION No. DATE OF DESPATCH
ADDRESS:	rs. Kate Mulcahy - Mother 2275 West 7th. Avenue te. 9, Coronado Apts. VANCOUVER, B.C. Innipeg, Man.	MEMORIAL BAR DATE DESP REGN. NO. 645
ADDRESS:		(2)
(3) MEMORIAL CROS MOTHER ADDRESS:	Mrs. K. Mulcahy Ste 9 - Coronation Apts 485 Furby Street WINNIPEG, Manitoba	⁽³⁾ 10 October 1944

ED Dente	STATEMENT O	F WAR SERVIĈE MULCAHY	GRATUITY	10701
M. SER'S DENILOL NAME (CHRISTIA	N NAMES)	(SURNAME)	REGISTER N	
PAYEE Mrs. Kathe	rine Mulcahy.			O. NSV-
ADDRESS Ste.9 Coro	nado Apts.,		SERVICE N	
	OF OVERSEAS SERVICE	7 May/44	FINAL RANK OR RATIN	
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B. QUALIFYING OVERSEAS		30 207days @ 25c. per day		51.
				_
C. SUPPLEMENT FOR OVER	SEAS SERVICE			1
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	BSISTENCE OR LODGING PROVISION ALLOWANCE	\$ 1.45		
	ADDITIONAL PAY	\$ [*] \$		
		\$		
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		NO. OF DAYS 207	×\$ 30.10	34.
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CERTIFICATE CERTIFY TH	AT THE AMOUNT HAS B	1	\sim	
CERTIFICATE T CERTIFY IF	OF THE WAR SERVICE GR	ANTS ACT, 1944 AND THE	REGULATIONS ISSUED TH	EREUNDER

N.V. 17 0M—11-40 (7836)			E I					HAVAP .
N.S. 815-11-17	CER	rifi	CAT	CE d	of the	- SEF	SVIC	E of
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in th	e Roya	al Ca	inad	ian	Nava	al Vo	lunte	er Reserve
Training Head	dquarters			R.C.N	.V.R. Divis	ion		al Number. <u>U- 35-412</u>
Hali	laf		L	6h	ippe	iwa		"
P.S.T. PARTI Date of Actual Volunteering Date or re-ent	Date Date Date	RVICE	Ratii Enrolr Re-en	nan St, L Lec	<u>ritol</u>	O.F Signatur Signatur Date of	1.F.	Name and Address of Nearest Relative or Friend (in pencil) Kate Banne addates Rank. Rank. CORATIONS, etc.
		Heicht	P	ERSONAL	DESCRIPT	ION		
-4-main	Fee	Height et Inches		Weight	Hair	Eyes	Complexion	
On Entry		0	382	1642	Brown	Blue	Fair	Scattered mole in right groin
On re-enrolment—6 years' Serv	rice							
Dn re-enrolment—12 years' Ser	vice							
Further Description if necessar	y							
TRANS	FER BETWEEN	DIVISION		.[(TRANSFE	R—LISTS A AND B
From		То		Date	1	List	Date	Authority
2	-							

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	NAVAL TRA	INĮNG	and A	ACTIVE	E SERV	ICE	-	NAVAL 7
Year	SHIP OR ESTABLISHMENT	LEDGER List No.	RATING	FROM	то	CAUSE OF DISCHARGE	Year	SHIP OR ESTABLISHM
			active	Servi	ee)			
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					0			
	Wounds Received in Action, Hurt Ce	rtificates. Merit	orious Service. Sne	cial Recommenda	tions Prives on att			
	Date		Details			Captain's Signature		EXAMINATIONS, NOT
3. 9	100 '42 Jasme	OJ.C.	T.W #	B-454	71 = 3,	105 0/7/12/42	Date	Par
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1	Captain's Signature
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NAVAL TRAINING and ACTIVE SERVICE

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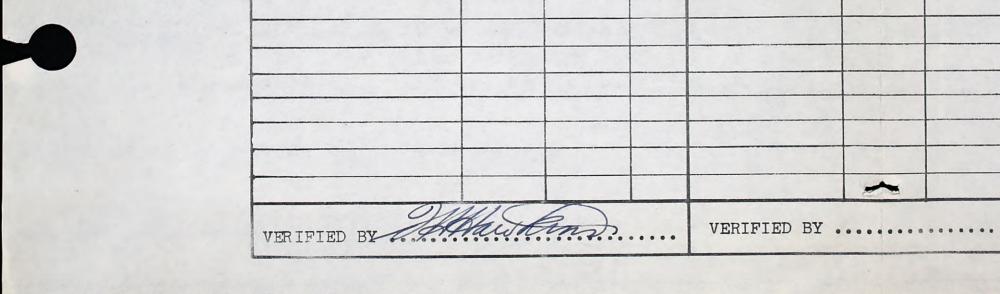
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	DEPAR	ement of NAT	IONAL DEFENCE			146308
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MULCAHY, Danie	a	Stok	er lat Class		V-35418	R.C.N.V.R.
DATE OF ENLIST	MENT - 27 A	pril, 1942	Active Servi	leet 2 Ju	ne, 1942	
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REMARKS:

