

V51108
NELSON
TERRENCE

DOMINI

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD"

Jan./45 -R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Helene Nelson - Mother

ADDRESS: 764 King St.,
London, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Helene Nelson

ADDRESS: 764 King Street
LONDON, Ontario

MEMORIAL BAR

(1)

DATE DESP.....

REGN NO.....

1993

(2)

(3) 10 October 1944

DECEASED 7 May 1944

AWARDS NAVY

D.D.

NELSON	Terrence Dominic	V-51108	Sig.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPACHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPACHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	
M. IN D.	3897.

MID

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V51108

OFFICIAL NUMBER

FILE NUMBER

113-N-708

OFFICIAL NUMBER

V51108

NAME NELSON (Surname) Terrence Dominic (Given Names) DATE OF BIRTH 1 March, 1925PLACE OF BIRTH London, Ont. OCCUPATION LaborerRELIGION R.C. EDUCATION 1 yr. high schoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 764 King St., Town London, Province, etc. Ont.

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
26	11	42	H.O.	5' 6 1/2"	brown	brown	fair	Long scar on 2nd finger on left hand.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs. Helene NelsonADDRESS (in pencil): Street and No. 764 King St. Town London, Province, etc. Ont.

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	
			Eligible to award of CVSM & Clasp (249A#A13913)	16	3	43	Passed E.T., I. R.C.N.				
1	1	46	Posthumous Mention in Despatches. (1946 Honours list)	1	7	43	Passed Prov. Swim. Test Fair '48356				
				3	9	43	Qual. Signaller. 21-25-3.				
				11	6	43	Qual. Ord. Sig. 249A-33832.				
				28	9	43	Qual. Anti-Gas 1/2 dy Serv. Cert.				

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		

Date (in figures)			DAYS FORFEITED						O.H.F. Received	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		
									Last Will & Testament dated 26-11-42 received	

SECOND CLASS FOR CONDUCT

From

To

H.Q. 35-30M-4-42 (4280)
N.S. 815-7-35

FILM
NO. NSA-5875-6
DATE

V51108

OFFICIAL NUMBER

NAME **NELSON**
(Surname)

Terrence Dominic
(Given Names)

OFFICIAL NUMBER

V51108

P.L.B.

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 "Prevost"	Ord. Smn.	26	11	42	Div. Str. London												
" "	"	10	2	43	Active Service D.L. 10-2-43	V.G.	Sat.	31	12	43							
St. Hyacinthe	"	28	4	43	D.L. 27-4-43												
	Ord. Sig.	11	6	43	Trans. 249A-33832.												
Stadacona	" "	22	9	43	D.R.D. #H-2680.												
Fort Ramsay	" "	30	9	43	D.R.D. #H-2749.												
Stadacona	" "	18	2	44	DRD N-70 P-4												
Valleyfield	" "	27	2	44	DRD S-85 P-2												
DISCHARGED	" "	7	5	44	"Missing" (Casualty List.)	V.G.	Sat.	37	5	44							
	Signalman	10	2	44	"Presumed Dead" Corr. Sheet Rated (249A#A13913.)												

GENERAL REMARKS

Canadian Memorial Cross awarded to:
 Mother: Mrs. Helene Nelson,
 764 King St.,
 LONDON, Ontario.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI. ED.		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK		
01	3	25	11	900	0	10	2	1	30	03	0	16	0	08	95	
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP OR		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK			
26	11	42	10	02	43					12	20	0	11	95		
SENIORITY			STR.		NON-SUB		M.		CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.										
11	06	43	10	00	00	21	M.S.			Jill						

09-05-44

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of St. John Township of _____
 { If in City, Town or Village _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED NELSON Terrence Dominic
 (Family name) (Given name or names in usual order)

