

V77593

BELYEA

CHRISTIE

MILTON

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 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 BELYBA, Christie Milton (b) Reg'l. No. 177593
 2. (a) Arm of service Navy (b) Unit H.M.C.S. Brunswick (c) Rank Ord. Smm.
 3. (a) Date of birth 19' Mch. 1925 (b) Have you any dependents? No (c) Place of residence at time of enlistment Saint John, N.B.
 4. (a) Place of enlistment Saint John, N.B. (b) Date of enlistment 24th. Jan. 1944

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 years Public School
 7. If you attended a university, give name of university and standing or degree secured.....
 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Motor Mechanic (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? Not at all
 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 Comstock Co. Address Saint John, N.B.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Ship Builders
 20. (a) Your specific occupation Electricians Helper (b) Number of years' experience at this occupation with any employer 6 mos.
 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?.....
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?.....

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 24th. January 1944 SIGNATURE [Signature]



FEB 12 1944

TO
ND
ES

Mr. Christie M. Belyea,
239 St., James St.,
Saint John, N.B.

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

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

and the following number quoted:—

H.Q. N.S. V-77593 FD 657

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Oct. 5 1944

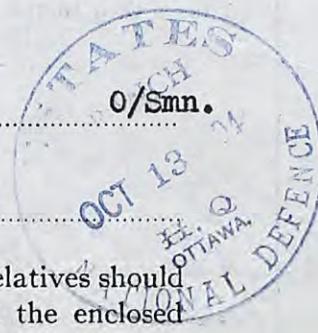
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BELYEA

Christie Milton

V-77593

R.C.N.V.R.



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

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

HRW/JR

H. Wade
Commissioner for Oaths
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.....	N. A.	N.A.	N. A.	
2	Children of the Deceased and dates of their Births.....	N. A.	N.A.	N. A.	
3	Father of the Deceased.....	Major Christie M. Belyea	46	239 St. James St. West Saint John, N. B.	
4	Mother of the Deceased.....	Victoria M. Belyea	47	239 St. James St. West Saint John, N.B.	
5	Brothers of the Deceased	Full Blood	Cleveland W. M. Belyea	16	239 St. James Street West Saint John, N.B.
		Half Blood	N. A.	N.A.	N. A.
6	Sisters of the Deceased	Full Blood	Phyllis Marion Belyea	14	239 St. James Street West Saint John, N. B.
		Half Blood	N. A.	N.A.	N. A.
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		
		N. A.	N.A.		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Christie Milton Belyea
9	Date of his birth.	19 March 1925
10	Place and date of his marriage.	N. A.
11	Place and date of his parents' marriage.	West Saint John, N.B.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	West Saint John, N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Province of New Brunswick (b) County of Saint John (c) Resided from birth to date of enlistment. (d)
14	Nature of employment before enlistment.	Electrician's Helper
15	State whether he owned the premises in which he lived, and, if so, where situated.	Did not own premises, lived with parents before enlistment.
16	Name place where deceased stated he intended to make his permanent home.	West Saint John, N.B.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No will unless made on enlistment in Navy
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?	N. A.
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?	N. A.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10.00 in possession of Mrs Victoria Belyea (Mother)
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	(1) \$100.00 Bearer - With Mother (3) 50.00 Bearer - With Mother (1) \$100.00 Bearer - With Navy ## see page 4
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	\$250.00 Metropolitan Life) \$1000.00 Confederation Life) Beneficiary Mother (Victoria M. Belyea)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	N. A.

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.	N. A.
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.	See Page 4. ###

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

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*.....Father.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Christie M. Belyea Major

{Signature of Informant

239 St. James Street, West Saint John, N.B. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Major Christie M.

*See above. Belyea { Name of informant } is the * Father 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 10th day of October 1944

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

John A. Hepburn Qualification *A Commissioner for taking affidavits & is listed in the Supplemental List*

Address *H.A. 17 D 7, 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

\$100.00 Victory Loan Bond with Navy being paid for from monthly pay. Paid for to ending August 1944. Two payments outstanding September and October. *Christie M. Belyea Major*

Funeral Expenses have not been paid. As the accident occurred at Cornwallis N.S. the Undertaker at Digby N.S. prepared the body etc for sending home to Saint John, NB. where Mr Ross, Undertaker, took over and a change incaskets was made. It was also found necessary to give further attention to the body before removing it to the home. For this service complete the sum of \$ 270.00 was charged. The statement from Mr. Ross is attached. It is expected the difference between the amount the funeral expenses as charged by the undertaker and that allowed by the Government by Regulations will be looked after by myself. *Christie M. Belyea Major*



