

V2299
NICHOLS
PERCY MERRIL

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

(350057)

WAR SERVICE RECORDS

D.D.

DECEASED 7 May 1944

NICHOLS

Percy Merrill

A.B.

V-2299

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

CLASS

No. Nil

DATE DESPATCHED:

Elig

ADDRESS:

Repl-73/1/10/88

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

3670

SENT ENVOY

NOV 29 1988

19/10/88

total

26/11/81

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "VALLEYFIELD"

REGISTRATION No. DATE OF ~~SMITH~~

(1) MEDALS
PERSON

ENTITLED TO Mrs. Gloria M. Nichols - Widow

ADDRESS: ~~35 Broad St.,~~ 85 Fairbanks St.,
~~St. John, N.B.~~ DARTMOUTH, N.S. 17-2-49

MEMORIAL BAR

(1) DATE DESP

REGN. NO

1067

(2) MEMORIAL CROSS

WIDOW Mrs. Gloria M. Nichols

ADDRESS: 35 Broad Street
SAINT JOHN, N.B.

(2) 10 October 1944

(3) MEMORIAL CROSS

MOTHER Mrs. Herbert J. Nichols

ADDRESS: 35 Broad Street
SAINT JOHN, N.B.

(3) 13 October 1944

V2299

OFFICIAL NUMBER

FILE NUMBER

113-N-72

OFFICIAL NUMBER V2299

NAME NICHOLS

(Surname)

Percy Merrill

(Given Names)

DATE OF BIRTH 21 September, 1920

PLACE OF BIRTH St. John, N.B.

OCCUPATION Sales clerk

RELIGION Church of England

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 134 Market Place

Town West St. John

Province, etc. N.B.

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To	
5	1	39	3 years	5'4 1/2"	D. Brown	Brown	Dark	Scar inside left wrist.				
31	9	39	Duration of hostilities									

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

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	
28	2	44	C.V.S.M. (R&C).	15	2	44	Qual. A/G. (2nd issue) (A10294).				
25	2	44	1939-43 Star. (A10320).								

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		
3	8	42	1st G.C.B.	Granted.	HMCS Stadacona.	201	22	1	44	Improper leave. (249A #-A7975)	14 days cells. & Deprived 1st GCB.
22	1	44	1st GCB (A7975)	Deprived.							

F.M.

WSR-5238-8

DATE

Date (in figures)			DAYS FORFEITED					W. Trial	In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power			
22	1	44			14				

O.H.F. Received

SECOND CLASS FOR CONDUCT

From

To



V2299 OFFICIAL NUMBER

NAME NICHOLS
(Surname)

Percy Merrill
(Given Names)

P.I.B. OFFICIAL NUMBER V2299

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
Div. Str. St John	Ord. Smn.	5	1	39		V.G.	Sat.	12	8	39							
H.M.C.S. Stadacona	" "	16	7	39		V.G.	Mod.	31	12	39							
Duty Div. Hdqs.	" "	11	9	39	A/A.B. 3.8.40	V.G.	Sat.	31	12	40							
H.M.C.S. Stadacona	" "	29	5	40	A.B. 6.12.40	V.G.	Sat.	31	12	41							
" Arras	" "	20	8	40		Good.	Sat.	7	5	44							
N.O.I.C. St John	" Able' Smn.	16	1	41		V.G.	Sat.	31	12	42							
Stadacona	" "	2	2	43	DRD H-583	V.G.	Sat.	31	12	43							
Red Deer	" "	5	2	43	DRD H-602												
Protector 1	" "	10	8	43	DRD Prot.#56.												
Stadacona	" "	12	1	44	#-36, P-1.												
Valleyfield	" "	16	2	44	S-74, P-38.												
DISCHARGED	" "	7	5	44	"MISSING" per Casualty List (249A #A-13928). Presumed Dead. (per Correction Sheet Page 102).												

GENERAL REMARKS

AWARDED Canadian Memorial Cross:
WIFE: Mrs Gloria M. NICHOLS,
35 Broad St.,
Saint John, N.B.

AWARDED Canadian Memorial Cross:
MOTHER: Mrs Herbert J. Nichols,
35 Broad St.,
Saint John, N.B.

