

SCULLY, FRANK JOSEPH

O65800

103-8-110

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Frank J Scully (b) Reg'l. No. _____
2. (a) Arm of service Navy (b) Unit USS Cassin (c) Rank Surg Lt.
3. (a) Date of birth March 1913 (b) Have you any dependents? _____ (c) Place of residence _____
4. (a) Place of enlistment Montreal (b) Date of enlistment Dec. 1940

PLEASE LEAVE BLANK

73

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 20 (b) Were you attending school or college up to the time of enlistment? Neither
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.) Matriculation St. John High School
7. If you attended a university, give name of university and standing or degree secured BCUBA; M.S.C.M.; K.M.S. (S.S.) X. W. Univ. London
8. (a) Did you ever enter upon a trade apprenticeship? _____ (b) If so, for what occupation? _____ (c) Did you finish it? _____ (d) If you did not finish it, how long did you serve at it? _____
9. (a) What languages do you speak fluently? English, French (b) What languages do you read well? English, French

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? Medical

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 My own office Address Med. Lib. Montreal
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 specific occupation yes (b) Number of years' experience at this occupation with any employer 20 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? _____ (c) Do you wish to return to your former employment? yes

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

22. (a) State nature of business, or professional practice Diagnosis (b) Where was it located? Montreal
23. (a) Number of years engaged in this business 20 yrs. (b) Have you made, or will you make plans to return to the same or a similar business on discharge? yes

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? no
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) _____
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form _____

DATE

July 18

194

SIGNATURE

F. Scully



TO
WD
ES

NOV 10 1942

Mrs. Camille Scully,
 1572 MacKay St., Apt. 7,
 Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. 103-S-110 FD.227

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

June 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

SCULLY, Frank J., Surg. Cdr.

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.

HEW/JN

Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Caville Pascal Scully		1532 Mackay St. Montreal
2	Children of the Deceased and dates of their Births.....	Jacqueline Sirois		Mrs B. D. Sirois 3 Washin gton square N. Y. C.
		William Ernest Scully		N. E. N. Y. C.
3	Father of the Deceased.....	W. E. Scully (Deceased)		St John N. B.
4	Mother of the Deceased.....	Mary Ring (Deceased)		St John N. B.
5	Brothers of the Deceased	Edward Paul (Deceased)		wife residing at 75 Zechelberg St St John N. B.
6	Sisters of the Deceased	Agnes O'Boyle		2156 Sherbrooke St W. Montreal
		Helen Scully		213 Lancaster St St John West N. B.
		Mable Driscoll		213 Lancaster St St John West N. B.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Francis Joseph Scully
9	Date of his birth.	7 th of March 1893
10	Place and date of his marriage.	28 th of Sept. 1918
11	Place and date of his parents' marriage.	St John M. B. Oct 19 th 1888

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St John M. B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) N. B. until college age (b) Que. from 1919 until enlistment (c) (d)
14	Nature of employment before enlistment.	Physician
15	State whether he owned the premises in which he lived, and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	Montreal Canada

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not prepared
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?	yes copy has been forwarded
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	See space for additional remarks on next page.
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.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

* widow 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.

Camille Pacaud Scully.....

{Signature of Informant

1532 Quebec St Montreal.....

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief... Camille Pacaud

*See above.

Scully { Name of informant } is the* widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 20th day of June 1949

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

W. H. Hardy

Qualification Commissioner

Address 2000 Aldred Bldg Montreal

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

Question 22. Insurance:

Sun Life Assurance Company, approximately \$5,900.00; widow named as beneficiary;

Canada Life Assurance Company, approximately \$1,500.00; children named joint beneficiaries;

Confederation Life Assurance Company, a total amount of approximately \$8,000.00, payable in monthly instalments over a two years' period; children named joint beneficiaries.

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I understand and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 18th day of December, 1940.

[Handwritten Signature]
Signature of Applicant.

