

V27849  
NEWMAN  
CLIFFORD

JEROM



MILITIA ACT

M.F.M. 82  
480M-8-40 (6652)  
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT  
NON-PERMANENT ACTIVE MILITIA OF CANADA

N-550

REGIMENTAL No. B. 458366

Militia Unit taken On Strength Toronto Scottish

1. Surname (Block Letters) NEWMAN

2. Christian Names (In Full) Clifford

3. Present Address 67 Tilson Rd. Toronto

4. Place of Birth Toronto Date of Birth Jan. 14/19

5. Religion R.C. 6. Occupation TECH. DRAWING

7. Next-of-Kin Father, F.J. Newman

(NAME AND ADDRESS)

same address

8. Physical Description: Height 5' 8 1/2" Weight 145

Color of Eyes Grey Color of Hair Black

9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

Cat. "A"

22nd

November

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19 40

Training Centre No. 23

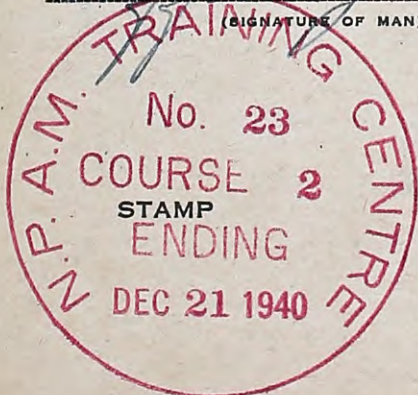
Clifford J. Newman

(SIGNATURE OF MAN)

J. B. Collins

(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE  
STAMP



W. S. ...

(SIGNATURE OF OFFICER AFFIXING THE STAMP)

00349862



This man has application in for R. C. A. F.

2nd Bn. The Tor. Scot. Rgt. (M.G.)

H. F. Eaton

Lieut

F.O.S. Supernumerary 22-12-40 Pt II Order # 4

28-1-41 *J. Scott* Capt. & Adj.

S.O.S. 10-3-42 Pt. II ORDER # 11. 13-3-42

ON ENLIST. INTO R.C.N.

*J. Scott* Lt. & Adj.



ARMY TRAINEE

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

**M** WAR SERVICE RECORDS

NEWMAN, Clifford		B-458366	Pte	FILE No. <i>349862</i>
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
	30 Days Training

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



**MEDALS AND MEMORIALS—DECEASED PERSONNEL**

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO

ADDRESS:

(1)

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS  
MOTHER

ADDRESS:

(3)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR, "VALLEYFIELD"

July/45.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Edna Newman - Widow

ADDRESS: 417 Pacific Ave.,  
Toronto, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Edna Newman

ADDRESS: 417 Pacific Avenue  
TORONTO, Ontario

(3) MEMORIAL CROSS

MOTHER Mrs. Fred J. Newman

ADDRESS: 67 Tilson Road  
TORONTO, Ontario

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

1995

(2) 10 October 1944

(3) 13 October 1944



DECEASED 7 May 1944

AWARDS NAVY

D.D.

NEWMAN	Clifford Jerome	V-27849	ERA.5	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	22/11/49
War Medal	9871

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)





CANADA

Can. B. 207

DEC 21 1941 100 M-11-40 (7881) N.S. 815-2-207

P195215

NS 113 72359 2

# 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 Clifford J. NEWMAN  
candidate for entry as Stoker I, RCNVR.  
and I believe him to be in all respects fit for His Majesty's Service.  
(unfit for His Majesty's Service for the reason stated below.) He has signed  
the Certificate given below in my presence.  
‡ Strike out if inapplicable. \* Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
22-11 mon.	137	5' 7 1/4"	fair	(a) maximum 37 (b) minimum 34 (c) mean 35 1/2	right eye 20/25 left eye 20/20 *colour vision NORMAL	19 30	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	left varicocele	2 deficient	NORMAL

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

NORMAL

Albumen Neg.

X-ray

Not taken. Approved. Positive. Doubtful.

Write in the appropriate notation, and any remarks necessary.

### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

*Clifford J. Newman*

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 Toronto the 12th of December 19 41

*J. T. McLeod*  
Examining Medical Officer  
Sarg. Lieut. RCNVR.