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	GION		P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
21	9	20	15	660	0	30	X	5	11	003	02	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		
05	01	39	11	09	39					1220	D	08	95		
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED				
DY	MO.	YR.	CAT.	A	B	ST.									
05	01	39	13	00	00					V.K.					
											M.B.				

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

NAMING ... *A.B.* ... OFF. NO. ... *V.22.9.9.* ... ADDRESS

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

VERIFIED BY *G. Sharp*



CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Percy Nichols, Ordinary Seaman, O.N. 2299.

candidate for entry as Naval Training Period No. Five.

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

Dated at St. John's the 15 of July 1939

W. G. [Signature]
Examining Medical Officer
(Rank) Capt. [Signature]

This examination has been made in accordance with the Instructions for Recruiting.

(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 re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Vas deferens, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
18 9/12	130	55"	Good	(a) maximum 34 (b) minimum 31 (c) mean 32 1/2	right eye 6/7.5 left eye 6/7.5 colour vision Normal	1926	Normal	Normal No hernia	Normal	Normal	Normal WT 20'	Normal WT 17 1/2 lbs	25 teeth No defecture No abnormal	Normal No hæmorrhoids

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Percy M. Nichols
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of nil

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

W. G. [Signature]
Examining Medical Officer
(Rank) Capt. [Signature]



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



OFFICE N. V. 5
2M-232
N.S. 815-11-5
JAN 17 1939
113-77.72

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Nichols OFFICIAL No. 2299

CHRISTIAN NAMES Percy Merrill MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>134 Market Place, West Saint John, N.B.</u>	<u>C. of E.</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>21st Sept. 1920</u>	Town <u>Saint John,</u> County Province <u>New Brunswick</u>	<u>Mrs. Herbert Nichols</u> <u>(mother)</u> <u>same address</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>34 1/2"</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Dark</u>	<u>Scar on inside of left wrist.</u>
Inches..... <u>4 1/2"</u>	Deflated..... <u>32"</u>				
.....	Mean..... <u>33"</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>5th Jan. 1939</u>	<u>Ordinary Seaman</u>	<u>Sales clerk in Royal Ice Cream Parlor, Market Place, West</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

¶ Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

Entered on History
Card by.....La

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

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

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

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

Dated this 5th day of January, 1939

Signature of applicant Percy Merrill Nichols

(C) CERTIFICATE OF COMPANY COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 5th

day of January
Norman Magnusson
Signature of C. C. O.

(D) OATH OF ALLEGIANCE

I, Percy Merrill Nichols do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Percy Merrill Nichols

Witness Frederick Brock

Date January 5th 1939 Rank Private R.C.N.V.R.

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

Percy Merrill Nichols 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 Saint John Company of the R.C.N.V.R.

Norman Magnusson
Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.

Before awarding the foregoing punishment, (b) I did, on the 21st day of January, 1944 personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of **Lieutenant-Commander Charles Edward McArthur Donaldson, Royal Canadian Naval Volunteer Reserve**

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence~~
~~xxxx~~
he calling no one

~~xxxx~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the **first** Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship "STADACONA" at
HALIFAX, Nova Scotia, the 22nd day of January 19 44.

Alfred C. White
**Acting Captain,
Royal Canadian Navy**

..... Captain.....

[Signature]
**Lieutenant-Commander,
Royal Canadian Naval Volunteer Reserve**

{Signature and Rank
of Complainant

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the _____ day of _____, in presence of (*insert name of Executive Officer, or of the Watch, as the case may be*), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (*or detention*) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant Number 201 dated and read by me this 22nd day of January, 1944.

[Signature]
**Lieutenant-Commander,
Royal Canadian Naval Volunteer Reserve.**

H.M.C.S. "....."