RESIDENCE No. 764 Street King St. City, Town, Village or Township London Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male	5. Nationality (Citizenship) Canadian	6. Racial Origin British	7. Single, Married, Widowed or Divorced (Write the word) Single
8. BIRTHPLACE <u>London, Ontario.</u> (Province or Country)			
9. DATE OF BIRTH <u>March 1st 1925</u> (Month) (Day) (Year)			
10. AGE in { Years <u>19</u> Months <u>2</u> Days _____ If less than one day old _____ hrs. or _____ min.			
OCCUPATION			
11. Trade, profession or kind of work as <u>spinner, teamster, office clerk, etc.</u> Laborer.			
12. Kind of industry or business, as <u>cotton mill, lumbering, bank, etc.</u> General Steel Ware,			
13. Date deceased last worked _____ 14. Total years spent in this occupation _____ at this occupation _____			
15. If married give name of wife or husband of deceased _____			
FATHER			
16. NAME _____			
17. BIRTHPLACE _____ (Province or Country)			
MOTHER			
18. MAIDEN NAME _____			
19. BIRTHPLACE _____ (Province or Country)			
20. Person giving information sign here <u>W. R. Money</u> Address <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Records.</u>			
21. Place of Burial, Cremation or Removal <u>Body not recovered.</u> Date of burial or removal _____			
22. Burial Permit was issued by _____ Address _____			
23. UNDERTAKER _____ (Name and address)			

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May 7th 1944
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: _____ 19____ to _____ 19____
 and last saw him _____ alive on _____ 19____

CAUSE OF DEATH

I. Immediate cause	PHYSICIAN
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	Underline the cause to which death should be charged statistically
(a) <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u> due to (b) _____ (c) _____	_____
II. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). III. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance _____ 19____
 (b) Duration of disease _____ days

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

28. Was there a surgical operation? _____ Date of operation _____ 19____
 State findings _____ Was there an autopsy? _____

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

Signed by _____ M.D.

Address _____ Date _____ 19____

30. Division Registrar's Record No. _____

31. Filed _____ 19____
 (Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE MAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

- Navy
- Army
- Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

113-N-708

✓ Application for War Service Gratuity
(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service... NELSON (Print)
2. Christian Names... TERRENCE DOMINIC (Print)
3. Service No. V5-1108 4. Paid rank or rating at date of termination of Service... Sig.
5. Address, in full, to which payments of gratuity are to be forwarded... 76 H. King St.

*App #1981
forward to DNDPA
18/12/44
WPM*

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY</u>	<u>V5-1108</u>	<u>SIG</u>	<u>Feb 10/1943</u>	<u>26 May 1945</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? No. If so, state name of Force or Forces... N/A

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? No. If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Jan 22, 1945
(Date)

Mrs. H. B. Nelson
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

113-76708
P. 284407A

IN THE NAME OF GOD, AMEN

I, TERRENCE DOMINIC NELSON.....Ord. Smn..RCNVR....of His Majesty's Ship H.M.C.S. "PREVOST".....
(now a Patient* in _____),

*If in Hospital or in Hospital Ship.
Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.
See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my **Mother, Mrs. Helene Nelson, 764 King Street, London, Ontario.....**

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint **My Mother, Mrs. Helene Nelson, 764 King Street, London, Ontario.....**

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at **London, Ontario** hereunto set my hand, this **26th** day of **November**, in the Year of Our Lord One Thousand Nine Hundred **and forty - two.**

Terrence D. Nelson.....

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses {

[Signature]
Pay. Lieut. RCNVR
[Signature]
Writer RCNVR

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

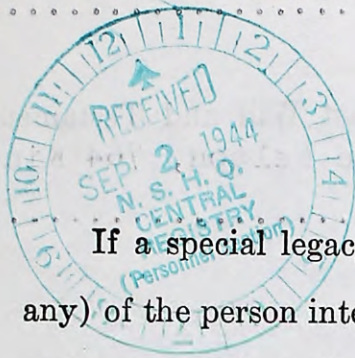
Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by *[Signature]*

Instructions for filling up the Form



If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words " And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the whole of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

[Signature] } Signature of the person by whom the Will was prepared.

Mrs. Helene Nelson,
764 King Street,
London, Ontario.

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. NS. V-51108 ED. 606

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 1944

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

NELSON, Terrence Dominic, Signalman,

Official Number V-51108, R.C.N.V.R.