The above declaration was made and signed in my presence this 18th day of December, 1940.

[Handwritten Signature]
Signature of Enrolling Officer.

Lieut. R.C.N.V.R.

(C)

OATH OF ALLEGIANCE

I, Frank Joseph Scully, 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.....*[Handwritten Signature]*

Signature of Witness.....*[Handwritten Signature]*

Date 18th December, 1940

Rank.....*[Handwritten Signature]* Lieut. R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.



P096490

N. V. 4
10M-4-40 (4718)
N.S. 816-11-4
DEC 19 1940
103 8-110
CANADA

6

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME..... SCULLY,		PERMANENT ADDRESS	
CHRISTIAN NAME..... Frank Joseph		Medical Arts Building, Guy St.,	
RELIGION..... R. C.		Montreal, P. Q.	
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN	
March 7th, 1893	Town St. John, County N. B. Province Country	Wife, Camille Scully, c/o Medical Arts Building, Guy & Sherbrooke Sts., Montreal, P.Q.	

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 41	Dark Brown	Brown	Medium	Nil
Inches..... 6½	Deflated..... 38				
169	Mean..... 39½				
DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY		
18th December '40	Prob. Surgeon Sub. Lieut (Temp)	Married	Physician		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) I served in ~~Royal Canadian~~ ^{Army} Medical Corps for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
R.C.M.C.	Captain	1916	1920

- (c) I have never been rejected for any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct, and true according to the best of my knowledge and belief.

(OVER)



CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Frank J. Scully
candidate for entry as Surg. Lt. R.C.N.V.R.
and I believe him to be * $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service.} \\ \text{unfit for His Majesty's Service for the reason stated below.} \end{array} \right.$ He has signed
the Certificate given below in my presence.
†Strike out if inapplicable. * Delete one.

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

(a) Age Years Months	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches (a) maximum (b) minimum (c) mean	(f) Vision by— (i) Snellen's Types (ii) Colour Vision right eye left eye colour vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc. *X-Ray	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
47 8/12	169	56 1/2	Good	41 38 39 1/2	6/6 6/6 N	2 SL A child	67310 app	appendix dead.	normal	normal	normal	normal	Partial upper & lower dentures 5 missing	clear.

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

[Signature]
Signature of Candidate

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal the 3rd of DEC -- 1940 19

rechecked
Dec. 18/40 J.R.S.

A.C. Church
Examining Medical Officer

(Rank) Surg. Lt. R.C.N.V.R.



OFFICIAL NUMBER

NAME SCULLY
(Surname)

Frank Joseph
(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Montreal	P/Surg. Sub-Lt. T	18	12	40	(Est.)												
H.M.C.S. Stadacona	Surg. Lieut. T	19	12	40	for travelling time												
H.M.C.S. Stadacona	Surg. Lieut. T	20	12	40	duty in R.C.N.B.												
Duty D.H.Q. Kingston	Surg. Lieut. T	29	5	41													
H.M.C.S. Stadacona	Surg. Lieut. T	10	9	41	duty in R.C.N.B.												
HMCS Prince David	Surg. Lieut. T	6	11	41													
H.M.C.S. Stadacona	Surg. Lieut. T	27	7	42	Per Appt. 21.7.42												
H.M.C.S. Montreal	Surg. Lieut. T	25	1	43	(Est.) Per Appt. 12.2.43												
H.M.C.S. Montreal	A/Surg. Lt. Cdr. T	1	7	43	(Est.) Per Appt. 6.7.43												
H.M.C.S. Donnacona	A/Surg. Lt. Cdr. T	26	10	43	(Est.) Per Memo 25.10.43												
H.M.C.S. Donnacona	Surg. Cdr. T	17	12	43	Per Appt. 20.12.43												
DISCHARGED	Surg. Cdr. T	18	12	43	"Dead" Per W/T -/19/12/43												

GENERAL REMARKS

*4 days unpaid leave from 11/1/43
with leave not credited back
Montreal Que*

*Next of kin Daughter
Miss Fannyline Scully
Ritz Carillon Hotel
Montreal Que
1755 137 11/1/43*

Canadian Memorial Cross sent 27.1.44
To wife: Mrs. Camille Scully,
Apt. 2, 1532 MacKay St.,
Montreal, Que.