N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BELYEA OFFICIAL No. V. 77593
CHRISTIAN NAMES Christie Milton MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>239 St James St. West, Saint John, N.B.</u>	<u>Church of England</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>19 March 1925</u>	Town <u>Saint John</u> County Province <u>New Brunswick</u>	(Father) <u>Christie Belyea</u> <u>239 St James St. West,</u> <u>Saint John, N.B.</u>
*Original Nationality of:		
Father <u>Canadian</u>		
Mother <u>Canadian</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated.....	<u>Brown</u>	<u>Grey</u>	<u>Med.</u>	<u>Nil</u>
Inches <u>9</u>	Deflated.....				
	Mean..... <u>34$\frac{3}{4}$</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>7 September 1944</u>	<u>O/Smn (Shore Branch)</u>	<u>Cornwallis</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, Air Force, Reserve or Territorial Force.~~

* (b) I served in RCNVR 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
<u>RCNVR</u>	<u>O/Smn</u>	<u>13 March 1944</u>	<u>6 Sep. 1944</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.

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

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

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

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

Dated this nineteenth day of September 1944

Signature of applicant Christie Belyea

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this Nineteenth day of September 1944

My authority for attestation is RCN Depot's DD V77593 of 7 Sep '44

A. H. Coquard
Pay. Sub. Lieut. RCNVR
Signature and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Christie Milton Belyea 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 Christie Belyea

Witness A. H. Coquard

Date 19 September 1944 Rank Pay. Sub. Lieut. RCNVR

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

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

Certificates of previous service will be returned after examination.



Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined BELYEA, Christie Milton
 candidate for entry as O/Seaman, R.C.N.V.R. (temp).
 and I believe him to be * in all respects fit for His Majesty's Service } He has signed the Certificate
 given below in my presence. unfit for His Majesty's Service for the reasons stated below

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 18	Mos. 10	(j) Date of last Vaccination	Childhood.
(b) Height with bare feet	Feet 5	In. 9	(k) General Development	Good.
(c) Weight without clothes	137 lbs		(l) Nose, Throat and Tonsils	Normal. Tonsilectomy.
(d) Ears and Hearing	Drums clear. Lt. Hearing Good.		(m) Heart and Lungs	Normal. B.P. 128/90
(e) Chest Girth	Max. 36	Min. 33½	Mean. 34¾	(n) Abdomen Hernia, etc.
(f) Teeth	Deficient 1	Defective 1	Dentures 0	(o) Limbs and Joints
(g) Vision by Snellens Types	without glasses 6/6	Rt. 6/6	Lt. 6/6	Both 6/6
(h) Colour Vision	Ishihara Normal. R.C.N. Lantern			(p) Skin
(i) Chest x-ray	not taken approved positive doubtful approved.			(q) Anus Haemorrhoids
			(r) Testes Varicocele	Normal.
			(s) Urine	S.G. 1022 Sug. Neg. Alb. Neg.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Christie M. Belyea.
Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike out if inapplicable.

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

This Candidate is the subject of.....

* ~~which renders him medically unfit for service,~~
 not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Saint John, N.B. the 19th of January 19 44

J. Robichon.
Examining Medical Officer
(Rank) Surg. Lieut., R.C.N.V.R.

RCNVR May 45

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Victoria M. Belyea - Mother

ADDRESS: 239 St. James St.,
ST. JOHN, N.B.

MEMORIAL BAR

DATE DESP

REGN. NO. 562

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. C.M. Belyea

ADDRESS: 239 St. James St. West,
Saint John, N.B.

(3) 20-12-44

D OF D 23-9-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

BELYEA	Christie Milton	V-77593	O.Smn. (s)	FILE No.
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SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
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WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
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ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
C.V.S. Medal	586-26-10-49
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 2nd Canadian Army Tank Brigade
R.C.A.M.C. REGTL. No. G 41454T.

1. Surname? (Block letters) BELYEA
2. Christian names? CHRISTIE MILTON
3. Present address? 239 Saint James St. W. Saint John N.B.
Phone No. 41286
4. Date of Birth? 19 Mar. 1925
5. British subject? Yes
6. Occupation? Student
7. Religion? Cof. E.
8. Next of Kin Mrs. V. Belyea
9. Relationship? Mother
Address 239 Saint James St. W. Saint John N.B.
10. Previous Naval, Military or Air Force Service.....
(Give particulars, qualifications, etc.)
Vocational School (cadets)
1942-1943

CERTIFICATE OF MEDICAL EXAMINATION

Height 5-9 1/2 Weight 140 Chest max 36 min 34 1/2
Descriptive marks Nil

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit 20/20 Category A
Date Jan 20/43 Signature C. Davis

