

V5995
RAYMOND
PAUL JOSEP

RCNVR Jan.45 "VALLEYFIELD"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Reid Raymond - Father - Benef.

ADDRESS: 6383 - 11th Ave.,
ROSEMOUNT, MONTREAL, QUE.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marie Raymond

ADDRESS: 6383 - 11th Ave., Rosemount, Montreal, Que.

ADDRESS:

MEMORIAL BAR

(1) DATE DESP

REGN. NO

871

(2)

(3)

10-10-44

RAYMOND	Paul Joseph Russell	V-5995	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	7551

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V5995

OFFICIAL NUMBER

FILE NUMBER

113-R-512

OFFICIAL NUMBER

V5995

NAME RAYMOND Paul, Joseph, Russell DATE OF BIRTH 15th July, 1922
(Surname) (Given Names)

PLACE OF BIRTH Ottawa, Ontario. OCCUPATION Unemployed

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 6383 - 11th Avenue, Rosemount, Town Montreal, Province, etc. Que. Can.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
20	8	40	H.O.	5'4"	Dark	Brown	Dark	Nil.				

NEXT OF KIN RELATIONSHIP (in pencil) NAME (in pencil) Mrs. Mary Russell

ADDRESS (in pencil): Street and No. 6383 - 11th Avenue Rosemount Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
28	2	44	C.V.S.M. (R & C).	1	10	41	Marked "Tr".				
25	2	44	1939-43 Star. (A10320).								

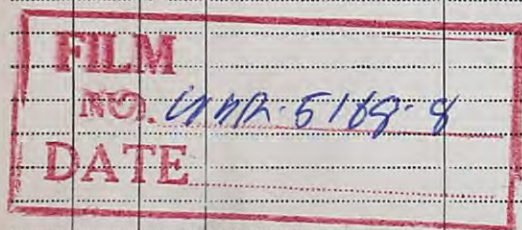
BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
2	9	43	1st GCB (3911)	Granted							

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

SECOND CLASS FOR CONDUCT

From

To



V5995

OFFICIAL NUMBER

NAME (Surname)

RAYMOND

Paul, Joseph, Russell

(Given Names)

P.I.R.

OFFICIAL NUMBER

V5995

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Montreal Div. Str.	Ord. Smn.	20	8	40		V.G.	Supr.	31	12	40							
Duty Div. Hdqtrs.	" "	1	9	40		V.G.	Supr.	31	12	41							
Stadacona	" "	27	11	40		"	"	31	12	42							
Nootka	" "	29	11	40		V.G.	Sat.	31	12	43							
"	Able Smn.	1	10	41		V.G.	Sat.	7	5	44							
Stadacona	" "	28	4	42	Ledgers												
Q-055	" "	1	5	42	Ledgers												
Stadacona	" "	20	12	42	Ledgers.												
Hochelaga 11	" "	27	11	43	DRL H-3345												
Valleyfield	" "	6	12	43	Ledger.												
DISCHARGED	" "	7	5	44	"MISSING" per casualty List. "Presumed Dead" (per Correction Sheet Page 103).												

GENERAL REMARKS

Hospital-19-5-41--22-7-41
 Granted 14 days Convalescent leave.
 Rockhead Hospital-1-4-42--24-4-42
 AWARDED: Canadian Memorial Cross:
 MOTHER: Mrs. Marie RAYMOND,
 6383 - 11th Ave.,
 Rosemount, 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	
15	7	23	11	ARR	0	10	X	2	23	02	0	09	0	08 93	
ENLIST DATE			ACT SERV DATE			STR	ACT SERV DATE			SHIP OR	RANK OR RATE				
DY	MO	YR	DY	MO	YR	CAT	DY	MO	YR	ESTAB	A	BR	RANK		
20	08	40	01	00	40					9640	0	08	94		
SENIORITY			STR	NON SUB		M	CODED			CHECKED					
DY	MO	YR	CAT	A	B	ST									
01	10	41	13	00	00										

Mrs. Marie Raymond,
6383-11th Ave.,
Rosemount,
Montreal, Quebec.

