

V2638

VEY

JOHN

WELLIN

H D OF D 20-9-43

377539

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

(NAVY)

WAR SERVICE RECORDS

VEY	John Wellington	V-2638	A.B.	FILE No.
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SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
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WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

elig.

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	<i>294</i> <i>7.10.49</i>
Africa Star	
C.V.S.M. & Clasp	
War Medal	

27/11/81

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR May 44 "ST. CROIX"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO	Mr. Ebenezer Vey - Foster-Father
ADDRESS:	229 Sydney Street, Saint John, N.B.
(2) <u>MEMORIAL CROSS</u> WIDOW	
ADDRESS:	
(3) <u>MEMORIAL CROSS</u> MOTHER	Mrs. Martha Vey
ADDRESS:	229 Sydney St., Saint John, N.B.

MEMORIAL BAR
(1) DATE DESP
REGN. NO. 586
(2)
(3) 12-1-43

V2638

OFFICIAL NUMBER

FILE NUMBER

113-V-122

OFFICIAL NUMBER V2638

NAME VEY John Wellington DATE OF BIRTH 16th December, 1922.
 (Surname) (Given Names)
 PLACE OF BIRTH St John, N.B. OCCUPATION Labourer.
 RELIGION United Church. EDUCATION
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 229 Sydney St. Town St John Province, etc. N.B.

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
19	12	40	H.O.	5' 7	L.Brn.	Blue	Medium.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother 10/42 NAME (in pencil) Mrs Martha Vey
 ADDRESS (in pencil): Street and No. 229 Sydney St. Town St John Province, etc. N.B.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
				31	3	42	Marked "Tr".

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		

FILM
 NO. W42-5149-1
 DATE

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



V2638 OFFICIAL NUMBER

NAME V E Y John Wellington
(Surname) (Given Names)

P.I.B. V2638 OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date		
		Day	Month	Year				Day	Month	Year
St. John Div. Str.	Ord. Smn.	19	12	40		V.G.	Sat.	31	12	41
Duty Div. Hdqtrs.	"	30	4	41		V.G.	Sat.	31	12	42
HMCS Stadacona	"	20	8	41		V.G.		20	9	43
Prince Henry	"	2	10	41						
Stadacona	"	28	11	41						
Prince Henry	"	18	12	41						
"	Able Smn.	20	2	42	249A #18326					
Naden	"	10	7	42	DRD					
HMCS Star	"	15	7	42	DRD					
Stadacona	"	14	9	42	138284					
Cornwallis	"	15	9	42	DRD					
St. Croix	"	9	11	42	DRD H-48					
DISCHARGED	"	20	9	43	Missing on Active Service. Per Casualty List.					

Non-Sub. Rating	Qualified			Re-Qualified		
	Day	Month	Year	Day	Month	Year
S.D.	6	11	42	24	8	43

GENERAL REMARKS
 Canadian Memorial Cross:
 MOTHER: Mrs Martha VEY,
 % Miss Clara E. VEY,
 229 Sydney St.,
 Saint John, N.B.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCUPATION		RELIEVED FROM RESIDENCE		PREV. ENL.		RANK OR RATE ON ENLISTMENT				
DAY	MO.	YR.	BIRTH	MAIN	SUB	CTY.	OWN	STR.	DIV.	A	BR	RANK			
19	R	22	15	960	0	40	X	5	11	0	0	02	0	08	95
ENLIST. DATE			ACT. SERV. DATE		STR.		SHIP CR.		RANK OR RATE		ESTAB.				
DAY	MO.	YR.	DAY	MO.	YR.	EST.	ESTAB.	A	BR	RANK					
19	12	40	30	04	41		6380	0	08	94					
SERV. CAT.		NON-SUB.		CHECKED											
2007	4209	32	00	20	20-09-43										

Miss Clara E. Vey,
229 Sydney St.,
ST. JOHN, N.B.



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.N.S.113-V-122 FD.263.....

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 23, 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

VEY, John Wellington, A.B.

No. V.2638 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.