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

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

GC/

M. Wade
Commander R.C.N.V.R.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	John Joseph Nelson		died Feb 5 1929.
4	Mother of the Deceased.....	Mrs Helen B. Nelson	61.	764 King St London Ont.
5	Brothers of the Deceased	John James Nelson	33	764 King St London Ont
		A 56774 L. M. S. J. Nelson O. J.	32	Instructional cadre. #1 M. H. London Ont.
		Sgt J. B. Nelson	29.	C. A. S. S. Long Branch. Ont
		A 108553. L/C. Nelson M. B.	28	Camp Borden. Su. Back.
6	Sisters of the Deceased	Margaret Helen Nelson	30	764 King St.
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	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>Terrence Honnini Nelson</i>
9	Date of his birth.	<i>March 1. st 1925</i>
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	<i>St Mary R. C. Church. London Ont. July 4/1910.</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>London. Ont</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	<i>(a) Ontario (b) Middlesex (c) He always lived (d) in London. Ont.</i>
14	Nature of employment before enlistment.	<i>General storekeeper.</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>no.</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>London. Ont.</i>

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>no.</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	<i>no</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>no</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>\$50.00. This was purchased thru the Marty. and was cont London Life. 700.00 Metropolitan. Just</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	<i>no no</i>
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

DECLARATION

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

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

* mother of the deceased.

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

Mrs. Helene Blanche Nelson
764 King St, London, Ontario

Signature of Informant Address

CERTIFICATE

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

*See above. Blanche Nelson { Name of informant } is the * mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at London this 18th day of September 1944

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

Rev. Joseph P. Finn Qualification Catholic Priest.

Address St. Mary's Church (R.C.) 345 Hyle St, London, Ontario.

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

⑤ A. 34888.

Pte. Peter Anthony Nelson age 26.

Essex Scottish Regt

Killed in action in France July 29.

Nature of wounds skull fracture.

Up to date we have no more details

③ forwarded to me.

② premiums returned. This was taken out in June 1942. Premiums amount to 3.00 per month

ORIGINAL

113-77-708

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



ATTESTATION FORM
(HOSTILITIES FORM)

P284404

3

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....NELSON.....OFFICIAL No. V. 51108
CHRISTIAN NAMES.....Terrence Dominic..... MARRIED, SINGLE OR WIDOWER.....Single

PERMANENT ADDRESS.....RELIGION.....
764 King St. London, Ontario.....Roman Catholic

DATE OF BIRTH.....*PLACE OF BIRTH.....NAME AND ADDRESS OF NEXT OF KIN.....
1st March 1925.....Town London.....Mrs. Helene Nelson (Mother)
County Middlesex.....764 King St.
Province Ontario.....London, Ontario.

*Original Nationality of:
Father British
Mother British

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

Table with 6 columns: HEIGHT, CHEST MEASUREMENT, HAIR, EYES, COMPLEXION, WOUNDS, SCARS, MARKS. Includes measurements for feet/inches and chest (inflated/deflated/mean), and notes on hair, eyes, complexion, and a long scar on the left hand.

EDUCATIONAL STANDING.....TRADE OR CALLING AND IN WHOSE EMPLOY.....
One year High School, De La Salle High School, London, Ontario.....Laborer, General Steel Wares Ltd. London, Ontario.

DATE OF ENROLMENT.....RATING FOR WHICH ENROLLED.....H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED.....
Divisional Strength.....26th November 1942.....Ordinary Seaman (T) H.M.C.S. "Prevost" London Ontario

(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.

Table with 4 columns: SERVED IN, RANK, FROM, TO. RANK is Nil.

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

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

Personnel Records Division. 1. Noted in Records... 2. Index Card... 3. Non-Sub. Card... 4. Statistical Card... 5. Photo Strip... 6. Pension Card... 7. ... 8. ... DATE 9.11.42

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

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

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

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

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

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

Dated this 26th..... day of November 1942.....

Signature of applicant Terrence P. Nelson.....

(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 26th..... day of November 1942.....

My authority for attestation is NS. 114-1-46. NS-114-1-7-2nd November 1942.

R. A. Gausson
Signature of and rank of Attesting Officer.
Sub-Lieutenant, V.R.

(D) OATH OF ALLEGIANCE

I, Terrence Dominic Nelson..... 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 Terrence P. Nelson.....

Witness R. A. Gausson.....