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- 5995 FD. 533

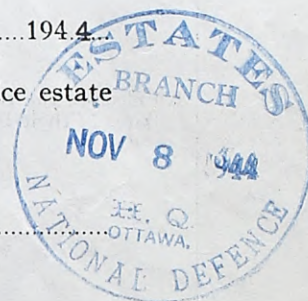
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

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

RAYMOND, Paul Joseph Russel Able Seaman

V-5995, R.C.N.V.R.



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

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

GC/

H. A. Maden
Commander R.C.N.V.R.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	_____		_____
2	Children of the Deceased and dates of their Births.....	_____		_____
3	Father of the Deceased.....	Reid Raymond	56	6383. 11 th ave RSMT. Montreal
4	Mother of the Deceased.....	Marie Raymond	50	6383. 11 th ave RSMT. Montreal
5	Brothers of the Deceased	Full Blood	Douglas Raymond R. C. N. U. R.	23 Home address 6383. 11 th ave RSMT. Montreal
		Half Blood	Stewart Raymond	12 6383. 11 th ave RSMT. Montreal
6	Sisters of the Deceased	Full Blood	Faith Raymond Hope Raymond	20 6383. 11 th ave RSMT. Montreal
		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.	Paul, Joseph, Russell, Raymond.
9	Date of his birth.	July 15 th 1922
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	St Francois d'Assise Church Ottawa, Ont. Sept 6 th 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	86, Merton St Ottawa, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ottawa, Ont. Can. 6 years (b) — (c) Montreal PQ Canada (d) 12 years.
14	Nature of employment before enlistment.	went to school
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.	He never mentioned it

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?	—
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?	not that I know of
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Refer to page 4.
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.	none.

OTHER PARTICULARS

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

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

(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.

Marie Raymond {Signature of Informant
6383.11th ave. RSMT Montreal Address

CERTIFICATE

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

*See above.

Raymond { 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 Rosemount Montreal this 4th day of November 1944

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

Joseph Manasse Qualification parish priest

Address 3542 Rosemount Blvd
Rosemount 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

(Reference to Question 21)

He bought two bonds amounting to \$150⁰⁰ in April 1944 while on his ship, and sent me the receipts. They were taken out in my name Marie Raymond. That's as far as I know,

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county At Sea		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City | Town | Village | Parish | Township																									
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred		Years	Months	Days	(c) In Province		Years	Months	Days	(d) In Canada (if immigrant)		Years	Months	Days										
3. NAME OF DECEASED		Surname RAYBOND		(Block letters)		Given names Paul Joseph Russell		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																					
4. RESIDENCE		Street 11th Avenue,		No. 6383,		Official name of civil municipality or township Rosemont, Montreal,		Municipal county Quebec		22. Date of death		May		7th		19 44		23. I HEREBY CERTIFY that I attended deceased from		.....19..... to.....19.....		and last saw h.....alive on.....19.....									
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		9. If married give name of wife or husband of deceased		24. CAUSE OF DEATH		I Immediate cause		Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.		(a) Missing, presumed dead, due to when H.M.C.S. "VALERY-FIELD" was torpedoed and sunk by enemy action in the Atlantic.		II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		(b)		(c)									
10. BIRTHPLACE (Province or Country)		Ontario.		11. DATE OF BIRTH		July 15 1922		12. AGE OF DECEASED		Years		Months		Days		If less than one day old		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Unemployed		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		15. Date deceased last worked at this occupation		16. Total years spent in this occupation		17. NAME		18. BIRTHPLACE (Province or Country)	
19. Place of burial, cremation or removal		Body not recovered		20. Date of burial		.....19.....		21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church		(b) Civil municipality of		(c) Municipal county		(d) Date		22. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		A.B. Money		23. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.		24. Name of Registrar		25. Date		26. Address		27. Date	
28. Signature of Registrar		A.B. Money		29. Name of Registrar		Registrar i/c, Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.		28. Signature of Registrar		29. Name of Registrar		28. Signature of Registrar		29. Name of Registrar		28. Signature of Registrar		29. Name of Registrar		28. Signature of Registrar		29. Name of Registrar		28. Signature of Registrar		29. Name of Registrar	

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

Registrar i/c, Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont. (Voir l'autre côté pour le français)



P056685

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5

112-K-512

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ~~Raymond~~ Raymond OFFICIAL NO. V5995
CHRISTIAN NAMES Paul Joseph Russell MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
6383 - 11th Ave. Rosemount, P. Q.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
July 15th, 1922	Town Ottawa, Ontario County Province	Mother, Mary Russell? Raymond - Same address -

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 36	Dark	Brown	Dark	Nil
Inches 4	Deflated 33				
118	Mean 34 1/2				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
Aug. 20th, 1940	Ord. Sea.	At present unemployed

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

Personnel Records Division.

