

V35412
MULCAHY
DANIEL

OCCUPATIONAL HISTORY FORM

MAY - 3 1952
113724110

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 Mulcahy, Daniel (b) Reg'l. No. V. 35412
- 2. (a) Arm of service RAF (b) Unit 1 KCHOR (c) Rank Stoker
- 3. (a) Date of birth 1919 (b) Have you any dependents? No (c) Place of residence at time of enlistment 485 Park St
- 4. (a) Place of enlistment Winnipeg (b) Date of enlistment Apr 27/42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 19 (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 10
- 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?

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?

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 W. Greenberg (Municipal) Address Boyd & Main
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Excavator
- 20. (a) Your specific occupation Truck driver (b) Number of years' experience at this occupation with any employer 8 yrs
- 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? (c) Do you wish to return to your former employment? No

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? (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.)
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Auto mechanic



DATE Apr 27 1942 SIGNATURE D. Mulcahy

MAY 23 1942

Copy
V...
ES

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.

September 12 1944

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

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.

GC/

A. A. Wade
 Commissioner
 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 Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Dead		Dec 16 - 1936	
4	Mother of the Deceased.....	Mrs Kate Mulcahy	51	Ste 9. Coronado Apts 485 Hurby St Winnipeg, Man	
5	Brothers of the Deceased	Full Blood	William Mulcahy	26	4782 Beatrice St Vancouver B.C.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Wiolet Mulcahy	25	Ste 9. Coronado Apts 485 Hurby St Winnipeg, Man
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Daniel Mulkahy
9	Date of his birth.	November 10 - 1916
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Winnipeg, Man. Sept 29 - 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Victoria Hospital
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Winnipeg, Manitoba Canada (27 yrs) (b) (c) (d)
14	Nature of employment before enlistment.	Trucking
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Winnipeg, Man. Canada

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10. — at Winnipeg
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
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

* Mother 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.

Mrs. Kate Mulcahy {Signature of Informant
Ste 9. Coronado Apts, Winnipeg Man Address
485 Hurby St.

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs K. Mulcahy

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

Dated at Winnipeg this 21st day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev. Frank R. Wood Qualification Chancellor, Diocese of Winnipeg

Address 363 St. Mary's Ave., Winnipeg, 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

(5) On being enrolled as a member of the H.M.C.S. CHIPPAWA Division of
Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this 27th day of April, 1942.

Signature of applicant X ~~A. W. H.~~ D. Mulcahy

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 27th day of April, 1942.

W. B. Kinsman

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 X D. Mulcahy

Witness W. B. Kinsman

Date 27th April, 1942.

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

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

(E) CERTIFICATE OF ATTESTING OFFICER

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 H.M.C.S. CHIPPAWA Division of the R.C.N.V.R. or in the appropriate official documents.

W. B. Kinsman
Sub-Lieut., R.C.N.V.R. Attesting Officer.

27th April 1942. R.C.N.V.R. Division H.M.C.S. CHIPPAWA
(or other establishment)

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

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

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

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

X D. Mulcahy
Signature



93236

MAY - 3 1942

113774140 CANADA

Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA (R.C.N. OR RESERVE FORCES)

2

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..... Daniel MULCAHY.....

‡ candidate for entry as..... Stoker II.....

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

‡ Strike out if inapplicable. * Delete one. Urine: Alb. & Sugar Negative

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

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
25 / 5	164 1/2	6 / 0	Good.	inches (a) maximum 40 1/2 (b) minimum 37 1/2 (c) mean 38 1/2	right eye 6/6 left eye 6/6 *colour vision N.	Never vaccinated.	Normal. B.P. 130/90	Normal.	Normal.	Normal.	Normal.	Normal.	Normal. 3 deficient. 2 defective. N & T Normal.	Normal.

*If colour vision is not normal by Ishihara test degree of colour blindness to be indicated.

Pupils react to L & A. Reflexes normal.

X-ray { Not taken. Approved. Positive. Doubtful.

X-RAY APPROVED APR 29 1942. FILM No. 76-62

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.

D. Mulcahy
Signature of Candidate

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

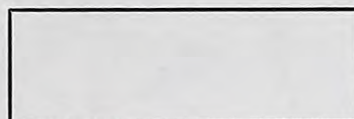
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED insert here UNFIT in block letters



Dated at..... WINNIPEG, MAN...... the..... 27th..... of..... April..... 19 42..

