

V2601
CONNOLLY
CHARLES

WILLIA

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

30

XXXXX Naval Service Headquarters at OTTAWA, Ontario

Name CONNOLLY, Charles William (Christian names in full)
Rank of Rating Leading Cook (S) Official No. V-2601, R.C.N.V.R.
Place of Birth Lower Cove, St. John, N.B. Date of Birth 20th January, 1907
Occupation in Civil Life Baker 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 21st Nov. 1940 to 22nd August, 1944.
Date of Death 22nd August, 1944 Place of Death Aboard ship at sea
Cause of Death Dead -- Due to enemy action overseas.

Nearest known relative or friend Name Mrs. Dora Cosgrove, Relationship Aunt
Address 99 Orange Street, St. John, N. B.

Date on which the above was informed by Ship Naval Service Headquarters, 31st Aug., 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 Douglas Bank Cemetery, Dunfermline, Fife, Scotland Date of Burial 29th September, 1944

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, October 17th 1944

H.B. Money

for Secretary, Naval Board.

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

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

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

Noted D.N.P.
28-11-44
S.P.

ACCOUNTS OF MEN DISCHARGED

MIF
in
249-WSG
MAY 10 1946

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 Charles M. CONNELLY Rating Leading Cook (s)
 Official No. V-2601 H.M.S. "NABOB" List 5011/27
 Who* was Discharged Dead on the 22nd August, 1944

PA
MAY

Net sum due on ledger on account of Wages-----	\$	cts.	
	101	34	
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-----	nil		
Debts collected \$-----	nil		
Cash deposited by official Receipt No.-----			
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>EIGHT DOLLARS & FORTY CENTS</u> charged to <u>30/9/44</u> <u>TWO DOLLARS</u>			
Name of ship from which transferred <u>Former Hook</u>			
Total† <u>Creditor</u>	101	34	#

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.S. "NABOB" amounting to a net balance† Creditor of ONE HUNDRED & ONE dollars THIRTY FOUR cents.

Dated on board H.M.S. "NABOB" at her War Station 25th day of September, 1944.
 Approved C. J. Willen Accountant Officer
A. Pay'r. Cndr., R.C.N.V.R.
O. Martin Pay'r. Lieut., R.C.N.V.R. { Initials of the Assistant Accountant Officer
lt Col for Commanding Officer.
A/Captain, R.C.N.

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.

S. 46 # Remittance List No: B.43/44 of 30/9/44.
 in accordance with N.O. 3255
 Statement of account attached.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-2601 Pers. (N)

OTTAWA, Ont., 1st Sept., 1944.

127282



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
CONNOLLY, Charles William Leading Cook (S) V-2601, R.C.N.V.R.	Missing, presumed dead due to enemy action over- seas, to date 22nd August, 1944.	AUNT: Mrs. Dora Cosgrove, 99 Orange St., ST. JOHN, N.B.

50 Elliotte Row

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

N i l.

[Redacted area with handwritten initials 'H.M.']

WILL: No Record.

Yours truly,

H.M. Money

for
SECRETARY, NAVAL BOARD.

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

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

128792

Sir:

..... 1st Sept., 1944
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CONNOLLY, Charles William	Leading Cook (S)	V-2601, R.C.N.V.R.
DATE OF ENLISTMENT -	21st Nov., 1940	Active Service: 28th Nov., 1940
DATE OF DISCHARGE -	22nd Aug., 1944	
HOSPITAL -	(If discharged in hospital under jurisdiction of D.P. & .N.H.)	
SERVICE -	(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)	

Reason for discharge and - Missing, presumed dead due to enemy action overseas.
when and where any disability
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 - AUNT NAME - Mrs. Dora Cosgrove,
ADDRESS - 99 Orange St., ST. JOHN, N.B.

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

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

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

C. R.
P. A.
NAVAL TREASURY
DATE <u>6/19/44</u>
INITIAL <u>R</u>

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

NIL.