1. Noted on 2
2. Index Card
3. Non-Surv. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE 30/8/40

(5) On being enrolled as a member of the Montreal Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, 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.

Dated this 20th day of August 1940

Signature of applicant X Russell Paul Raymond

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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 20th day of August 1940

J. McTetrick
Lieut. R.C.N.V.R.
Signature of Commanding Officer.
for

(D) OATH OF ALLEGIANCE

I, Russell Paul Raymond 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 Russell Paul Raymond

Witness J. McTetrick

Date August 20th, 1940

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

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Russell Paul Raymond 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 Montreal Division of the R.C.N.V.R.

M. Mequissen
Lieut. R.C.N.V.R. for Commanding Officer.

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.

N.V. 17
15M-4-40 (4717)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

O.H.F.

Paul Joseph Russell Raymond

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	Montreal.	NK. V-5995

Date of Birth..... July 15th, 1922.

Place of Birth..... Ottawa, Ontario.

Place of Residence..... 6383 -11th, Ave. Rosemount, P.Q.

Trade brought up to..... Unemployed.

Religion..... R.C.

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)

Mrs. Mary Russell
same address
3/10/42

O.H.F.

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	
Aug. 20/40	Aug. 20/40	3 years Duration	Ord. Sea.		25 Feb 44	Canadian Voluntary Service Medal & Clasp 1939-43 Star - Pres. Award.

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	4	34 1/2	118	Dark	Brown	Dark	Nil.
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

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	Stadacona	-	-	Deckman	2 Sep 40	14 Nov 40	
1940	Venture	-	-	"	15 Nov 40	28 Nov 40	
1940	Venture (Motha)	-	-	"	29 Nov 40	30 Sep 41	
				AB.	1 Oct 41	19 Apr 42	
1942	" (Q-055)			"	20 Apr 42	30 Apr 42	
	Stadacona (Q-055)			"	1 May 42	23 May 42	
	Protector (Q-055)			"	24 May 42	12 July 42	
	NO. 10. Suspe (-"-)			"	13 July 42	30 Sep 42	
	Protector (Q-055)			"	1 Oct 42	18 Dec 42	
	Stadacona (-"-)			"	19 Dec 42	31 Dec 42	
	Provider (Q-055)			"	1 Jan 43	19 Feb 43	
	Stadacona (Q-055)			"	20 Feb 43	30 Apr 43	
	Avalon (Q-055)			"	1 July 43	1 Oct 43	
	Avalon			"	2 Oct 43	7 Oct 43	
	Stadacona			"	8 Oct 43	26 Nov 43	
	Wacheloga			"	27 Nov 43	7 Dec 43	
	Stadacona (Valleyfield)			"	8 Dec 43	29 Feb 44	
	Avalon (Valleyfield)			"	17 Feb 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
22 July 41	Issued Special Turbidge Warrant B659	
23 Dec 42	Set in B-47680	

44-14

Name Paul Joseph Russell Raymond Ord. Sea. V. Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat (Ord S)	1/9/40	<i>N. J. Maguire</i>
		V.G.	Supr (Ord S)	31 Dec '40	<i>W. D. Zwickel</i>
		V.G.	Supr (A.B.)	31 Dec '41	<i>W. R. Nunn</i>
		V.G.	Supr (A.B.)	31 Dec '42	<i>J. A. Gans</i>
		V.G.	SAT (A.B.)	31 Dec '43	<i>W. Tidout</i>
		V.G.	Sat. (A.B.)	7 May 44	<i>W. Davis</i>