A. K. Minton
Examining Medical Officer

SURGEON LIEUT. R. C. N. V. R.

(Rank).....

AWARDS NAVY

D.D.

DECEASED 7 May 1944

MULCAHY

Daniel

V-35412

Sto.1

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

8517

(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

(1) MEDALS
PERSON

ENTITLED TO Mrs. Kate Mulcahy - Mother

ADDRESS: ~~Ste. 9, Coronado Apts.~~ 2275 West 7th. Avenue
Winnipeg, Man. VANCOUVER, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS: Mrs. K. Mulcahy
Ste 9 - Coronation Apts
485 Furby Street
WINNIPEG, Manitoba

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

645

(2)

(3)

10 October 1944

DC

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

NAVY

REG-
 MEMBER'S
 NAME

Daniel

(CHRISTIAN NAMES)

MULCAHY

(SURNAME)

REGISTER NO.

2701

FILE NO.

NSV-35412

DATE

15 May/45

SERVICE NO.

V-35412

FINAL RANK OR RATING

Sto.1/o

PAYEE Mrs. Katherine Mulcahy,
 ADDRESS Ste.9 Coronado Apts.,
 485 Furby St., Winnipeg, Man.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 706 EQUAL TO 23 COMPLETE PERIODS AT \$7.50

\$ 172.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 223 LESS 16 INELIGIBLE DAYS, EQUAL TO 207 DAYS @ 25C. PER DAY

\$ 51.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	25.00	.85
TOTAL	\$	4.30	x7 = \$ 30.10
NO. OF DAYS		207	x\$ 30.10
		183	

\$ 34.05

D. WAR SERVICE GRATUITY

\$ 258.30

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE

\$ NIL

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ 258.30

G. YOUR PORTION OF GRATUITY IS—

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

\$ 258.30

cheque # 118346 - 20/3/45.

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

SJD

CHECKED BY

[Signature]

TREASURY

CHECKED BY

[Signature]

DATE

15/3/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

CERTIFICATE of the SERVICE of

Daniel MULCAHY

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax</i>	R.C.N.V.R. Division <i>Chippawa</i>	Official Number <i>U-35412</i>
		"
		"

Date of Birth *10th November 1916*

Place of Birth *Winnipeg, Manitoba*

Place of Residence *Sta 9-485 Furby St, Winnipeg Man*

Trade brought up to *Truck Driver*

Religion *Roman Catholic*

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

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

Name and Address of Nearest Relative or Friend (in pencil)

(Mother)
Kate
Same address



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>27 Apr '42</i>	<i>Hostil.</i>	<i>Sto 3/4c</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>6</i>	<i>0</i>	<i>38 1/2</i>	<i>164 1/2</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Scattered mole in right groin</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

NAVAL T

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
				Active Service			
1942	Chippewa			Sto. 2/c	2 June '42	6 June '42	
1942	U.S.M.S. "York"			Sto. 2/c	7 June '42	6 July	
	Cornwallis			"	7 July '42	8 Oct '42	
	Stadacona			"	9 Oct '42	27 Oct '42	
	Stadacona (Ungava) ✓			"	28 Oct '42	1 Mch '43	
	" ✓			Sto. I	2 Mch '43	15 Mch '43	
	Stadacona			"	16 Mch '43	7 Apr '43	
	Fort Ramsay			"	8 Apr '43	5 June '43	
	Fort Ramsay (Miltown) ✓			"	6 June '43	7 June '43	
	" (Base)			"	18 June '43	18 Dec '44	
	Stadacona			"	19 Dec '44	25 Feb '44	
	Stadacona (Valleyfield) ✓			"	26 Feb '44	29 Feb '44	
	Andan (-) ✓			"	17 Mch '44	7 May '44	"D.D."

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

Date	Details	Captain's Signature
23 Nov '42	Issued S.C.T.W # B-45471	# 3105 of 7/12/42
15/1/44	SCTW # B 98206	

EXAMINATIONS, NOT

Date	Part
3 June '42	Identity Co

VERIFICATION FORM

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

RANK/RATING *Sto. 1/c* OFF. NO. *V-35413* ADDRESS

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

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

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

146308

Sir:

AUG 30 1944

(Date)

31

The following casualty has been reported -

NAME MULCAHY, Daniel RANK or RATING Stoker 1st Class NAVAL NO. V-35412 R.C.N.V.R.