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Charlie Milton Belyea do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, Charlie Milton Belyea sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

R. J. Asseman G.S.M. Signature of Witness
Christie Milton Belyea Signature of Man
Dated this 18 day of Jan 1943 at Saint John

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[Signature]
Signature of Magistrate, Justice of Peace, or Attesting Officer

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	1/1/43	D.O. No 1/43	<i>W. J. D. [Signature]</i> Officer Commanding 2nd Canadian Army Tank Brigade Unit..... R.C.A.S.C. (B)
T.O.S. No 2 (R) C.A.F.B. Coy RCASC.	1/1/43.	D.O. No 1/43	<i>W. J. D. [Signature]</i>
Camp Utopia	26-6-43	Pt II #13 29-6-43	
Qual Driver I.C. (W) Class III Auth D.O. 2553		22-10-43 Pt II #29 23-11-43	
S.O.S. to R.C.N.	5-3-44	Pt. II #19 d/6-3-44	
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

COPY

H.M.C.S. "CORNWALLIS"
Cornwallis, N.S.

28th September

C.18-B-171

Major Christie Belyea,
239 St. James St.,
West Saint John, N.B.

Dear Major Belyea,

It was indeed with deep regret that I had to inform you of the sudden death of your son Christie Milton Belyea, Official Number V-77593.

I understand that Reverend H.H. Hoyt, Anglican Padre at this Establishment, has informed you by telephone of the circumstances of your son's death. The Medical Officer informs me that he did not regain consciousness and that it is doubtful if he suffered any pain. He passed away in about half an hour at approximately 10.30 P.M.

Your son had done very well in his work at "Cornwallis" and showed signs of a very promising career in the Navy. His untimely death is a severe loss, not only to his many friends here, but also to his country.

I was pleased that circumstances made it possible to send him home in a Service vessel and I hope that these arrangements met with your approval.

I wish to extend to you and Mrs. Belyea, on behalf of all his many friends here, our sympathy in your great loss.

Yours very truly,

(J.C.I. Edwards)
CAPTAIN, R.C.N.
Commanding Officer.

H.M.C.S. "CORNWALLIS",
Cornwallis, N.S.

25th September, 1944.

FINDINGS OF THE BOARD

The Board, having heard the evidence is of the opinion that Christie Milton Belyea, Ordinary Seaman, Official Number V-77593, died as the result of injuries accidentally received while on duty.

2. That the deceased was sober at the time and that the accident was of such a nature as to be completely unforeseen, and is not attributable to neglect or carelessness on the part of the Naval Service or any Naval personnel.

3. The Board is of the opinion that the deceased received expert medical attention from the time the ambulance arrived at Sick Bay until the time of his death.

4. The Board is of the opinion that any dependents of the deceased are entitled to consideration for pension.

H.A. Rapp

(H.A. Rapp)
Lieutenant, R.C.N.V.R. (temp)
Member.

T. McLennan

(T. McLennan)
Surgeon-Lieutenant / R.C.N.V.R., (temp)
Cmdr. Member.

G.A.O. Scarth

(G.A.O. Scarth)
Lieutenant-Commander, R.C.N.V.R. (temp)
President.

Minutes of the Board of Inquiry held in the Conference Room, H.M.C.S. "CORNWALLIS", at 1430 on Monday, 25th day of September, 1944, to inquire into the circumstances attending an accident which took place about 2000 on Saturday, the 23rd day of September in H.M.C.S. "CORNWALLIS", resulting in the death of Christie Milton Belyea, Ordinary Seaman, Official number V-77593, at approximately 2230 on the 23rd day of September, 1944.

Able Seaman Joseph Ameddie Lorrette, Official Number V-38514.

1. Are you Able Seaman Joseph Ameddie Lorrette, Official Number V-38514 ?

Yes Sir.

2. Were you acquainted with Christie Milton Belyea, Ordinary Seaman (S), Official Number V-77593 ?

Yes Sir, I knew him.

3. Were you on duty the night of September 23, 1944 ?

Yes Sir.

4. What was your official capacity on that night ?

Corporal of the Guard, Sir.

5. Did you observe an accident take place on the night of September 23rd, 1944, while you were acting as Corporal of the Guard ?

Yes Sir.

6. At what time did the accident take place ?

Approximately 2000, Sir.