D. A.

A. P.

TOTAL

Monthly rate:

To Whom Paid:

Address

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid:

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

Remarks:

Computed by... *m.e.d.*

Checked by... *R. K. Lochelle*

for *Alec J. Bonnell*
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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



CANADA

Can. B. 207

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

DUPLICATE

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..... Charles William Connelly.....

‡candidate for entry as..... A/Cook.....

and I believe him to be *{in all respects fit for His Majesty's Service.
{unfit for His Majesty's Service for the reason stated below.} He has signed
the Certificate given below in my presence.

‡Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated 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.
32. 10	118	5. 4.25	Good	37 (a) maximum 34 (b) minimum 35.5 (c) mean	right eye 6.9 left eye 6.18 colour vision N.	1914 1 Mark up left	App. Normal *X-Ray	Normal	Normal	Normal	Normal	Normal	Up plate. 7 lower spongy gums. Normal	Normal

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

..... Charles Connelly.....

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

‡Strike out if inapplicable.

Signature of Candidate

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

This Candidate is the subject of..... Bilateral flat foot. Not tender
slight varicocele, left.

*~~{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 Saint John, N. B. the 23rd. of November 19 40

DEC 2 1940

John R. Nugent

Examining Medical Officer

SURGEON LIEUT.

(Rank)..... Surgeon "Civilian".....

*R 5/12
L 6/12
CV. N
Proposed
11.29.40
J.R.S.*

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

NAME IN FULL .. COWNOLLY, Charles William RANK/RATING .. Leading Cook (S)

SHIP	SERVICE			AREA	QUALIFICATION		
	FROM	TO	DAYS		FROM	TO	1
<i>St John Division</i>	<i>28/11/40</i>	<i>1/12/40</i>	<i>14</i>				
<i>H.M.S. Gabat</i>	<i>18/12/43</i>	<i>22/8/44</i>	<i>249</i>	<i>Atlantic</i>	<i>2-3-44</i>		
<i>Discharged "dead"</i>							
<i>to date</i>	<i>22/8/44</i>						

VERIFIED BY .. Georgette Penard ..

VERIFIED BY ..

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

NAMING ... *L. G. Crook (S)* ... OFF. NO. ... *2601* ... 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>
<i>2-3-44</i>							ATLANTIC	1	<i>Star</i>
							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 *L. G. Crook*...



CANADA

P 88366

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

DEPT.
NATIONAL DEFENCE

NOV 28 1940
N.S. 113C 1069
CANADA

21

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Connolly OFFICIAL NO. V 2601
 CHRISTIAN NAMES Charles William MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 99 Orange St
St John RELIGION R. C

DATE OF BIRTH 20/1/07 ^{with} ~~08~~ PLACE OF BIRTH Lower Cove
 Town St John County N. B NAME AND ADDRESS OF NEXT OF KIN Mrs J. J. Cosgrove (aunt)
99 Orange St John

Attested correct
A.S.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet. <u>5</u>	Inflated. <u>37</u>	<u>Light Brown</u>	<u>Grey</u>	<u>Med</u>	<u>Scar on right shin</u>
Inches. <u>4.25</u>	Deflated. <u>34</u>				
	Mean. <u>35.5</u>				

DATE OF ENROLMENT 21/11/40 RATING ENROLLING FOR A / Cook TRADE OR CALLING AND IN WHOSE EMPLOY Baker
Mc Murry Bros
Fairville N.B

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

Personnel Records Division.

3. Non-Sub. Card.....
 4. Statistical Card.....
 5. Roneo Strip.....
 6. Pension Card.....
 7.
 8.
 DATE 29-11-40

21/11/40

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

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

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

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

Dated this 21st day of November 1940

Signature of applicant Charles Connolly

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 21st day of November 1940

Paul J Cross
Signature of Commanding Officer.

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

(D) OATH OF ALLEGIANCE

I, Charles Connolly 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 Charles Connolly

Witness William MacKay

Date 21/11/40 Rank Sub Lieut V.R(T)

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Charles Connolly having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the St John Division of the R.C.N.V.R.