S T A D A C O N A

088227

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Warrant No. 201, dated 22nd January 1944

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

For DEPRIVED OF GOOD CONDUCT BADGE AND CONFINEMENT IN A CELL

(a) WHEREAS it has been represented to me by Lieutenant-Commander Charles Edward McArthur Donaldson, Royal Canadian Naval Volunteer Reserve

that on the 13th day of January 1944,

Name Percy Merrill NICHOLS

Date of Birth 21st September, 1920

Rating Ordinary Seaman, Royal Canadian Naval Volunteer Reserve

Official Number V.2299

Good Conduct Medal Nil

Good Conduct Badges One

Date of Entry in Ship 10th January, 1944

List and Number on Ship's Book List 5² Number 1303

Date of First Entry in H.M. Service 5th January, 1939

Class for Conduct Not Classed

Character assessed to date, from the last annual assessment, but not including this offence Very Good

Class for Leave First Class

Did [Insert full particulars of Offence.] Did improperly leave His Majesty's Canadian Ship STADACONA at approximately 1430 on 13th January, 1944, being apprehended by the Naval Shore Patrol in the Young Men's Christian Association Hostel, Barrington Street, Halifax, Nova Scotia, at 1055 on 19th January, 1944, thereby remaining absent without leave approximately One Hundred and Forty hours and twenty-five minutes.

I do hereby adjudge him the said Percy Merrill NICHOLS

Insert below in the proper columns the particulars of the punishment.

†To be imprisoned in			†To be kept in detention in		Confined in Cells on Board		†Disrated to	Deprived of Medal	Deprived of Badges, No.	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stop-ped Days	Other Punish-ments
Name of Gaol*	For Days	With Days H.L.	Name of Place of detention*	For Days	No. of Days	Diet					10	15	Leave stop-ped	Pay forfeited			
					FOURTEEN	First Three Days "Low Diet"			ONE	NO			THIRTY	THIRTY	NO		

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).

†See page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
50M-7-5-43 (9952)
N.S. 815-9-271

CHECKED IN
C.R. BY

Noted in Service
Records by

20.6.44

H.M.C.S.

19

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations
Art. 707 (1).

* { days { Imprisonment with hard labour } in
* { calendar months { Detention }

addition to the other punishments indicated.

Art. 776 (2).

To be disgraced to in

addition to the other punishments indicated.

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

Your Obedient Servant,

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature

The Officer Commanding

Rank

H.M.C.S.

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.

142628 66

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... NICHOLS. Percy M. Rating..... A.B.
Official No. V. 2299 H.M.C.S. AVALON " VALLEYFIELD" List. 12²/100
Who* DISCHARGED DEAD on the..... 7 May 19 44

	\$	cts.
Net sum due on ledger on account of Wages.....	NIL	
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.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....	44	17 DR
Rate of allotment (in words) <u>AP THIRTY-TWO DOLLARS</u> <u>FIFTEEN DOLLARS</u> charged to <u>31 May</u> <u>FOUR DOLLARS</u> 1944		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>		
Total†..... <u>DEBTOR</u>	44	17

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† DEBTOR of FORTY-FOUR - - - - - dollars... SEVENTEEN - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S
NFLD this FIFTH day of JUNE 1944.

Approved PAY LIEUT. CDR. R.C.N.V.R. Accountant Officer
..... { Initials of the Assistant Accountant Officer
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.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944.
5M-2-42 (3601)
H.Q. N.S. 815-9-45
LEDGER: W
AUDIT: SP

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H 6

H.M.C.S. VALLEYFIELD at Sea

Name Percy Merrill NICHOLS
(Christian names in full)

Rank of Rating Able Seaman Official No. Y.2300
(If unknown, date of first entry)

Place of Birth Saint John, N.S. Date of Birth 31st September, 1920

Occupation in Civil Life Salon Clerk Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 4 years 3 months

Date of Death 7th May, 1944 Place of Death At sea

Cause of Death Enemy action. Torpedoing 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. Gloria H. NICHOLS Relationship Wife
Address 243 Indian St., West St. John, N.S.
35 Broad St.

Date on which the above was informed by Ship Informed by H.M.C.S. Not registered

Date on which death was registered with local Officials

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

[Signature]
Commanding Officer,
17th May, 1944. 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.

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Percy Merrill Nichols.
9	Date of his birth.	Sept 20 th 1921
10	Place and date of his marriage.	Saint John, N.B. Dec. 1 st 1941
11	Place and date of his parents' marriage.	Saint John, N.B. June 24, 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	King St, West Saint John
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Saint John, N.B. (b) (c) (d)
14	Nature of employment before enlistment.	Clerk
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.	Saint John.

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?	—
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	11 Certificates, each \$5 35 Broad St. Saint John.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential of America \$258 Herbert J Nichols " " 100 "
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.	
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.	
<p>(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.)</p>		

(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. Gloria M. Nichol
35 Broad St. Saint John, N.B.