DATE OF ENLISTMENT - 27 April, 1942 Active Service: 2 June, 1942

DATE OF DISCHARGE - 7 May, 1944

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

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

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Kate Mulcahy,

ADDRESS - Ste #9, Coronada Apts., 485 Furby St., WINNIPEG, 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.

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

P.A.'S CHECKED IN
C.R. BY H

C. R.
P. A.
NAVAL TREASURY
DATE 22/9/44
INITIAL K

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Kate Mulcahy	Mother	----	-----

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$25.00	\$30.00	\$55.00

To Whom Paid: Mrs. Kate Mulcahy Address Ste. 9, Coronada Apts.,
485 Furby St., Winnipeg, Man.

Date of Enlistment: See other side.

Date of Discharge: See other side.

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

The final deduction of Assigned Pay for \$30.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by L.D.

Checked by Dml

Alec J. Boswell

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

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

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.
- (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.

Surname	NAME Christian	Official Number	Port Division
MULCAHY	Daniel	V-35412	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	10-8-42	24-8-42	60%	Good	<i>Sam Bault</i> Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	27-8-42	8-10-42	SUPERIOR	Keen worker and interested	<i>[Signature]</i> Lieut. RCNVR Engineer Officer.

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—^{B.R. 77} Date 25-5-42 Signature and Rank:—*[Signature]* **Comm'd. Eng. RCN.**

Entered H.M. Service as Stoker 2nd Class <u>2-6-42</u>	Completed 2 years' training for Mechanician RCN.
Advanced to Stoker 1st Class <u>224443</u>	Rated Mechanician 2nd Class _____
Advanced to Leading Stoker _____	“ “ 1st Class _____
Advanced to Stoker Petty Officer _____	Advanced to Chief Mechanician _____
Advanced to Chief Stoker _____	

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
<i>Aux w/k certificate?</i>			

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

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

30M-10-41 (2181)

N.S. 815-9-264

Name Daniel MULCAHY
Sub-Rating and Seniority *St. 3/6 29 Feb 42* Non-Sub
O.N. *V-35412* S.B. No. W.B. No.
Joined Ship *2 June '42* from *Dir. Strength*
Engagement: Period *Hostil.* Expires
Date of Birth *10th November, 1916* Religion *R. C.*
Character Efficiency Date
Badges Class for Conduct Class for Leave

Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

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

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

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

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.

P.T.O.

Name Daniel MULCAHY
 Sub-Rating and Seniority Sto II Non-Sub
 O.N. V. 35 412 S.B. No. W.B. No.
 Joined Ship 7 June 42 from Chippawa
 Engagement: Period Dur. Host. Expires
 Date of Birth 10 Nov. 16 Religion R.C.
 Character Yg Efficiency Sat Date 6 July 42
 Badges Nil Class for Conduct 1st Class for Leave 1st
 Date due for: Next Badge 2 June 45
 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 in Civil life
Crack & Experience in Garage work, Diesel & Machine Shop.

Swimming Qualification

Athletic capabilities General Sports Mod.

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

'M' Test - 178 - A Intelligent + Capable.

Would like to use 2 yrs previous experience with Diesel engines and follow on in that branch.

H.M.C.S. " York " C. J. P. Macky
 Officer of Division.

Date 6 July 42

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

Superior rating keen worker and interested.

H.M.C.S. "CORNWALLIS".....

Date 13/10/42.....

H. Bessley S/D.
Officer of Division.

H.M.C.S.

Date.....

Officer of Division.

H.M.C.S.

Date.....

Officer of Division.

H.M.C.S.

Date.....

Officer of Division.

H.M.C.S.

Date.....

Officer of Division.

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 V.S. Efficiency Sat. Date 18-2-44
 Badges N.I. Class for Conduct 1st Class for Leave 1st

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 Initiative Good Attentive to his duties.

Power of Command Good

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

J.G. Bell Lieut (S.B.)
Officer of Division.

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.