Paul J Cross
Commanding Officer.

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

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

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

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

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "NABOB"

(1) MEDALS
PERSON

ENTITLED TO

Mr. Arthur G. Connolly - Brother

ADDRESS:

Courtney St.,
ST. JOHN, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO.

581

(2)

(3)

D OF D 22-8-44

AWARDS NAVY

D.D.

CONNOLLY	Chas. William	L/Ck. (S)	V-2601	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. N11

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2375
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V2601

OFFICIAL NUMBER

NAME CONNOLLY
(Surname)

Charles William
(Given Names)

P.I.B.

OFFICIAL NUMBER V2601

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re...		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. St. John	A/Cook	21	11	40		V.G.	Sat.	31	12	40							
Duty div. Hdqtrs.	Asst. Cook(s)	28	11	40		V.G.	Sat.	31	12	41							
Stadacona	" "	1	12	40		V.G.	Sat.	31	12	42							
" "	A/Cook	19	12	40		V.G.	Sat.	31	12	43							
St Hyacinthe	" "	7	10	41		V.G.	Supr.	22	8	44							
" "	Cook (S)	1	8	42	249A #30635												
Burrard (HMS Nabob)	" "	13	12	43	DRD #-2000												
H.M.S. Nabob	" "	8	2	44	1012-5-69												
" "	Ldg. Cook (S)	1	6	44	Memo of 22.7.44.												
DISCHARGED	" "	22	8	44	"Missing, Presumed Dead. per Casualty List.												

GENERAL REMARKS

X-ray App.
Burial took place on 29.9.44, at Douglas Bank Cemetery, Dunfermline, Fife, Scotland.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU		RELI	ED	PERM RESIDENCE			PREV	ENL	RANK OR RATE ON ENLISTMENT		
DY	MO	YR	BIRTH	TOWN	SUB	ST	ION		P	CTY	TOWN	SERV	DIV	A	BR	RANK
20	1	07	15	230	0	10	X	5	11	01	0	02	0	18	93	
ENLIST DATE			ACT. SERV. DATE			STR	ACT. SERV. DATE			SHIP OR ESTAB		RANK OR RATE				
DY	MO	YR	DY	MO	YR	CAT	DY	MO	YR			A	BR	RANK		
21	11	40	28	11	40						00250	18	94			
SENIORITY			STR	NON-SUB		M				CODED		CHECKED				
DY	MO	YR	CAT	A	B	ST										
01	08	42	23	00	00		711 20			B3		11/43				

V2601

OFFICIAL NUMBER

FILE NUMBER

113-G-1069

OFFICIAL NUMBER

V2601

NAME CONNOLLY Charles William DATE OF BIRTH 20 January 1907
 (Surname) (Given Names)

PLACE OF BIRTH Lower Cove St. John N.B. OCCUPATION Baker

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 99 Orange St. Town St. 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
21	11	40	H.O.	5'4 1/2"	L. Brown	Grey	Med.	Scar on right groin				

NEXT OF KIN RELATIONSHIP (in pencil) Frank 10-4 NAME (in pencil) Mr. J. J. Gagnier

ADDRESS (in pencil): Street and No. 99 Orange St. Town St. John Province, etc. N.B.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				15	5	44	Passed Prof. for Ldg. Cook (S)				

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		
28	11	43	1st. GCB (S.C.)	Granted.							

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

SECOND CLASS FOR CONDUCT
 From To

FILM
 NO. 642-5149-4
 DATE

W.S.G.
 APPLICATION
 10130
 RECEIVED
 8/15

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

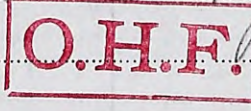
CERTIFICATE of the SERVICE of

Charles William CONNELLY

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V.2601</i>
H A L I F A X	Saint John, N. B.	"
		"

Date of Birth..... 20th., January, 1907	Name and Address of Nearest Relative or Friend (in pencil) <i>Mrs. T. J. Cosgrove</i> <i>(Aunt)</i> <i>99 Orange St</i> <i>Saint John N.B.</i>
Place of Birth..... Saint John, N. B.	
Place of Residence..... <i>99 Orange St. Saint John N.B.</i>	
Trade brought up to..... Baker	
Religion..... R. C.	
Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....	
P.S.T. Date..... 19..... Signature..... Rank.....	