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THIS PORTION OF FORM COMPLETED BY C	HIEF TREASURY ON NOE, NAVAL SERV		OF NATIONAL
Names of Dependents Relationship	Maiden name of wife	Date of marriage date of birth of	
Mrs. Kate Mulcahy Mother			
to been built and manabilitier as	The state of the		
			-
I was been a surplus and the second		with A south and	salo 283 abaasa magaalaa asa
The second se			0.100000.00000000000000000000000000000
. D. A.	A. P.	TOTAL	an an Andrey and a second
Monthly rate: \$25.00	\$30.00	\$55.00	
To Whom Paid: Mrs. Kate Mulcahy	Address		vide de .
Date of Enlistment: See other side	3.	485 Furby St., Wir	mipeg, Man.
Date of Discharge: See other sid			
Inclusive date to which D.A. and/or		<u>.</u>	
The final deduction of Assigned Pay	for \$30.00	has been made	for the period
from 1st to 31st of.	May 1	944.	A61. :
Remarks:			
L.D.			
Computed by L.D. Checked by	The Parts	0 83	
oneckeu by	a	lec f. Boomell	

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

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The Secretary, The Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ontario. S. 1246A. (Revised—July, 1938.)

5M—7-40 (5842) N.S. 815-9-1246a

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:-

(a) When a man leaves a ship after a period of not less than three months' service in her.

(ORIGINAL)

- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

AME	Christian			Officia	l Number I	Port Division
Dani	el			V-3541	2 Н	ALIFAX
						NING
	Date of				Romentes	Signature and Rank of Examining
					Ttemarks	Officer
			60	%	Good	Training Commander.
shment:	27-8-42	10-42	SUP		ed	Engineer Officer
s Manual Stoker 2nd Cl Class_224 oker	-R. 77 —Date 2	5-5-4		_Signatur	e and Rank:	to aouser
	Dani OF PRO (7) at Stokers' shment:— agineering -"Superior," s Manual: Stoker 2nd Cl	Christian Daniel OF PROGRESS AS S (To be filled in or Date of Commencing Control 10-8-42 24- at Stokers' Shment:— ngineering -"Superior," "Satisfactory" Stoker 2nd Class 29-6- Class Officer	Christian Ohristian Daniel OF PROGRESS AS STOKE (To be filled in on completing Date of Date of Commencing Completing 10-8-42 24-8-42 at Stokers' shment:— agineering 27-8-42 -"Superior," "Satisfactory" or "Moor B-R, 77 8-10-42 Stoker 2nd Class 2-6-42 Class 2-6-42 Oker_y Officer	Christian Christian Daniel OF PROGRESS AS STOKER 2ND (To be filled in on completion of Date of Class of awa com Commencing Completing Commencing Completing Commencing Completing Commencing Completing Commencing Completing Commencing Completing at Stokers' shment:	Christian Official Daniel V-35412 OF PROGRESS AS STOKER 2ND CLASS (To be filled in on completion of courses in 1) Class of Certificate awarded on completion* Date of Class of Certificate awarded on completion* Class of Certificate awarded on completion* 10-8-42 24-8-42 60% at Stokers' shment:	Christian Official Number I Daniel V-35412 H OF PROGRESS AS STOKER 2ND CLASS UNDER TRAID (To be filled in on completion of courses in Depot) Remarks Date of Class of Certificate awarded on completion* Remarks IO-8-42 24-8-42 60% Good at Stokers' shment: agineering 27-8-42 8-10-42 SUPER IOR Keen worker and interest ed "Superior," "Satisfactory" or "Moderate." (Failure to be noted in RI s Manual:Date 25-5-42 Signature and Rank:

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

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l of Auxiliary Wat ofessional and scho omotion are to be in	tchkeeping Cert	ificate, and RE courses and qu	SULTS of all alifications for		In the second		

Special Remarks :

STOKER RATING **Employment and Ability Rec**

Nore:--When a Stoker rating has become a Mechanician the words "Refitting and Mainter are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:-To be indicated as "Superior," "Satisfactory," "Mo