(Rank)



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

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

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

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

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

Dated this 18th day of Dec. '41

Signature of applicant Clifford J. Newman

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 18th day of Dec. '41

E. W. Skerton

Signature of and rank of Attesting Officer.  
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, CLIFFORD JEROME NEWMAN 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 Clifford J. Newman

Witness E. W. Skerton

Date 18 Dec. '41 Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

CLIFFORD JEROME NEWMAN having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Toronto Division of the R.C.N.V.R. or in the appropriate official documents.

E. W. Skerton

Attesting Officer.  
Lieutenant, R.C.N.V.R.  
R.C.N.V.R. Division  
(or other establishment) H.M.C.S. "YORK"

18 Dec. '41 194

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

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

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





CANADA

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

P135411

3

# ATTESTATION FORM (HOSTILITIES FORM)

DEC 21 1941  
MS 1137259

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME NEWMAN OFFICIAL NO. V27849  
CHRISTIAN NAMES CLIFFORD JEROME MARRIED, SINGLE OR WIDOWER MARRIED

PERMANENT ADDRESS	RELIGION
146 Langley Ave., Toronto, Ont.	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
14 Jan. '19	Town Toronto, County York, Province Ontario.	Wife: Edna: Same address.
*Original Nationality of: Father Canadian Mother Canadian		

\*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>37</u>	Dk. Brown	Grey	Med.	None.
Inches <u>7 1/4</u>	Deflated <u>34</u>				
	Mean <u>35 1/2</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
4 years High School	Parts Man: General Motors of Canada Ltd., 208 Spadina Ave., Toronto, Ont.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
18 Dec. '41	Stoker I	H.M.C.S. "YORK"

## (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 army for the period shown, and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Person TO Remarks Division
Toronto Scottish	Pte.	22 Nov. '40	1. Motes <u>21 Dec 1941</u> 2. Info Card 3. Non Sub Card 4. Stat Mags Forces on 5. Roneo Strip <u>V.D.B.</u> 6. Pension Card 7. 8.

(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.

Person TO Remarks Division

1. Motes 21 Dec 1941

2. Info Card

3. Non Sub Card

4. Stat Mags Forces on

5. Roneo Strip V.D.B.

6. Pension Card

7.

8.

DATE 24/12/41











V27849

OFFICIAL NUMBER

FILE NUMBER

113-N-359

OFFICIAL NUMBER

V27849

NAME NETMAN Clifford Jerome DATE OF BIRTH 14 January, 1919  
 (Surname) (Given Names)  
 PLACE OF BIRTH Toronto, Ontario OCCUPATION Parts Man  
 RELIGION Roman Catholic EDUCATION \_\_\_\_\_  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 146 Langley A ve., Town Toronto Province, etc. Ontario

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
18	12	41	H.Q.	5'7 1/2"	Dark Brown	Grey	Medium	None	Toronto Scottish	Pte.	22.11.40-	21.12.40

NEXT OF KIN RELATIONSHIP (in pencil) Wife 10/11/43 NAME (in pencil) Mrs. E. J. Newman Unmarried  
 ADDRESS (in pencil): Street and No. 417 Pacific Ave. Town Toronto 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	
24	3	44	Granted Hurt Cert. (249A, A13904)								

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

FILM NO. W4R-5470-6  
 DATE \_\_\_\_\_

Eligible to count 30 Days MPAM Service towards award of G. Service B's.

SECOND CLASS FOR CONDUCT  
 From \_\_\_\_\_ To \_\_\_\_\_

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

O.H.F. Received.  
 Last Will & Testament Dated 18-12-41 Rec.