Date 26th November 1942..... Rank Sub-Lieutenant, V.R......

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

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

Certificates of previous service will be returned after examination.

Unemployment Insurance Book

Yes.

CERTIFICATE of the SERVICE of

Terence Dominic NELSON

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-51108</i>
	<i>H.M.C.S. "Prevoost"</i>	"
		"

Date of Birth	<i>1st March, 1925</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mrs. Helen Nelson</i> (Mother) <i>Same address</i>
Place of Birth	<i>London, Ontario</i>	
Place of Residence	<i>764 King St. London, Ontario</i>	
Trade brought up to	<i>Labourer</i>	
Religion	<i>Roman Catholic</i>	
Can Swim:—P.P.T.	<i>FAIR</i>	
Date	<i>1st July 1943</i>	Signature <i>[Signature]</i> Rank <i>PRY. LIEUT. U.R.</i>
P.S.T. Date		Signature Rank

O.H.F.

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>26 Nov. 42</i>	<i>Duration No. Periods</i>	<i>Det. Sqn.</i>			

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry	<i>5</i>	<i>6 1/4</i>	<i>33</i>	<i>133</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Long scar on second finger of left hand.</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

NAVAL TRAINING and ACTIVE SERVICE

LARGE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

RECORD OF RATING

Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
16 MCH. '43	PASSED E.T. "ONE" R.C.N.	<i>D.H. McMill</i>			
11 June '43	Qual + Trans O/sig	<i>A. P. Hargreaves</i>			
3 Sep '43	Qual sig	<i>A. P. Hargreaves</i>			
28 Sep '43	Qualified Antia. Gun 1/2 day	<i>W. R. Harrison</i> STN 13733 4 Nov '43			

Name

Terrence Dominic NELSON

Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V. G.	SAT. (0/5/4/3)	28 Feb. '43	D. G. McGill. for CO.
		V. G.	Sat. (0/Sig.)	31 Dec. '43	G. Bernard
		V. G.	Sat. (Sig.)	7 May '44	W. Davis

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
------	------------------------	---------------------	-----------------------------------

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

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

NAME IN FULL NELSON, Terrence Dominic... RANK/RATING - Sep...

SHIP	SERVICE			AREA	QU	
	FROM	TO	DAYS		FROM	TO
	10-2-43					
<i>Valley field</i>	<i>27-2-44</i>	<i>7-5-44</i>	<i>71</i>	<i>US</i>		

Dis Dead 7-5-44

VERIFIED BY ... *H. Larose* ...

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *Sub* OFF. NO. *V-51108* ADDRESS

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

VERIFIED BY *H.S.*

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

P284406

113-76708

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 TERRENCE DOMINIC NELSON (b) Reg'l. No. V 51108
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank Ord. Snn.
3. (a) Date of birth Nov. 1, 1925 (b) Have you any dependents? No (c) Place of residence at time of enlistment London, Ontario
4. (a) Place of enlistment London, Ontario (b) Date of enlistment Nov. 26, 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) 1 year High School
7. If you attended a university, give name of university and standing or degree secured. None
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? United Steel Workers

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 General Steel Wares Ltd. Address London, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Manufacturers Steel Wares
20. (a) Your specific occupation factory labourer (b) Number of years' experience at this occupation with any employer 8 months
21. (a) Did your employer promise definitely to give you employment on discharge? - (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? 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.) Plans to return to former work
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Radio work



DATE 26th November, 2. 194... SIGNATURE T. Nelson

COPY TO
VWD
ES

DEC 18 1942

TFH/MWM

REGISTERED
AIR - MAIL

N. S. V-51108 Pers. (N)

8th May, 1944

13

Dear Mrs. Nelson:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Terrence Dominic Nelson, Ordinary Signaller, Official Number V51108, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

[Signature]
SECRETARY, NAVAL BOARD

RECEIVED & dispatched by
MAY 8 1944
PERSONNEL NAVAL

Mrs. Helene Nelson,
764 King St.,
LONDON, Ontario

[Handwritten mark]

[Handwritten mark]

[Handwritten initials MB]

[Handwritten initials E.D.]