DATE OF BIRTH			PLACE			CIVIL OCCU.			RELI.	ED	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK			
07	3	93	15	725	0	10	0	2	23	02	9	09	2	03	12			
ENLIST. DATE			ACT. SERV. DATE			STR.	M	ACT. SERV. DATE			SHIP OR	RANK OR RATE						
DY.	MO.	YR.	DY.	MO.	YR.	CAT.		DY.	MO.	YR.	ESTAB.	A	BR	RANK				
18	12	40	19	12	40						9640	0	03	07				
SENIORITY			STR.	NON-SUB		M	ST.	CODED			CHECKED							
DY.	MO.	YR.	CAT.	A	B	60		18-12-43	m87m	m7m								

OFFICIAL NUMBER

FILE NUMBER

103-S-110

0-65800

OFFICIAL NUMBER

NAME

SCULLY

(Surname)

Frank Joseph

(Given Names)

DATE OF BIRTH

7 March, 1893

PLACE OF BIRTH

St. John, N.B.

OCCUPATION

Physician

RELIGION

Roman Catholic

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Medical Arts Bldg., Guy St.

Town

Montreal

Province, etc.

Que.

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
18	12	40	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'6 $\frac{1}{2}$ "	D. Brown	Brown	Medium	Nil

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To
C.O.M.C.	Capt.	1916	1920

NEXT OF KIN RELATIONSHIP (in pencil)

Wife

NAME (in pencil)

Mrs. Camille Scully

ADDRESS (in pencil): Street and No.

1542 Mackay St. Apt. 2

Town

Montreal

Province, etc.

Que.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

FILM
NO. 4439-8
DATE

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

SECOND CLASS FOR CONDUCT

From

To



D OF D 18-12-43

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

D.D.

WAR SERVICE RECORDS

SCULLY Frank Joseph		0-65800	Surg Cdr.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	4401
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Nov. 44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mr. Albert Lamarre - Trustee

ADDRESS:

19 St. James Street, E.,
Montreal, P.Q.

Memorial Bar to:

Mrs. Camille Wainwright,
1614 Seaforth Avenue,
Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

Mrs. Camille Scully

ADDRESS:

Apt. # 2, 1532 MacKay St., Montreal, Que.

(2)

27-1-44

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(3)

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

795

173

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. **Donnacona** at **Montreal, Quebec.**

Name **Frank Joseph SCULLY**
(Christian names in full)

Rank of Rating **Surgeon Commander RCNVR** Official No. **---**
(If unknown, date of first entry)

Place of Birth **St. John, N.B.** Date of Birth **7th March 1893**

Occupation in Civil Life **Physician** Religion **Roman Catholic**

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

Date of Death **18th December, 1943** Place of Death **Montreal, Quebec.**

Cause of Death **Cerebral Haemorrhage**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Camille Scully** Relationship **Wife**
Address **1572 MacKay St. Apt. 7, Montreal, Quebec.**

Date on which the above was informed by Ship **18th December, 1943**

Date on which death was registered with local Officials **19th December, 1943**

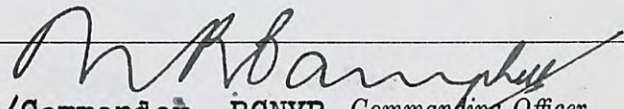
In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality **-**

Place of Burial **St. John, N.B.** Date of Burial **23rd December, 1943**
(if known) (if known)

Location, Number, etc., of grave **N.K.**

Undertaker employed **Montreal - Wm Wray Inc. 2045 University St.** (if known) **St. John, N.B. - N.K.**
(if any)

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


A/Commander, RCNVR, Commanding Officer,
21st December, 1943

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

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

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

President of the Board: Lieutenant J.H.E.Colby, R.C.N.V.R.
Members : Lieutenant C.S. Boucher, R.C.N.V.R.
 : Lieutenant D.C. Case, R.C.N.V.R.
 : Lieutenant R.H. Perowne, R.C.N.V.R.
Witness : Surg-Lieut. C.C. Macdonald, R.C.N.V.R.
Shorthand Writer : Writer N. Couttie, V-54401.