7. Will you describe in your own words what happened ?

I mustered the Guard at 1945 and saw them embarked in a stake truck, in which they proceeded upon the usual route. We stopped at Motor Transport to get gas and I carried on changing No. 2 Guard behind Provision Stores. I came back to Motor Transport and got in the truck. We backed up on the roadway leaving Motor Transport and going round the turn Belyea fell out of the truck. The shouting and pounding of the Guards made us stop. About 100 feet from the truck I could see Belyea lying on the roadway. I ran down to him and I could see that he was quite badly hurt. I ran over to Motor Transport and saw there was an ambulance in the Garage. I asked the duty despatcher if it was in working order and asked him to take the ambulance to where Belyea was lying to take him up to Sick Bay. I ran back over to Belyea and took his hand and felt his pulse which seemed to be normal. About two or three minutes after that the ambulance arrived and put him on the stretcher and took him up to Sick Bay. I then carried on posting the remainder of the guard.

Witness:
Able Seaman Lorrette.

8. Did the truck give any particular jerk when it started which might have caused Belyea to fall ?

He was shifting from low gear to second. That, I think gave the truck a little jerk.

9. The jerk was not out of the ordinary ?

No sir, it was not.

10. Did you notice if Belyea was standing perilously close to the back open end of the truck ?

No, I did not sir. I made rounds to the end of the truck and he seemed to be in quite well and I carried on posting the guard.

11. Was there anything in Belyea's behavior to lead you to believe he might have been drinking before the accident ?

No sir he was not drinking because I was talking to him before he went on guard.

12. Was it dark when the accident took place ?

No sir, just dusk.

13. Was it raining ?

No sir.

14. Was it on the new pavement ?

Yes sir. He had hob nails in his boots according to one of the guards who witnessed the fall. He slipped on the iron grating on the bottom of the truck. He landed feet first and the force of the moving truck made him fall backwards.

Witness withdraws.

- - - - -

Ordinary Seaman Charles Fox, Official Number V-82791.

15. Are you Ordinary Seaman Charles Fox, Official Number V-82791 ?

Yes sir.

16. Were you on duty the night of the 23rd of September, 1944 ?

Yes sir.

17. Were you acquainted with Ordinary Seaman Christie Milton Belyea, V-77593 ?

Yes sir.

18. Were you in his company on the night of September 23rd, 1944.

Yes sir, I was.

Witness:
Ordinary Seaman Fox.

19. Did you observe an accident take place in which he was involved ?

Yes sir, I did.

20. Will you tell us in your own words just what happened ?

We embarked in a stake truck and proceeded from the Quarterdeck to the Motor Transport Garage. We stopped at Motor Transport for gas and had just started up and gone a little way when Belyea's foot slipped on the steel on the truck bottom. He was holding on with one hand but when he fell it jerked his grip loose. He landed on his feet and fell backwards and struck his head on the pavement.

21. Did the truck give any unusually heavy jerk which might have caused him to fall ?

No sir, I don't think the truck gave any unusually heavy jerk.

22. After he fell what happened ?

We stopped the truck as soon as we could and ran back to him. We tried to bring him to by putting water on him. He just opened his eyes as we put him on the stretcher but never said anything. Then the M.O.'s took him from us.

23. How long would you say he was lying on the road before you got the ambulance ?

About three or four minutes.

24. Prior to the accident did you notice anything in his behaviour that might indicate that he had been drinking ?

No sir. He had been with me all day. He was on duty.

25. And you had not been drinking ?

No sir.

26. What speed was the truck going ?

I couldn't say exactly sir. It was just starting up. We had just left the gas station.

27. Was the driver changing gears ?

I couldn't say sir.

28. Was Belyea actually in the process of getting on the truck ?

No sir, he was on the truck.

29. Is there a method of closing the back of that truck ?

I think there is a gate.

Witness:
Ordinary Seaman Fox.

30. Was there a gate that could be closed ?

Yes sir.

31. Was it closed?

No sir.

32. Was it customary for the guard to be posted in that type of truck ?

No sir, when I first came on guard they were using a panel truck.

33. How long had they been using this stake truck ?

I would say just a few days, sir.

34. Had they ever put the gate in the truck when the guard was in it before ?

No sir.

35. In other words it was not a new experience for the guard to be posted from this truck ?

No sir.

- - - - -

Surgeon-Lieutenant John McLean, R.C.N.V.R. (temp)

36. Are you Surgeon-Lieutenant John McLean, R.C.N.V.R. (temp) ?

Yes.

37. Were you on duty in the Hospital on the night of September 23, 1944 ?

I was on duty in Sick Bay.

38. I understand that you saw Ordinary Seaman Christie Milton Belyea, Official Number V-77593, after he had suffered an accident at about 2000 on that night. Is that right ?

Yes sir.

39. Will you describe the events leading up to the time you saw the rating and what action you subsequently took ?

I saw the rating at Sick Bay at approximately 2000. I examined him and found that he was semi-conscious and suffering from hematoma of the scalp. There were no other external injuries. I sent him to R.C.N.H. for admission. He left the Sick Bay at approximately 2025.

