

V32938
BRINSON
FRED JOHN

OCCUPATIONAL HISTORY FORM

113 - B 2846
185062 2

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 FRED JOHN DAVID BRINSON (b) Reg'l. No. V. 32938
2. (a) Arm of service NAVY (b) Unit UNION (c) Rank PO-2
3. (a) Date of birth 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment NORTH BATTLEFORD
4. (a) Place of enlistment SASKATOON, SASK (b) Date of enlistment 1 APRIL 1942

PLEASE LEAVE BLANK

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 8
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? No

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

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

11. Had you ever been employed fairly regularly since leaving school? _____
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 NORTH BATTLEFORD ARENA Address N. BATTLEFORD
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) SKATING RINK
20. (a) Your specific occupation ICE CARETAKER (b) Number of years' experience at this occupation with any employer 2 YRS.
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? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? _____ (c) If so, in what kind of farming? MIXED
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 5 YRS. (c) In what provinces did you have experience? SASKATCHEWAN

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 CONTINUE WITH NAVY.

DATE APRIL 2, 1942 SIGNATURE Fred Brinson



JUL 31 1942

COPY TO
VWD

ES.

MEMORANDUM FOR

P. 64

Mr. Fred Brinson,
Box 177
Livelong, Sask.

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. 113 -B- 2846 FD 33

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

February 11th 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BRINSON, Fred John David, Sto. 2 V-32938

R.C.N.V.R.

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

(H.R. Wade) Lt./Cdr., R.C.N.V.R.
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	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.....	Never married		
2	Children of the Deceased and dates of their Births.....	none		
3	Father of the Deceased.....	Fred John Brinson	68	Livelong, Sask.
4	Mother of the Deceased.....	Deceased. Elizabeth Brison		
5	Brothers of the Deceased	Full Blood	Sydney James Brinson Alfred George Brinson	33 29 Victoria, B. C. Livelong, Sask.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Elfreda Elizabeth Blair Elsie Annie Crysler, Georgina May Brinson Marion Ethel George	34 31 25 19 Maklin, Sask. North Battleford, Turtleford, Sask. Livelong, Sask.
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, <i>who are dead</i> , and date of death of each.	Names and ages of their children (if any) None		Address of their children

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Fred John David Brinson
11	Give the month and year of his birth.	September 18, 1915,
12	Where and when were his parents married?	Merthyr, Cydfil, South Wales, April 7, 1907.
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Not married
14	Did he leave a Will? If so, a copy should be attached hereto.	Not unless military will
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State <i>your own</i> postal address in full.	Turtleford, Saskatchewan.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Melyncourt, Glamorgan, South Wales
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	South Wales until 1929; Since 1929 in Saskatchewan.
20	What was the nature of his employment?	Farm Labourer.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Intended to return to Saskatchewan

OTHER PARTICULARS

23	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. no.
24	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, 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.)	No.

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* sister of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Georgina May Brinson

(Signature of Informant)

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Georgina May Brinson

*See above

{ Name of Informant } is the* Sister of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Turtleford, Sask. this 25th day of February 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

[Handwritten Signature]

Qualification Commissioner for oaths

Address Turtleford, Sask.

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 enquired after is stated in its proper place in the Statement opposite.

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



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

74387

NATIONAL DEFENCE

APR 17 1942

NS 41313-2846

SURNAME Bruison OFFICIAL NO. V32938
CHRISTIAN NAMES Fred John David MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS Box 177 Livelong, Sask. RELIGION Anglican

DATE OF BIRTH 18 Sept. 1915 *PLACE OF BIRTH Town Resolven County South Wales Province Sask
NAME AND ADDRESS OF NEXT OF KIN Mr. Fred Bruison (father)
Box 177
Livelong,
Sask

*Original Nationality of:
Father English
Mother English Welsh

*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>38</u>	<u>dark brown</u>	<u>blue</u>	<u>fair</u>	<u>scar right hip front + back.</u>
Inches <u>8</u>	Deflated <u>36</u>				
Mean <u>37</u>					