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

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
25 SEP '43	GCB	1st	Granted

A13911

TIME FORFEITED

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

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

NAME IN FULL Raymond Paul Joseph Russell RANK/RATING A.B. OFF. NO. V5995 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
<i>Stadcona</i>	<i>27-40</i>	<i>14-40</i>	<i>74</i>									1939-45	<i>Star</i>
<i>Proctor</i>	<i>27-40</i>	<i>19-44</i>	<i>507</i>	<i>Atlantic</i>								ATLANTIC	<i>Star</i>
<i>In Loss</i>	<i>20-44</i>	<i>1-45</i>	<i>530</i>	<i>Atlantic</i>								FRANCE G.	
<i>Avalon</i>	<i>2-43</i>	<i>7-43</i>	<i>6</i>	<i>NF</i>								AFRICA	
<i>Valleyfield</i>	<i>8-43</i>	<i>7-44</i>	<i>152</i>	<i>Atlantic</i>								PACIFIC	
<i>Discharged "Dead" to date 7-5-44</i>												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	<i>2 @ Clasp</i>
												" CLASP	
												WAR 1945	<i>Medal</i>
												WAR 1915	

VERIFIED BY *[Signature]*

VERIFIED BY *Clare Frost*

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

OCCUPATIONAL HISTORY FORM

113-R-512

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 RAYMOND, Russell Paul Joseph (b) Reg'l. No. V. 5995
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank A/B.
3. (a) Date of birth July 5/22 (b) Have you any dependents Yes (c) Place of residence at time of enlistment Montreal Quebec.
4. (a) Place of enlistment Montreal, Quebec. (b) Date of enlistment July, 1940.

PLEASE LEAVE BLANK

12

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 Years (b) Were you attending school or college up to the time of enlistment? Yes.
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.) 4 Years High School
7. If you attended a university, give name of university and standing or degree secured.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Not working (b) At time of enlistment of what trade union or professional society were you a member? Student.

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 Address
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 (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None. (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.

Are you now employed? If so, what occupation?

DATE November, 22, 1941 194 SIGNATURE Russell Raymond

Pa

P065008



ORIGINAL

NAVY OFFICE
113 R-572
APR - 4 1942

RYL. 28
No. 595.

N.S. H.Q. File No.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
Venture for Nootka. 12-2-8	Surname..... RAYMOND Christian Names } Russell	A.B.	X N.K. V-5995	1. 85 13

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... RAYMOND Christian Names } Mrs. Marie	Mother	6383 11th Avenue Rosemount Montreal, Que	30.00 D.	New. April.

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
		- N I L -	

Allotment Declared
 Ent'd on Index Card
 Ent'd on Allotment Ledgers
 7/4/42

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
 NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges..... Russell Raymond
 Able Seaman. Rank or Rating

ENTERED IN FAIR LEDGER 	ENTERED IN ROUGH LEDGER
----------------------------	-----------------------------

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

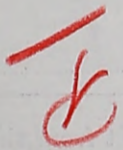
Paymaster Sub-Lieutenant, R.C.N.V.R. FOR. Accountant Officer

THE NAVAL SECRETARY,
 Department of National Defence,
 (Naval Service)
 Ottawa, Ont.

H.M.C.S. VENTURE
 APR 1 1942
 Forwarded.....

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY**

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		


 ROSEMOUNT, MONTREAL, P.Q.
 6383 11TH AVE.
 MRS. MARIE RAYMOND,
 RAYMOND, PAUL JOSEPH R.
 V-5995
 30.00

NAVAL SERVICE		DIVISION 01		
F.E.	EST. VOTE	PRI.	SUB OBJ.	AMOUNT
9999	400	02	31	30 00
CLASSIFIED BY		AUTHORITY		
EXAMINED BY:		FOR TREASURY OFFICER.		

S. 132.
20000M-11-43 (286).
N. S. 815-9-1320-L.
K. P. 95440

NS V-5995 PERS(N)
DRAFTED BY NRP PERC
NAVAL MESSAGE

To:

MRS. MARIE RAYMOND,
6383 - 11TH AVENUE,
HORSMOUNT,
MONTREAL, P.Q.