MEDICAL QUESTIONNAIRE

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "YES OR NO"

- 1. Have you ever been discharged from the NAVY, ARMY or AIR FORCE? *No.*
- 2. Have you ever had any of the following illness's or defects any time?
 - (a) Rheumatism or Rheumatic Fever.....(m) Eye trouble..... *no*
 - (b) Tuberculosis or Pleurisy(n) Gonorrhoea *no*
 - (c) Bronchitis or Pneumonia(o) Syphilis *no*
 - (d) Asthma or Hay Fever(p) Broken or diseased Bones... *Broken Right Arm*
 - (e) Kidney or Bladder trouble(q) Rupture or Hernia... *no*
 - (f) Bed wetting at night(r) Flat or deformed feet *no*
 - (g) Heart trouble(s) Varicose Veins... *no*
 - (h) Indigestion of any kind(t) Dizziness, Fainting, fits convulsions *no*
 - (i) Stomack or Bowel trouble(u) Haemorrhoids or Piles *no*
 - (j) Nose trouble(v) Epilepsy *no*
 - (l) Any Operations(w) Swollen, red or sore joints *no*

3. Have you ever had an illness of more than one weeks duration *no*.....

4. Have you lost weight?..... *no*.....

5. Have you ever been in Hospital or Sanatorium?..... *no*.....

- 6 Have you or any one in your family ever had:
- (a) Tuberculosis..... *no*..... (c) Epilepsy..... *no*.....
 - (b) Diabetes *no*..... (d) Mental or nervous Breakdown..... *no*.....

7. Are there any disease which run in your family?..... *no*.....

W.A. Burnett
Surgeon Lieutenant, R.C.N.V.R.

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

Rating *Stoker II*
O.N. *V-35412*
Religion *RC*

Signature of Candidate
D. Mulcahy

NAME... DANIEL MULCAHY... RATING... STOKER... BRANCH...
OFFICIAL NUMBER... PLACE... HMCS CHIPPANA... DATE... APRIL 27, 42...

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... *no*... Sore Joints... *no*... Pleurisy... *no*... Tuberculosis... *no*
Bronchitis... *no*... Asthma... *no*... Pneumonia... *no*... Heart Diseases... *no*
Kidney or Bladder Diseases... *no*... Stomach or Intestinal Trouble... *no*
Chronic Indigestion... *no*... stomach Ulcer... *no*... Rupture... *no*... Piles... *no*
Varicose Veins... *no*... Trouble with Your Feet... *no*... Nose Trouble... *no*
Ear Trouble... *no*... Eye Disease... *no*... Fits... *no*... Dizziness... *no*
Nervous or Mental Disease... *no*... Gonorrhoea... *no*... Syphilis... *no*
Skin Trouble... *no*... Albumin in your Urine... *no*... Sugar in Your Urine... *no*
..... Sore Back... *no*.....

Para. II

Have you ever worn glasses... *no*... Have you ever been in hospital... *no*
..... Have you ever had an operation... *no*... Have you ever had any
broken bones... *yes*... Have you ever had a dislocation... *no*... Have you ever
had an injury... *no*... Have you consulted a doctor in the last five
years... *no*... Have you ever been rejected for Life Insurance... *no*
Have you ever received compensation from any Workman's Compensation
Board... *no*... Have you ever received a War Pension... *no*... Have you ever
been rejected for the Navy, Army, or Air Force... *no*.....

Para. III

Have any members of your family ever had any of the following:
Tuberculosis... *no*... Diabetes... *no*... Asthma... *no*... Nervous or Mental
Diseases... *no*.....

DETAILS: ① Right forearm - broke 8 yrs ago.

Medical Officer
at night *D. Mulcahy*

2701^u

TO: D.N.P.A.

FILE No. N.S.V-35412^u

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>MULCAHY^u</u>	<u>Laniel^u</u>	<u>V-35412^u</u>	<u>Ltj/c^u</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead^u

Application made by mother in Receipt of Pension

2 June '42 - 1 June '44 = 731
 Less 7 May '44 = 25
 24
706

TOTAL SERVICE

Date of Active Service 2 June '42^u
 Date of Discharge 7 May '44^u
 Total No. of Days 706^u
 # Less non qualifying service nil^u

Total Days 706^u

OVERSEAS SERVICE

% Total No. of Days 223^u
 # Less non qualifying service nil^u

Total Days 223^u

Record of Service in other Forces (per Naval Records)