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
-	21/11/40	Hostil.	A/Cook			

PERSONAL DESCRIPTION								
Identification <i>Card #607</i>	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	4.25	35.5	118	light brown	grey	med	scar on right groin
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	St. John Division			Asst/Cook	28/11/40	1/12/40	Drafted to Halifax.
-	Stadacona			"	2 Dec '40	30 June '41	
	H.M.C. Signal School			"	1 July '41	30 Sept '41	
	St. Hyacinthe			"	1 Oct '41	31 July	
	Beurrard			Cook(s)	1 Aug '42	17 Dec '43	
	H. M.S. "Nabob"			"	18 Dec '43	17 Dec '43	
				"	18 Dec '43	31 May '44	
				Ldg CK (A) (Eq)	1 June '44	22 Aug '44	D.D.

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

Date	Details	Captain's Signature
5 Aug. 1941	Granted Special Concession Travelling W.T. # B 3639	St. Hyacinthe
3 June 1942	Granted Spec Concession Travelling W.T. # 22715	St. Hyacinthe
11 June 43	Issued S.C.T.W # B 48498	48529

Name Charles William Connolly Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)				CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature		
		V.G.	Sat (asst Cook(s))	31 Dec '40	J. Edwards		
		V.G.	Sat (asst Cook(s))	31 Dec '41	A. Ferguson		
		V.G.	Sat (Cook(s))	31 Dec '42	A. Ferguson		
		V.H.	Sat (Cook(s))	31 Dec '43	J. M. Smith		
		V.G.	Supr (L/Ck(s))	22 Aug '44	A. H. Key		
R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES							
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored				
28 Nov. '43	G.C.B.	1st	Granted				
TIME FORFEITED							
Date	P., D.C., C.P., or W.T.	No. of Days					
		Awarded	Served				

. 23 July, 1945.

Dear Mrs. Cosgrove:

Further to my letter of the 3rd of October, 1944, I am passing on the following particulars regarding the Naval action during which your nephew lost his life. This information has been released for publication.

H.M.S. "NABOB", a Canadian-manned aircraft carrier, in which your nephew was serving, while operating with other units of the British Home Fleet was torpedoed by an enemy U-boat off North Cape, Norway, in August, 1944. Eleven Canadian Naval ratings lost their lives as a result of the disaster and several Canadian Naval ratings were seriously injured. The ship, although sustaining severe damage, returned to a north British port five days later.

The following is a synopsis of the newspaper account of the disaster in case you may not have read it:

H.M.S. "NABOB" was preparing to fuel three escort vessels when a U-boat fired a torpedo which caught her on the starboard side. A terrific explosion followed and the vessel listed to starboard and settled at the stern. Shortly thereafter two other torpedoes were fired at the ship, both of which missed. However, the first of these severely damaged H.M.S. "BICKERTON", a destroyer escort, which was later sunk.

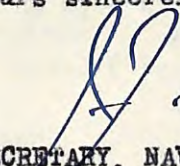
H.M.S. "NABOB" was very seriously damaged by the torpedo but when it became apparent that there was a possibility of saving her, every effort was made by the crew to keep her afloat: aircraft were secured in the hangars and on flight decks, hatches and doors were closed, sealing off compartments of the ship, ventilators and fans were repaired and smoke and fumes were cleared from the engine room. In four hours the ship was able to make way slowly through the water.

After the torpedoing, a screen was maintained around H.M.S. "NABOB" by three Royal Naval destroyer escort ships. Nevertheless it was later found that the submarine was still trailing the ship, so two bombers were flown off the sloping deck and drove off the U-boat, while H.M.S. "NABOB" altered her course.