From:

N. S. H. Q.

V-5995
19

CNP THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO REPORT THAT YOUR SON PAUL JOSEPH
RUSSELL RAYMOND ABLE SEAMAN OFFICIAL NO V 5995 IS
MISSING AT SEA. LETTER FOLLOWS.

-/08

(DELIVERY CONFIRMED)

LR PL 8/5/44 GP 21443

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

179

TFH/JM

R E G I S T E R E D

AIR MAIL

N.S. V-5995 Pers. (N)

20

8th May, 1944

Dear Mrs. Raymond:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Paul Joseph Russell Raymond, Able Seaman, Official Number V-5995, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

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

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Marie Raymond,
6383 - 11th Avenue,
Rosemount,
MONTREAL, P.Q.

LETTER dispatched by
PERSONNEL NAVAL

MAY 9 1944

bot

Let
20

A.P. 30.00

Navy
 Army
 Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity
(Canadian Armed Forces)

NAVY PERSONNEL RECORDS
FEB - 5 1945 5476
WAR SERVICE GRATUITY SECTION

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service RAYMOND.
(Print)

2. Christian Names RUSSELL JOSEPH PAUL.
(Print)

3. Service No. V-5995. 4. Paid rank or rating at date of termination of Service A/B

5. Address, in full, to which payments of gratuity are to be forwarded 6383. 11th Ave
Rosemount
Montreal
P.Q.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>R.C.N.V.R.</u>	<u>V-5995.</u>	<u>A/B.</u>	<u>Aug. 9th 1940.</u>	<u>MAY 7th 1944.</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? N.A. If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Jan 29, 1945.
(Date)

Russell J. P. Raymond
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Per.
Marie Raymond
Mother.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

10

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

4
 NAVY

DECEASED
MEMBER'S
NAME

Paul Joe Russell
 (CHRISTIAN NAMES)

RAYMOND
 (SURNAME)

REGISTER NO.

5476

FILE NO.

N8.V-5908

DATE

19th July 1945

PAYEE
ADDRESS

Mrs. Marie Raymond,
 6383 - 11th Ave.,
 Rosemount, Montreal, P.Q.

SERVICE NO.

V-5908

FINAL RANK OR RATING

A.P.

DATE OF TERMINATION OF OVERSEAS SERVICE

7th May '44

DATE OF DISCHARGE

7th May 1944

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 170 EQUAL TO 44 COMPLETE PERIODS AT \$7.50

330.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1189 LESS 24 INELIGIBLE DAYS, EQUAL TO 1165 DAYS @ 25c. PER DAY

291.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY
 1 G.C.B. \$.05
 H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.48 x 7 = \$ 24.36
 NO. OF DAYS 1189 x \$ 24.36

158.28

D. WAR SERVICE GRATUITY

779.53

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE
 AND ASSIGNED PAY \$

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

779.53

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 779.53

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 47045 - July 30/45

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
 LJM

CHECKED BY

TREASURY
 CHECKED BY
 H. L. Plummer

DATE

24/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acct'g.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name **PAUL JOS. RUSSELL RAYMOND**
 (Christian Names) (Surname)

Payee **Mrs Marie RAYMOND**
 Address **6383 - 11th Avenue**
Rosemount, Montreal, P.Q.

Register No. **5476**
 File No. **V 5993**
 Date **18.7.45**
 Service No. **V 5993**
 Final Rank or Rating **A.B.**
 Date of Discharge **7 May 44**

Date of termination of overseas service **7 May 44**

A. TOTAL QUALIFYING SERVICE
 No. of days $\frac{1344}{30}$ equal to **44** complete periods at \$7.50 **330.00**

B. QUALIFYING OVERSEAS SERVICE
 No. of days **1189** less **24** ineligible days equal to **1165** days @ 25¢ per day **291.25**

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay	\$	.05	
19.C.B	\$		.13 (0)
H.A.M	\$		
Dependents' Allowance 1/30 of \$	\$		
Total		3.48	x 7 = \$ 24.36
No. of days		$\frac{1189}{183}$	x \$ 24.36 = 158.28

