

V62018
EVANS
DONALD LEWIS

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 EVANS, Donald Lewis (b) Reg'l. No. V62018
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank 1st. Smn.
3. (a) Date of birth 26th Aug/24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Saint John, N.B.
4. (a) Place of enlistment Saint John, N.B. (b) Date of enlistment 20th May 1943

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 Yrs (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.) 8 years public 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) Working (b) At time of enlistment of what trade union or professional society were you a member? None.

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 AMSTERDAM, N.B. Address Saint John, N.B.
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 Repairing Typewriters (b) Number of years' experience at this occupation with any employer 8. 1 1/2 mos.
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? 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? No (c) If so, in what kind of farming? None
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? None.

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. xxx None.



DATE 20th May 1943 194..... SIGNATURE Donald L. Evans

Copy To
VWD
ES

JUN 5 1943

Unemployment Insurance Book- Yes.

Remington Rand,
53 Dock Street,
Saint John, N.B.



N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME EVANS, OFFICIAL No. V-67018
CHRISTIAN NAMES DONALD LEWIS MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
17 Exmouth St. Saint John, N.B.	Roman Catholic.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th August 1924	Town Saint John, County Saint John, Province New Brunswick,	Father: Mr. William G. Evans, 17 Exmouth St. Saint John, N.B.
*Original Nationality of: Father Welsh. Mother Irish		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>33</u>	Dark			
Inches <u>6 1/2</u>	Deflated <u>31</u>	Brown	Brown	Medium	Scar on left side of face.
	Mean <u>32</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade VIII	Moores Drug Store 1 1/2 Yrs. Canada Veneers 5 Mos. Remington Rand - 1 1/2 Mos. Saint John, N.B.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
20th May 1943	Ordinary Seaman	H.M.C.S. "Brunswicker"

(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 XXXXXXXXXX for the period shown, and attach my record of service in collaboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(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.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Ordinary Seaman by the prospect of being transferred at some future date to any other branch or rating.

Dated this 20th day of May 1943

Signature of applicant Donald L. Evans

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 20th

day of May 1943

My authority for attestation is RD. 7-3-2-RD. 8-3-1 17th April 1943

Thos. L. Peckitt, Lieut. R.C.N.V.R.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Donald Lewis Evans 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 Donald L. Evans

Witness Thos. L. Peckitt

Date 20th May 1943

Rank Lieutenant, R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

A Donald Lewis EVANS.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-62018</u>
	<u>Saint John, N.B.</u>	"
		"

Date of Birth <u>26 August, 1924</u>	Name and Address of Nearest Relative or Friend (in pencil) <u>Father</u> <u>William</u> <u>Same address</u>
Place of Birth <u>Saint John, N.B.</u>	
Place of Residence <u>17 Emmouth St., St. John, N.B.</u>	
Trade brought up to <u>Clerk.</u>	
Religion <u>Roman Catholic</u>	
Can Swim:—P.P.T. Date <u>O.H.F.</u> 19 <u>19</u> 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	
		<u>Duration of hostilities</u>	<u>Ord Smm</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<u>5</u>	<u>6 1/2</u>	<u>32</u>	<u>120</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Med</u>	<u>Scar left side of face.</u>
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	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Divisional Strength					
	Brunswick		Ordnance	20 May '43	25 May '43	
	<u>On Active Service</u>		"	26 May '43		
	Brunswick		"	26 May '43	13 July '43	
	Comwallis		"	14 July '43	10 Sep '43	
	" (Hamilton)		"	11 Sep '43	17 Oct '43	V/O
	Corwallis		"	18 Oct '43	29 Oct '43	
	Stadacona		"	30 Oct '43	14 Dec '43	
	Niska		"	15 Dec '43	15 Jan '44	
	Manito		"	16 Jan '44	20 Feb '44	
	MTB 726		"	1 Mar '44	23 May '44	
						Discharged Dead A.M. 23 May '44