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade VIII (in Wales)</u>	<u>Brick Operator,</u> <u>North Battleford Skating Area,</u> <u>North Battleford</u> <u>Sask</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>APR 1 1942</u>	<u>Stoker II Temp.</u>	<u>H.M.C.S. UNICORN</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
 	 	

Personnel Records Division	
1. Medical Records	<u> </u>
2. Index Card	<u> </u>
3. Non-Sub. Card	<u> </u>
4. Statistical Card	<u> </u>
5. Roneo Strip	<u> </u>
6. Pension Card	<u> </u>
7. _____	<u> </u>
DATE <u>20/4/42</u>	

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

H.M.C.S. UNICORN

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

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

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

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

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

Dated this 1st day of April, 1942
Signature of applicant Fred Beinson

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 1st day of April, 1942

J.B. Foubister Sub. Lieut
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Fred John David Beinson 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 Fred Beinson
Witness J.B. Foubister
Rank Sub. Lieut

Date APR 1 1942

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

(E) CERTIFICATE OF ATTESTING OFFICER

Fred John David Beinson 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 H.M.C.S. UNICORN Division of the R.C.N.V.R. or in the appropriate official documents.

J.B. Foubister
Attesting Officer.

APR 1 1942 194..... R.C.N.V.R. Division H.M.C.S. UNICORN (or other establishment)

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

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

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

This is to acknowledge that I have not been induced to enter the 1st Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Fred Beinson
Signature



CANADA

74389

NATIONAL DEFENCE
APR 12 1942
NSA 113 B-2846
Can. B. 207
100 M-11-40 (7881)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

H.M.C.S. UNICORN

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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.....**BRINSON, Fred John David**.....
‡ candidate for entry as.....**Stoker II. (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.

H.M.C.S. UNICORN

H.M.C.S. UNICORN

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
26 yrs 5 mos.	lbs. 144	ft. ins. 5'8"	Good	inches (a) maximum 38 (b) minimum 36 (c) mean 37	right eye 6/9 left eye 6/9 *colour vision N.	1929	B.P. 140/72 N.	N.	mild varicose veins	N.	N.	N.	N. left tonsil 3 plus	N.
													urine	alb. neg

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

X-ray { Not taken.
Approved.
Positive.
Doubtful.

APPROVED.

Write in the appropriate notation, and any remarks necessary.

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.

Fred Brinson

† 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.....

* {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.....**Saskatoon**..... the **1st** of **April**.....

H.M.C.S. UNICORN

L.D. Jack
Examining Medical Officer

(Rank).....**Surg.Lt. VR.**.....

RCNVR Feb. 46

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO **Mr. Sydney J. Brinson - Brother**

ADDRESS: **Victoria, B.C.**

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS deceased
MOTHER

ADDRESS:

(1) **MEMORIAL BAR**
DATE DESP
REGN. NO *399*

(2)

(3)

W D OF D 18-12-42
DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

D.D.
WAR SERVICE RECORDS

BRINSON Fred John David		V 32938	Sto.2C	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	
Africa Star & Clasp	1806
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V32938

OFFICIAL NUMBER

FILE NUMBER 113-B-2846

OFFICIAL NUMBER V32938

NAME BRINSON Fred John David DATE OF BIRTH 18 September, 1915
(Surname) (Given Names)PLACE OF BIRTH Resolven, South Wales OCCUPATION Rink OperatorRELIGION C. of E. EDUCATION Grade 8RESIDENCE AT TIME OF ENLISTMENT: Street and No. Box 177 Town Livelong Province, etc. Sask.

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
1	4	42	H.O.	5'8"	Dk. Brn.	Blue	Fair	Scar rt. hip front & back.				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Fred BrinsonADDRESS (in pencil): Street and No. Box 177 Town Livelong Province, etc. Sask.

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	

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. WNR 5544-3
DATE

O.H.F. Received.