SUBJECT : Death of Surg-Commander F.J.Scully, RCNVR.

MINUTES

100511

Lieut. Colby : I call upon Surg.Lt. Macdonald to give an account of the circumstances surrounding the death of the late Surg-Commander Scully.

Surg-Lt.Macdonald: It has come to my attention, not being on duty at the base, but, apparently Surg-Commander Scully was ill during the two weeks preceeding his death, and from what I am told he was suffering from some type of pulmonary infection, probably bronchitis or influenza and there is also a history that Leading S.B.A. Williamson had made a urine examination of Surg-Commander Scully two weeks previous and found pus cells, hyaline and granular casts and few red cells, which would indicate that he had some kidney damage.

On Saturday the 18th December, 1943, following a medical reboard on Lieut. O'Brien at the Western Division, Montreal General Hospital, Surg-Commander Scully collapsed and when he was examined by a staff physician, who was present at the time, it was found that he was in shock and had slurring speech. When examined a short while later by Dr. F.H.Mackay, Consulting Neurologist, and a staff member of the Western Division, Montreal General Hospital he was found to be without speech and that he had a marked weakness in the right arm and right leg and his eyes and head were held over to the right side of the body. His reflexes were increased on the right side and examination of his eye grounds showed sclerotic changes.

A diagnosis of cerebral haemorrhage was made at this time and Surg-Commander Scully was admitted to the Western Division, Montreal General Hospital as a patient. During the afternoon and early evening of December 18th he showed some improvement with return of speech and full consciousness. However, blood pressure recordings showed a gradual increase and was recorded as $\frac{178}{122}$ at 4:00 P.M. and $\frac{198}{132}$ at 7:00 P.M.

This was taken to indicate an increasing intracranial pressure. At about 10:30 P.M. patient suddenly complained of severe pain in the head and had severe generalized shaking of the body. When seen by myself immediately following these complaints the patient became unconscious and remained in this state until death occurred at 11:55 P.M.

Diagnosis established by myself and Dr. F.H. Mackay was cerebral haemorrhage.

Lieut. Colby : Was there anything in the nature of the Board which Surg-Commander Scully was conducting which in itself would have caused his cerebral haemorrhage?

Surg-Lt.Macdonald: No, it was purely a routine matter.

Lieut. Perowne : Was he called out of bed because of insufficient medical help?

Surg-Lt. Macdonald: No. The question has been raised as to whether or not the pressure of duties forced the late Surg-Commander Scully to resume his duties from his sick bed when he was not physically fit to do so. This assumption is not correct in that there were sufficient medical Officers attached to the Division to carry on such duties as were necessary and that the duties which the late Surg-Commander Scully was engaged in at the time of his death could have been handled by one of his other Medical Officers.

As far as my personal knowledge is concerned the late Surg-Commander was up and about because he wanted to be moving around and prior to this episode he had been asked by myself to enter hospital for a check up and he refused.

Lieut. Colby : Would it have been possible for Surg-Commander Scully to have died from a cerebral haemorrhage, in the normal course of events without regard to his duties in the Naval Service?

Surg-Lt. Macdonald: The specific condition which is noted as the cause of death, cerebral haemorrhage, could have occurred whether Surg-Commander Scully was in the Naval Service or was a civilian all his life.