HRW:MC

(H.R. Wade) Cdr. RCNVR.,
for (L.M. Firth) Lt.-Colonel,
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.....			
2	Children of the Deceased and dates of their Births.....			
3	^{Foster} Father of the Deceased.....	Ebenezer Vuy	59	229 Sydney St. Saint John N.B.
4	^{Foster} Mother of the Deceased.....	Martha Vuy	59	229 Sydney St. Saint John N.B.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood Foster	Chara E. Vuy	37
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.	John Wellington Key
9	Date of his birth.	Dec. 19, 1922
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	?

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Saint John, N.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) Saint John, N.B. 3 yrs 9 mos (b) Welland, Ont 12 yrs (c) Saint John, N.B. 12 yrs 2 mos (d)
14	Nature of employment before enlistment.	M.R. A's Jew Dept.
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.	?

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?	not married
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.	nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nil.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	metropolitan life Ins. Co 2 small policies taken out by Foster W. Key at ages 14 & 15 yrs. These paid by mother. — \$270. — \$250. Beneficiary — Martha Key
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.)

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

* Cousin of the deceased.
(Sister)

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.

Clara E. Veey. {Signature of Informant
229 Sydney St. Saint John, N.B. Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Clara E. Veey

See above. { Name of informant } is the Sister 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 Saint John N.B. this 25th day of February 1944

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

William W. Mansley Qualification Justice of Peace
Address 131 St James St Saint John. N.B.

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

This boy was taken by Mrs Martha Veey when he was 4 days old. His mother died a few days later. His own father assumed no responsibility and married again. My parents assumed all responsibility of John and brought him up as their own son. He was not told that he was adopted and my parents do not wish that this information be made public.

Signed, Clara E. Veey
(Daughter of
Mr. & Mrs. Ebenezer Veey

CERTIFICATE of the SERVICE of

..... John Wellington Vey

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V 2638</i>
Halifax <i>8</i>	Saint John	"

Date of Birth..... <i>19th December, 1922</i>	Name and Address of Nearest Relative or Friend <small>(in pencil)</small>
Place of Birth..... <i>Saint John, N. B.</i>	<i>Mrs Martha Vey</i> <i>229 Sydney St</i> <i>Saint John N.B.</i> <i>"Mother" 1-3-43</i>
Place of Residence..... <i>229 Sydney St Saint John</i>	
Trade brought up to..... <i>Clerk.</i>	
Religion..... <i>United Church</i>	
Can Swim:—P.P.T. Date..... 19.....	Signature..... Rank.....
P.S.T. Date..... 19.....	Signature..... Rank.....



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>2/12/40</i>	<i>19/12/40</i>	<i>Hostilities Ordn</i>	<i>3rd</i>			

PERSONAL DESCRIPTION								
Identification <i>Card #674</i>	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7</i>	<i>31</i>	<i>118</i>	<i>light brown</i>	<i>blue</i>	<i>med.</i>	<i>N. I. L.</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



CANADA

P096319

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5
DEC 19 1940
1131/22
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Vey OFFICIAL NO. V 2638
CHRISTIAN NAMES John Wellington MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 229 Sydney St St John RELIGION United

DATE OF BIRTH Dec 19th / 22 PLACE OF BIRTH Saint John N.B. NAME AND ADDRESS OF NEXT OF KIN Mrs Martha Vey 229 Sydney St St John

Attested correct
HR

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>33.5</u>	<u>Light Brown</u>	<u>Blue</u>	<u>Med</u>	<u>Nil</u>
Inches <u>7</u>	Deflated <u>30</u>				
	Mean <u>31</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>19/12/40</u>	<u>O.D</u>	<u>M.R.A's Department store St John N.B.</u>

(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 in Records *HR*

2. Index Card *HR*

3. Non-Sub. Card *HR*

4. Statistical Card *HR*

5. Roneo Strip *HR*

6. Pension Card *HR*

7. _____

8. _____

DATE 24 Dec 1940

(5) On being enrolled as a member of the St. John 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 ^{for duration of hostilities}

(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 19th day of December 1940

Signature of applicant John W. Vey

(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 19th day of December 1940

Paul B. Cross
Signature of Commanding Officer.