Branch of Service _____
 Date of Active Service _____
 Date of Discharge _____

& % Overleaf

Computed By [Signature]
 Checked By [Signature]

DATE: DEC 18 1944

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

DD-w

NON QUALIFYING SERVICE

Overseas

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

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Ungava	28 Oct 42	15 Dec 43	139
Milltown	6 June 43	17 June 43	12
Valleyfield	26 Feb 44	7 May 44	72
			<u>223</u>

Ungava	Milltown	Valleyfield
4	12	4
30		31
31		30
31		7
28		72
15		
<u>139</u>		

Lt. (j.g.) [Name]
 Paymaster, R.C.N.R.
 Officer-in-Charge
 Naval Personnel Records

2701

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

Name of Deceased Member Samuel MULCAHY Rank or Rating Sts 1/c O. No. V:35-412

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. 25⁰⁰ ✓ Mrs. K. Mulcahy,
A.P. 30⁰⁰ ✓ (mother)
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: No record on file

3. War Service Gratuity Application(s) received from: Mrs. Katherine Mulcahy
Ste 9 Coronado Apts.,
485 Hurby St.,
Winnipeg, 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 above In the proportion of: 1

- and -

to: _____ In the proportion of: 1

() To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)
Group "C" of the above mentioned Directive.

Date 1/3/45

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

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:

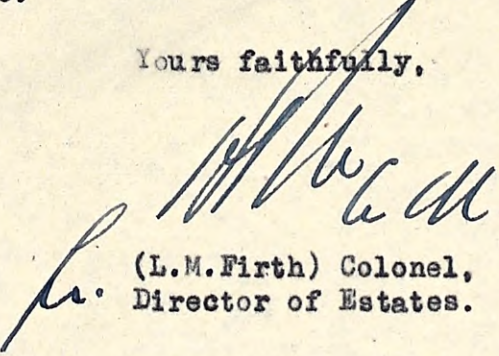
Distribution can now be made of the amount of money here
at credit of your late son.

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 acknow-
ledgment 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. 2.

TL

DISTRIBUTION OF SERVICE ESTATES
NAVY

Estates Form "P. 4"

Name: **MULCAHY, Daniel** No.: **V. 35412**
Surname Christian Names
Rank **Sto. 1/c.** Unit **H.M.C.S. "VALLEYFIELD"** Date of Death **7-5-44**

AMOUNT

Date: **19-1-45** L.P.C.....\$ **49.43**
Other Credits.....
Total..... **49.43**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Kate Mulcahy, Ste. #9, Coronado Apts., 485 Furby Street, WINNIPEG, Man.,</p> <p align="center">(As next of kin entitled)</p>	49.43

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 29/1/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	49.43
CLASSIFIED BY <i>Original Signed by</i> 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

Revised 12/9/ 142636
*1.

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

Name... MULCAHY, Daniel Rating... Sto.I.
Official No. V. 35412 H.M.C.S. AVALON "VALLEYFIELD" List... 12²/112
Who*... DISCHARGED DEAD on the... 7 May 19... 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		L
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181 Adm. Naval Estates (Present War)</u>	53	53
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>AP. THIRTY DOLLARS</u> charged to... <u>31 May</u>		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u> 1944		
Total†..... <u>CREDITOR</u>	53	53

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-THREE - - - - - dollars - - FIFTY-THREE - - - - - cents.

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

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

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

Signature.....
Date..... 19.....

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

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13925 dated 19 May, 1944

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

LEDGER: [Signature] AUDIT: [Signature]

DEPENDENTS ALLOWANCE BOARD

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

51

Official No. V-35412 Rank or Rating Stoker 1/c1

MULCAHY Daniel
(Surname) (Christian Names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment.....

DECISION OF THE BOARD

1. Casualty Presumed Dead Date May 1944 Authority off. 1/cU.P. Records
Dependents' Allowance previously in pay for mother \$ 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.
 - A. A sum equal to Dependents' Allowance \$ 25.00
and an assignment of days' pay of rank \$ 30.00
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.
4. 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.