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

Date	Details	Captain's Signature
15 Mar '43	SC 726 B96/10	

Year	Date
	20 May
	24 Sep
	17 August

TRUE COPY
OF THE
CERTIFICATE of the SERVICE of

Donald Lewis EVANS

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-62018</u>
	<u>Saint John, N.B.</u>	"
		"

Date of Birth..... <u>26 August, 1924</u>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth..... <u>Saint John, N.B.</u>	<u>Father:</u>
Place of Residence..... <u>17, Exmouth St., St. John, N.B.</u>	<u>William</u>
Trade brought up to..... <u>Boiler</u>	<u>Same address.</u>
Religion..... <u>Roman Catholic</u>	
Can Swim:—P.P.T. () Date.....	Signature.....
P.S.T. () Date.....	Signature.....



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	
	<u>20 May '43</u>	<u>Duration of Hostilities</u>	<u>Ord Smm</u>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>6 1/2</u>	<u>32</u>	<u>120</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Med.</u>	<u>Scar left side of face.</u>
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	NON-SUB RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Divisional Strength					
	Brunswick		Orcd Smm	20 May '43	25 May '43	
	On Active Service		"	26 May '43		
	Brunswick		"	26 May '43	13 July '43	
	Wormwellis		"	14 July '43	10 Sep '43	
	" (Hamilton)		"	11 Sep '43	17 Sep '43	V/O
	Cornwallis		"	18 Sep '43	29 Oct '43	
	Hadacora		"	30 Oct '43	14 Dec '43	
	Viola		"	15 Dec '43	15 Jan '44	
	Wentus		"	16 Jan '44	29 Feb '44	
	M.T.B. # 726		"	1 Feb '44	23 May '44 *	Discharged Dead A.M. 23 May '44

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

Date	Details	Captain's Signature
20 Apr. '44	Granted Hurt Certificate Alt. # 40796.	

20 May
24 Sep
* 17 August

Unemployment Book - yes.
 Remington Rand
 57 Rock St.
 Saint John N.B.
 113-8-926
 N. V. 5
 50M-8-42 (5715)
 N.S. 815-11-5
 no J.P.



ATTESTATION FORM
 (HOSTILITIES FORM)

107169

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FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME EVANS OFFICIAL NO. V62018
 CHRISTIAN NAMES DONALD LEWIS MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS 17 EXMOUTH ST. SAINT JOHN. N.B. RELIGION R. C.

DATE OF BIRTH <u>26th AUG. 1924.</u>	*PLACE OF BIRTH Town <u>SAINT JOHN.</u> County <u>SAINT JOHN.</u> Province <u>N. B.</u>	NAME AND ADDRESS OF NEXT OF KIN <u>FATHER.</u> <u>MR. WILLIAM G. EVANS.</u> <u>17 EXMOUTH ST.</u> <u>SAINT JOHN. N. B.</u>
*Original Nationality of: Father <u>WELSH</u> Mother <u>IRISH.</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>33</u>	<u>DARK. BROWN</u>	<u>BROWN</u>	<u>MED.</u>	<u>SCAR. L. SIDE OF FACE.</u>
Inches <u>6 1/2</u>	Deflated <u>31</u>	<u>BROWN</u>			
	Mean <u>32</u>				

EDUCATIONAL STANDING <u>GRADE VII</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>MOORES. DRUG STORE. - 1 1/2 YRS.</u> <u>CANADA VENEERS. 5 MOS.</u> <u>REMINGTON RAND - 1 1/2 MOS.</u> <u>SAINT JOHN. N.B.</u>
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DATE OF ENROLMENT <u>20 MAY. 1943.</u>	RATING FOR WHICH ENROLLED <u>O/SM N.</u>	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED <u>HM. C.S. "BRUNSWICKER"</u>
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(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 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.

Personnel Records Division.

1. Noted in Records [initials]

2. Index Card [initials]

3. Health Card [initials]

4. Staff List Card [initials]

5. Pension Card [initials]

8/6/43

(5) On being enrolled as a member 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as O/S.M.N. by the prospect of being transferred at some future date to any other branch or rating.