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	1	2	3	4	5	6 ച്ച	7	8	9	10	11	12 2	13	14	15	16	17
Date	Coal Fireman or Burning Oil Fuel, including Boats	Engineroom Watch Keeping at Sea	Electric Light Engine	Distilling Plant	Refrigerating Machinery	Air Compressing Machinery, including E. A. Plant	Internal Combustion Machinery	Hydraulic Pumping Machinery	Boiler Furnace Bricklaying	Electrical Duties (H. P. E.)	Steamboat Machinery	Motor Boat Machinery	Boiler Water Tender	Boiler Cleaning Party	Engineroom Watch Keeping at Sea	General Charge of Fring in a Boiler Room	Double Bottom Party
			NEW	ENTRY	TRA	NING											
8-10-42							OPLOY	FD DO	OCKYA	RD W	ORKING	PAR	TIES				
28-10-42			LA.M. 1.4.1.14		0.0.0.1.1.1.	A		H.F	·	1.1.2	«»		1				
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26-2-4	<i>H</i>																
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STOKER RATING mployment and Ability Record

ing has become a Mechanician the words "Refitting and Maintenance" d over columns 3, 4, 5, 6, 7 and 8.

indicated as "Superior," "Satisfactory," "Moderate," or "Inferior."

indica	ated as	"Super	rior," "	Satistad	etory,"	"Mode	rate," c	or "Infe	rior."					
		I	n Charge o	f				19	20	21	22	23	24	25
11	12	13	14	15	16	17	* 18							
Steamboat Machinery	Motor Boat Machinery	Boiler Water Tender	Boiler Cleaning Party	Engineroom Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties	Engineer's Writer	Charge of Engineers' Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
Ste	Mo	Boi	Boi		Cen		Re	E ^D	Chr	Pov	Pre	2	1.3/10/4	
											STO%		CORNWAL	
RING	PAR	TIES									STO%			102m
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Å, NAME

Official Number_

C.N.S. 264 (S. 264) 30M-10-41 (2181) N.S. 815-9-264

Name	MULCAHY		
Sub-Rating and Ser	niority to 3/c 290	kl. 9 2 Non-Sub	
O.N. V-35412	S.B. No	W.B.	No
Joined Ship 2	June ' 4 2.	from Din	thength
Engagement: Period	IHostil.	Expires	
	Oth November, 19		
	Efficiency.		
BadgesC	lass for Conduct	Class for L	eave
Date due for:	Next Badge		
	Progressive Pay		
	L.S. & G.C. Recomm	nended	
Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.		••••••	
Professional or			
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do Non-Sub. (For ordinary	Seamen Form T.S.34 (S.530	5D) must be used in addition	on).
Any Non-Service	Attainments		
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Swimming Qualifi	ication		
	ies		
Administry onhability		•••••••••••••••••••••••••••••••••••••	***************************************

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

H.M.C.S. "...CHIPPAWA "

Officer of Division.

Date 29th May, 1942.

* Notes:-(1) This form is to be kept for each rating by the Officer of his Division.

(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.

(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

C.N.S. 264 (S. 264)			
30M-10-41 (2181) N.S. 815-9-264		(ORIGINAL)	
Name Same	l MULCAH	V.	
Traine	niority Sto.T		
-	S.B. No.		No.
Joined Ship	11 1-	from Jehry	pawa.
• • • •	d Dur. Hos	1. Expires	0
	200.16		R.G.
Character	Efficiency	Sah Dat	e 6 July 42.
Badges nil	Class for Conduct	Ist Class for L	eave 1st
Date due for:	Next Badge 2 fu		
	Progressive Pay		
	L.S. & G.C. Recom	mended	
Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.			
Professional or higher Sub-rating			, *
do Non-Sub. (For ordinary	7 Seamen Form T.S.34 (S.53	36D) must be used in addit	ion).
Any Non-Service	Attainments 🗔	uch Drive in	Civil he /
<i>(</i> ,	four in la		
Swimming Qualit	lication		
Athletic capabilit	ies frenal S	Sont Mod	
	s (including intellige	ence, energy, initiat	ive, powers of com-
mand).		, +'II · /	1 11
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Would like -	To use 2600 p	hivious experime	with Desilinging
and	follow on in T.	Las handh.	with Desilinging
H.M.C.S. " Date 6 Ju	Lork . "	<u></u>	officer of Division.
	o be kept for each rating by		
his Division of	or Ship.		ision before the rating changes
(3) On a rating ch for the informa	anging his Ship or Establish ation of the next Officer of Div	ment, Form S.264 is to be travision.	ansferred with his other papers
			DTO

(OVER)

P.T.O.

Superior rating keen worker and interested.

H.M.C.S. "CORNWALLIS" Date 13/10/42

..... Officer of Division.

H.M.C.S.

Officer of Division.

Date.....

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

..... Officer of Division.

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

..... Officer of Division.

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

Officer of Division.