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

SECOND CLASS FOR CONDUCT

From

To



V32938

OFFICIAL NUMBER

NAME BRINSON
(Surname)Fred John David
(Given Names)

OFFICIAL NUMBER V32938

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
H.M.C.S. Unicorn	Stoker 11	1	4	42	Div. Str. Saskatoon	V.G.	Sgt.	7	4	42							
" "	"	4	4	42	Active Service	V.G.	Sgt.	18	12	42							
HMCS "York"	"	7	4	42	D.L.												
Cornwallis	"	18	5	42	D.												
Stadacona	"	27	7	42	DRD												
Niobe	"	7	8	42	DRD												
Partridge	"	29	10	42	Niobe D. #89												
DISCHARGED	"	18	12	42	Missing, presumed killed on war service. (S2575 of 11-1-43.)												

GENERAL REMARKS

DATE OF BIRTH	PLACE	CIVIL	BEEN	RESIDENCE	ENL.	RANK OR RATE
BY MO YR	BIRTH	MAIN	SES	RES	DIV.	A TBR TRMR
18	9	15	22	761	0 30 17 17 00 0	22 0 15 95
ENLIST. DATE	ACT. SER. DATE	BY	REASON	SHIP	CLASS	DATE
BY MO YR	BY MO YR	BY	BY	BY	BY	BY
01	04	42	04	04	42	9740 0 15 95
SENIORITY	STR.	NON-SUB	IN	CLASS	CHECKED	
BY MO YR	BY	A B	ST	BY	BY	
04	04	42	09		20-18-12-42	SMW

113-C-2846
31

Stadacona

CERTIFICATE of the SERVICE of
Fred John Daniel BRINSON,
in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Esquimaut</i>	R.C.N.V.R. Division H.M.C.S. UNICORN	Official Number <i>V3293E</i>
<i>Halifax</i>		"
		"

Date of Birth *18th Sept. 1915*

Place of Birth *Resolven, South Wales*

Place of Residence *Box 177, Livelong, Sask.*

Trade brought up to *Rink Operator*

Religion *Anglican*

Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....

P.S.T. Date.....19..... Signature..... Rank.....

Name and Address of Nearest Relative or Friend (in pencil)
Fred Brinson, father
Box 177,
Livelong, Sask.



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>16th Sept. 1941</i>	<i>1st April 1942</i>	<i>Hostilities</i>	<i>Stoker II (Temp.)</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>8</i>	<i>37</i>	<i>144</i>	<i>Dark Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar right hip front & back.</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

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

NAME IN FULL BRINSON, Fred John David RANK/RATING S. Lt. R. OFF. NO. N. 32938 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.
	4-4-42											1939-45	1 Star 1 Star
<i>Thalio</i>	7-8-42	28-10-42	83	UK								ATLANTIC	
<i>HMS Partridge</i>	29-10-42	18-12-42	51	Med-Africa								FRANCE G.	
												AFRICA	2 Clasp
												PACIFIC	
												BURMA	
												ITALY	
	18-12-42											DEFENCE	
												C.V.S.M.	2 Clasp
												" CLASP	
												WAR 1915	

54

ACCOUNTS OF MEN DISCHARGED

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

Name Fred John David Brinson Rating Stoker II,
 Official No V-32938 H.M.C.S. N.S.H.Q. Overseas List Control Ledger
 Who* D.D. on the 18th ~~31st~~ December 19 42.

	\$	cts.
Net sum due on ledger on account of Wages.....	#	47.22
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
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>Nil.</u>		
Name of ship from which transferred.....		
Total <u>Creditor</u>	\$	47.22

ALLOTMENT SECTION
Re - War Service Gratuity
ALLOTS PAID FOR PERIOD ENDING
 MONTHS @ \$ nil P. M. \$ nil
AMT. RECOVERED AS PER S' Acct. nil
 MONTHS @ \$ nil \$ nil
 TO BE RECOVERED FROM W.S.G. \$ nil

Handwritten initials and number 153

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 Overseas Control amounting to a net balance† Creditor of Forty-seven dollars Twenty-Two cents.