Dated this 20th day of MAY, 1943

Signature of applicant Donald L. Evans ✓

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 20th day of MAY, 1943.

My authority for attestation is R.D. 7-3-2 R.D. 8-3-1, 17 APRIL 1943

Thos. G. Peckitt, Lt. R.C.N.V.R.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Donald Lewis Evans 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 Donald L. Evans ✓

Witness Thos. G. Peckitt

Date 20 MAY, 1943

Rank Lieutenant R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.



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 EVANS. Donald Lewis.

candidate for entry as O/Sea. R.C.N.V.R. (Temp)
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	Yrs. 18 Mos. 6	(j) Date of last Vaccination for Smallpox	Childhood.
(b) Height with bare feet	5 Feet 6 1/2 In.	(k) General Development	Slight normal
(c) Weight without clothes	119 112	(l) Nose, Throat and Tonsils	normal
(d) Ears and Hearing	normal. small white opacities on both drums	(m) Heart and Lungs	Normal B.P. 120/88
(e) Chest Girth	Max. 33 Min. 31 Mean 32	(n) Abdomen Hernia, etc.	normal
(f) Teeth	Deficient 1 Defective 6 Dentures 0	(o) Limbs and Joints	normal
(g) Vision by Snellens Types	without glasses Rt. 6/6 Lt. 6/6 with glasses where worn — —	(p) Skin	normal
(h) Colour Vision	Ishihara R.C.N. Lantern Normal.	(q) Anus Haemorrhoids	normal
(i) Chest x-ray	not taken approved positive doubtful NEGATIVE 21-3-43 APPROVED	(r) Testes Varicocele	normal
		(s) Urine	S.G. 1020 ALB. neg SUG. neg

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 L. Evans
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 Dental caries. Small white opacities on both the ear drums. No history of Otitis Media or discharging ears.
*which renders him medically unfit for service,
(not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one

fit for service
W.F. 119
1407 I.C. ST. JOHN, N.B.

IF REJECTED insert here UNFIT in block letters

Dated at Saint John, N.B. the 26 of MARCH, 1943.

H. Henderson
Examining Medical Officer
(Rank) Surg. Lieut. R.C.N.V.R.

PIB

V62018

OFFICIAL NUMBER

NAME EVANS, Donald Lewis
(Surname) (Given Names)

OFFICIAL NUMBER V62018

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
HMCS Brunswicker	Ord. Smn.	20	5	43	Div. Str. Saint John	V.G.	Sat.	31	12	43							
HMCS Brunswicker	"	26	5	43	Active Service D.L. 26.5.43	V.G.	Sat.	22	5	44							
HMCS Cornwallis	"	14	7	43	D.L. 14-7-43.												
" Stadacona	"	30	10	43	DRD H-3040												
" Niobe	"	15	12	43	DRD S. 12. P.-28.												
HMS Mantis	"	16	1	44	DRD #385 P.111												
DISCHARGED	"	23	5	44	"Killed in Action" W/T 24-5-44												

GENERAL REMARKS

MEMORIAL CROSS sent to:
 Mother,
 Mrs. Bertha Evans,
 17 Exmouth Street,
 SAINT JOHN, N.B. (27-6-44)

DATE OF BIRTH			PLACE OF BIRTH	CIVIL OCCU.		RELIGION	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION	P.	CTY.	TOWN	SER.	DIV.	A.	BR.	RANK
26	8	15	280	0	10					02		08	75	
ENLIST. DATE			ACT. SERV. DATE			STR. CAT.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.		A.	BR.	RANK	
20	08	43	26	08	43					9740	0	08	75	
SENIORITY			STR.	NON-SUB.		M.	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A.	B.	ST.								
26	08	43	13	00	00		500			Sue				

V62018

OFFICIAL NUMBER

FILE NUMBER

113-T-926

OFFICIAL NUMBER

V62018

NAME..... EVANS, Donald Lewis DATE OF BIRTH..... 26 Aug. 1924
 (Surname) (Given Names)
 PLACE OF BIRTH..... Saint John, N.B. OCCUPATION..... Repairing Typewriters
 RELIGION..... R.C. EDUCATION..... Grade VIII
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 17 Exmouth St. Town..... Saint John 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
20	5	43	H.O.	5'6 1/2"	Dk. Brn.	Brown	Med.	Scar lt. side of face.				