V27849

OFFICIAL NUMBER

NAME **NEWMAN**  
(Surname)

**Clifford Jerome**  
(Given Names)

OFFICIAL NUMBER **V27849 P.I.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	nth	Year
H.M.C.S. York	Stoker 1	18	12	41	Div. Str. Toronto	V.G.	Sat.	31	12	41						
" "	" "	18	12	41	Active Service	V.G.	Sat.	31	12	42						
Stadacona	" "	23	3	42	<i>W.D. 10A</i>	V.G.	Sat.	31	12	43						
Cornwallis	" "	1	5	42		V.G.	Sat.	7	5	44						
Hunter	" "	10	12	42	Via Stadacona <i>(249A-150)</i>											
Stadacona	" "	23	6	43	DRD H-1875.											
	E.R.A.5/C	6	9	43	Transferred <i>(249A-22653)</i>											
Hunter	" " " "	1	10	43	DRD H-2756.											
Stadacona	" " " "	12	11	43	DL dated 12.11.43.											
Valleyfield	" " " "	26	2	44	DRD #84 P.#19.											
DISCHARGED	" " " "	7	5	44	Missing Casualty List. (249A, A13926)											

Presumed Dead (Per Correction Sheet, Page 102)

GENERAL REMARKS

To R.C.N. Hosp. 14-4-42 to 25-1-42

*Met with Mother Mrs. Fred Newman. 67 Tilson Road Toronto. 14/1/44*

Awarded Canadian Memorial Cross to Wife: Mrs. Edna Newman, 417 Pacific Ave., Toronto, Ont. on 10 Oct., 1944.

Awarded Canadian Memorial Cross to Mother: Mrs. Fred J. Newman, 67 Tilson Road, Toronto, Ont. on 13 Oct., 1944.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GYON			P	CTV.	TOWN	SERV.	DIV.	A	BR.	RANK
14	7	19	"	KRR	0	10	X		56	14	9	22	0	15	9	9
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.			A	BR.	RANK		
17	12	41	17	12	41						122	0	35	96		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
06	19	43	13	01	00	21										



JMS

20

OTTAWA, 12 May,

4.

N.S. V-27849 Pers (N).

Dear Sir:

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

Name..... **NEWMAN, Clifford Jerome** .....  
 (Surname) (Christian Names)

Rank/Rating ..... **Engine Room Artificer 5th Class.** .....

Official No..... **V-27849 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 ..... **146 Langley Ave., Toronto, Ont.** .....

.....

Marital Status at time of Enlistment..... **Married** .....

Occupation... **Automobile Parts man** .....

Name & Address of Next of Kin **Wife: Mrs. Edna Newman,** .....

..... **417 Pacific Avenue, Toronto, Ont.** .....

Yours truly,

*J.H.B. Money*

for

SECRETARY, NAVAL BOARD.

*EMC*

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

*2 white food e.*



DEC 21 1941  
MS 11321359

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full **Clifford Jerome NEWMAN** (b) Reg'l. No. **127849**  
 2. (a) Arm of service **Navy** (b) Unit **H.M.C.S. "YORK"** (c) Rank **Stoker I**  
 3. (a) Date of birth **14 Jan. '19** (b) Have you any dependents? **Yes.** (c) Place of residence at time of enlistment **Toronto, Ont.**  
 4. (a) Place of enlistment **Toronto, Ont.** (b) Date of enlistment **18 Dec. '41**

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **17 years** (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.) **4 years High School**  
 7. If you attended a university, give name of university and standing or degree secured.  
 8. (a) Did you ever enter upon a trade apprenticeship? **No.** (b) If so, for what occupation?  
 (c) Did you finish it?  
 (d) If you did not finish it, how long did you serve at it?  
 9. (a) What languages do you speak fluently? **English** (b) What languages do you read well? **English**

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) **Working**  
 (b) At time of enlistment of what trade union or professional society were you a member? **None.**

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

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

11. Had you ever been employed fairly regularly since leaving school?  
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. (b) State how long you had worked at this trade or occupation.  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.  
 15. Give details of last employer, if any: Name Address.  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  
 17. (a) If your last employment was in a business of your own, state nature and address of business. (b) Date of discontinuing it.

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer **General Motors of Canada Ltd.,** Address **Toronto, Ont.**  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Car Manufacturers.**  
 20. (a) Your specific occupation **Parts Man** (b) Number of years' experience at this occupation with any employer **4 years**  
 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? **Yes.** (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? **1 yr.** (c) In what provinces did you have experience? **Indiana.**

## 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. **Motor Mechanic.**

DATE **18 Dec. '41** 194 SIGNATURE **Clifford J. Newman**



DEC 2 6 1941

COPY TO  
VWD  
ES



REMARKS:.....