{ Signature of Informant }
Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Gloria M

See above. Nichols { 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 Saint John this 14th day of September 1944

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

Stuart Wetmore Qualification Clergyman

Address 107 Orange St. Saint John, N.B.

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

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

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

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

Mrs. Gloria M. Nichols,
35 Broad Street,
St. John, N.B.

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

and the following number quoted:—

H.Q. V-2299

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12 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

NICHOLS Percy Merrill Able Seaman,

Official Number V-2299, 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.

H. A. Wachs
Commander
Director of Estates.

GC/

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.....	Gloria Mary (Green) Nichols	20	35 Broad St. Saint John, N.B.
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	John Herbert Nichols	50	35 Broad St. Saint John, N.B.
4	Mother of the Deceased.....	Inez Gertrude Nichols	47	35 Broad St. Saint John, N.B.
5	Brothers of the Deceased	Leonard Basil	14	35 Broad St. Saint John
		John Herbert	10	same
6	Sisters of the Deceased	Alice May Worden	21	127 119 Market Place West Saint John
		Lorraine Agnes	16	35 Broad St. Saint John.
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	
	Gertrude Winnifred died Oct 16, 1919			



Department of National Defence

Naval Service

1138414

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. O.N. V-2299 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
NICHOLS Percy Merrill Able Seaman Official Number V-2299 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. Gloria M. Nichols 35 Broad Street St. John, N.B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Gloria Nichols, 35 Broad St., St. John, N.B.	Nil	Nil	
Donald Myles, St. John, N.B.	Nil	Nil	DMD
Rec. Gen. for War Savings Certificates	Nil	Nil	

*Y.M.N.
30/8/44*

(Allot. \$69.20 to wife, \$15.00 to Myles, \$4.00 for War Savings Certificates stopped paid 31/5/44)

Will: No Record.

Yours truly,
A.B. Money
for SECRETARY, NAVAL BOARD.

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

DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

ADJUTANT GENERAL

ADJUTANT GENERAL (AG)

AG 100-100-100
AG 100-100-100
AG 100-100-100
AG 100-100-100

AG 100-100-100
AG 100-100-100
AG 100-100-100

AG 100-100-100

AG 100-100-100

AG 100-100-100

AG 100-100-100

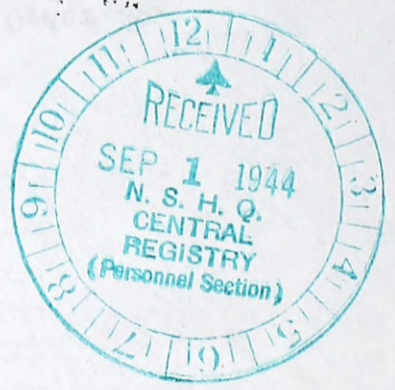
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AG 100-100-100



File No. DVA. V-2299 (WSR 5)

Your Ref. E.L. H-71391 Rank 1-1

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA, Canada,

August 7, 1951.

The Secretary,
Civil Service Commission,
OTTAWA, Ontario.

Re: V2299 A/B Percy Merrill NICHOLS

Receipt is acknowledged of your recent communication relating to the marginally named.

The information requested by you is as shown hereunder.

Branch of Service Royal Canadian Naval Volunteer Reserve

Date of Enlistment 11 September, 1939

Date Sea Time Commenced 20 August, 1940

Presumed Dead at Sea
Date of Discharge ~~XXXXXXXXXX~~ 7 May, 1944

Theatres of Service Canada and on the High Seas on sea-going

Ships-of-War (Atlantic Zone)

The marginally named received an honourable discharge.