Date

C.N.S. 264 (S. 264) 75M-5-42 (4758) N.S. 815-9-264

Name MULCAHY, Daniel
Sub-Rating and Seniority Sto 1/2 Non-Sub
O.N. V- 35412 S.B. No. W.B. No.
Joined Ship 18-6-43 from H.M.C.S.MILLTOWN
Engagement: Period HOSTIL. Expires
Date of Birth 10-11-1916 Religion R.C.
Character U.S. Efficiency Sat. Date 18-2-44
Badges Nit Class for Conduct 15T Class for Leave 15T
Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended
Advancement. Wishes to Pass? Recommended? Date Qualified?
Educ. Test Pt.1
Higher Educ. Test.
Professional or
higher Sub-rating
do Non-Sub. (For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).
Any Non-Service Attainments Truck Driver

Swimming Qualification Athletic capabilities General.

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

Energy and Initative Good

attentive to his duties.

Power of Command Good

H.M.C.S. "FORT RAMSAY "

Date 18-2-44

Notes:-(1) This form is to be kept for each rating by the Officer of his Division.

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

MEDICAL QUESTIODAIRE

NOTE: ALLQUESTIONS TO BE ANSWERED SIMPLY "YES OR NO" 1. Have you ever been discharged from the NAVY, ARMY or AIR FORCE? 2. Have you ever had any of the following illness's or defects any time? (a) Rheumatism or Rheumatic Fever ... (m) Eye trouble (b) Tuberculosis or Pleurisy · · · · · MAT. (c) Bronchitis or Pneumonia . J.D. ... (o) Syphilis Bones...(p) Broken or disgased (d) Asthma or Hay Fever (e) Kidney or Bladder trouble(r) Flat or deformed feet (f) Bed wetting at night(s) Varicose Veins.... (g) Heart trouble (h) Indigestion of any kind convulsions (i) Stomack or Bowel trouble (u) Haemorrhoids or Piles (j) Nose trouble(v) Epilepsy (k) Ear trouble(w) Swollen, red or sore (1) Any Operations joints · · · · · / / / · · · · · ·

7. Are there any disease which run in your family?

on Lieutenant, R.C.N.V.R.

I hereby certify that I have revealed my full medical history and not withheld any revelant information.

when it Rahng 35412 O.N. Religion

Signature of Candidate

The following Questions must be Answered "YES" or "NO"

Para. 1

Have you ever, at any time in your life, had any of the following? Rheumatism.....Sore Joints.....Pleurisy.....Tuberculosis.... Bronchitis,....Asthma.....Pneumonia....Heart Diseases..... Kidney or Bladder Diseases.....Stomach or Intestinal Trouble..... Chronic Indigestion.....stomach Ulcer....Rupture......Piles.... Varicose Veins.....Trouble with Your Feet....Nose Trouble..... Ear Trouble......Eye Disease.....Fits......Dizziness...... Nervous or Mental Disease.....Gonorrhoea......Sugar in Your Urine... Skin Trouble......Albumin in your Urine.....Sugar in Your Urine...

Para. II

Para. III

Have any members of your family ever had any of the following: Tuberculosis.....Diabetes..... Asthma.....Nervous or Mental Diseases....

87030. - - Onke hight form DETAILS:

Modical Officer Mylla

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TO: D.N.P.A.	All productions of program	FI	LE No. N.S	.V-35412 4
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NON QUALIFYING SERVICE

(#) Date TURAS 201VS No. of Days Reason ATUTION tt 11 17 ** .. 11 11 11 tt TENPT/T 11 ** 11 11 ** Total Days TOURT SHALL SHALLS (%) . Date of Active Service OVERSEAS SERVICE: Pristante la elec No. of Days To. Where Serving From Total No. af Days 1397 28 Oct 42 15 mch 43 Ungava servicle Milltown 6 June 43 17 June 43 12-Valleyfield 26 Feb 44 7 may 44 Total No. of Days 727 Fairp and aced BBCT P Total Days 2234 Record of Service in other Forces (per Navel Necords) Spanch of Service Date of Active Service militar Valligfied. Date of Discharge Ungava 11 431 # & % Overlenf 4 30 30 31 31 (vacalt . 8. 1) 701 Checks 4 By 28 15 Leile John alberta alver . ografia-naofilia 139 Nevel Ferdoncel Recends DATES 4



FARTICULARS OF DEAD OR MISSING PERSONNEL WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY 2701

edde.

for

Deceased Member Samel MULCAHY Rating Stolle 0. No. 35-412 Mama of 1. Dependents' Allowance D.A. 25 mure. K. mur and Assigned Pay in force at date of death: A.P. 3000 D.A. _ A.P. ____ 2. Pension awarded or no record on file being awarded to: . War Service Gratuity mre Katherine Mulcak Application(s) received from: Ste 9 Coronado ap 485 Hurbe Winne deg, man. In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows: (X) To be paid to: mother as about In the proportion of: 1 - and -In the to: proportion of: / () 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.

vate 1/3/45

ESTATES BRANCH

HQ. V-35412 FD.582

January 29, 1945.