Dated on board H.M.C.S. N.S.H.Q. at OTTAWA, Ontario..... this twenty-first day of October..... 19 43.

Approved D.N.P.A. Accountant Officer
 { Initials of the Assistant Accountant Officer
 Commanding Officer.

For Use at Headquarters. \$.....cts..... credited on Inspector's certificate No.....to.....
 Signature.....
 Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
 §Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

Six copies to be rendered to Naval Service Headquarters

43

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at O.S.P.A.N.A.

Name BRINSON, Fred John David
(Christian names in full)

Rank of Rating Master 2nd Class Official No. 7-12238, R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Resolven, South Wales Date of Birth 10th September, 1915

Occupation in Civil Life Ship Operator Religion Anglican

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 4 April, 1942, to 10 December, 1942.

Date of Death 10th December, 1942. Place of Death Sweden

Cause of Death "Missing, presumed killed on war service"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Mr. Fred Brinson Relationship Father
Address Box 177,
LITTLETON, Saskatchewan.

Date on which the above was informed by Ship Naval Service Headquarters, 11th January, 1943.

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 (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

Commanding Officer,

ELIMINON 19 February 1943

SECRETARY, NAVAL BOARD,

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

H.B. Money
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.

ESTATES BRANCH

February 11th, 1943.

Mr. Fred Brinson,
Box 177,
Livelong, Sask.,

BRINSON, Fred John David, Sto. 2 (Deceased)
V-32938, R.C.N.V.R.

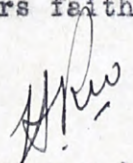
Dear Mr. Brinson:

The regretted death of your son has been reported to this Branch which is responsible for the administration and distribution of his Service estate. Please accept my deepest sympathy in your great loss.

In order that Headquarters records concerning him may be complete, and so that proper distribution may be made of his estate, including any balance of pay outstanding, it is necessary to ask you to complete, and return to this branch the enclosed Form P. 64. Your early attention will be greatly appreciated.

When all documents and reports concerning the Service estate are received here, (a reasonable time must be allowed for this purpose), a further communication will be sent to you.

Yours faithfully,


(H.E. Wade) Lt/Cdr., R.C.N.V.R.
for (L.M. Firth) Lt.-Col.,
Administrator of Estates

Encl.
HRW/NM

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,.....SASKATOON

.....Ottawa, January 29, 1943.

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

V-32938 Sto. 11, BRINSON, Fred J. D.

P. & N. H. 216-F

The Department of National Defence, **Naval Service**,
officially reports that the marginally named was reported -

"Missing, presumed killed on war service,
on the 18th December, 1942 ~~on~~ service **Canada and High Seas.**"

His next of kin is reported as - **Father -**
Mr. Fred Brinson,
Box 177,
Livelong, Sask.

The Addressograph Stencil shows payment of Assigned Pay of
\$ NIL a month to -

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

E. Clewes,
for
Canadian Pension Commission.

/LR

EA

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

(257)

4
NAVYDECEASED
MEMBER'S
NAMEFred John David
(CHRISTIAN NAMES)BRINSON
(SURNAME)

REGISTER NO.

63839

FILE NO.

NSV-32938

DATE

22 Nov '45

SERVICE NO.

V-32938

FINAL RANK OR RATING

Sto. A/c

PAYEE
ADDRESSDirector of Estates
308 Sparks St.,
Ottawa, Ont.