NOTES:

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

July 2



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

22

12 May, 1944.

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
NEWMAN, Clifford Jerome	E.R.A. 5/cl.	V-27849 R.C.N.V.R.

DATE OF ENLISTMENT - 18 December, 1941.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and - "Missing" at sea when the ship in which he was  
when and where any disability was incurred, or where death  
occurred. 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).

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.

Next of kin & relationship -

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Edna Newman,

ADDRESS - 417 Pacific Avenue, Toronto, 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. *i.m.c*  
**B7/12/44**  
**NPR/5**  
**C**

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

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

(See reverse side for further instructions)



REGISTERED  
AIR MAIL  
N.S. V-27849 PERS (N)

8th May, 1944.

Dear Mrs. Newman:

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 husband, Clifford Jerome Newman, Engineroom Artificer Fifth Class, Official Number V-27849, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your husband 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 husband'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 husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Edna Newman,  
417 Pacific Avenue,  
TORONTO, Ont.

LETTER dispatched by  
PERSONNEL NAVY  
MAY 9 1944

*was*

*W*



144903

FILE NOS.:

- NAVAL SERVICE -

CASUALTY NOS.

V-796  
V-19239  
V-68471  
V-54372  
V-12143  
V-25531  
V-4538  
A-2453  
A-4681  
V-31063  
V-4427  
V-51452  
V-19206  
V-43309  
  
V-56590  
V-10506  
V-11244  
V-53512  
V-61903  
V-49761  
V-16586  
V-23508  
V-39924  
V-59892  
A-5954  
O-22420  
O-23950  
V-30201  
V-22262  
V-38722  
V-31768  
V-55196  
V-905  
V-65619  
V-55803  
N-4472  
V-50475  
V-23128  
  
V-65496  
O-35660  
V-54304  
V-3538  
V-43818  
V-52497  
V-64138  
V-25279  
V-50961  
V-57850  
V-51441  
V-65120  
V-62261  
V-49646  
V-35602  
O-47000  
V-44690  
V-67335  
V-54554

V-35412  
A-1271  
V-41543  
V-35526  
V-46463  
V-22563  
V-65055  
O-44950  
O-45010  
V-41461  
V-15283  
V-3417  
V-51108  
V-27849  
V-2299  
V-34242  
V-44790  
V-18039  
V-399  
A-4506  
V-64486  
N-4649  
V-57455  
N-4122  
N-4323  
V-5995  
O-62255  
V-13701  
O-65010  
V-48962  
V-17305  
V-41902  
V-63143  
O-70570  
V-50046  
V-35344  
V-5794  
O-71320  
V-17781  
V-14540  
V-516  
V-25850  
V-3386  
V-688  
V-50598  
O-76380  
V-5911  
V-37893  
N-21989  
V-56565  
V-599  
N-21498  
V-8662  
V-50658  
V-51989  
V-6388  
V-17703

436 - 486 incl.  
488 - 550 incl.

NAVAL INFORMATION

D.N.P.A.

C.T.O. (N) (NAVAL ALLOTS.)

C.T.O. (N) Re: Dependents' Allowance

With reference to Canadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from HMCS "VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ord. Smn., V-47125, has been deleted from page 99 (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

*H.B. Money*

(H. B. Money),  
Paymr. Lieut. Cdr., R.C.N.R.,  
Officer i/c, Naval Personnel Records

OTTAWA, Ont.

SEP 20 1944

RECORDED IN  
C.R. BY *[Signature]*

ALL R.C.N.V.R. DIVISIONS advised on above date.  
See File 30-17-1.