CDR. R.C.N.V.R. (TEMP)

(D) OATH OF ALLEGIANCE

I, John Wellington Vey 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 John W. Vey

Witness William Mackay

Date 19/12/40 Rank Sub Lieut V.R. (Temp)

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

John Wellington Vey 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 St. John Division of the R.C.N.V.R.

Paul B. Cross
Commanding Officer.

CDR. R.C.N.V.R. (TEMP)

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.

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

NAMING *A.B.* OFF. NO. *2638* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>1 star</i>
							ATLANTIC	1	<i>1 star</i>
	<i>23-4-43</i>			✓			FRANCE G.		
<i>8-3-43</i>	<i>8-3-43</i>						AFRICA	1	<i>1 star</i>
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *J. Lambert*

OCCUPATIONAL HISTORY FORM

113-V-122

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

PLEASE
LEAVE
BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full VEY JOHN WELLINGTON (b) Reg'l. No. V-2638
2. (a) Arm of service NAVY (b) Unit SAINT JOHN DIVISION (c) Rank CDR SMN
3. (a) Date of birth 17 DEC 1922 (b) Have you any dependents? One (c) Place of residence at time of enlistment SAINT JOHN NB
4. (a) Place of enlistment SAINT JOHN, N.B. (b) Date of enlistment 30 APR 1941

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? 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 VII PUBLIC
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? No (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? No
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

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? No
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked No (b) State how long you had worked at this trade or occupation No
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified No
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment No
15. Give details of last employer, if any: Name No Address No
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) No
17. (a) If your last employment was in a business of your own, state nature and address of business No (b) Date of discontinuing it No

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 Department of Public Works Address St. John's, N.B.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Department
20. (a) Your specific occupation Fire Stoker (b) Number of years' experience at this occupation with any employer 4 1/2 years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? 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 No (b) Where was it located? No
23. (a) Number of years engaged in this business No (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

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? Nil (c) In what provinces did you have experience? No

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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form No

DATE

20 May 1941

1941

SIGNATURE

O.H.

Copy To

VWD

ES

JUL 4 1947

GMD

P.H. File No. 621

DEPT. NATIONAL DEFENCE

MAY 23 1942

1538122

H.Q. File No. 10

ORIGINAL

10932

A

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
5-2-374	Surname.....VEY Christian Names } John W.	A.B.	V2638	\$1.85

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 Royal Bank of Canada Christian Names } FOR CREDIT OF A/C JACK DAVIS	Bankers	Douglas St. Hastings & Granville Branch, Vancouver, B.C. Victoria	\$5.00 F	New June

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):—
\$20.00	Mrs. M. Vey	Albina St. John, N.B.	To be continued. Ent'd on Index Card Ent'd on Allotment Ledgers MR 28/3/42

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.

Allottor's Signature authorizing charges J.W. Vey

A.B.

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

G. McDonald

P.P. Lorie

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:—

THE NAVAL SECRETARY,

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

J. Dillon
Paymaster Lt. Cdr. R.C.N.V.R.
Accountant Officer

H.M.C.S. Prince Henry

Forwarded.....

S. 63

40M-4-40 (4787)
N.S. 815-0-63

**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.....		

V-2638
 VEY, JOHN WELLINGTON
 DOUGLAS ST., VICTORIA, B.C.
 % ROYAL BANK OF CANADA,
 JACK DAVIS,

5.00



HOWARD SMITH
 PROGRESSION

TFH:PMB

REGISTERED

AIR MAIL

FILE: NS.113-V-122 (Pers.N.)

13

27th September, 1943

Dear Mrs. Vey:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services, informing you that your son, John Wellington Vey, Able Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-2638, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

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.

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf 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,

LETTER dispatched by
PERSONNEL NAVAL
SEP 27 1943
SECRETARY, NAVAL BOARD

Mrs. Martha Vey,
229 Sydney Street,
ST. JOHN, N.B.