N.S.V. 32938

DATE OF DISCHARGE

18 Dec. '42

18 Dec '42

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 259 EQUAL TO 8 COMPLETE PERIODS AT \$7.50

\$ 60.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 134 LESS 19 INELIGIBLE DAYS, EQUAL TO 115 DAYS @ 25C. PER DAY

\$ 28.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.60
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY	\$
	\$
	\$

NIL

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.05 X 7 = \$ 21.35

NO. OF DAYS 134 X \$ 21.35

183

\$ 15.64

D. WAR SERVICE GRATUITY

\$ 104.39

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE \$

AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$ NIL

F. TOTAL AMOUNT PAYABLE

\$ 104.39

G. YOUR PORTION OF GRATUITY IS—

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

104.39

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 3811 - Dec. 6/45

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

TREASURY			
PREPARED BY	CHECKED BY	CHECKED BY	DATE
EM	<i>[Signature]</i>	<i>[Signature]</i>	Nov 27/45

[Signature]
 SERVICE REPRESENTATIVE
 for Dir. Naval Pay Acct'g

AT

25

113-B-2846.

14 January, 1943.

Dear Sir:

It will be appreciated if you will be good enough to inform me whether Mrs. Brinson, mother of the late Fred John David Brinson, Stoker 2nd Class, Official Number V-32938, Royal Canadian Naval Volunteer Reserve, is living. If so, arrangements will be made to forward to her a Memorial Cross as a memento of her personal loss and sacrifice.

Yours very truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

LA *HB*

Mr. Fred Brinson,
Box 177,
LIVELONG, Sask.

B.F. 16/2 @ NPR

24

14 January, 1943.

Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
BRINSON, Fred John David Stoker II, V-32938, R.C.N.V.R.	Missing, presumed killed on war service on the 18th of December, 1942. (Overseas).	Father: Mr. Fred Brinson, Box 177, LIVELONG, Sask.

ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Nil	Nil	Nil

WILL: No record.

Yours truly,

R. A. [Signature]
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

- 3 -
DEPARTMENT OF NATIONAL DEFENCE
Naval Service -
OTTAWA, Canada.

23
14 January, 1943.
.....
(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
BRINSON, Fred John David	Stoker II	V-32958, R.C.N.V.R.

DATE OF ENLISTMENT - 1 April, 1942. Active Service - 4 April, 1942.

DATE OF DISCHARGE - 18 December, 1942.

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

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

Reason for discharge and -
when and where any disability "DEAD". Missing, presumed killed on war
was incurred, or where death service (Overseas).
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. Fred Brinson,

ADDRESS Box 177, LIVELONG, Sask.

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.

THIS PORTION OF FORM COMPLETED BY NAVAL ALLOTMENT SECTION (Treasury)
OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT-

\$ Nil PAID TO Nil

MARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO Nil

DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil

Computed by CL DEPENDENTS \$ Nil

Checked by [Signature]

The Secretary,
The Canadian Pension Commission.

Copy to: D.P. & N.H.

[Signature]
SECRETARY, NAVAL BOARD.

(See reverse side for
further instructions.)

Box 177,
Livelong, Saskatchewan.

Dear Sir:

I received your letter which requires me to have a medical for the draft but also received one from the Royal Canadian Navy which I passed very successfully. I am now on Active Service aboard the H.M.C.S. Unicorn, Saskatoon, Saskatchewan.

Yours truly,

Fred Brinson

NAVAL SERVICE
OFFER OF SERVICE (HOSTILITIES ONLY)

24388

N. V. 3a
30M-7-41 (1262)
N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name **BRINSON, Fred John David**
Surname (in Block Letters) Christian Name Telephone No.
Address **Box 77, Livelong, Saskatchewan.**
Number Street Town or City County Province
Date of birth **18 Sept. 1915** Place of birth **Resolven, South Wales.**
Nationality **English** Are you British by birth? **Yes** or by Naturalization?
Birth place of (a) Father **Bridport, Dorset** (b) Mother **Treacastle, Wales.**
Are you (a) Single **yes** (b) Married (c) Widower (d) No. of Children?
Any physical defects (especially eyesight)? **No**
Height **5' 10"** Weight **158** Can you swim? **yes**