After a perilous trip due to the threat of enemy aircraft and U-boats, rough seas and her damaged condition, the ship finally reached a north British port.

May I again extend to you the sincere sympathy of the Department and express the hope that you may be afforded some small measure of consolation in knowing that your nephew died in the performance of his duty and in the service of his country.

Yours sincerely,


 SECRETARY, NAVAL BOARD.

Mrs. Dora Cosgrove,
99 Orange St.,
Saint John, N.B.

Despatched by
Sec. N. B.

Date 23. 7. 45.
Time 15 30

. 23 July, 1945.

Dear Mrs. Cosgrove:

Further to my letter of the 3rd of October, 1944, I am passing on the following particulars regarding the Naval action during which your nephew lost his life. This information has been released for publication.

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ESTATES BRANCH

HQ V-2601 FD 629

October 25, 1945.

Mr. Arthur G. Connolly,
Courtney Street,
ST. JOHN, New Brunswick.

CONNOLLY, Charles W. LDG. COOK (S) Deceased)
No. V-2601 - R.C.N.V.R.

Dear Mr. Connolly;

In accordance with the provisions of the War Service Grants Act, the War Service Gratuity due to your late brother is now available for distribution as part of his Service Estate. This Gratuity has been computed as outlined on the enclosed award form.

Your brother died without having made a Will, therefore, the amount is distributable in accordance with the Intestacy laws of his province of domicile which provide that you share equally with your brother and sisters.

A cheque has been requisitioned from Treasury, payable to your order, for your one-sixth share, as next-of-kin entitled and on receipt of same, will you kindly sign and return the enclosed form of acknowledgment.

Yours faithfully,

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

Enc.

HLV/GM

for Dir. Naval Pay Acctng.

MG

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

450 2 NAVY

DECEASED MEMBER'S NAME

Charles William
(CHRISTIAN NAMES)

CONNOLLY
(SURNAME)

REGISTER NO.

10130

PAYEE ADDRESS

Director of Estates,
308 Sparks St.,
Ottawa, Ont.

for Service Estate of
Charles W. Connolly,
NSV-2601

FILE NO.

NSV-2601

DATE

1 Sep/45

SERVICE NO.

V-2601

FINAL RANK OR RATING

Ldg. Cook(S)

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Aug/44

DATE OF DISCHARGE

22 Aug/44

A. TOTAL QUALIFYING SERVICE

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

1364 EQUAL TO 45

337.50

B. QUALIFYING OVERSEAS SERVICE

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

249 LESS 14 INELIGIBLE DAYS, EQUAL TO 235

58.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	2.25
ADDITIONAL PAY	\$	1.45
G.C.B.	\$.05
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
TOTAL	\$	3.75
NO. OF DAYS		249
	X7 = \$	26.25
	X\$	26.25

7 PA 112

SEP 26 1945

35.72

D. WAR SERVICE GRATUITY

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

431.97

Nil

F. TOTAL AMOUNT PAYABLE

NP 154

431.97

G. YOUR PORTION OF GRATUITY IS-

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

431.97

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY	DATE
	V. [Signature]	Charron	5/9/45

SERVICE REPRESENTATIVE
for Dir. Naval Pay Acctng.

ESTATES BRANCH

HQ. V-2601 FD. 629

September 8, 1945.

Rev. Sister Rosemary,
St. Joseph's Hospital,
Cobourg Street,
St. John, N.B.

CONNOLLY, Charles W., L/Cook (S) (Deceased)
No. V-2601, R.C.N.V.R.

Reverend Sister Rosemary:

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


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

Balance of Pay and Allowances	\$ 99.57
Refund of Victory Loan Bond payments	33.60
Bank of Montreal, St. John, N.B.	489.66
Redemption of War Saving Certificates	87.08
Sale of Victory Loan Bond	<u>55.45</u>
Total	\$ <u>765.36</u>

Your brother died without having made a Will and his Service Estate will be distributed in accordance with the Intestacy Laws of his province of domicile and as such, will be equally divided among yourself, his brothers and sisters. The total amount you will receive is, therefore, the sum of \$127.56.

