

V464  
URQUHART  
DONALD

D OF D 20-9-43

## AWARDS NAVY

D.D.

URQUHART Donald LeRoy		A.B.	V 464	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	1494 17/10/49
Africa Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR April 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. Angus B. Urquhart - Father

ADDRESS: Taymouth, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. M. Urquhart

ADDRESS: Taymouth, N.B.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 587.....

(2)

(3)

12-1-44

Unemployment Insurance Book forwarded  
to the Unemployment Insurance Commission  
84 Hollis St., Halifax, N.S.

3869



CANADA

N. V. 5  
25M-9-40 (6793)  
N.S. 815-11-5

ATTESTATION FORM

(HOSTILITIES FORM)

4634  
J.P.

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME URQUHART, OFFICIAL NO.....

CHRISTIAN NAMES Donald Leroy MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
<u>Taymouth, N.B.</u>	<u>United C.</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>8th October, 1923.</u>	Town <u>Taymouth</u> County <u>York</u> Province <u>N.B.</u>	<u>Mrs. Margaret Urquhart, (mother)</u> <u>Taymouth, N.B.</u>
*Original Nationality of: Father <u>British</u> Mother <u>British</u>		

\*If not the son of natural born British parents, particulars to be given at foot of next page.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>33½</u>	<u>Blond</u>	<u>Blue</u>	<u>Fair</u>	<u>Nil.</u>
Inches..... <u>7½</u>	Deflated..... <u>31</u>				
<u>114½</u>	Mean..... <u>31½</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>24th February, 1942.</u> <u>Active Service.</u>	<u>Ord. Seaman</u> <u>(temp)</u>	<u>Aircraft fitter, Canadian Car and</u> <u>Foundry Co., Amherst, N.S.</u>
R.C.N.V.R. Division (or other establishment) at which enrolled.....	<u>Stadacona.</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) ~~XXXXXX~~ Nil. ~~XXXXXXXXXXXXXXXXXXXX~~ XXXXXX  
~~XXXXXXXXXXXXXXXXXXXX~~ XXXXXX  
record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	<u>...Nil....</u>		

(c) I have never been rejected for or discharged 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.

(3) On being enrolled as a member of the Halifax Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this 24th day of February, 1942.

Signature of applicant Ronald Urquhart

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 24th day of February, 1942.

A. Pomeroy  
Signature of and rank of Attesting Officer.  
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Donald Leroy URQUHART. 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 Ronald Urquhart

Witness A. Pomeroy

Date 24th February, 1942. Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Donald Leroy URQUHART. 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 Halifax Division of the R.C.N.V.R. or in the appropriate official documents.

A. Pomeroy  
Lieutenant, R.C.N.V.R. Attesting Officer.

24th February, 194 2. R.C.N.V.R. Division Stadacona.  
(or other establishment)

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

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

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

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

Ronald Urquhart  
Signature

V464

OFFICIAL NUMBER

FILE NUMBER

113-U-41

OFFICIAL NUMBER

V464

NAME URQUHART (Surname) Donald LeRoy (Given Names) DATE OF BIRTH 8th October, 1923.PLACE OF BIRTH Taymouth, N.B. OCCUPATION Aircraft FitterRELIGION United Church EDUCATION Grade 9.RESIDENCE AT TIME OF ENLISTMENT: Street and No. \_\_\_\_\_ Town Taymouth Province, etc. N.B.

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
24	2	42	H.O.	5' 7 $\frac{1}{2}$	Blond	Blue	Fair					

NEXT OF KIN, RELATIONSHIP (in pencil) Mother 10/73 NAME (in pencil) Mrs Margaret UrquhartADDRESS (in pencil): Street and No. \_\_\_\_\_ Town Taymouth Province, etc. N.B.