D. WAR SERVICE GRATUITY **779.53**

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

F. TOTAL AMOUNT PAYABLE **779.53**

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = **\$ 779.53**
 Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

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



Department of National Defence

1138369

Naval Service

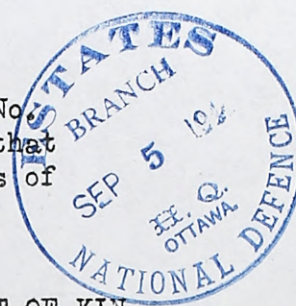
OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-5995 PERS. (N)

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:



<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
RAYMOND, Paul Joseph Russell Able Seaman V-5995, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Marie Raymond, 6383-11th Ave., Rosemount, Montreal, Quebec.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Marie Raymond, 6383-11th Ave., Rosemount, Montreal, Que.		30.00	<i>LM</i>

ALLOTMENT STOPPED PAID 31ST MAY, 1944.

Will: No record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

46

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name Paul Joseph Russell Murray
(Christian names in full)

Rank of Rating able seaman Official No. 7 5005
(If unknown, date of first entry)

Place of Birth Ottawa, Ontario Date of Birth 15th July, 1908

Occupation in Civil Life Unemployed 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) 3 years 3 months

Date of Death 7th May, 1944 Place of Death at sea

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

Nearest known relative or friend { Name Mrs. Mary Russell Relationship MOTHER
Address 6205 11th Ave., Innesmont, P.O.

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

Date on which death was registered with local Officials Not registered

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

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

[Signature]
Commanding Officer, A/Captain,
H.M.C.S. "AVALON"
17th May, 1944 194

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.

C.N.S. 1121
15M-641 (831)
N.S. 815-9-1121

Noted

STATEMENT OF ACCOUNT

42

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

List 12² No. 19 (Name) RAYMOND. Russell Rank Rating A.B. No. V.5995

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

	\$	c.
CREDIT from former account.....	28	39
Pay as <u>A.B.</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>1.85</u> a day)	112	85
" <u>1 GCB</u> " <u>2 Sep'43</u> " <u>31 May</u> (<u>273</u> " <u>.05</u> ")	13	65
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance..... <u>1 Apl - 7 May</u> Adjustment March, 1944	4	47
OTHER CREDITS:		
Total credits	159	69
DEBT from former account	N I L	
PAYMENTS:—		
	1st	2nd
	3rd	4th
	5th	
	\$ c.	\$ c.
1st month.....	28.00	8.94
2nd month.....		
3rd month.....		
Total.....	36	94
4th month.....		
5th month.....		
Total.....		
Allotment..... <u>30.00 chged Apl & May</u>	60	00
Pension deduction (Officers) charged to..... of.....		
Hospital stoppages.....		
Mulcts.....		
OTHER CHARGES: <u>O.R. No! 25182 payable Adm. Naval Estates (present War)</u>	62	75
.....		
.....		
LEDGER: <i>Got</i>	Total debits	159 69
AUDIT: <i>JP</i>	Balance Cr. or Dr.	
	(Balance Dr. to be shown in red)	
	NIL	

Number of days actually victualled during period mentioned above 37

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

Date 5 May 19 44

RM
PAY LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

Copy Rec. 7/9/44

142573

43

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... RAYMOND. Russell Rating A.B.
Official No. V. 5995 H.M.C.S. AVALON " VALLEYFIELD " List 12²/19
Who*... DISCHARGED DEAD on the 7 May 19 44.

	\$	N	I	L	cts.
Net sum due on ledger on account of Wages.....					
Proceeds of sale of Effects charged against Wages, brought from the other side					
CASH—					
Proceeds of sale of Effects, brought from the other side.....					
Found amongst Effects.....					
Debts collected \$.....					
Cash deposited by official Receipt No. <u>25182 Adm. Naval Estates (Present War)</u>				62	75
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>THIRTY DOLLARS</u> charged to <u>31 May 1944</u>					
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>					
Total <u>CREDITOR</u>				62	75

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 of CREDITOR of SIXTY-TWO dollars SEVENTY-FIVE cents.

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

Approved PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer

[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. 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. †State whether "debtor" or "creditor".