Reviewer K. Beardsley

Date SEPTEMBER 26th 1944

D.A.B. 20C D
50M-12-43 (3254)
H.Q. 1772-45-20

*Noted 12/10/44
K. Beardsley*

H. [Signature] (Chairman)
[Signature] (Member)
[Signature] (Member)

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

39

1. PLACE OF DEATH { If in Rural Municipality... At Sea (Name) Sec... Twp... Rge... If in City, Town or Village... Street... House No... (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... (Surname) (Given name or names in usual order)

RESIDENCE... (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 | 5. NATIONALITY (Citizenship) | 6. RACIAL ORIGIN | 7. Single, Married, Widowed or Divorced (Write the word) | 8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)

9. DATE OF BIRTH | Month | Day | Year | 10. AGE IN | Years | Months | Days | If less than one day | hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Truck Driver
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. G. Greenberg, (Midwest Fruit)
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

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... Address... 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... (Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from... to... and last saw h... alive on...

CAUSE OF DEATH

I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, aethenia, etc. (a) Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk due to (b) by enemy action in the Atlantic. (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... 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... (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. Every item of information should be carefully supplied. (See reverse side for instructions.)

REGISTERED
AIR - MAIL
N.S V-35412 PERS. (N)

11th May, 1944.

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.

Yours sincerely,

SECRETARY, NAVAL BOARD

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

22

E.M.
HK

DEPENDENTS' ALLOWANCE BOARDDEPENDENTS' ALLOWANCE
ROYAL CANADIAN NAVAL FORCES*Re Application for allowance to Dependent Relative under Article 367A*Naval H.Q. File No. **NS.113-M-4110**D.A.B. File No. **9**MEMORANDUM

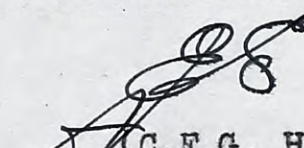
In connection with an application for Dependents' Allowance from the undermentioned applicant, this will certify that allotment has been made as required under Article 367A.

The total amount of Marriage Allowance now being paid to applicant is \$ **NIL** per day.

Name **Daniel MULCAHY** Rank or Rating **Stoker II**
Official Number **V-35412** Age **26 years 2 months.**

Ottawa, Ont.

Dated **January 27, 1943.**


(C.F.G. Hill)
A/Pay 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.

14. Age of dependent 50 15. Relationship Mother

Questions 16 to 28
Have a bearing on
the eligibility for the
allowance and the
amount payable.

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

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

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? No
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 of family doctor, if any. Old age

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

21. Are you the sole or partial support? Sole
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

24. If dependent is your mother, is your father living? No
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 dependent brothers and

Name

William MULCA

Violet MULCA

26. (a) If any and nature a

(b) In any exchange for

27. Give full part than your own under the fol

Dependent's

Personal ear

Contributions allowances for members of

Insurance

Dividends from bonds, etc

Interest on mortgages.

Rentals.

Assi

Other Pay

Tota

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

28. What amount 15

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

29. Date assigned

30. Have you m

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
William MULCAHY	2275 W-7th Ave., Vancouver, B.C.	25	Ship Yards	Married
Violet MULCAHY	#9 Coronado Apts Winnipeg, Man.	24	Clerk	Single

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26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

<i>Dependent's Average Monthly Income from:</i>	<i>Dependent's Average Monthly Allowances from:</i>
Personal earnings.....\$.....	Workmen's Compensation Award.....\$.....
Contributions and allowances from other members of family. \$.....	Widow's Pension.....\$.....
Insurance.....\$.....	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority).....\$.....
Dividends from shares, bonds, etc.....\$.....\$.....
Interest on loans or mortgages.....\$.....\$.....
Rentals.....\$.....\$.....
Other Pay.....\$ 21.00\$.....
Assigned	
Total.....\$ 21.00	Total.....\$.....

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance. 28. What amount of pay have you assigned per month on behalf of this dependent? 15 days' pay. \$21.00 ✓

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent. 29. Date assigned pay effective 1st January, 1943 ✓

30. Have you made a prior assignment of pay. If so state number of days and to whom No

[OVER]

31. Have you made a previous claim for dependent's allowance? **No**

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.

Paymaster *W. E. Leblond* Rank **PAY 3LT RCNVR**

Signature of Applicant *D. J. Mulcahy*

Date **6 January, 1943**

Establishment, unit or station.