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	
				8	5	42	Passed P.P.T. "Fair".				
				26	6	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. WSR-5128-8  
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

H.Q. 35-15M-10-41 (2177)  
N.S. 815-7-35

V464 OFFICIAL NUMBER

NAME URQUHART  
(Surname)

Donald LeRoy  
(Given Names)

P.I.B.  
OFFICIAL NUMBER

V464

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
Halifax Div. Str.	Ord. Smn.	24	2	42		V.G.	Sat.	31	12	42							
Stadacona	" "	24	2	42		V.G.		20	9	43							
Protector	" "	7	3	42	55845												
Cornwallis	" "	1	5	42	DRD												
Stadacona	" "	30	6	42	DRD												
Lethbridge	" "	5	7	42	DRD												
Stadacona	" "	8	7	42	DRD												
Croix	" "	29	7	42	DRD												
"	Able Smn.	24	2	43	249A #19451												
DISCHARGED	" "	20	9	43	Missing on Active Service. Per Casualty List.												

GENERAL REMARKS

12.1.44. Memorial Cross issued to  
Mother:  
Mrs. Margaret Urquhart  
Taymouth, N.B.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI-ED.		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	MAIN	SUB	MAIN	SUB	GIOW		P.	C.T.V.	TOWN	SERV.	DIV.	A	BR	CLASS
08	0	23	15	264	0	40	2	5	15	00	0	19	0	0	05	93
ENLIST. DATE			ACT. SERV. DATE		STR.		ACT. SERV. DATE		SHIP			ESTAB.		RANK		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.				A	BR	RANK	
24	02	42	24	02	42								0380	0	08	94
SENIORITY			STR.		NON-SUB		M		CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.										
24	02	43	09	00	00	20	20-09-43									

CAMPAIGN STARS, DEFENCE MEDAL, WAR VERIFICATION  
NAVAL GENERAL SERVICE MEDAL

NAME IN FULL V.R.D. UHART Donald LeRoy RANK/RATING A.B.

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	TO
<u>Madagascar</u>	<u>24.2.42</u>	<u>6.3.42</u>	<u>11</u>			
<u>Redbridge</u>	<u>6.7.42</u>	<u>8.7.42</u>	<u>3</u>	<u>atlantic</u>		
<u>St. Croix</u>	<u>9.7.42</u>	<u>20.9.42</u>	<u>439</u>	<u>afria</u>	<u>8.3.43</u>	
<u>Discharged "Head"</u>						
<u>No date</u>	<u>20.9.43</u>					

VERIFIED BY Therise Polvin

VERIFIED BY .....



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

RATING *A.B.* OFF.NO. *464* 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>Star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
	<i>8-3-43</i>						AFRICA	1	<i>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 *L. Kahut*.....

BY ..... DIR. OF PERSONNEL RECORDS.



FEB 28 1942 N.S. 20-41 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 Donald Urquhart  
candidate for entry as O/Sen V.R.  
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.

(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- cinated 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.
	lbs.	ft. ins.		inches (a) maximum	right eye (a) left eye									
18y 1/2 4 mon	114 1/2	5-7 1/2	fair	33 1/2	6/6 6/6	1930	B.P. 105/68 N. *X-Ray	Normal	Normal	Normal	Normal	Normal	Normal	Normal
				(b) minimum 31										
				(c) mean 31 1/2	colour vision									

\*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.

Donald Urquhart  
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.

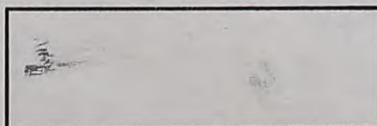
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Halifax N.S. the 23 of February 1942

V. Dainy  
Examining Medical Officer

(Rank) Surg Lt

CERTIFICATE of the SERVICE of

*Donald L Roy* **URQUHART**

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax N.S.</i>	R.C.N.V.R. Division <i>Halifax N.S.</i>	Official Number <i>U-464</i>
		"
		"

Date of Birth *8th October 1923*

Place of Birth *Taymouth, N.B.*

Place of Residence *Taymouth, N.B.*

Trade brought up to *Aircraft Fitter*

Religion *United Church*

Can Swim:—P.P.T. *FAIR* Date *8th May 1942* Signature \_\_\_\_\_ Rank \_\_\_\_\_

P.S.T. Date \_\_\_\_\_ 19\_\_\_\_ Signature *[Signature]* Rank *[Rank]*

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

*Margaret [unclear]*  
*Taymouth*  
*N.B.*

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>24th February '42</i>		<i>Hostilities only</i>	<i>0/100m(ty)</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>7 1/2</i>	<i>31 1/2</i>	<i>114 1/2</i>	<i>Blond</i>	<i>Blue</i>	<i>Fair</i>	<i>nil</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







# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

- 1. (a) Print name in full DONALD LEROY URSCHAKT (b) Reg'l. No. V 464
- 2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank C/SEA
- 3. (a) Date of birth OCT 1913 (b) Have you any dependents? NO (c) Place of residence at time of enlistment TRURO NS
- 4. (a) Place of enlistment HALIFAX, N.S. (b) Date of enlistment 24-2-42

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 16 (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 12
- 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? YES (b) If so, for what occupation? Steel Mill (c) Did you finish it? YES (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) WORKING (b) At time of enlistment of what trade union or professional society were you a member?

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

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

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

- 18. Name of employer CANADA STEEL & FOUNDRY CO Address HALIFAX, N.S.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STEEL
- 20. (a) Your specific occupation FITTER (b) Number of years' experience at this occupation with any employer 9 MONTHS
- 21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? YES

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

- 22. (a) State nature of business, or professional practice. (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? - (c) If so, in what kind of farming?
- 25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? - (c) In what provinces did you have experience?

## Section G—MISCELLANEOUS

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



DATE FEB 24 1942

SIGNATURE Donald Urschakt

Copy To  
VWD  
ES

MAR 12 1942



S. 536d. }  
 T.S. 34 } Revised—Nov., 1936.)  
 10M—6-40 (5717)  
 N.S. 815-9-536D.

## CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <u>URQUHART, Donald</u>	OFFICIAL No. V	Date of Birth 8th Oct., 1923.
---------------------------------	-------------------	----------------------------------

### ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			
Seamanship— Boat work:			
(a) Pulling.....	72	<i>passed</i>	<i>R.W.S.F.</i>
(b) Sailing.....			
Gunnery and Disciplinary Training.....	65	<i>passed</i>	<i>R.W.S.F.</i>
Shooting.....			
Swimming—P. P. T.....	<i>fair</i>	Date qualified <i>7/5/42</i>	<i>R.W.S.F.</i>
Physical and Recreational Training.....			
Culinary Course.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Drummer.....			
Special Remarks			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date .....

On leaving:— Weight..... Height..... Date .....

\* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.S. "CORNWALLIS". Date 27/6/42 *R.W.S. Johnson* for Captain.  
S/L

## PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....		
	For Able Seaman (if G.C. III).....		
	Educational Test I.....		
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												
	%								74	72	42		<i>R. W. S. Johnston</i> Sub. Lt.
%										29	<i>H. S. Cornwallis</i>		
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												
	%	70	65		70	55				65	47		<i>R. W. S. Johnston</i> Sub. Lt.
%											27	<i>H. S. Cornwallis</i>	
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												
	%												
%													

\* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.

† The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks

Recommendation for non-sub. rate†

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on.....Date.

Commodore.

.....Depot

Date.

Rated Able Seaman and Recommendations inserted on History Sheet.

H.M.S.....

Date

Captain.

N.G.R.

LA/CM

17

P.A. ✓

113-U-41. PERS.(N)

16 October, 1943.

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name ... URQUHART ..... Donald. LeRoy .....  
(Surname) (Christian Names)

Rank/Rating .. Able Seaman .....

Official No. V-464... R.C.N.V.R. ....

Nature of Casualty "Missing". on war service after sinking of  
HMCS. "ST.CROIX". Official presumption of death with date  
Date of Casualty will in all probability be made 3 months..  
from date of sinking of this ship.

Address at time of Enlistment .....

..... Taymouth, N.B. ....

Marital Status at time of Enlistment . Single .....

Occupation ..... Aircraft Fitter .....

Name & Address of Next of Kin Mothers: Mrs. Margaret .....

Urquhart, ..... TAYMOUTH, N.B. ....

Yours truly,

*H.B. Money*

for

SECRETARY, NAVAL BOARD.

emc.

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.