12 May,

4

N.S. V-51108 PERS.(N)

Dear Sir:

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

Name... **NELSON** **Terrence Dominic**
 (Surname) (Christian Names)

Rank/Rating **Ordinary Signalman**

Official No. **V-51108 R.C.N.V.R.**

Nature of Casualty **"Missing" at sea from ship in which serving.**

Date of Casualty **Will be reported later**

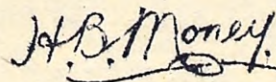
Address at time of Enlistment **764 King. St., London, Ont.**

Marital Status at time of Enlistment, **Single**

Occupation **Labourer**

Name & Address of Next of Kin **Mother: Mrs. Helene Nelson,**
764 King. Street, London, Ontario.

Yours truly,



for

SECRETARY, NAVAL BOARD.

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

2 wkt copies forwarded

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

13 May, 1944,

Sir:

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
NELSON, Terrence Dominic	Ordinary Signalman	V-51108, R.C.N.V.R.

DATE OF ENLISTMENT - 26 November, 1942. Active Service: 10 February, 1943.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and -
when and where any disability
was incurred, or where death
occurred. "Missing" at sea when the ship in which he was serv-
ing was lost by enemy action. While this casualty
is listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

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 - Mother: NAME - Mrs. Helene Nelson,

ADDRESS - 764 King Street, London, Ontario.

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

Copies Form "B" fwd.
to Allots. (N) on
..... N.P.R/5

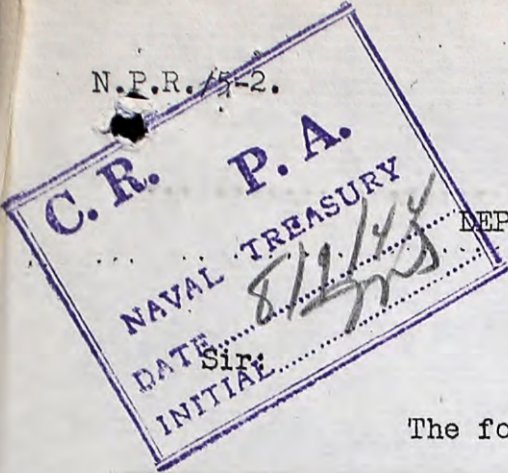
H.B. Money
for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

BF
12/8/44
NPR/5

NOTE; Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)



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

AUG 30 1944
.....
(Date)

The following casualty has been reported -

33

<u>NAME</u>	<u>NAME or RATING</u>	<u>NAVAL NO.</u>
<u>NELSON, Terrence Dominic</u>	<u>Signalman</u>	<u>V-51108 R.C.N.V.R.</u>

DATE OF ENLISTMENT - 26 November, 1942. Active Service: 10 February, 1943.

DATE OF DISCHARGE - 7 May, 1944.

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was
when and where any disability torpedoed and sunk by enemy action in the Atlantic.
was incurred, or where death occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Helene Nelson,

ADDRESS - 764 King Street, London, Ont.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

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

REMARKS:.....

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

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

Nil

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	Nil	Nil	Nil

To Whom Paid: _____ Address _____

Date of Enlistment: _____

Date of Discharge: _____

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

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

Remarks:

Computed by...G.E.L.....

Checked by...*dmf*.....

Alec L. Boswell

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

Londoner Gave Life to Save Shipmates

19-Year-Old **Sigmn. Terry Nelson** Valleyfield Hero

How a young London sailor, Sigmn. Terrance (Terry) D. Nelson, son of Mrs. Helene Blanche Nelson, 764 King street, gave his life so that other shipmates on the frigate Valleyfield could be saved, is related in a letter to the boy's mother by a chum on the ship, Sigmn. Terrance O'Connor, Vancouver.

The Valleyfield was torpedoed in the Atlantic and went down with a heavy loss of life.

"Terry and I were off watch when the torpedo struck," writes Sigman O'Connor. "We were in our mess at the front end of the ship, and I escaped through the emergency hatch. It was the only way out, and the entrance was packed with men. While I was helping a fellow open the hatch I could see Terry joking with the boys around him.

"I got the hatch open and the men started to rush for the ladder. Terry stepped in and made them form a single line. He kept them going and in order.