NEXT OF KIN RELATIONSHIP (in pencil)..... Mother NAME (in pencil)..... Mrs. William G. Evans
 ADDRESS (in pencil): Street and No. 17 Exmouth St. Town..... Saint John 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	
20	4	44	Granted Hurt Cert. 249A/40796.	24	9	43	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. W 3R. 6036-1
DATE

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

O.H.F. Received.
Unemp. Ins. Book T20383 returned to 80 Prd.
Wm. St. St. John N.B.

W.S.G.
APPLICATION
10911
RECEIVED
13/6/45

NAME IN FULL EVANS DONALD LEWIS RANK/RATING O.....

SHIP	SERVICE			AREA	FROM
	FROM	TO	DAYS		
	26.5.43				
<i>C.D.</i> <u>Mantis</u>	<u>16.1.44</u>	<u>29.2.44</u>	<u>45</u>	<u>UK</u>	
<u>M.T.B. 726</u>	<u>1.3.44</u>	<u>23.5.44</u>	<u>84</u>	<u>All.</u>	
<u>Dis dead</u>					
<u>to date 23.5.44</u>					

VERIFIED BY K. Macharen

VERIFIED BY

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

Ord Seaman OFF.NO. *V-62018* ADDRESS

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

VERIFIED BY *[Signature]*

DEPARTMENT OF NATIONAL DEFENCE
Naval Service -
Ottawa, Canada.

Sir: 30 May, 1944
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>EVANS, Donald Lewis</u>	<u>Ordinary Seaman</u>	<u>V-62018 R.C.N.V.R.</u>

DATE OF ENLISTMENT - 20 May, 1943. Active Service: 26 May, 1943.

DATE OF DISCHARGE - 23 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 - "DEAD". killed in action overseas, aboard the
when and where any disability ship in which he was serving.
was incurred, or where death
occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Father NAME- Mr. William G. Evans.

ADDRESS- 17 Elmwood 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.

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

...30-5-44.N.P.R./5.

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)

REMARKS:

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.



Report of Wound or Hurt.

(Name in full)

(Rank or Rating)

(Official Number)

EVANS, Donald

Ord. Sea

V62018

belonging to His Majesty's Ship H.M.T.B. 726

* "Injury" or "Wound"

sustained the following* Injury on 17th April 1944

Here describe minutely the nature of the injury sustained as required by Article 1419 of the King's Regulations

Fracture (chip) of base of 1st phalanx, right hallux, involving the joint.

Personal Description.

Age about 19 years. Born at or near St. John N.B. CANADA. Height 5 ft 7 1/2 ins. Hair BROWN Eyes BROWN Complexion FAIR

Particular Marks or Scars.

Scar on left chest

Date 20th April 1944.

Signature of Medical Officer

[Signature] R.N.V.R.

To be completed if Hurt Certificate (overleaf) is NOT awarded.

* "Officer" or "Man"

† "Injury" or "Wound"

I/we, having enquired into the circumstances in which the above named* sustained the† stated, and having heard the evidence of (Insert Name and Rank or Rating) who witnessed the accident, consider that he was not at the time On His Majesty's Service.

Delete when case is investigated by Captain.

Signatures and Ranks of Investigating Officers.

Signature of Officer or Man injured.

Date 19

Signature of Captain.

H.M.S.



CERTIFICATE FOR WOUNDS AND HURTS

These are to Certify the Right Honourable
 the Lords Commissioners of the Admiralty that
 (Name in full) (Rank or Rating) (Official Number)
 EVANS, DONALD LEWIS O/SM V62018

belonging to His Majesty's Ship H.M.C.M.T.B. 726
 was* injured on April 17 1944 as shown on
 the reverse hereof;

and that I/we, having enquired into the circumstances
 in which he received the injury stated, and having
 heard the evidence of D. N. BRUCE,
 (Insert Name and Rank or Rating)

S/Lt., R.C.N.V.R.

who witnessed the accident, consider that he was then
 actually On His Majesty's Service in
 while handling a line when MTB 726 was
 berthing alongside another M.T.B. the injury
 was sustained. This man's foot was accidentally
 wedged between a deck shock (wooden)
 and a fender as the ship came alongside
 at which time he was attempting to pass
 a line to the other ship.