40. And that was the last you saw of this rating ?

Yes sir.

41. Did you administer any treatment at that time ?

Witness:
Surgeon-Lieutenant McLean.

Nothing except I examined him.

42. Was he conscious?

He was semi-conscious; in a dazed condition.

43. Was there any suggestion of alcohol on his breath that might lead you to believe that he might have been drinking prior to the accident ?

No sir.

44. Did he speak to you ?

Yes. He was able to tell me his name and where he came from but he had no recollection of the accident.

45. There were no external wounds ?

Nothing except a large hemotoma.

Witness withdraws.

Surgeon-Lieutenant John Ervine Mitchell, R.C.N.V.R. (temp).

46. Are you Surgeon-Lieutenant John Ervine Mitchell, R.C.N.V.R.(temp) ?

Yes sir.

47. Were you on duty in the Hospital on the night of September 23, 1944 ?

Yes sir.

48. Did you admit a patient, namely Ordinary Seaman Christie Milton Belyea, Offician Number V-77593 ?

Yes sir.

49. Will you tell the Board the nature of his injuries and the treatment administered ?

On admission the patient was deeply unconscious and could not be roused in any manner. The only external sign of injury was a large swelling extending from the right side of his forehead to the back of his head. He was put to bed and examined. The only positive finding on examination was that both pupils were small and fixed and a Babinski reflex was present on the right side. Shortly afterwards the left pupil dilated and ten minutes following than the right pupil dilated. Neither reacted to light. Lumbar puncture was done. Gross blood was present in spinal fluid and the pressure was 600 millimeters of water. This was reduced to 250 millimeters. Blood pressure was 160/80, the pulse was 58. Surgeon Lieutenant-Commander J. Sinclair was notified by telephone and Surgeon Commander Thompson was notified personally. At 2230 the patient died. He never regained consciousness.

Witness:
Surgeon-Lieutenant Mitchell.

50. Did you take care of the customary signals to the next-of-kin ?

Yes, I saw that they had been made.

51. What, in your opinion, was the cause of death ?

Middle Meningeal Hemorrhage on the left side apparently caused by severe truma to the head.

52. Did you observe anything about the patient that might lead you to believe that he had been drinking prior to the accident.

No.

53. Was there anything unusual in Belyea's make-up that might make him more susceptible to death ?

No, he had a perfectly normal body.

Witness withdraws.

H.A. Rapp

(H.A. Rapp)
Lieutenant, R.C.N.V.R. (temp)
Member.

T. McLennan

(T. McLennan)
Surgeon-Lieutenant R.C.N.V.R. (temp)
Cmdr. Member.

G.A.C. Scarth

(G.A.C. Scarth)
Lieutenant-Commander, R.C.N.V.R. (~~temp~~)
President.

N.V. 17
60M-9-42 (5943)
N.S. 815-11-17

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

CERTIFICATE of the SERVICE of

Christie Milton BELYEA

O.H.F.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-77593</i>
	<i>Horns Brunswick</i>	"
		"

Date of Birth..... <i>19th March 1925</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth..... <i>Saint John NB</i>	<i>Father</i>
Place of Residence..... <i>239 St Johns West Saint John NB</i>	<i>Christie M</i>
Trade brought up to..... <i>Electricians Helper</i>	<i>same address</i>
Religion..... <i>Church of England</i>	
Can Swim:—P.P.T. Date..... 19.....	Signature..... Rank.....
P.S.T. Date..... 19.....	Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS etc		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>24 Jan 44</i>	<i>Duration of Hostilities</i>	<i>Ord Smm</i>	<i>23 Sep 44</i>	<i>Posthumously</i>	<i>Can. Vol. Ser. Medal</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>9</i>	<i>34 ³/₄</i>	<i>137</i>	<i>Brown</i>	<i>Grey</i>	<i>Medium</i>	<i>None</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

NOTE: TO BE ATTACHED
TO SERVICE
DOCUMENTS.

Personnel Selection PERSONAL HISTORY SHEET

(1).....
(2).....
(3).....

CONFIDENTIAL

I

BELYEA Christie Milton O/Smn. V-77593
(Last Name) (First Names) (Rate) (O. N.)
13 March '44 St. John 19 March '25 19
(Date of Entry) (Place of Birth) (Date of Birth) (Age)
"BRUNSWICKER" Single Nil
(Reserve Division Entered) (Marital Status) (No. Dependents) (Medical Category)
VA CV NV AA FD

II

"M" Score (Form) 100
1 2 3 4 5 6 7 8 (Total) (Grade)
Sub-Totals
1, 2, 3 4, 5 6, 7, 8

Other Test Scores: Eng. 26 P/Princ. 44
New Entry: Maths. 31 Co-ord. 57 Vis. recall. 70

III EDUCATION:

Grade VIII - St. John - Ages 5-17. Failed 4 or 5 grades. Disliked academic work. '42-43 - 1½ years - Motor Mechanics Course, vocational school. Liked it but allergic to smell of oil, therefore didn't complete course. Liked vocational school.