H.B. Money

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

15

29th September, 1943

(Date.)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
VEY, John Wellington	Able Seaman	V-2638, R.C.N.V.R.

DATE OF ENLISTMENT - 19 December, 1940. Active Service: 30 April, 1941

DATE OF DISCHARGE -

HOSPITAL - (If discharged in hospital under jurisdiction of D.F. & 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 when and where any disability was incurred, or where death occurred. **"Missing" on war service. This rating is listed as missing due to enemy action, while serving on Convoy duty in the Atlantic. When official presumption of death has been made, you will be notified.**

(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. Martha Vey**

ADDRESS **229 Sydney St., SAINT JOHN, N.B.**

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.

H.B. Money

for
SECRETARY, NAVAL BOARD

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

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.)

DRAFTED BY NPR PER TFW
NS 113-V-122

S. 1320 D
2000M-4-43 (9240-1-2-3)
N. S. 815-9-1320-D.

NAVAL MESSAGE

To:

MRS. MARTHA VEY
229 SYDNEY STREET
ST. JOHN N.B.

From: NSHQ.

22

113-V-122

CNP THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO REPORT THAT YOUR SON, JOHN WELLINGTON
VEY, ABLE SEAMAN, ROYAL CANADIAN NAVAL VOLUNTEER RESERVE
OFFICIAL NO. V-2638, IS MISSING ON WAR SERVICE.
LETTER FOLLOWS.

/27

DELIVERY CONFIRMED.

PASSED TO ADDRESSEE AT 271936Z.

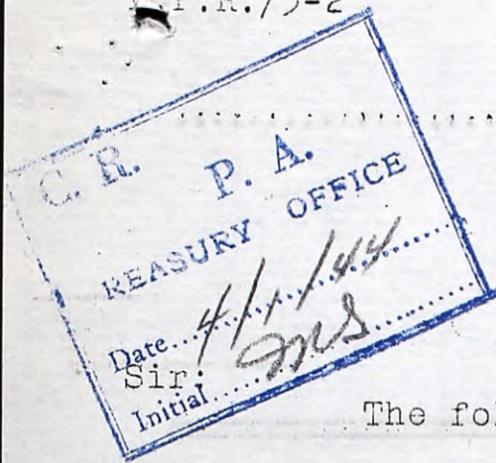
LT

P/L

27-9-43

PRY

22667



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

DEC 29 1943

(Date.)

The following casualty has been reported

NAME VEY, John Wellington RANK or RATING Able Seaman NAVAL NO. V-2638, R.C.N.V.R.

DATE OF ENLISTMENT - 19 December, 1940. Active Service: 30 April, 1941.

DATE OF DISCHARGE - 20 September, 1943.

HOSPITAL -
 (If discharged in hospital under jurisdiction of
 D.E. & M.E.)

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

Reason for discharge and when and where any disability was incurred, or where death occurred. Missing, presumed dead. He was serving in HMCS "St. Croix" which was lost while on Convoy duty in the Atlantic, due to enemy action.

(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. Martha Vey

ADDRESS 229 Sydney St., SAINT JOHN, N.B.

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.

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. Martha Vey.	(Mother).		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly Rate:	Nil	\$25.00	\$25.00
To whom Paid:	Mrs. Martha Vey.		ADDRESS 229 Sydney St. St. John N.B.
Date of Enlistment:	(See other side)		
Date of Discharge:	(see other side).		

Inclusive date to which D.A. and/or A.P. was Paid: September 30th 1943.

The final deduction of Assigned Pay for _____ has been made for the period from 1st to _____ of _____ 194

Remarks:

Computed by... *W*

Checked by... *R*

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.

File No. N.S. 113-V-122 PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Martha Vey, c/o Miss Clara E. Vey,
229 Sydney St.,
SAINT JOHN, N.B.