H.M.C.S. "UNGAVA"

Place **Halifax, N.S.**

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

*D.K.
For allot. Dec.
19/1/43*

Hedgero R. ay

Personal earnings	\$	
Dependent's Allowance	\$	
Other Government Allowance	\$	
State nature of Allowance	\$	
Interest on bonds or mortgages	\$	
Rentals	\$	
Assigned	\$	
Other Pay	\$	
Total	\$	

30. Have you made a prior assignment of pay? If so state number of days and to whom

31. Date assigned pay effective **1st January, 1943**

32. What amount of pay have you assigned per month on behalf of this dependent?

V35412 OFFICIAL NUMBER NAME MULCAHY Daniel (Surname) (Given Names) OFFICIAL NUMBER V35412 P.I.B.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	D	Month	Year
H.M.C.S. Chippawa	Stoker II	27	4	42	Div. Str. Winnipeg	V.G.	Sat.	31	12	42							
"	"	2	6	42	Active Service	V.G.	Sat.	31	12	43							
H.M.C.S. York	"	7	6	42	T.L.	V.G.	Sat.	7	5	44							
Cornwallis	"	6	7	42	DL												
Stadacona	"	9	10	42	DRD, #H-16.												
Ungava	"	28	10	42	DRD, #H-36.												
Stadacona	"	16	3	43	DRD H-935												
Fort Ramsay	Stoker I	2	3	43	Back Dated (249A/29903)												
Milltown	"	8	4	43	DRD H-1128												
Fort Ramsay	"	6	6	43	Fort Ramsay DRD # 46												
Fort Ramsay	"	18	6	43	Fort Ramsay DRD # 48												
Stadacona	"	26	2	44	DRD # 78 P2												
Valleyfield	"	26	2	44	DRD # S84 P.1 --Avalon 1/3/44 S.C.												
DISCHARGED		7	5	44	Missing Casualty List 249A A13925												
					Presumed Dead per Correction Sheet #100												

GENERAL REMARKS
 Canadian Memorial Cross awarded to Mother: Mrs. Kate Mulcahy, Ste #9 Coronado Apts., 485 Furby St. Winnipeg, Man. 10/10/44

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENLI.	SERV. DIV.			RANK OR RATE		
DY.	MO.	YR.	MAIN	SUB.	MAIN	SUB.	GIOR		R.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK		
10	X	16	16		580		0	10	3	6	06	06	0	06	0	15	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP	CA	RANK OR RATE						
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK					
27	04	42	02	06	42					12	30	0	15	94				
REMARKS												COVERED	CHECKED					
DISCHARGE DATE			STR.	NON-SUB.	M	BY			REASON									
DY.	MO.	YR.	CAT.	A	B	ST.	BY			REASON								
02	03	43	13	00	00	21	249A			M.P.								

07-05-44

V35412

OFFICIAL NUMBER

FILE NUMBER

113-M-4110

OFFICIAL NUMBER V35412

NAME

MULCAHY
(Surname)

Daniel

(Given Names)

DATE OF BIRTH

10th November, 1916

PLACE OF BIRTH

Winnipeg, Man.

OCCUPATION

Truck Driver

RELIGION

Roman Catholic

EDUCATION

Grade X

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Ste. 9-485 Furby St.

Town

Winnipeg

Province, etc.

Man.

ENGAGEMENTS

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
										From	To	
27	4	42	H.O.	6'	Brown	Blue	Fair	Scattered mole in right groin.				

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

ADDRESS (in pencil): Street and No.

Ste. 9 Furby apt. 485 Furby St.

NAME (in pencil)

Kate Mulcahy

Town

Winnipeg

Province, etc.

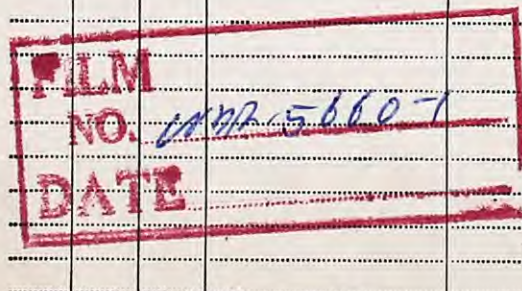
Man.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
19	5	44	Eligible for award of CVSM & Clasp								

BADGES, G.C. OR G.S.

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



Date (in figures)

DAYS FORFEITED

Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
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O.H.F. received

SECOND CLASS FOR CONDUCT

From

To