IV OCCUPATIONAL HISTORY:

While attending school, night shift work C.P.R. as freight labourer. '43-44 - 6 months - Canadian Comstock - St. John - electrician's helper.

V SERVICE HISTORY:

'41-44 - 2½ years - Reserve Army - private - 3rd. class driver.
13 March '44 - 18 May '44 - BRUNSWICKER - Basic training.
19 May '44 - to date - CORNWALLIS - N.E.T. until 1 week ago. Put on Manual Party due to N.V. defect (N.V.3.3). Failed in seamanship, rigging, compass and helm, torpedo. Part of N.E.T. incomplete. Says rest of marks not good.

VI GENERAL: Height 5'11", 160 lbs., well-developed, strong, good health. Defective night vision (N.V.3.3). Both parents living. Father served in last war, continued with militia - now major. Until outbreak of war was clerk in city hall, St. John. Oldest of three children.
Never participated in athletics, likes building model boats, reads detective stories, comics and few technical books on mechanics.
Poor learning ability (M 100), repeated 4 or 5 grades in public school, more successful in vocation school, failed many subjects in N.E.T. Worked as electricians's helper and did well. Vocationally has preference for heavy work such as loading supplies. After war hopes to earn enough money to buy a farm. Indications point to wholesome home background and training. Accepted financial and routine house responsibilities at home. Wants to serve at sea but willing to transfer to shore branch. Retarded, suggestible, amiable, conscientious, aware of his shortcomings, enthusiastic to remain in the Naval Service. He (P.T.O.)

VII RECOMMENDATION:

Medically unfit for seaman branch; medically fit but not qualified educationally or mentally for any general service branches except cook, steward, S.B.A., none of which he is prepared to accept. Shore Branch recommended.

Date: 24 Aug. 1944 Ship: HMCS CORNWALLIS S/LT. (SB) L.E. SMITH, V.R.
(Personnel Selection Officer)

(FOR FOLLOW-UP SEE REVERSE SIDE)

CONFIDENTIAL

CONFIDENTIAL

Schedule "A"

Scarf Black	1	Boots Half	1 pr
Pants Serge	1 pr	Flannel	1
Collar Blue Jean	1	Jersey	1
Overcoat	1	Cap with ribbon	1
Socks	1		

Schedule "B"

Cap B.C.	1	Cap W.D.	1
Collar B.J.	2	Overalls	1
Ribbon Cap	1	Scarves B.S.	1
Vest Flannel	2	Trousers, Serge	1
Jumper Serge	1	Knife	1
Jersey Naval	1	Lanyard	1
Manual	1	Hammock	2
Clew (Pr)	1	Lashing	1
Blanket	2		

Schedule "C"

Bags Kit	2	Bags Soap	1
Belts Waist	1	Boots Half	1
Brushes Hard	1	Brushes Polishing	1
Brushes Clothes	1	Brushes Hair	1
Brushes Tooth	1	Coats Oilskin	1
Drawers	2	Jerseys Naval	1
Jerseys Sport	3	Lanyards Knife	1
Scarves Black Silk	1	Shoes gymnastic	1
Shorts recreational		Socks pairs	13
drill	2	Towels	3
Trousers Serge	1	Beds	1
Bed covers	2	Comforters	1
Rubbers	1	Combination (winter)	2
Shirt Sweat	1	Pants Overall	1
Coat Overall	1	Iron electric	1
Boots rubber	1	Bag Duffle	1
Front Dickie	1	Trunks swimming	1
Boots Sea	2	Soap bag containing	
Attache case		correspondence,	
containing bible,		leather cigarette	
books, writing		case, cigarettes,	
case; envelopes		Westclock watch,	
containing wallet,		glasses and case,	
tobacco pouche and		penknife and	
notebooks; leather		pencil.	
case containing			
toilet articles			

7/10/44

Letters

2 to the

W. H. B. O. H.

16/10/44

Read this whole Form and Instructions
other side before commencing to
complete.

Can. S. 545
30M-1-43 (8044)
N.S. 815-9-545

WILL

✓ 177593

(1) I, Christie Milton Belyea, of His Majesty's Canadian Ship "Brunswicker" do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother Victoria May Belyea, 239 St. James Street West Saint John, N.B. "all my Estate".