Here describe
 the manner in
 which the injury
 was received
 and also the
 particular act
 of duty or form
 of physical
 recreation in
 which it was
 incurred as
 required by
 Article 1419
 of the King's
 Regulations.

Delete when
 case is
 investigated
 by Captain.

Signatures and Ranks of
 Investigating Officers.

J. G. Cleland Lieut. RCNVR

Signature of Officer
 or Man injured.

D. L. Evans

Date 25-4 1944 Signature of Captain

A. Morrow Lt
 RCNVR

H.M.C.M.T.B. 726

NOTE: The grant of a Hurt Certificate to a Petty Officer or Man is to be noted on his Service
 Certificate and in the Ships Ledger.

ENTERED ON 245A SHEET
 H.M.C.S. "NIOBE"
 No 40796 Date 7/5/44

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

NAVAL SERVICE HEADQUARTERS, at OTTAWA, Ont.

Name EVANS, Donald Lewis (Christian names in full)

29

Rank or Rating Ordinary Seaman Official No. V-62018, R.C.N.V.R. (If unknown, date of first entry)

Place of Birth Saint John, N.B. Date of Birth 26 August, 1924.

Occupation in Civil Life Typewriter repairman 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) From 20 May, 1943 to 23 May, 1944.

Date of Death 23 May, 1944. Place of Death

Cause of Death Killed in action overseas, aboard ship in which serving. (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend Name Mr. William G. Evans Relationship Father Address 17 Elmwood St., SAINT JOHN, N.B.

Date on which the above was informed by Ship Naval Service Headquarters: 24 May, 1944.

Date on which death was registered with local Officials

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 Higher Brixham Church, Brixham, Devon, England. Date of Burial 25 May, 1944. (if known) (if known)

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

Undertaker employed (if any)

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

Commanding Officer

OTTAWA, Ont. 15 June 1944

Handwritten signature

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

for SECRETARY, NAVAL BOARD.

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.

ACCOUNTS OF MEN DISCHARGED

54

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.....EVANS, Donald L..... Rating.....Ord.....Snn.....
 Official No. V-62018..... H.M.C.S. "NIOBE" Sec 6B 265 Pool..... List 22/11.....
 Who*..... D.D. on the..... 23rd May..... 1944.....

	\$	cts.
Net sum due on ledger on account of Wages..... Nil.....
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side..... Nil.....
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>R-505</u>	60.	12
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 dollars</u> charged to <u>31 May</u>		
Name of ship from which transferred..... H.M.C.S. "NIOBE".....		
Total†..... Creditor.....	60.	12

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.....
 H.M.C.S. "NIOBE" amounting to a net balance†..... Creditor.....
 of..... ~~Sixty~~..... dollars..... ~~twelve~~..... cents.

Dated on board H.M.C.S. "NIOBE"..... at..... GREENOCK.....
 Scotland..... this..... 16th..... day of..... August..... 1944.....

Approved..... *D.P. Dawson*..... Accountant Officer
 Payr-Lieut Cdr R.C.N.V.R.
E. Brown..... Initials of the Assistant Accountant Officer
 Payr-Lieut R.C.N.V.R.
 Commanding Officer.
 Captain R.C.N.V.R.

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.

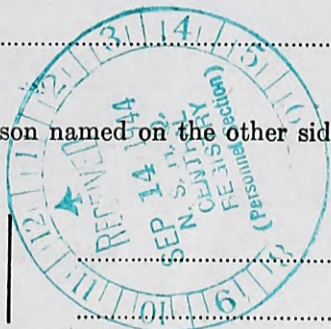
ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the day of 19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
	EVANS, Donald L. Ord Snn V-62018	Credited to Naval Estate by O.R. R-500	-		69.	82
		Total proceeds of sale carried to account on the other side				

Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*



..... Signature
..... Rank

..... Signature
..... Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

ESTATES BRANCH

HQ. NS. V-62018 FD. 417

November 27, 1944.