Department of National Defence  
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE  
No. N.S. 113-U-41  
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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
URQUHART, Donald Leroy Able Seaman, V-464, 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 Atlantic, due to enemy action.	Mother: Mrs. Margaret Urquhart, TAYMOUTH, N. B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mother.	Mrs. Margaret Urquhart Tajmouth. N.S.	\$15.00 A.P.	J.H. <i>P 16/12/43</i>
Bond Clothes Shop.	Barrington Street. Halifax. N.S.	\$5.00 ✓	J.H.

Note. Allotments 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.

## MEMORANDUM FOR

P. 64

..... Mrs. Margaret Urquhart .....

..... Taymouth, 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-U-41 FD. 277.....

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

..... January 4 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

..... URQUHART, Donald Leroy, A.B. ....

..... No. V. 464, R.C.N.V.R. ....



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

*H.R. Wade*  
(H.R. Wade) Cdr. RCNVR,  
for (L.M. Firth) Lt.-Col.  
Administrator of Estates.

HRW/JN

## 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.....	Angus Bertram Urquhart	59		
4	Mother of the Deceased.....	Margaret Isabelle Urquhart	56		
5	Brothers of the Deceased	Full Blood	Lloyd Bertram Urquhart	18	Jaymouth, N.B., Canada.
		Half Blood	S.-Sgt. Earle Leon Urquhart Gnr. John Waltman Urquhart	31 28	7th A/Tk. Reg't., R.C.A. 104 B'Co., 7th A/Tk Reg't. R.C.A. Cen. Med. Forces.
6	Sisters of the Deceased	Full Blood			
		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		
	Brothers Died at birth Oct. 17, 1922				

## ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Donald Leroy Urquhart
9	Date of his birth	October 8, 1923
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Fredericton, N.B. Aug. 15, 1920

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Jaymouth
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) In Nova Scotia 1 year. While working (b) for Canada car & Foundry Co. (c) (d)
14	Nature of employment before enlistment.	"
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.	Jaymouth

## PARTICULARS OF ESTATE

17	Did he leave a Will?	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	No
20	Amount of War Savings Certificates held by deceased.	12
21	Amount of Victory Loan Bonds held by deceased.	He bought one while in Service
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Standard Life Assurance Co. A \$2000 Policy A. B. Urquhart } Joint Beneficiary Mrs. A. B. Urquhart }
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

## 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.

Mrs. Margaret Urquhart {Signature of Informant  
Laymouth, N.B. Address

CERTIFICATE

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

\*See above. Urquhart { Name of Informant } is the\* Mother 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 Laymouth, N.B. this 4<sup>th</sup> day of March 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Rev. J. Robert Bath Qualification Local Clergyman  
Address Laymouth, 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



IG

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

4  
NAVYDISED  
MEMBER'S  
NAMEDonald LeRoy  
(CHRISTIAN NAMES)URQUHART  
(SURNAME)

REGISTER NO. 7260

FILE NO. NS. Y-464

DATE 9th June 1945.

SERVICE NO. V-464

FINAL RANK OR RATING A.B.

DATE OF DISCHARGE 20 Sep '43.

PAYEE  
ADDRESSMrs. Margaret Urquhart,  
Taymouth, N.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 20th Sep '43.

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 574 EQUAL TO 19 COMPLETE PERIODS AT \$7.50

\$ 142.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 442 LESS 4 INELIGIBLE DAYS, EQUAL TO 438 DAYS @ 25C. PER DAY

109.50

## 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
	\$	
	\$	

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$	3.55	X 7 = \$	24.85
NO. OF DAYS	438		X \$	24.85
	183			

59.48

## D. WAR SERVICE GRATUITY

311.48

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ N11  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

## F. TOTAL AMOUNT PAYABLE

311.48

## G. YOUR PORTION OF GRATUITY IS—

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

-\$ 311.48

Cheque 36500 21/6/45

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

YN

CHECKED BY

TREASURY  
CHECKED BY

DATE

for Dir. Naval Pay Accting.

SERVICE REPRESENTATIVE

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " ST. CROIX" ending 30  
SEPT. 1943.