Mrs. Kate Mulcahy, Ste.9, Coronado Apts., 485 Furby Street, Winnipeg, Manitoba.

MULCAHY, Daniel, Sto.1 (Deceased) No. V. 35412, R.C.N.V.R.

Dear Mrs. Mulcahy:

Distribution can now be made of the amount of money here at credit of your late son.

The total amount available for distribution is \$49.43, being the balance of pay and allowances.

Your son died without having made a Will and his Service estate is, therefore, payable to you as the next of kin entitled under the Intestacy Laws of his province of domicile.

Treasury has been requested to send you direct a cheque payable to your order in the above amount of \$49.43, and on receipt of same will you kindly sign and return the enclosed form of acknowledgment to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully.

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

HEW/JN Encl.

DISTRIBUTION	OF	SERVICE	ESTATES	
	NAV	IX		

Estates Form "P. 4"

TL

me:	MULC	AHY,		Daniel		No :	V. 3541
9	Surname		Chr	ristian Names			••••••
	sto.	1/0.		H.M.C.S.	"VALLEYFIE	LD"	7-5-44
Rank		,	Unit			Date	of Death
					AMOUNT		
						L.P.C\$	49.43
	I	Date:		19-1-45		Other Credits	
						Total	49.43

SHARE	RELA	TIONSHI	P	34	NAME AN	D ADDRESS	AMOUNT
A11	Mot	her		Mr St Co: 48	s. Kate Mul e. #9, ronado Apts 5 Furby Str NNIPEG, Man	cahy, eet,	49.43
				•		in entitled)	
			T			REG. MAIL DIRECT. 5.29/1/45P4	
AUTHO	 RITY			1. W		DISTRIBUTION APPROVE	D AND AUTHORIZED
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT	Original s	signed by
9999	831	00	50	000	\$49.43	L. M. H	FIRTH
CLASSIFIE Origin	D BY al Signed by McCUAI	G	EXAM	INED BY		- (L. M. Firt Administra AUDITED FOR PAYMENT	н) LtColonel tor of Estates

50M-8-44 (5426) H.Q. 1772-80-2

CAN SHE

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Person 12/9/ 142636 *1. 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

Who* DISCHARGED DEAD on the 7 May	19	44
		<u> </u>
et sum due on ledger on account of Wages	\$ N T	cts.
roceeds of sale of Effects charged against Wages, brought from the other side		
ASH— \$ cts.	*	
Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
25181 Adm.Naval Estates ash deposited by official Receipt No	53	53
ash debited in the Accountant Officer's Cash Acct		
in debt in ledger, amount to be stated (in red ink)		
ate of allotment (in words). AP. THIRTY DOLLARS	мау	
ame of ship from which transferred HMCS."VALLEYFIELD" 194	14	
Total†CRED ITOR	53	53
We have have a here around the hold of the share of	I	
We hereby certify that we have every reason to believe that the above ac		
ue statement of all wages, Effects, and other Credits or Debts on the Ledger	of AVALO	N IC

Dated on board H	I.M.C.S. AVA	LON	at ST.	TOHN'S
NFLD.	this FIFT	H	JUNE	
Approved		PAY LIEUT COR	Accou	ntant Officer
and	Jouris	Just	Initial	s of the Assistant ountant Officer
A/CAPT	AIN. RCN.	Commanding Officer.		
For Use at Headquarte		ctscredite	ALC: NO.	
		ture		

AUDIT:

LEDGER: Set

ACCOUNT OF SALE OF THE EFFECTS

	TO WHOM SOLD			
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger	Paid for in Cash
	* * *		ALCONT .	
	221		2.7.1	
	1.1.	C. C. C.	· · · · · · · · ·	
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•••••	G.2. (G. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Sasaral)		
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	**	MICHAELAVE. CONTO		
	ee ee	01100/0		
·····	2 139 2 57 4		•	•
	1.922 C			18 M
	and the second			
	1000	Total proceeds of sale carried to account on the other side		

 $\begin{cases} \text{Lieutenant or Officer who} \\ \text{attended at the sale} \\ \text{of the Effects.} \end{cases}$

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

.....

+

12 2

. 2

.....Signature

.....Signature

:

.....

Rank

Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a CENTRAL Ship's Corporal. 1. 1 . .