Mr. and Mrs. W.G. Evans,
17 Exmouth Street,
Saint John, N.B.

EVANS, Donald L., Ord. Smn. (Deceased)
No. V.62018, R.C.N.V.R.

Dear Mr. and Mrs. Evans:

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


The total amount available for distribution is made up as follows:

Balance of pay and allowances.....	\$ 60.12
Proceeds of sale of effects.....	69.82
Cash found amongst personal effects.....	<u>14.84</u>
Total.....	\$144.78

Your son died without having made a Will and his Service estate is, therefore, distributable to you in equal one-half shares as the next of kin entitled under the Intestacy Laws of his province of domicile.

Treasury has been requested to send you each a cheque payable to your order in the amount of \$72.39, and on receipt of same will you kindly sign the enclosed forms of acknowledgment and return them to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,


(L.M. Firth) Colonel
Director of Estates.

HRW/JN
Encl.

EFFECTS OF DONALD L. EVANS, ORDINARY SEAMAN, V62018

- 1 blue zippered hand bag
- Kit bag with ~~lock~~ ^{locks} lock
- 1 name stencil
- 1 clothes brush
- 1 Gillette razor
- 1 Red Ring razor
- 1 soap bag
- 1 neillitte razor
- 1 fishing line and hooks
- 1 shell
- 1 toothache gum **R**
- 1 pr. boot laces
- 1 copy "Within the Sanctuary"
- 1 package band aides
- 1 table knife
- 1 silk
- 1 rosary
- 1 H.M.C.S. "CORNWALLIS" commandments
- 2 "Medals Religious"
- 1 jack knife
- 1 nail file
- 7 snaps
- Birth Certificate
- 1 black wallet
- 1 negative

Case 1327 22/11/44

27/11/44

1 Pel No Letters

R. J. Draper

MG

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

4
 NAVY

DECEASED
MEMBER'S
NAME

Donald Lewis
 (CHRISTIAN NAMES)

EVANS
 (SURNAME)

REGISTER NO. 10911
 FILE NO. NSV-62018
 DATE 25 Sep/45
 SERVICE NO. V-62018
 FINAL RANK OR RATING Ord. Smn.
 DATE OF DISCHARGE 23 May/44

PAYEE Mrs. Bertha Evans,
 ADDRESS 17 Exmouth St.,
 St. John, N.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 23 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 364 EQUAL TO 12 COMPLETE PERIODS AT \$7.50

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 168 LESS 4 INELIGIBLE DAYS, EQUAL TO 164 DAYS @ 25C. PER DAY

41.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY 1.50
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE 1.25
 ADDITIONAL PAY H.L.M. \$.20

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL 2.95 X7 = \$ 20.65
 NO. OF DAYS 168 X\$ 20.65
 183

18.95

D. WAR SERVICE GRATUITY

149.95

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

F. TOTAL AMOUNT PAYABLE

149.95

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 149.95

Cheques 84827 - Oct. 2/45

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

DM

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

STATEMENT OF ACCOUNT

49

True extract from the ledger of H.M.C.S. " NIOBE Section 6 " ending 30 June 1944

List 265-5² No. 16 (Name) EVANS, Donald Rank Rating Ord Smm No. V-62018

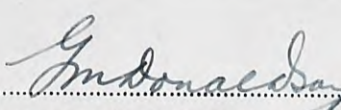
When entered 1 April Date of appearance 1 April Whither discharged D.D.