Relationship, names and addresses of beneficiaries, and what each is to receive.

10274

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatever kind and wheresoever situate unto~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Victoria May Belyea 239 St. James Street West Saint John, N.B. House Wife, to be the Executrix of this my Last Will.
(Name) (Address) (Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 24th day of January 1944.

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

Christie M. Belyea
(Name)

Ordinary Seaman V.N.K.
(Rank or Rating) Official No.

First witness sign here.

(5) Signature W. A. Simonsen
Civil Address 56 Spudina Road, Toronto Ont
Civil Occupation Chartered Accountant

Second witness sign here.

Signature Christie M. Belyea R. B. Bartlett
Civil Address St. Andrews, N.B.
Civil Occupation Banker

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service
Records by... AK

NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.



West SAINT JOHN, N.B.
239 St. James Street,
25 October 1944.



Department of National Defence,
Naval Service,
Estates Branch.

Attention of Director of Estates,

Dear Sir :

Reference H.Q.N.S. V-77593 F.D.657 dated October 19th 1944.

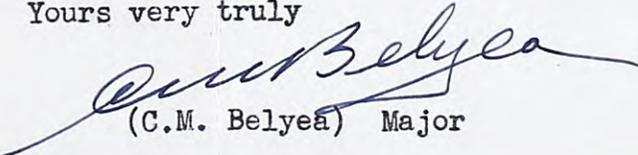
Receipt for two cartons containing personal effects of my son has been signed by my wife and is attached hereto.

Enclosed herewith also are two War Savings Certificates Nos H007608 and XA 0838905 belonging to my son and are forwarded as requested for registration in my wife's name.

With regard to personal effects received it has been noted the two cartons did not contain several articles which we feel must have been still in my son's possession at the time of his death and which we would like very much to have if it were at all possible. These were articles we purchased for him prior to his leaving for Cornwallis and among which were a pair of $\frac{1}{4}$ Wellington Boots, a Navy Blue Trench Coat, a wallet which contained papers and pictures of interest to only our family. He recently purchased a new uniform. Also he had a pair of pants with extra large bottoms which should not have been badly worn. In his cap he usually had papers of a personal nature such as registration certificates one of which was for his hunting rifle. This we would like to have. He had a diddy bag in which he had letters which he stated he was bringing home the next time he had leave for furlough. All these we had expected to receive.

Thanking you for interest in our sad affair, I am,

Yours very truly


(C.M. Belyea) Major

Recd (11) 24/9/44 # 384
157378 31
Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "Cornwallis" at Cornwallis, Nova Scotia.

Name Christie Milton BELYEA
(Christian names in full)

Rank of Rating Ordinary Seaman (S) Official No. V-77593 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Saint John, N.S. Date of Birth 19th March, 1925

Occupation in Civil Life Electrician's Helper Religion Church of England

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) 9 months

Date of Death 23rd September, 1944 Place of Death H.M.C.S. "Cornwallis"

Cause of Death M.C. 1724 Rating fell from the back of a truck in motion.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Christie M. BELYEA Relationship Father
Address 239 St. James St. West.
Saint John, New Brunswick.

Date on which the above was informed by Ship 24th September, 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 (if known) Date of Burial via Service passage for burial. (if known) body to H.M.C.S. "Brunswicker"

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

Undertaker employed Matheson Funeral Parlour, Digby, Nova Scotia. (if any)

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


CAPTAIN, RCN Commanding Officer,
27th September, 1944

The NAVAL SECRETARY,
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.

C.N.S. 1121
15M-6-41 (831)
N.S. 815-9-1121

Noted H.M.C.S. PA
9-1-45 pp.

Dis @ 10/10

*586
30*

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 BELYEA, Christie Rating Ord/Smn.
Official No. V. 77593 H.M.C.S. "CORNWALLIS" List 5/2 1034
Who* Discharged Dead on the 23 September 19 44

Net sum due on ledger on account of Wages.....	\$	24	cts.	73 ✓
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.....		5	00	
Debts collected \$.....				
Cash deposited by official Receipt No. <u>167-40281</u>				
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)..... charged to.....				
Name of ship from which transferred.....				
Amount Paid by Official Total†.....		24	73	✓
Receipt # <u>167-40281</u>				

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "CORNWALLIS" amounting to a net balance† Credit of Twenty-four dollars seventy-three cents.

Dated on board H.M.C.S. "CORNWALLIS" at Cornwallis, Nova Scotia this Fifth day of October 1944.

Approved *[Signature]* Accountant Officer
A/Pay Cdr. R.C.N.V.R.
[Signature] { Initials of the Assistant Accountant Officer
Pay Lieut. R.C.N.V.R.
[Signature] Commanding Officer.
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.