Treasury has been requested to forward to you a cheque in the amount of \$127.56, and on receipt of same will you kindly sign and return the enclosed form to the Director of Estates, 308 Sparks Street, Ottawa.

Yours faithfully,


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

HRW/PM
Encl.1 ✓

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **CONNOLLY** **Charles W.** No..... **V2601**
 Surname Christian Names
 Rank **Ldg. Cook (S)** Unit **R.N.V.R. O/S** Date of Death **22-8-44**

AMOUNT

W.S.G.A	431.97
L.P.C.....\$	133.17
Date..... 15-10-45	Other Credits..... 632.19
	Total..... 1197.33
	Prev. dist. 765.36
	This dist. 431.97

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/6	brother	Arthur G. Connolly, Courtney St., St. John, N.B.	72.00
1/6	brother	Edward J. Connolly, 6048 St. Hubert St., MONTREAL, P.Q.	72.00
1/6	sister	Mrs. Mary T. Barrett, 315 Germain St., St. John, N.B.	72.00
1/6	sister	Margaret E. Connolly, 47 Celebration St., St. John, N.B. <i>✓</i>	71.99
1/6	sister	Dorothy J. Connolly, 50 1/2 Elliotte Row, St. John, N.B.	71.99
1/6	sister	Rev Sister Rosemary, St. Joseph's Hospital, Cobourg St., St. John, N.B.	71.99
		(As next of kin entitled)	

*P4. TO TREAS.
22/10*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$431.97
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

L.M.F.
 (L. M. FIRTH) Colonel
 Director of Estates
 AUDITED FOR PAYMENT

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

Mrs. Dora Cosgrove,
~~99 Orange St.,~~ 50 Elliotte Row
ST. JOHN, N.B.

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

and the following number quoted:—

H.Q. NS. V-2601 FD. 629

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13, 1944

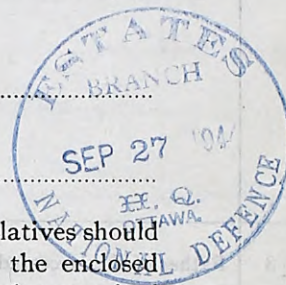
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

CONNOLLY, Charles William, Leading Cook (S),

V-2601, R.C.N.V.R.

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

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



GC/

A. H. Wade
Commander
for
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Charles Patrick Connolly		Feb. 21 st 1921
4	Mother of the Deceased.....	Jennie Sheehon Connolly		Oct 19/39.
5	Brothers of the Deceased	Full Blood	Arthur Gerard Connolly 22 Edward Joseph Connolly 28 Mary Theresa Barrett 34	Courtney St. 6048 St Hubert St Montreal Que. 315 Germain St
		Half Blood		
6	Sisters of the Deceased	Full Blood	Mary Theresa Barrett 34 Margaret Eileen Connolly 33 Dorothy Jean Connolly 30 Rev. Sister Rosemary (Ann Marquette Connolly) 23	315 Germain St 47 Celebration St 50 1/2 Elliotts Row. St. Joseph's Hospital Cookburg St
		Half Blood		all by St. John. N.B.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	Mary G Connolly	Died Oct 7, 1905. (15 days of age)		
	Helen Elizabeth Connolly	Died Sept 6, 1909. (7 months old.)		

Dinner

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Charles William Connolly
9	Date of his birth.	20 th January 1907
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Cathedral of the Immaculate Conception St. John. N.B. June 17 th 1902

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St 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) New Brunswick. (c) (d)
14	Nature of employment before enlistment.	Baker
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	X
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No Bank of Montreal Cay. Pension & Sundry St \$670.54
20	Amount of War Savings Certificates held by deceased. Indicate where located.	15. Mary Barrett, 315 Kermain St St John. N.B.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$150.00 Registered Mary Barrett 315 Kermain St
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance 300.00 Jennie Connolly (mch) names, and not changed after her death.
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.	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

* Aunt 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.