	\$	c.
CREDIT from former account.....	2.	47
Pay as <u>Ord Smm</u> from <u>1 April</u> to <u>31 May</u> (<u>61</u> days at \$ <u>1.50</u> a day)	91.	50
" <u>Difference of pay</u> between " " " ")		
" <u>1.25 and 1.50</u> " <u>24 Nov.</u> " <u>31 Mch</u> (<u>129</u> " <u>.25</u> ")	32.	25
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance <u>Adj. for Mch Qtr 4.47 and period 1 April-23 May 6.41</u>	10.	88
OTHER CREDITS: <u>H.L.M. 2 Mch-31 Mch 30 days @ .20</u>	6.	00
<u>H.L.M. 1 April-18 April and 21 April-22 May 50 days @ .20</u>	10.	00
Total credits.....	153.	10
DEBT from former account.....		
PAYMENTS:—		
	1st	2nd
	\$ c.	\$ c.
1st month.....	8.94	—
2nd month.....	7.60	7.60
3rd month.....	14.30	—
	3rd	4th
	\$ c.	\$ c.
	4.47	9.83
	5th	
	\$ c.	
	2.24	
Total.....	8.	94
Total.....	31.	74
Total.....	14.	30
Allotment..... <u>20.00 April and 20.00 May</u>	40.	00
Pension deduction (Officers) charged to..... of.....		
Hospital stoppages.....		
Mulcts.....		
OTHER CHARGES:.....		
.....		
.....		
Total debits	94.	98
Balance Cr. of Dr	58.	12
(Balance Dr. to be shown in red)		

Number of days actually victualled during period mentioned above 50

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	S	19 April	20 April	2	Hospital
	S	23 May	23 May	1	Hospital

Date 16th August, 1944


 Payr-Lieut R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426
25M-8-43 (1468)
N.S. 815-9-2426

W.S.G. Application No. 10911
~~18645~~

TO: D.N.P.A. "G"

FILE NO. N.S. V-62018

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

EVANS DONALD LEWIS V-62018 Ord. Seaman
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (MTB 726)
..APPLICANT.. - MOTHER.. - \$20.00 A.P..
(ON BEHALF OF FATHER)

TOTAL SERVICE

Date of Active Service 26 May 43
Date of Discharge 23 May 44
Total No. of Days 364
Less non qualifying service NIL

366
2
364

Total Days 364

OVERSEAS SERVICE

% Total No. of Days 168
Less non qualifying service NIL

Total Days 168

Record of Service in other Forces (per Naval Records)

Branch of Service N
Date of Active Service I
Date of Discharge L

& % Overleaf

Computed By [Signature]

Checked By [Signature]

[Signature]
for (H.B. Moxey)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 27 1945

DD. 002

NDA

NON QUALIFYING SERVICE

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

DATE OF DISCHARGE: _____
 DATE OF RE-ENTRY: _____

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Hamilton	11 Sep '43	17 Sep '43	7
Niobe Mantis M.T.B. 726	15 Dec '43	23 May '44	161
			<u>168</u>

17
 31
 27
 31
 30
 23

 161

CHARACTER OF DISCHARGE: _____
 GRADE: _____

CONVERSION OF SERVICE
 AND SERVICE CREDIT

DATE OF ENTRY: _____
 SERVICE NUMBER: _____

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name

DONALD LEWIS EVANS
(Christian Names) (Surname)

Payee

Mrs. Bertha EVANS

Address

17 Edmouth street,
Saint John, N. B.

Register No. 10911

File No. V62018

Date 5 July 45

Service No. V62018

Final Rank or Rating Ord. Imm.

Date of termination of overseas service 23 May '44 Date of Discharge 23 May '44

A. TOTAL QUALIFYING SERVICE

No. of days 364 equal to 12 complete periods at \$7.50

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 168 less 4 ineligible days equal to 164 days @ 25¢ per day

\$ 41.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	<u>1.50</u>
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>
Additional Pay	<u>H.L.M.</u>	<u>.20</u>

Dependents' Allowance 1/30 of \$ _____

Total 2.95 x 7 = \$ 20.65

No. of days 168 / 183 x \$ 20.65 = 18.95

D. WAR SERVICE GRATUITY

\$ 149.95

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

OTHER DEDUCTIONS \$ h.c.