ESTATES BRANCH

HQ. NS. V-77593 FD.657

May 28, 1945.

Mrs. Victoria M. Belyea,
239 St. James St. West,
St. John. N.B.

BELYEA, Christie M., O.D. (Deceased)
No. V.77593. R.C.N.V.R.

Dear Mrs. Belyea:

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

The total amount available for distribution is \$243.70,
and is made up as follows:

Balance of pay and allowances	\$ 24.73
Cash found amongst personal effects	5.92
Refund of payments on 6th Victory Loan Bond	84.00
Refund of Income Tax	<u>129.05</u>
Total	\$243.70

The whole amount is payable to you as the sole beneficiary
named in your son's Will on file in this Branch.

Treasury has been requested to send you direct a cheque
payable to your order in the above amount of \$243.70, and on receipt
of same will you kindly sign and return the enclosed form of acknow-
ledgment to the Director of Estates, 308 Sparks Street, Ottawa.

Yours faithfully,


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

HRW/JN ✓
Encl.

IG

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

322

2
NAVYDECEASED
MEMBER'S
NAME

Christie Milton

(CHRISTIAN NAMES)

BELYEA

(SURNAME)

REGISTER NO.

13096

FILE NO.

NS. V-77593

DATE

30th July '45

PAYEE

Director of Estates,

for Service Estate of

SERVICE NO.

V-77593

ADDRESS

308 Sparks St.,
Ottawa, Ont.

Christie M. Belyea,

FINAL RANK OR RATING

Ord. Smn. (S)

DATE OF TERMINATION OF OVERSEAS SERVICE

NS. V-77593

DATE OF DISCHARGE

22nd July '44.

23rd Sep '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 195 EQUAL TO 6 COMPLETE PERIODS AT \$7.50

\$ 45.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 8 LESS N11 INELIGIBLE DAYS, EQUAL TO 8 DAYS @ 25c. PER DAY

2.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.25
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL \$ 2.50 x 7 = \$ 17.50

NO. OF DAYS 8 x \$ 17.50

183

.77

D. WAR SERVICE GRATUITY

47.77

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

47.77

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 47.77

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

YN

CHECKED BY

TREASURY

CHECKED BY

DATE

[Signature]
 21/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT

P.I.B.

V77593 OFFICIAL NUMBER

NAME BELYEA
(Surname)

Christie Milton
(Given Names)

OFFICIAL NUMBER V77593

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Brunswicker"	Ord. Smn.	24	1	44	Div. Str. Saint John	V.G.	Sat.	23	9	44							
"	"	13	3	44	Act. Service 249A/A95												
Cornwallis	"	17	5	44	DL. 17.5.44												
DISCHARGED	"	23	9	44	"Dead" (W/T 240339Z/9/44)												

GENERAL REMARKS

Died on Sept. 23, 1944, at Cornwallis N.S. due to concussion (Casualty List)
 Trans to Home Branch 7/9/44 (249A/A 20641)
 Can. Memorial Cross awarded to Mother to date 20.12.44.

DATE OF BIRTH			PLACE BIRTH		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV.	ENLI.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK			
19	3	25	15	900	0	30	1.5	11	01	0	02	0	08	95		
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK	RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	A	RANK					
24	01	44									95200	95				
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.										
00	00	00	11	00	00											

V77593

OFFICIAL NUMBER

FILE NUMBER

113-B-7015

OFFICIAL NUMBER V77593

NAME BELYEA (Surname) Christie Milton (Given Names) DATE OF BIRTH 19 March, 1925

PLACE OF BIRTH Saint John, N.B. OCCUPATION Electricians Helper

RELIGION C. of E. EDUCATION Grade 8

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 239 St. James St. West, Town Saint John, Province, etc. N.B.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	To
24	1	44	H.O.	5' 9"	brown	grey	medium	none			

NEXT OF KIN RELATIONSHIP (in pencil) *Maternal* NAME (in pencil) *Mrs. Christie M. Belyea*ADDRESS (in pencil): Street and No. *239 St. James St. West* Town *Saint John* Province, etc. *N.B.*

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year		Day	Month	Year	
23	9	44	Awarded C.V.S. Medal Posthumously.	20	6	44	Qual. Anti/Gas lday				

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
NO. WSR-6237-2
DATE

Date (in figures)			DAYS FORFEITED					O.H.F. Received	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									O.H.F. Received Last Will & Testament #19274 Un. Ins. Book #T616413 at 80 Pr. Wm. St. St. John, N.B.

SECOND CLASS FOR CONDUCT

From

To

H.O. 35-60M-6-43 (609)
N.S. 815-7-35