Mrs Dora Cosgrove

Signature of Informant

50 Elliott Row, Saint John, N.B. Address

CERTIFICATE

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

Dora Cosgrove { Name of informant } is the* Aunt of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Saint John, N.B. this 25th day of September, 19 44.

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

Richard J. Conaghan Qualification Priest.

Address Bishop's Palace, Saint John, N.B.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

All addresses shown are in
St John. N.B. except
Edward Connolly, Montreal
my new address is 50 Elliott Row,
St. John. N.B.
Old address.
99 Orange St.

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

VITAL STATISTICS, REGULATION 210, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.)

1. PLACE OF DEATH { Sub-Health District At Sea Area (City, Town or Civil Parish).....
 { If in City, Town or Village..... Street..... House No.....
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED CONNOLLY, Charles William
 (Surname) (Given name or names)

RESIDENCE No. 99 Street Orange City, Town, Village or Civil Parish St. John Province N.B.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin..... 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE New Brunswick
 (Province or Country)

9. DATE OF BIRTH (Month) (Day) (Year)

10. AGE in Years Months Days If less than one day old
37 7..... hrs. or..... min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Baker
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
 13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

15. If married give name of wife or husband of deceased.....

MOTHER | FATHER

16. NAME.....
 17. BIRTHPLACE..... (Province or Country)
 18. MAIDEN NAME.....
 19. BIRTHPLACE..... (Province or Country)

20. Name of informant H.B. Money
 Address Paymr. Cmdr. R.C.N.R., Naval Service Headquarters, Ottawa, Ontario
 Relationship to deceased Officer i/c Naval Personnel Records

21. Place of Burial, Cremation or Removal Douglas Bank Cemetery, Dunfermline, Fife Scotland.
 Date of burial or removal 29th Sept., 1944.

22. UNDERTAKER..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August 22nd 1944
 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:
 19..... to..... 19.....
 and last saw h..... alive on..... 19.....

CAUSE OF DEATH

I Immediate cause (a) Due to enemy action overseas
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... due to (c).....

II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

25. If a woman, was the death associated with pregnancy?.....

26. Was there a surgical operation?..... Date of operation..... 19.....
 State findings..... Was there an autopsy?.....

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19.....
 (State which)
 Manner of injury..... (How sustained)
 Nature of injury.....
 Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.
 Address..... Date..... 19.....

28. S.D.R. No.....
 29. Filed..... 19..... (Sub-Deputy Registrar)

W.S.G. Application No. 10130

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

FILE NO. N.S. V 2601

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>CONNOLLY</u>	<u>Charles William</u>	<u>V-2601</u>	<u>Ldg. Cook (3)</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
	IN FULL		

CAUSE OF DISCHARGE: Dead (Malaria)

Applicant's sister on behalf of family: No Record of D.A. A.P. or Pension.
Next of Kin, Aunt

365	9
361	33
365	31
366	27
<u>1461</u>	<u>97</u>
97	
<u>1364</u>	

TOTAL SERVICE

Date of Active Service 28 Nov '40

Date of Discharge 22 Aug '44

Total No. of Days 1364

Less non qualifying service NIL

Total Days 1364

OVERSEAS SERVICE

% Total No. of Days 249

Less non qualifying service NIL

Total Days 249

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By [Signature]
Checked By [Signature]

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

DATE: JUN 13 1945

00F
NDA.