APR 17 1941
113 B 2846
13
3

B. Education—

Highest school grade passed successfully? **Grade 8 in wales** Any Matriculation?
University: (a) Name (b) Years attended (c) Course and Degree
Technical courses taken
Special studies
Languages spoken **Welsh & English.**

C. Sea Experience—

Have you ever been employed at sea? **No** Give number of years and how employed?
Name and number of Mercantile Marine Certificates held
State last position held at sea (with dates)
State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life? **Summer work on C.N.R. in Ontario.**

Are you (a) Actively pursuing your profession or trade on your own account?
(b) Employed; if so, in what capacity and under what employer? **Have been on fathers farm since last summer.**
General experience (with dates)
Have you ever served in any of His Majesty's Forces? If so, which? How long? **No**
No. and Class of any Stationary Engineer's certificates or other certificates of competency
How long would you need to settle up your private affairs? **1 week.**

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

F. Branch Applying for: (a) As Officer (b) As Rating (i.e., in the ranks)

If you cannot be accepted as an Officer are you willing to serve as a rating?
In what capacity do you wish to enrol? **Stoker II (Temp.)**

H.M.C.S. UNICORN

Date of Application **16th Sept. 1941** Signature **Fred Brinson.**

RECRUITING CENTRES

Applicants should apply to the **nearest** centre.

NOVA SCOTIA—

- (a) Royal Canadian Naval Barracks HALIFAX, N.S.
- (b) The Registrar, R.C.N.R. Shipping Master's Office or P.O. Box 992, HALIFAX, N.S.

PRINCE EDWARD ISLAND—

- (a) Naval Barracks Simms Building CHARLOTTETOWN, P.E.I.
- (b) The Registrar, R.C.N.R. c/o N.A. Life Insurance Co.,
or P.O. Box 271 CHARLOTTETOWN, P.E.I.

NEW BRUNSWICK—

- Naval Barracks 221-223 Prince William St.
Mail Address, P.O. Box 1077 SAINT JOHN, N.B.

QUEBEC—

- (a) Naval Barracks 322 St. John St. QUEBEC, P.Q.
- (b) Naval Barracks 1464 Mountain St. MONTREAL, P.Q.
- (c) The Registrar, R.C.N.R. Marine Department or P.O. Box 265 QUEBEC, P.Q.
- (d) The Registrar, R.C.N.R. 167 Common St. MONTREAL, P.Q.

ONTARIO—

- (a) Naval Barracks 72 Queen St. OTTAWA, ONT.
- (b) Naval Barracks Richardson Bldg., Princess St. KINGSTON, ONT.
- (c) Naval Barracks 165 Lakeshore Blvd. TORONTO, ONT.
- (d) Naval Barracks Cor. Stuart & McNab Sts. HAMILTON, ONT.
- (e) Naval Barracks (Carling Block, Richmond St.),
433 Richmond LONDON, ONT.
- (f) Naval Barracks 2462 Howard Ave. WINDSOR, ONT.
- (g) Naval Barracks 232 Cooke St. PORT ARTHUR, ONT.

MANITOBA—

- Naval Barracks 583 Ellice Ave. WINNIPEG, MAN.

SASKATCHEWAN—

- (a) Naval Barracks The New Armouries REGINA, SASK.
- (b) Naval Barracks 1st Ave. and 25th St. SASKATOON, SASK.

ALBERTA—

- (a) Naval Barracks 9722-102nd Avenue EDMONTON, ALTA.
- (b) Naval Barracks 337-7th Ave. West CALGARY, ALTA.

BRITISH COLUMBIA—

- (a) Naval Barracks Old Yacht Club, Stanley Park
Mail Address: 408 Marine Bldg. VANCOUVER, B.C.
- (b) Royal Canadian Naval Barracks ESQUIMALT, B.C.
- (c) The Registrar, R.C.N.R. 337 Federal Building VANCOUVER, B.C.
- (d) The Registrar, R.C.N.R. 964-11th Ave. East PRINCE RUPERT, B.C.