Date forwarded:- JAN 12 1944

Registered Mail No:- 02432





Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-V-122
PERS. (N)

DEC 29 1943



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 NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
VEY, John Wellington Able Seaman, V-2638, R.C.N.V.R.	Missing, presumed dead. to date 20 September, 1943. He was serving in HMCS "St. Croix" which was lost while on Convoy duty in the Atlan- tic, due to enemy action.	Mother: Mrs. Martha Vey, 229 Sydney St., SAINT JOHN, N.B.

ALLOTMENTS IN FORCE

<u>In favor of</u>		<u>Amount</u>	<u>Initials</u>
Mother.	Mrs. Martha Vey. 229 Sydney St. St. John N.B.	\$25.00 A.P.	J.H.

Sh 16/12/43

Note. Allotment stopped 30th Sept. 1943.

WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " St. Croix # ending 30 Sept. 19 43

List 5-2.. No 55.....(Name) VEY, John W.....Rank Rating A:B:.....No V:2638
When entered.....F.B:.....Date of appearance 1 July..Whither discharged.....D.D:.....

CREDIT from former account.....\$.....80.00

Pay as...A.B.....from..1 July.....to..30 Sept.(92 days @ 1.85 per day)\$.....

Pay as...S.D.....from.....to.....(92 days @ .15 per day)\$.....184.00

Pay as...H.L.M.....from..25 July.....to..13 Aug..(50 days @ .25 per day)\$.....12.50

Pay as...G.M.....from..1 July.....to..20 Sept.(82 days @ .06 per day)\$.....4.92

Kit Upkeep Allowance.....1 July.....\$.....10.00

OTHER CREDITS.....\$.....

Total Credits.....\$.....291.42

DEBT from former account.....\$.....

Table with columns: PAYMENTS, 1st, 2nd, 3rd, 4th, 5th, Total. Rows: 1st Month (40.00), 2nd Month (40.00, 35.76), 3rd Month (35.00). Total: 150.76

Allotment...25.00 July - Aug. - Sept.....\$.....75.00

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

Hospital stoppages.....\$.....

Mulcts.....\$.....

OTHER CHARGES.....\$.....

Total debits.....\$.....225.76

Note: Balance Dr. to be shown in RED. Balance Cr. on Dr. \$ 65.66

Number of days actually victualled during period mentioned above..74.....

Table with columns: Not Victualled, Lent, Sick or Leave, Inclusive date (From, To), No of days, Ship, Hospital etc, in which borne. Row: Lent "Osprey" 14 Aug. 21 Aug. 8

Date: 26 Oct. '43for Accountant Officer

198808.

34

ACCOUNTS OF MEN DISCHARGED

113-V-122.

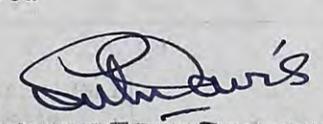
Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name VEY, John. W. Rating A. B.
 Official No. V-2638 H.M.C.S. St. Croix. List 5/2-55
 Who* D. D. on the 20th September 19 43

Net sum due on ledger on account of Wages.....	\$	cts.	
			65.66
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Twenty five dollars</u> charged to <u>30 Sep '43</u>			
Name of ship from which transferred <u>St. Croix.</u>			
Total†.....			65.66
			Creditor

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 **HMCS "AVALON"** for **HMCS "ST. CROIX"** amounting to a net balance† **Creditor** of **Sixty five** dollars **sixty six** cents.

Dated on board H.M.C.S. **AVALON** at **St. John's,** **Newfoundland** this **26th** day of **October** 19 **43**

Approved  Accountant Officer
A/Paymaster Lieut. Cmdr. RCNVR.
 { Initials of the Assistant Accountant Officer }
 **COMMANDER, R.C.N. (Temp)** 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.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name VEY John W. No. V2638
Surname Christian Names

A.B. HMCS St. Croix 20-9-43
Rank Unit Date of Death

<u>AMOUNT</u>	<u>W.S.G.</u>	442.42
	L.P.C.....\$	65.66
Date <u>11-10-45</u>	Other Credits.....	
	Total.....	508.08
	Prev. dist.	65.66
	This dist.	442.42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Foster parents	Ebenezer Vey 229 Sydney St., St. John, N.B. & Mrs. Martha Vey, (as above) (As next of kin entitled)	508.08 <u>442.42</u>

OCT 18 1945
 F4. TO TREAS.