NON QUALIFYING SERVICE

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

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
H. M. A. Nabak	18 Dec '43	22 Aug '44	249

12
 31
 24
 31
 30
 31
 30
 31
 22
249

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name

Charles William CONNOLLY
(Christian Names) (Surname)

Payee

Director of Estates

for Service Estate of

Address

308 Sparks St.
Oklahoma, Out

Charles W. CONNOLLY
N.S.V-2601

Register No. 10130

File No. V-2601

Date 15/6/45

Service No. V-2601

Final Rank or Rating Ldg Cook (5)

Date of termination of overseas service 22 AUG 44

Date of Discharge 22 Aug 44

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{364}{30}$ equal to 45 complete periods at \$7.50

337.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 249 less 14 ineligible days equal to 235 days @ 25¢ per day

58.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 2.25
Subsistence or Lodging and Provision Allowance \$ 1.45
Additional Pay I.G.C.B. \$.05

Dependents' Allowance 1/30 of \$ NIL

Total $3.75 \times 7 = \$ 26.25$

35.72

No. of days $\frac{249}{183} \times \$ 26.25$

35.71

D. WAR SERVICE GRATUITY

429.96

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

431.97

OTHER DEDUCTIONS \$ Nil

F. TOTAL AMOUNT PAYABLE

431.97

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 431.97
Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 6
2 7
3 8
4 9
5 10

LA/ERM

REGISTERED

AIR MAIL

V2601 PERS.(N)

28

3rd October, 1944.

Dear Mrs. Cosgrove:

Further to my letter of the 29th of August, 1944, it has now been learned from the Canadian Naval Authorities overseas that the body of your nephew, Charles William Connolly, Leading Cook (S), Official Number V-2601, Royal Canadian Naval Volunteer Reserve, has been recovered and positively identified.

He was buried with full Naval honours at Douglas Bank Cemetery, Dunfermline, Fife, Scotland, on Friday, the 29th of September, 1944. The exact location of the grave in this cemetery is not yet known.

Your nephew's grave is being cared for and will be temporarily marked with a specially designed wooden cross bearing his official particulars. While the Imperial War Graves Commission is the authority for permanently marking, by the use of a uniform headstone, the graves of His Majesty's forces who die on active service, it is understood that due to war conditions these headstones cannot be erected at the present time.

Yours sincerely,
LETTER dispatching by
PERSONNEL NAVAL
OCT 10 1944
SECRETARY, NAVAL BOARD
LA

Mrs. Dora Cosgrove,
99 Orange Street,
SAINT JOHN, N.B.

LA

113-C-1069

g/c 7

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

V 2601

PLEASE LEAVE BLANK

- 1. (a) Print name in full Connelly, Charles W. (b) Reg'l. No. _____
- 2. (a) Arm of service Naval (b) Unit _____ (c) Rank Cook (P)
- 3. (a) Date of birth 20 Feb 1907 (b) Have you any dependents? No (c) Place of residence at time of enlistment St John, N.B.
- 4. (a) Place of enlistment St John, N.B. (b) Date of enlistment Nov 1918

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 13 (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 III
- 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? Baker (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 Mc Murray Brothers Address St 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.) Bakery
- 20. (a) Your specific occupation Baker (b) Number of years' experience at this occupation with any employer 14 years
- 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? 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? _____
- 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 _____

DATE 18 April 1941

SIGNATURE Charles W. Connelly



Copy To
VWD
ES

MAY 14 1954

SERVICE

File Number. V2601

NAME: CONNOLLY, Charles William

O.N. ✓ - 2601

PRESENT RANK/RATING: Cook (S).

DATE TAKEN ON ACTIVE SERVICE: 28.11.40

SERVICE

SHIP OR ESTABLISHMENT

From

To

Duty Div. Hdqtrs.
Stadacona
St Hyacinthe
Burrard (HMS Nabob)

28.11.40
1.12.40
7.10.41
13.12.43

30.11.40
6.10.41
12.12.43

14

WILL: No.

NAME & ADDRESS OF
NEXT OF KIN:

^{Cosgrove}
AUNT: Mrs T.J. ~~ESGROVE~~,
99 Orange St.,
St John, N.B.

DISCHARGED PREVIOUSLY? _____

REASON: _____

DATE: _____

Initialed by: *jal*

Date: *1.8.44*

Section: *3/V.R.*

(TO BE COMPLETED IN INK.)