In addition, in the first examination by Dr. Mackay he states that the fundi, referring to the eyes, show sclerotic changes. These changes mean that a pathological process had been occurring in the blood vessels for some time and that the cause of death, namely cerebral haemorrhage, could have occurred at any time, regardless of the work the patient was engaged in.

Lieut. Colby : Was the cerebral haemorrhage brought on by a slow process over a period of years?

Surg-Lt. Macdonald: Yes.

Lieut. Colby : There being no further questions this board is adjourned in order to determine its findings.

FINDINGS.

This Board finds that the death of the late Surg-Commander Scully was not due to his Naval Service and that death was the result of natural causes.

J. H. E. Colby
.....
J.H.E. Colby,
Lieutenant, RCNVR.

C. S. Boucher
.....
C.S. Boucher,
Lieutenant, RCNVR.

D. C. Case
.....
D.C. Case,
Lieutenant, RCNVR.

R. H. Perowne
.....
R.H. Perowne,
Lieutenant, RCNVR.

sw

153

By Command of the Honourable the Minister
of National Defence of the Dominion of Canada

103-2-110

P.P.

To Surgeon Lieutenant-Commander Frank J. Scully, (Acting), R.C.N.V.R.
(Temporary),--

The Minister of National Defence hereby appoints you
promotes and re-appoints you

Surgeon Commander, R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship DONNACONA.

promotion

Your appointment is to take effect from 17th December, 1943.

Vice-Admiral,
Chief of the Naval Staff

Department of National Defence

Ottawa, 20th December, 1943.

H.Q. 36a
N. S. 815-7-36a
10M-7-41 (1117)

Personnel Records Division	
1. Noted in Records	LB
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	
5. Roneo Strip	LB
6. Pension Card	
7.	
8.	
DATE	28/12/43

Blank

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: **SCULLY, Frank J.** No.:
 Surname Christian Names
 Rank: **Surg. Cdr.** Unit: **R.C.N.V.R.** Date of Death: **18-12-43**

AMOUNT

Date: **21-11-44** L.P.C. \$ **125.62**
 Other Credits.....
 Total..... **125.62**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	Creditor	Wardroom Officers' Mess, Admiralty House, H.M.C.S. "SEADACONA," HALIFAX, N. S.	49.18
Bal.		Albert Lemarre, Trustee in Bankruptcy, of Estate of Frank J. Scully, deceased. 19 St. James St. East, MONTREAL, Que., (per Court Order)	76.44

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 29/11/44 Q4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	531	00	50	000	\$125.62
CLASSIFIED BY Original Signed by L. B. ROSEBUSH			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

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Frank Joseph SCULLY

(CHRISTIAN NAMES) (SURNAME)

Mrs. Camille Scully,

PAYEE
 ADDRESS

Apt. 7,
 1532 MacKay St.,
 Montreal, P.Q.

REGISTER NO.

11600

FILE NO.

NS. 0-65800

DATE

16th July '41

SERVICE NO.

R.C.N.V.R.

FINAL RANK OR RATING

Surg. Cmdr.

DATE OF TERMINATION OF OVERSEAS SERVICE

26th July '42

DATE OF DISCHARGE

18 Dec '43.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1095 EQUAL TO 36 COMPLETE PERIODS AT \$7.50

\$ 270.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 263 LESS nil INELIGIBLE DAYS, EQUAL TO 263 DAYS @ 25c. PER DAY

65.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	11.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	2.85	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	32.20	\$	1.07
TOTAL	\$	14.92	X7 = \$ 104.44
NO. OF DAYS	263	X\$	104.44
	183		

150.10

D. WAR SERVICE GRATUITY

485.85

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ N11
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

485.85

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 485.85

Cheque 45664 - July 27/45

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		CHECKED BY		TREASURY	
EM		<i>[Signature]</i>		<i>[Signature]</i>	
		CHECKED BY		DATE	
		<i>[Signature]</i>		<i>[Date]</i>	

for Dir. Naval Pay Accting. SERVICE REPRESENTATIVE