"If they had rushed, no one



SIGMAN, TERRY NELSON

would have got out. He could have, if he wanted to, been the third man out. But he elected himself to stay behind and or-

Chum Tells How Sacrifice Saved Many Trapped Men

ganize the escape. He saved many lives as he guided the men to safety, and in doing so he gave his own life. That is the best display of courage and sacrifice you will ever hear about."

Sigmn. Terry Nelson is missing and has been presumed dead. Another brother, Peter Nelson, has been reported killed in France. Three other brothers are in the service, Sgt.-Maj. P. T. Nelson, Camp Ipperwash; Sgt. J. B. Nelson, Long Branch, and Cpl. M. B. Nelson, Camp Borden. John Nelson and Margaret Nelson are at home.

Terry was educated at St. Joseph's, De La Salle and Sacred Heart Commercial. He was a member of St. Mary's Church. He enlisted when 17 at H.M.C.S. Prevost in February, 1943, and was only 19 when listed missing. He was an employee of G. & S. Steel Wares prior to enlistment.

A naval funeral mass will be held in St. Mary's Church on Saturday, September 22, at 10 a.m.

IG

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

4
 NAVY

BASED ON PAYEE'S NAME
 Terence Dominic NELSON
 (CHRISTIAN NAMES) (SURNAME)
 PAYEE Mrs. Helene B. Nelson,
 ADDRESS 764 King St.,
 London, Ont.
 REGISTER NO. 1981
 FILE NO. NS. V-51108
 DATE 25th July '45
 SERVICE NO. V-51108
 FINAL RANK OR RATING Sig.
 DATE OF TERMINATION OF OVERSEAS SERVICE 7th May '44.
 DATE OF DISCHARGE 7th May '44.

A. TOTAL QUALIFYING SERVICE		\$	
NO. OF DAYS	453	EQUAL TO	15 COMPLETE PERIODS AT \$7.50
			112.50
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS	71	LESS	3 INELIGIBLE DAYS, EQUAL TO 68 DAYS @ 25c. PER DAY
			17.00
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	\$	2.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
ADDITIONAL PAY	\$		
H.L.M.	\$.13	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	3.38	X7 = \$ 23.66
NO. OF DAYS	71	X \$	23.66
			9.18
D. WAR SERVICE GRATUITY			138.68
E. DEDUCTIONS			
OVERPAYMENT OF PAY AND ALLOWANCES	\$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$		
OTHER DEDUCTIONS	\$		N11
F. TOTAL AMOUNT PAYABLE			138.68
G. YOUR PORTION OF GRATUITY IS—			
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU	\$		OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE	\$		= \$ 138.68

Reque 46977 - July 30/45

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

PREPARED BY		CHECKED BY		TREASURY	
DHJ		<i>H. L. Nelson</i>		DATE 26.7.45	
				<i>[Signature]</i>	
				SERVICE REPRESENTATIVE	

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name Vincent Dominic NELSON
 (Christian Names) (Surname)

Payee Mrs Helene B. NELSON.

Address 464 King Street,
London Ont

Register No. 1981
 File No. V51108
 Date 4 May '45
 Service No. V51108

Final Rank or Rating SIG
 Date of Discharge 7 May '44

Date of termination of overseas service 7 May '44

A. TOTAL QUALIFYING SERVICE
 No. of days 453 equal to 15 complete periods at \$7.50
₃₀ \$ 112.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 71 less 3 ineligible days equal to 68 days @ 25¢ per day 17.00

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<u>2.00</u>			
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>			
Additional Pay	\$	<u>13</u>			
		<u>H.L.M</u>			
Dependents' Allowance 1/30 of \$					
			Total	<u>3.38</u>	x 7 = \$ <u>23.66</u>
			No. of days	<u>68</u>	x \$ <u>23.66</u>
				<u>183</u>	<u>8.79</u>
					<u>9.18</u>

D. WAR SERVICE GRATUITY 138.29

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

F. TOTAL AMOUNT PAYABLE 138.68 ✓

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 138.68
 Total Dependents' Allowance in issue \$

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

Prepared by	Checked by	Treasury 3/7	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>SMG</u>	6	
2	<u>SMG</u>	7	
3	<u>SMG</u>	8	
4	<u>SMG</u>	9	
5	<u>SMG</u>	10	