Form letter sent.

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	000	50	000	\$442.42
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]

(L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

CLASSIFIED BY		EXAMINED BY		REASON FOR EXEMPTION	
0000					
SEC. 100	100	100	100	100	100
EXEMPTION				REASON FOR EXEMPTION	

ROCKWELL BOND

24
30/0
77

SECRET
OCT 18 1942

NAME ADDRESS

DATE TIME

DEPARTMENT OF NATIONAL DEFENCE

MRR NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED
MEMBER'S
NAME

John Wellington
(CHRISTIAN NAMES)

VEY
(SURNAME)

REGISTER NO.

10424

FILE NO.

NS.V2638

DATE

5 July/45

PAYEE

Director of Estates

for Service Estate of

SERVICE NO.

V2638

ADDRESS

308 Sparks St.,
Ottawa, Ont.

John Wellington Vey,

FINAL RANK OR RATING

A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

20 Sep/43

DATE OF DISCHARGE

20 Sep/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 874 EQUAL TO 29 COMPLETE PERIODS AT \$7.50

\$ 217.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 577 LESS 4 INELIGIBLE DAYS, EQUAL TO 573 DAYS @ 25C. PER DAY

143.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.25
S.D. \$.15

H.L.M.
S.D.

\$ 1.85
\$ 1.45
\$.25
\$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.70 X 7 = \$ 25.90
NO. OF DAYS 577 X \$ 25.90

81.67

D. WAR SERVICE GRATUITY

442.42

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

442.42

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 442.42

Voucher
1124 13/7/45

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

ADAB

TREASURY

CHECKED BY

Don Eujen

DATE

10/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name JOHN WELLINGTON VEY
 (Christian Names) (Surname)

Payee Director of Estates for Service Estate of
 Address 308 Sparks St. John Wellington VEY
Ottawa, Ont. N.S. V-2638

Register No. 10424
 File No. V 2638
 Date 22-6-43
 Service No. V 2638
 Final Rank or Rating A.B
 Date of Discharge 20 SEP. 43

Date of termination of overseas service 20 SEP. 43

A. TOTAL QUALIFYING SERVICE
 No. of days 874 equal to 29 complete periods at \$7.50
30 \$ 217.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 577 less 4 ineligible days equal to 573 days @ 25¢ per day 143.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.43	
Additional Pay	\$		
H.L.M.	\$.25	
S.D.	\$.15	
Dependents' Allowance 1/30 of \$	\$		
Total		3.70	x 7 = \$ 25.90
No. of days		<u>577</u>	x \$ 25.90 = 81.67
		<u>183</u>	

D. WAR SERVICE GRATUITY 442.42

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

F. TOTAL AMOUNT PAYABLE 442.42

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 442.42
 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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>2/20</u>	6	<u>[Signature]</u>
2	<u>2/20</u>	7	<u>[Signature]</u>
3	<u>2/20</u>	8	<u>[Signature]</u>
4	<u>[Signature]</u>	9	<u>[Signature]</u>
5	<u>[Signature]</u>	10	<u>[Signature]</u>



P096320

Can. B. 207

60M-4-40 (4638)
N.S. 815-2-207
DEC 19 1940
1130/22
CANADA

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 John O'By
candidate for entry as O.D.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. 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	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- inated for Small Pox (Date)	(h) Lungs, Heart, etc.	(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.
17. 11 30	118.0	5. 7.	Good	inches (a) maximum 33.5 (b) minimum 30. (c) mean 31.	right eye 6/9 left eye 6/9 colour vision N	1929 11 Nov. Li. up left.	*X-Ray App. Normal	normal	normal	normal	normal	normal	Normally developed no defects normal	normal

*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.

John W. O'By
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 Nil

* 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 Point St Charles the 13 of December 1940

John R. Hughes
Examining Medical Officer
(Rank) Surgeon-Captain