N.C.R.  
*PO*



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 At Sea 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 HERMAN Clifford Jerome  
 (Family name) (Given name or names in usual order)

RESIDENCE No. 146 Street Langley Ave. City, Town, Village or Township Toronto Province Ont.  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
-----------------------	---	------------------	--

8. BIRTHPLACE Toronto, Ont.  
 (Province or Country)

9. DATE OF BIRTH January 14th 1919  
 (Month) (Day) (Year)

10. AGE in { Years 25 Months 4 Days \_\_\_\_\_ If less than one day old \_\_\_\_\_  
 hrs. or \_\_\_\_\_ min.

11. Trade, profession or kind of work as Parts Man  
 spinner, teamster, office clerk, etc.

12. Kind of industry or business, as General Motors of  
 mill, lumbering, bank, etc.

13. Date deceased last worked Canada Ltd  
 at this occupation

14. Total years spent in this occupation \_\_\_\_\_

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

16. NAME \_\_\_\_\_

17. BIRTHPLACE \_\_\_\_\_  
 (Province or Country)

18. MAIDEN NAME \_\_\_\_\_

19. BIRTHPLACE \_\_\_\_\_  
 (Province or Country)

20. Person giving information sign here W.B.M.  
Paynt. Cdr. R.C.N.R.  
 Address Naval Service Headquarters, Ottawa, Ont.  
 Relationship to deceased Officer i/c, Naval Personnel Records

21. Place of Burial, Cremation or Removal Body not recovered  
 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 h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u>	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) _____ (c) _____	
II. 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 PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD



4  
NAVY

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

DECEASED  
MEMBER'S  
NAME

**Clifford Jerome**  
(CHRISTIAN NAMES)

**NEWMAN**  
(SURNAME)

REGISTER NO. 7205  
FILE NO. NSV-27849  
DATE 5 Apr/45  
SERVICE NO. V-27849  
FINAL RANK OR RATING ERA 5/c  
DATE OF DISCHARGE 7 May/44

PAYEE **Mrs. Edna Newman,**  
ADDRESS **417 Pacific Ave.,  
Toronto, Ont.**

DATE OF TERMINATION OF OVERSEAS SERVICE **7 May/44**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **872** EQUAL TO **29** COMPLETE PERIODS AT \$7.50  
30

\$ 217.50

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **72** LESS **2** INELIGIBLE DAYS, EQUAL TO **70** DAYS @ 25C. PER DAY

17.50

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY \$ **2.10**  
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.45**  
ADDITIONAL PAY **H.L.M.** \$ **.13**

DEPENDENTS' ALLOWANCE 1/30 OF \$ **63.12** \$ **2.10**

TOTAL \$ **5.78** x7 = \$ **40.46**  
NO. OF DAYS **70** x\$ **40.46**

15.48

**D. WAR SERVICE GRATUITY**

250.48

**E. DEDUCTIONS**

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$

OTHER DEDUCTIONS

\$ **NIL**

**F. TOTAL AMOUNT PAYABLE**

250.48

**G. YOUR PORTION OF GRATUITY IS—**

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

= \$ **250.48**

**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  
**SJD**

CHECKED BY  
*AA*

TREASURY  
CHECKED BY  
*D. D. D. D.*

DATE  
*7/1/45*

SERVICE REPRESENTATIVE  
*[Signature]*

for Dir. Naval Pay. Accting.







# 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 NEWMAN, Clifford J. Rating R.R.A. 5/e  
 Official No. V.27849 H.M.C.S. AVALON "VALLEYFIELD" List 12<sup>2</sup>/113  
 Who\* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
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 \$.....		
Cash deposited by official Receipt No. <u>25181<sup>2</sup> Adm. Naval Estates (Present War)</u> .....	48	75
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>AP THIRTY-TWO DOLLARS FIVE DOLLARS</u> charged to <u>31 May 1944</u> .....		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u> .....		
Total† <u>CREDITOR</u> .....	48	75

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 FORTY-EIGHT - - - - - dollars - - SEVENTY-FIVE - - cents.

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

Approved \_\_\_\_\_ Accountant Officer  
PAY LIEUT. CDR., R.C.N.V.R.  
 \_\_\_\_\_ { Initials of the Assistant Accountant Officer  
Subman's \_\_\_\_\_  
A/ CAPTAIN, RCN. \_\_\_\_\_ Commanding Officer.