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "VALLEYFIELD" at SEA

Name **Lawrence Dominic NELSON**
(Christian names in full)

Rank of Rating **LTJG** Official No. **V-51100 RCNVR**
(If unknown, date of first entry)

Place of Birth **LONDON, ONTARIO** Date of Birth **1st MARCH, 1905**

Occupation in Civil Life **LANCER** Religion **ROMAN CATHOLIC**

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) **1 YEAR 3 MONTHS**

Date of Death **7th MAY, 1944** Place of Death **AT SEA**

Cause of Death **BURST MOTORS--COMPROMISING OF H.M.C.S. "VALLEYFIELD"**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Mrs. MARGARET NELSON** Relationship **WIFE**
Address **704 King Street,
London, Ontario, Canada.**

Date on which the above was informed by Ship **INFORMED BY H.M.C.S.**

Date on which death was registered with local Officials **NOT REGISTERED**

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 invalided

[Signature]
Commanding Officer,
1944 May 194.....

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

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON" "VALLEYFIELD" ending 30 June 19 44

List 12² No. 109 (Name) NELSON, Terrance D. Rank Rating Sig. No. V. 51108

When entered F.B. Date of appearance F.B. Whither discharged DEAD

		\$	c.					
CREDIT from former account.....		76	75					
Pay as (Rank Rating) Sig	from 1 Apl to 31 May (61 days at \$ 2.00 day)	122	00					
Adjust. Sig	" 10 Feb. " 31 Mch (51 " " ")	20	40					
"	" " " (" " ")							
"	" " " (" " ")							
"	" " " (" " ")							
	Adjustment March, 1944		33					
Kit Upkeep Allowance	1 Apl - 7 May	4	47					
OTHER CREDITS:								
	Total credits.....	223	95					
DEBT from former account.....		N I L						
PAYMENTS:—	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
	1st month.....	76.00	8.94				Total.....	84 94
	2nd month.....						Total.....	
	3rd month.....						Total.....	
	Allotment	8.40 chged Apl.						Total.....
Pension deduction (Officers) charged to..... of.....								
Hospital stoppages.....								
Mulcts.....								
OTHER CHARGES		O.R. 25181 payable Adm. Naval Estates (Present War)					130	61
.....								
.....								
LEDGER: <i>Both</i>							Total debits	223 95
AUDIT: <i>SP</i>							Balance Cr. or Dr.	ni l
(Balance Dr. to be shown in red)								

Number of days actually victualled during period mentioned above..... 37

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 5 June 19 44

(Signature)
PAY LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

142634

#21

ACCOUNTS OF MEN DISCHARGED

Per (m) n.p. 19/9/44

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

24

Name..... NELSON, Terrance D. Rating..... Sig.....

Official No. V. 51108 H.M.C.S. AVALON "VALLEYFIELD" List. 122/109

Who*..... DISCHARGED DEAD on the 7 May 19 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
25182 Adm. Naval Estates		
(Present War)		
Cash deposited by official Receipt No.....	130	61
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> charged to.....		
Name of ship from which transferred..... <u>HMCS "VALLEYFIELD"</u>		
Total†..... CREDITOR	130	61

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 AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of ONE HUNDRED & THIRTY - - dollars - - SIXTY-ONE - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 19 44

Approved *[Signature]* Accountant Officer
PAY LIEUT. CDR., R.C.N.V.R.
[Signature] { Initials of the Assistant Accountant Officer
[Signature] Commanding Officer.
A/CAPTAIN. RCN.