DISTRIBUTION OF SERVICE ESTATES

Y.O.

Estates Form "P. 4"

NAVY

Name: RAYMONI Surname Paul J. R. Christian Names No: 75995
 Rank: N.C.N.V.R. Unit 7/5/44 Date of Death

AMOUNT

Date: December 18th. 1944.

L. P. C. \$ 62.75
 Other Credits.....
 Total..... 62.75

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
5/8	Father	Reid Raymond 6383 11th. Avenue, ROSEMOUNT, MONTREAL. P.Q.	\$59.21
1/8	Mother	(1/2 as next of kin, 3/8 for benefit of 3 minors) Mrs. Marie Raymond, 6383 11th. Avenue, ROSEMOUNT, MONTREAL. P.Q.	15.69
1/8	Brother	Douglas Raymond, (as above) (as next of kin entitled)	7.85

TO BE FORWARDED BY REG. MAIL DIRECT,

F4. TO TREAS. 8/1/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$62.75
CLASSIFIED BY			EXAMINED BY		
Original Signed by K. L. McCUAIG			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

50

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

2095

Sir:

..... AUG. 30. 1944
(Date)

The following casualty has been reported -

NAME RAYMOND, Paul Joseph Russell RANK or RATING Able Seaman NAVAL NO. V-5995 R.C.N.V.R.

DATE OF ENLISTMENT - 20 August, 1940 Active Service: 1 September, 1940

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
was incurred, or where death torpedoed and sunk by enemy action in the Atlantic.
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. Marie Raymond,

ADDRESS - 6383 - 11th Avenue, Rosemount, Montreal, Que.

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

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

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

C. R.
P. A.
NAVAL TREASURY
DATE 5/9/44
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>
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Mrs. Marie Raymond, mother

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	nil	30.00	30.00
<u>To Whom Paid:</u>	Mrs. Marie Raymond,		<u>Address</u> 6383 11th Ave., Rosemount, Mont. P.Q.
<u>Date of Enlistment:</u>	see other side		
<u>Date of Discharge:</u>	see other side.		
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>	31st May 1944.		
The final deduction of Assigned Pay for	30.00		has been made for the period
from 1st to	31st	of	May 1944

Remarks: Allottee not in receipt of Dependents' Allowance.

Computed by... *[Signature]*

Checked by... *[Signature]*

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

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

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

12 May, 1944.....
(Date) *26*

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
RAYMOND, Paul Joseph Russell Able Seaman V-5995 R.C.N.V.R.

DATE OF ENLISTMENT - 20 August, 1940 *Active Service 1 Sep 1940*

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and - "Missing" at sea when the ship in which he was
when and where any disability servng was lost by enemy action. While this
was incurred, or where death casualty is listed as missing, it is impossible to make an estimate as to his
occurred. chances of survival. Should no information be received to the contrary, you
will be notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Marie Raymond.

ADDRESS - 6383 - 11th Avenue, Rosemount, Montreal, Que.

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD. *enic*

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

*B7
12/18/44
NPR/15
e*

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

(See reverse side for further instructions)



P056686 DEFENCE
AUG 23 1940
CANADA

Can. B. 207

60M-4-40 (4635)
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 Paul J.R. Raymond
 ‡ candidate for entry as List I (W/T)
 and I believe him to be * in all respects fit for His Majesty's Service. He has signed
 the Certificate given below in my presence. unfit for His Majesty's Service for the reason stated below.

†Strike out if inapplicable. * Delete one.

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

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (f) Snellen's Types (h) Colour Vision	Vaccinated or revac- cinated for Small Pox (g) (Date)	Lungs, Heart, etc. (k)	Abdomen, Hernia, etc. (i)	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. (q)
18 1/2	118	5' 4"	Good	inches (a) maximum 36 (b) minimum 33 (c) mean 34 1/2	right eye (a) 6/6 left eye (b) 6/6 colour vision (c) N	1. J.R.A. child 56644	approved Lungs, Heart, etc.	-	-	-	-	-	3 defunct 2 defector	negative

*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.

Russell Raymond
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 Montreal the 8 of August 1940

Examining Medical Officer

(Rank) Asst Surg Lt RCMVR