List. 5-2.. No 54.....(Name) URQUHART, Donald..Rank Rating A.B......Nov. 464

When entered.....F.B......Date of appearance 1 July..Whither discharged  
.....D.D......

CREDIT from former account.....\$.....72.63

Pay as...A.B......from..1 July.....to..30 Sept. (92 days @ 1.85 per day) \$..... 170.20

Pay as...H.L.M......from..25 July.....to..20 Sep. (58 days @ .25 per day) \$..... 14.50

Pay as.....from.....to.....( days @ per day) \$.....

Pay as.....from.....to.....( days @ per day) \$.....

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

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

.....\$.....

Total Credits.....\$.....267.33

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

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month ...43.00...31.29..... Total.....\$.....146.29

2nd Month ...29.00..... Total.....\$.....

3rd Month ...43.00..... Total.....\$.....

Allotment. 15.00 July. 15.00. 5.00 Aug. and Sept......\$.....55.00

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

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

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

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

.....\$.....

.....\$.....

Total debits.....\$.....201.29

#  
Note: Balance Dr. to be shown in RED. Balance Cr. ~~xxxx~~ \$.....66.04

Number of days actually victualled during period mentioned above... 82

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Date: 26 Oct. '43 .....for Accountant Office

DISTRIBUTION OF SERVICE ESTATES

NAVY

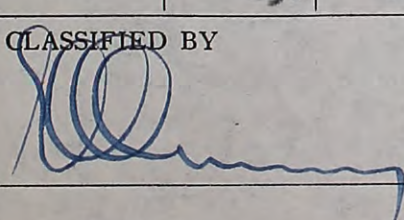
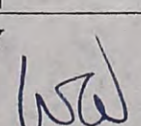
Name: URQUHART Donald L. No.: 7-464  
 Surname Christian Names  
A.B. H.M.C.S. "ST. CROIX" 20/9/43  
 Rank Unit Date of Death

AMOUNT

Date: March 13th, 1944.

L.P.C.....\$ 66.04  
 Other Credits..... 3.35  
 Total..... 69.39

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father <span style="color: green; font-size: 1.2em;">107579</span>	Mr. Angus B. Urquhart, ✓ TAYMOUTH, N.B. <span style="color: red; font-size: 1.5em;">e</span>	<del>34.70</del> 34.70
$\frac{1}{2}$	Mother <span style="color: green; font-size: 1.2em;">107580</span>	Mrs. Margaret K. Urquhart, ✓ (as above) <span style="color: red; font-size: 1.5em;">e</span>	34.69
		(As next of kin entitled)	

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	69.39
CLASSIFIED BY 			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by  
**L. M. FIRTH**

(L. M. FIRTH) Lt.-Colonel  
Administrator of Estates

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY  
**E. G. COLLYER**

For Chief Treasury Officer

ESTATES BRANCH

HQ.NS.113-U-41 FD.277

April 3, 1944

Mr. and Mrs. A.B. Urquhart,  
Taymouth, N.B.

URQUHART, Donald L., A.B. (Deceased)  
No. V.464, R.C.N.V.R.

Dear Mr. and Mrs. Urquhart:

Enclosed are Dominion of Canada cheques No.107579  
and 107580 dated March 27, 1944, in the amounts of \$34.70 and \$34.69  
respectively. ✓

The total amount to the credit of your son's Service  
estate is \$69.39, and is made up as follows:

Balance of Service pay.....	\$ 66.04
Refund from Bond Clothes Shop, Halifax....	<u>3.35</u>
Total.....	\$ 69.39

Your son died without having made a Will and his Service  
estate is, therefore, divided equally between each of you in accor-  
dance with the Intestacy Laws of his province of domicile. The enclosed  
cheques cover your respective shares of the estate as the next-of-kin  
entitled.

There were no personal effects received at this Branch  
for distribution.

Kindly sign the enclosed receipt forms and return them ✓  
to the Administrator of Estates, Department of National Defence, 308  
Sparks Street, Ottawa, Ontario.

ORIGINAL NO.  
50

Yours faithfully,

(L.M. Firth) Lt.-Colonel,  
Administrator of Estates.

HRW/JN  
Encls.