41

REGISTRY (Personnel Section)

101



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STATEMENT OF ACCOUNT

•

1

••	<u>51</u>	ATEN	MENT	OF	ACCO	UNT	if	9
True extract fro	om the ledger of l	H.M.C.S. ".	AVALON"	VALLEYF	TELD " er	nding 30 June		.19 44
List 12 ² No	, <u>112 (</u> N	Jame)MULC	AHY. Da	niel	Rank	Rating Sto.I. N	35	5412
						Whither discharged.D		
							\$	c.
Pay asS	to.Ifro	ml.AI	1to	31 May		s at \$200a day)	122	00-
"			"	••••••		" ")		
"			"	•••••••		" ")		
"						" ")		
"	" Adju	stment N	arch, 1	.944		" ")		
OTHER CREE	DITS:H.L.	V26Ee	b 31	Mch	35days	@.13¢		55.
	••••••							
						Total credits	171	4.7
DEBT from for	rmer_account			*****			NXXX	
PAYMENTS:-	- 1st	2nd	3rd	4th	5th	1510 th	10	00
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	12	2.	
1st month	8.94	39.00				Total	47.	
2nd month						Total		
Cold State and State and State								
	and the second second	- or only on the			and the second se			
						(Trace of an the Title on)		57
OTHER CHAR	GES:U.s.R.s. 62.	row.paya	DTG.Adm	olya val.	ES.Lales	(Present War)		
				••••••	••••••			
LEDGER:	h					Total debits	171	47
	6	· · · ·			Balance Cr			
AUDIT: 9	U/			0		to be shown in red)	N	μг
_	actually victual	lled during p	period ment	ioned abov	e	37		
NOT VICTUALLED	LENT, SICK OR LEAVE		IVE DATE	No. OF	F SHI	IP, HOSPITAL, etc., WHICH BORNE		
-		FROM	то	DATS				
L						Com 1/1		
Date	5 June		19	S. Care		AMIMMY		
<u>C.N.S. 2426</u> 25M-5-42 (4545) N.S. 815-9-2426					PAY	EUT. COR., R.C.N.V.R. ACCOUNT	ANT OF	FICER

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-35412	Rank or Rating
(Surname)	Daniel (Christian Names)
Military Unit	
Air Force Establishment or Station	
Naval Ship or Establishment	

DECISION OF THE BOARD

1.	Casualty Pre	sumed Dead	Date	May 1944	Authority off. 1/	U.P.Records
	Dependents'	Allowance previo	usly in pa	y for		25.00
	Assigned Pay			* * * * * * * * * * * *	••••••	30.00

2. Effective June 1st 1944 vacate previous award and pay for a period of

six months to Mrs. Kate Mulcahy,

Ste. 9. Corouado Apts ...

485 Furby Street, WINNIPEG, Man.

Total\$ 55.00

- OR -

- B. A sum equal to Pension Rates, which in this case are higher\$
- 3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates \$ 50.00 and continue until advice is received of Canadian Pension Commission's decision.
- If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.
- 5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.

			(Chairman)	
Reviewer	K. Beardsley	R	1 Member)	eq
	SEPTEMBER 62ht 1944	12 FR	Harrier)	and
Date	SEF IEMBER CENT 1944	·····	(Member)	······
D.A.B. 20C D 50M-12-43 (3254) H.Q. 1772-45-20	12 (10 J.C.		2	/
/	Notervin			