F. TOTAL AMOUNT PAYABLE

\$ 149.95

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 149.95
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>[Signature]</u> | 6 | <u>[Signature]</u> |
| 2 | <u>[Signature]</u> | 7 | <u>[Signature]</u> |
| 3 | <u>[Signature]</u> | 8 | <u>[Signature]</u> |
| 4 | <u>[Signature]</u> | 9 | <u>[Signature]</u> |
| 5 | <u>[Signature]</u> | 10 | <u>[Signature]</u> |

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, Fairville.

Ottawa, June 8th, 1944.

From.....Head Office.....

RE: V-62018 - O.S. EVANS, Donald L.

P. & N. H. 563-D.

The Department of National Defence, Naval Service,
officially reports that the marginally named was reported -
"Died, killed in action, aboard the ship in which
he was serving,
on the 23-May-44 on service Canada & High Seas."

His next of kin is reported as - Father -
Mr. William G. Evans,
17 Exmouth St.,
Saint John, N.B.

The Addressograph Stencil shows payment of Assigned Pay of
\$ 20.00 a month to - Mrs. Bertha Evans,
17 Exmouth Street,
Saint John, N.B.
Relationship not stated.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

E. Clewes,
for
Canadian Pension Commission.

/TP

File

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Bertha Evans - Mother

ADDRESS: 17 Exmouth Street,
ST. JOHN, N.B.

MEMORIAL BAR

DATE DESP.....

(1)

REGN. NO.....

546

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER

Mrs W. G. Evans

ADDRESS: 17 Enmouth Street
SAINT JOHN, N.B.

(3)

27 June 1944

I DECEASED 23 May 1944

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

WAR SERVICE RECORDS

EVANS Donald Lewis	V-62018	O/Smn	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE
			C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	1590-26-11-49
C.V.S.M & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Mr. William G. Evans,

17 Exmouth Street,

Saint 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. NS. V.62018 FD.417

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 20th, 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

EVANS, Donald Lewis, Ord. Smn.

No. V.62018, 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/JN

M. W. ...
Admin under ...
per
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 ev 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.....	Wm. G. Evans	62	17 Exmouth St - Saint John, N. B.
4	Mother of the Deceased.....	Bertha Evans	61	" " " "
5	Brothers of the Deceased	Full Blood	Wm. George Evans 32 John Joseph " 30 Leo Robert " 28 Charles Harold " 23 James Hugh " 22	64 Evin St. St. John, N. B. 404 Union St. St. John N. B. Can. Army Overseas R. C. N. V. R. Can. Army overseas
		Half Blood	_____	
6	Sisters of the Deceased	Full Blood	Mary Madeline Evans 35 Catherine Alice " 33 Zita Marjorie Bowes 26 Dorothy Bertha Evans 25	1431 Bishop St. Montreal Que. 17 Exmouth St - St. John N. B. " " " " " "
		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	
	Francis Therese Evans	born Dec. 2 nd - 1925 died Apr. 29 th / 27		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald Lewis Evans
9	Date of his birth.	August 26 th 1924
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	St. John, N. B. August 5 th - 1908

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. 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) _____ (b) Saint-John N. B. all his life (c) _____ (d) _____
14	Nature of employment before enlistment.	servicing cleaning typewriters
15	State whether he owned the premises in which he lived, and, if so, where situated.	_____
16	Name place where deceased stated he intended to make his permanent home.	_____

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	_____
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?	_____
20	Amount of War Savings Certificates held by deceased. Indicate where located.	_____
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	about \$300. in London Life Ins. Co. Bertha Evans, beneficiary
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	_____
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	_____

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

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "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

*..... *Father* 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.

W. J. Evans

{ Signature of Informant

17 Exmouth St

Address

CERTIFICATE

Saint John P.B.

I hereby certify that to the best of my knowledge and belief..... *W. J. Evans*.....

*See above.

{ Name of informant } is the*

father

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 P.B.* this *18th* day of *July* 19 *14*

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

W. J. Evans

Qualification

Public Curate

Address.....

91 Waterloo St. Saint John P.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