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

Signature \_\_\_\_\_  
 Date \_\_\_\_\_ 19 \_\_\_\_\_

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







ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Clifford Jerome Newman,
9	Date of his birth.	January 14th 1919
10	Place and date of his marriage.	Toronto Ontario April 19th 1941
11	Place and date of his parents' marriage.	Toronto Ontario May 22 1916.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto, Ontario,
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Toronto. (b) York. (c) Ontario (d)
14	Nature of employment before enlistment.	Asst Party Manager Genl Voluntary Post Div Spadina Ave. Toronto
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Toronto Ontario

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
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?	Post Office Savings Account # 707 Issued at Halifax in 1942. No knowledge of amount.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
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.	A suit, which I have no knowledge of, as to whether or not he finished paying for. Bought at Halifax, N.S.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)



DECLARATION

\*Insert degree of relationship for example, "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

\* widow ..... 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 Edna Newman ..... {Signature of Informant

417 Pacific Ave, Toronto ..... Address

CERTIFICATE

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

\*See above.

Newman { Name of informant } is the\* widow ..... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Toronto ..... this 19th day of September 1944

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

Serald Cochran ..... Qualification R.C. Clergyman

Address 161 Annette St, Toronto.

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



Mrs. Edna Newman, .....  
417 Pacific Avenue, .....  
Toronto, Ont. ....

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. V-27849 FD-519

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

September 11 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

NEWMAN, Clifford Jerome, Engine Room Artificer 5th Class

V-27849, 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. W. Wadsworth*  
Commander  
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.....	Edna Olive Love Newman	24	417 Pacific Ave Toronto	
2	Children of the Deceased and dates of their Births.....	July 21/42 Patrick Wayne Newman	2	417 Pacific Ave	
		Oct 4/42 Gary Phillip Newman	1	ditto	
3	Father of the Deceased.....	Fred Newman	48	67 Wilson Rd Toronto	
4	Mother of the Deceased.....	Marguerite Elizabeth Newman	50	ditto	
5	Brothers of the Deceased	Full Blood	Ernest Francis Newman	15	67 Wilson Rd Toronto
		Half Blood	Bernard Paul Newman	11	ditto
6	Sisters of the Deceased	Full Blood	Lorraine Maria Newman Gray	23	Eastern Passage P.O. Halifax County
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	Date of death	Peta Ann Newman			
	July 9/18	Joseph Newman			
	Sept 27/27	and Indianapolis Indiana			





Department of National Defence  
Naval Service

1138374

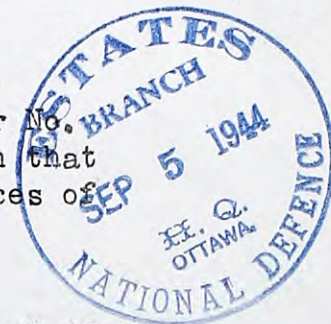
OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-27849 (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;



NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
NEWMAN, Clifford Jerome, Engine Room Artificer 5th Class, V-27849, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Wife: Mrs. Edna Newman, 417 Pacific Avenue, Toronto, Ont.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Edna Newman, 417 Pacific Ave., Toronto, Ont.	Nil	DMD
Gordon B. Isnor, Gottingen St, Halifax, N.S.	Nil	

(Allotment of \$95.12 to wife, and \$5.00 to firm, stopped with last payment May 31st, 1944).

*YEN,  
30/8/44*

Will attached.

Will:

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

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



N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.





## 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.

..... *A. M. Keown* ..... } Signature of the person  
by whom the Will was prepared.



P013710

DEPT. NATIONAL DEFENCE

JAN 2 1942

N.S. 113-N-359  
CANADA

IN THE NAME OF GOD, AMEN

I, Clifford Jerome NEWMAN, Stoker I, R.C.N.V.R. of His Majesty's Ship H.M.C.S. "YORK" (now a Patient\* in

V27849

10

\*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 wife: Mrs. Edna Newman, 146 Langley Ave., Toronto, Ont.

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 father: Mr. Fred Newman, 67 Tilson Rd., Toronto, Ont.

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 Toronto, Ontario hereunto set my hand, this eighteenth day of December, in the Year of Our Lord One Thousand Nine Hundred and forty-one.

Clifford J. Newman

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

J. H. [Signature]

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...