	RM 5	rm if placed in an en			E OF MA	NITO									
		OFFI	ICIAL	REGI	STRATI	ON C	F DE	ATH		20					
1. PL	ACE (If in Rural Munic	pipality			Se	c	.Twp	Rg	e					
DE	ATH	If in City, Town o	or Village	(Name)	(Name)	Street.	tion, give nam	ne instead	House No.	d numbe					
2. LE	NGTH	OF STAY In M	Municipality	y where dea	th occurred	In P	rovince	In Ca	anada (if i						
		ths and days)													
		ULL NAME OF													
4. SE2		USUAL place of abody			and the second se										
4. 504	A	(Citizenship)	OR	AL IGIN	Widowed or Divord (Write the word)	d, 8. BI ed if in offi	RTHPLACI Canada, provin ce; if foreign, sta	(If in Mani nce, city, tow te the countr	itoba, give ex vn, village or y and post off	act location nearest pos fice address					
Mal	G	Canadian			Single	¥	innipeg,	Manit	oba.						
9. DA1		Month	Day	Year	10. AGE IN	Years	Months	Days	0.1						
BIR		(Write the word)	10	1.916	1	27	6		hrs.	orn					
CCUPATION E	L Trad spi	le, profession or ki nner, teamster, of	nd of work fice clerk,	as etc	Truck.	Drivar									
Y II	2. Kind	l of industry or bus	siness, as 12. bank. et		G. Gro	anberg	. (Midwe	antTru	it.)						
000 13	at this occupation this occupation														
15. If n	narried.	widowed or divor	ced give na	me											
	15. If married, widowed or divorced give name of husband or maiden name of wife of deceased. 16. Name of father.														
SLN 17	16. Name of father														
ARE 18	H 18. Maiden name of mother														
^{P4} 19	19. Birthplace of mother														
	The above stated particulars are true, to the best of my knowledge and belief.														
20. Sign	20. Signature of informant HOMMONY. Address Neval Service Head warters, Ottawa, Neval Personnel Records.														
Address Neval Service Headquarters, Ottawa 22. Place of burial, cremation or removal Date of burial															
				R.C.	s.R. ors, Ottaw					er 1/					
	e of bu	irial, cremation or	removal			Date of	of burial								
22. Plac	e of bu		removal act <i>rect</i>	overed		Date o	of burial								
22. Plac	ial Perr	rial, cremation or	removal	oveređ.		Date of	of burial								
22. Place	ial Perm nature o r person	nrial, cremation or 	removal 201 <i>re</i> or taker ME	DICAL C	ERTIFICATE	Date ofAddress Address OF DEA	of burial								
22. Place	ial Perm nature o r person	rial, cremation or BODY mit was issued by	removal 201 <i>re</i> or taker ME	DICAL C	ERTIFICATE	Date ofAddress Address OF DEA	of burial								
22. Place 23. Bur 24. Sign 0 25. DA'	ial Perr nature or r person TE OF EREB	rial, cremation or <u><u><u>BOD</u></u> <u>mit was issued by</u> of Undertaker <u>n acting as Undert</u> <u>DEATH</u> <u>Y CERTIFY tha</u></u>	removal actrace taker ME (Hour) t I attended	DVered.	ERTIFICATE (Day) from	Date of Address	of burial								
22. Place 23. Bur 24. Sign 0 25. DA'	ial Perr nature or r person TE OF EREB	rial, cremation or BODY mit was issued by of Undertaker n acting as Undert DEATH	removal actrace taker ME (Hour) t I attended	DVGPOČ . DICAL C d deceased : .19.	ERTIFICATE (Day) from, and last saw 1	Date of Address Address OF DEA	of burial								
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 V-35412
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22

11th May, 1944.

WAAAL BOART

Dear Mrs. Mulcahy:

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.

PEYours sincerely, SECRETARY, NAVAL BOARD

Mrs. Kate Mulcahy, Ste. 9, Coronado Apts., 485 Furby Street, WINNIPEG, Manitoba. DBL/AEJ

D.A.B. Navy A. 10M-4-42 (4262)

DEPENDENTS' ALLOWANCE BOARD

DEPENDENTS' [ALLOWANCE ROYAL CANADIAN NAVAL FORCES

Re Application for allowance to Dependent Relative under Article 367A

Naval H.Q. File NoNS.113-M-4110

D.A.B. File No.

MEMORANDUM

In connection with an application for Dependents' Allowance from the undermentioned applicant, this will certify that allotment has been made as required under Article 367A.

NameDaniel MULCAHYRank or Rating Stoker IIOfficial NumberV-35412Age26 years 2 months.

Ottawa, Ont. Dated January 27, 1943.

F.G. Hill) ay.Commander R.C.N.V.R. Superintendent of Naval Pay Accounting.

NOTE:

One copy of this form to be attached to M.F.M. 16A when sent by Naval H.Q. to Dependents Allowance Board.

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	D.B. 015709 JAN	м. г.м. 16 А 60М-6-40 (5636-7) H.Q. 1772-39-1665 4/1/0
nati statori	CANADIAN ACTIVE SERVICE FO SERVICE: MILITARY OR AIR	ORCE
	Application for Dependent's Allowance—For Dependents of vided for on Form M. 16	HER THAN THOSE PRO-
	all desired in a Politic Louisbillion of the publicle entropy 2.80	CNP DCNP DMNA
The names required by Questions 1, 2 & 13 must be shown in block capitals.	 Surname of applicant MULCAHY Full Christian name or names Daniel 	DTNA PDG MDG
	, give natore and duration of same forether with name and midness	DWS ²
	5. Unit, Station, or EstablishmentH.M.C.SUNGAVA	NFR. SNPA PIB
Quartice 7	6. Date appointment or enlistment 2 June 1942	
Question 7: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.	 7. Date reported for duty	
Questions 9 & 10: Are to determine the degree of eligibility to an allowance where salary or wages con- tinue in whole or in part.	9. If you are an employee of a Dominion or Provincial Governmen Commission or other Public Authority, give particulars of such en No	nployment
	10. If your salary or wages or any part thereof are being continued by during service, state amount per monthN.A.	
	11. Give particulars of your civilian occupation together with total time employed in the six months preceding enlistment Truck d between Winnipeg, Man. and Chicago, U.S. steadily making approx. \$150.00 per mor	earnings and period of driver 5.A Employed
	12. Name of dependent MULCAHY Kate Surname Christian Name	MIT. MITS. OT MISS
Question 15: Give street name and number or post office box number, R.R. No. city, town or village and province.	13. Address Suite #9 Coronado Apts Furby St.,	.Winnipeg,Manitoba.
	2.6.42 Stoken il	

Questions 16 te Have a bearing the eligibility for allowance and amount payable.