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

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

ACCOUNT OF SALE OF THE EFFECTS

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

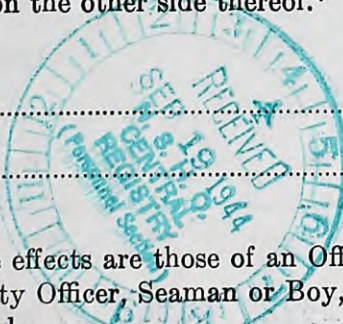
TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)				
Total proceeds of sale carried to account on the other side					

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

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

Signature Rank	Signature Rank
-------------------------------	-------------------------------

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



DISTRIBUTION OF SERVICE ESTATES

71

Estates Form "P. 4"

NAVY

Name: **NELSON,** **Terrance D.** No.: **V.51108**
 Surname Christian Names
 Rank **Sgtm.** Unit **H.M.C.S. "VALLEYFIELD"** Date of Death **7-5-44**

AMOUNT

Date: **14-12-44**
 L.P.C.....\$ **130.61**
 Other Credits.....
 Total..... **130.61**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Helene Nelson, 764 King Street, LONDON, Ont.,</p> <p align="center">(Sole beneficiary under will)</p> <p align="center"><i>TO BE FORWARDED BY REG. MAIL DIRECT</i></p> <p align="center">P4. TO TREAS. 2/1/45 P4</p>	130.61

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	531	00	50	000	130.61
CLASSIFIED BY <i>Original Signed by</i> K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer



Department of National Defence
Naval Service

1138627

AUG 30 1944

194.....

IN REPLY PLEASE QUOTE

N.S. V-51108 PERS. (N)



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, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
NELSON, Terrence Dominic, Ordinary Signalman, Official Number V-51108, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serv- ing in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy es- cort duty in the Atlantic.	Mother: Mrs. Helene Nelson, 764 King Street, London, Ontario

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Nil	Nil	Nil	DMD

Handwritten: JEM
30/8/44

Will: Will Attached.
Yours truly,

Handwritten signature: H.B. Money
for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.



CANADA

DUPLICATE

100.1-3-12 (3)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined..... **NELSON Terrence Dominic**.....
candidate for entry as..... **Ordinary Seaman (T)**.....
and I believe him to be *~~in all respects fit for His Majesty's Service~~
~~unfit for His Majesty's Service for the reason stated below~~ } He has signed the Certificate
given below in my presence.

†Strike out if inapplicable *Delete one

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

(a) Age	Yrs. 17 Mos. 8	(j) Date of last Vaccination for Smallpox	Never
(b) Height with bare feet	Feet 5 In. 6 1/4	(k) General Development	Fair
(c) Weight without clothes	133.	(l) Nose, Throat and Tonsils	Nose free Tonsils large
(d) Ears and Hearing	T.M.'s intact Hearing Normal	(m) Heart and Lungs	Normal B.P. - 122/76.
(e) Chest Girth	Max. 35 1/2 Min. 32 1/4 Mean 33.	(n) Abdomen Hernia, etc.	Normal. no hernia
(f) Teeth	Deficient 2 Defective 8 Dentures 0.	(o) Limbs and Joints	No Pes Planus
(g) Vision by Snellens Types	without glasses Rt. 6/6 Lt. 6/12. with glasses where worn Rt. — Lt. —	(p) Skin	Clear
(h) Colour Vision	Ishihara N R.C.N. Lantern —	(q) Anus Haemorrhoids	Normal no haemorrhoids
(i) Chest x-ray	not taken approved positive doubtful 23-11-42 # 61149	(r) Testes Varicocele	Normal no varicocele
		(s) Urine	act. neg. Sugar 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.

Terrence D. Nelson

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 **London, Ontario.** the **23rd** of **November** 19**42**.

RECHECK ABOVE
DATE 27-4-43
MEDICAL OFFICER

J.R. Smith

Examining Medical Officer

(Rank) **Surg-Lieutenant, V.P.**

SICK BAY
APR 28 1943
H.M.G.S. ST. HYACINTHE
ST. HYACINTHE, P.Q.

Color Normal.
Low side very large.
Thir.

R 6/6
 L 6/6
 B 6/6

The undersigned has examined the patient and has found that the patient is suffering from the following condition: (1) ... (2) ... He has signed the Certificate ...

Weight	Height	Temperature	Pulse	Blood Pressure	Respiration	Heart	Lungs	Abdomen	Genitourinary	Neurological	Other
150 lbs	5' 10"	98.6	72	120/80	16	Normal	Clear	Normal	Normal	Normal	None

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have passed and am fit for the discharge from the ... I am willing to undergo ...

Signature of Candidate: _____

Signature of Officer: _____

DATE: _____
 OFFICER: _____
 SIGNED: _____