²⁸ 16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

2

Myself, my brother William, My sister Violet at #9 Coronado Apts. State name, address and relationship to dependent Furby St. Furby St., Winnipeg, Man.

17. With whom will the dependent make his or her home hereafter?..... (State relationship) ... My... Sister ... Violet

18. Is dependent being maintained in a Public Institution at the public's expense?...... Yes or no

If yes, give name and location of institution

.....

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address

......

20. From what date have you been contributing to the support of this dependent?..... 4. November, 1933

State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months \$50.00 per month which included ...room and board --- Total: \$300.00 for the 6 months

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Entitled me to board and lodgings

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?Has been dependent on me since 1933

Yes or No If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

25 .	If	deper	de
i	bro	thers	a
Nam	e		

William MULC

Violet...MULCA

26. (a) If any o and nature a

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...... (b) In any

exchange for

27. Give full par than your o under the fol

Dependent's

Personal ear Contribution lowances f members o

Insurance

Dividends fro bonds, etc

Interest on mortgages.

Rentals. Other Pay....

Tota

28. Fifteen days' pay 28. per month must be	What amoun
assigned to dependent to obtain allowance. If 15 days' pay per	
month has been as- signed to dependent wife and children, an additional 5 days pay 29. per month must be assigned to this de- pendent.	
	Have you m

	¥3		3	· · · ·		-
	25.	If dependent is f brothers and sister	ather or mother, sister rs.	or brother,	give particulars of	in en 11
stment?	. Nam		2275 W-7th Av		Occupation	Married or Single
#9 Coronado Apts.	Wills	am MULCAHY	Yancouver, B. #9 Coronado A	25	Ship Yards	Marri ed
Furby St., Winnipeg, Man.	Viole	e.tMULCAHY	Winnipeg, Man	. 24	Clerk	Single
				••••••		
			n The second s		a and the second se	2.011.130
Xo s or no	26.	(a) If any of the	above relatives contribution in	ated to such a	lependent's support,	state name
a sector a						
f mental address		A suffree A of	ha entr'aren	4		1. 1. 1. a
address		(b) In any such i	nstance did the relative	e contributing	; receive board and	lodgings in
		exchange for such	contributions. If "yes	" explain:		
		and the second second second				
				· · · ·		
				•••••		
<u></u>	07	Cine full portioulo	rs of the dependent's av	versus month	v income from all s	ources other
		than your own co under the following	intributions, to the best	of your know	wledge, information	and belief
			age Monthly Income from:	Dependent	's Average Monthly from:	Allowances
pport				Workmon's		
d room)	-	Personal earnings		1 = 6 + 2 mgt	a 73-1 wave to to.	A de a trans
total of		Contributions and lowances from c	l al-	Award.	\$	
		members of fam	ily. \$	Widow's P	ension\$	
hs		Insurance	\$		overnment or	
		Dividends from sh	ares,		al Allowances. ature of allow-	
you pro-			\$		name of Public y)\$	
lodgings		Interest on loans mortgages	s or \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
					\$	
indi		Assigne	đ		\$	
g enlist-		Other Pay	\$ 21.00			
or her so		Total	\$ 21.00		Total	
	e ·					1 1 19
	28. Fifteen days' pay 28. per month must be	What amount of	pay have you assigned	ed per month	on behalf of this	dependent?
	assigned to dependent to obtain allowance.	15	days' pay.	\$21.00		
and the state	month may been no				- 1	
	wife and children, an additional 5 days pay 29.	Date assigned pa	y effective 1. Jan	uary, 191	3. 4	
es not fully	assigned to this de-					and to
	30.	Have you made	a prior assignment of p	ay. It so sta	te number of days a	and to whom
			No			
						[OVER]

3

If so give particulars of previous unit and official number under which applied for and date of application

Certified that authorization for assigned pay as stated has been received. I certify that the above is a true statement.

Signature of Applicant

Date 6 January, 1943

.....

al mon

26. (a) if easy of the abase calatives on tributed to anch dependent's support, state three and extracted message of contribution in the 6 months preventing, your collections?

PAY S/LT RENVR Rank Paymaster U

y such instance did the relative contributing receive board and lodgings in

Establishment, unit or station. H.M.C.S. "UNGAVA"

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

For allot .A

enteren in the first R-a Ledgers (State nature of allow-

S: What amount of pay have you assigned per month C tree has 10

20. Date assigned pay effective 14 January, 1943

[sure]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
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NAME	AME MULCAHY (Surname)				Daniel (Given Names)					DATE OF BIRTH					10th November, 1916			
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