H.M. Jackson
H.M. Jackson,
Director,
War Service Records.

mlb
HL

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

4
NAVY

DECEASED
MEMBER'S
NAME

Percy Merrill
(CHRISTIAN NAMES)

NICHOLS
(SURNAME)

REGISTER NO. 264
FILE NO. NS. V2299
DATE 11 Apr/45
SERVICE NO. V2299
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 7 May/44

PAYEE Mrs. Gloria M. Nichols,
ADDRESS 35 Broad St.
St. John, N.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1687 EQUAL TO 56 COMPLETE PERIODS AT \$7.50

\$ 420.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 425 LESS 7 INELIGIBLE DAYS, EQUAL TO 418 DAYS @ 25C. PER DAY

104.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.24

TOTAL \$ 4.67 X7 = \$ 32.69
NO. OF DAYS 418 X \$ 32.69
183

74.67

D. WAR SERVICE GRATUITY

599.17

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ 49.99
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

49.99

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

549.18

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 549.18

Check # 5170 - 2/5/45

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

SJD

CHECKED BY

TREASURY
CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Adm.

HS

76

N.S. V-2299, F.D.276, PERS.(N)

21 November, 1944.

THIS IS TO CERTIFY that according to official information Percy Merrill Nichols, Able Seaman, Official Number V-2299, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.


SECRETARY, NAVAL BOARD.









68

144369

SEP 20 1944

FILE 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
- V-17703
- 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

Sir:

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 H.M.C.S. "VALLEYFIELD" as having occurred on the 7th of May, 1944.

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

Individual forms for these casualties have been previously forwarded.

Yours truly,

H.B. Monell
for
SECRETARY, NAVAL BOARD.

Secretary,
Canadian Pension Commission,
228 Daly Building,
Ottawa, Ont.

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

COPY

STATEMENT OF ACCOUNT

65

True extract from the ledger of H.M.C.S. " STADACONA DIV. IV " ending 31st. March, 19 44

List 5-2 No. 1303 (Name) NICHOLS, Percy Rank Rating A.B. No. V.2299

When entered AM. 11 Jan. '44 Date of appearance AM. 19 Jan. Whither discharged VALLEYFIELD AM. 16 Feb '44.

Table with columns for CREDIT from former account, PAYMENTS, DEBT from former account, and Total credits/debits. Includes sub-table for PAYMENTS with columns 1st, 2nd, 3rd, 4th, 5th.

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

Table with columns: LENT, SICK OR LEAVE; INCLUSIVE DATE (FROM, TO); No. OF DAYS; SHIP, HOSPITAL, etc., IN WHICH BORNE.

Date 13th June, 19 44 (sgd) K. Wilson Pay.Lieut. WRCNS. ACCOUNTANT OFFICER

C.N.S. 2426 25M-10-40 (7514) N.S. 815-9-2426

P.T.O.

Stadacona Alteration Sheet A.7975 of 24th. January, 1944.

Did improperly leave H.M.C.S. "STADACONA" at approximately 1430 on 13 January, 1944 being apprehended by the Naval Shore Patrol in the Y.M.C.A. Hostel, Barrington Street, Halifax, N.S. at 1055 on 19th. January, 1944, thereby remaining absent without leave approximately 140 hours and 25 minutes.

PUNISHMENT: 14 Days Cells First Three Low Diet.
Deprived ONE GOOD CONDUCT BADGE.
30 Days Leave stopped.
30 Days pay forfeited.

Stadacona's Warrant #201 of 22nd. January, 1944.

ACCOUNTS OF MEN DISCHARGED

61

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 NICHOLS. Percy M. Rating A.B.
 Official No. V.2299 H.M.C.S. AVALON "VALLEYFIELD" List 122/100
 Who* DISCHARGED DEAD on the 7 May 19 44

	\$	cts.	
Net sum due on ledger on account of Wages.....	NIL		
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			44 17 DR
Rate of allotment (in words) <u>AP THIRTY-TWO DOLLARS</u> <u>FIFTEEN DOLLARS</u> charged to <u>31 May</u> <u>FOUR DOLLARS</u> <u>1944</u>			
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>			
Total†.....			44 17

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† DEBTOR of FORTY-FOUR dollars SEVENTEEN cents.

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

Approved PAY LIEUT. CER., R.C.N.V.R. Accountant Officer
} 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.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944.

5M-2-42 (3601)
 H.Q. N.S. 815-9-45

LEDGER: W
 AUDIT: S

FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

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

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

3. NAME OF DECEASED..... NICHOLS Percy Merrill
 (Surname) (Given name or names)

RESIDENCE No. 134 Street Market Place City, Town, Village or Civil Parish West St. John Province New Brunswick
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE..... St. John, New Brunswick
 (Province or Country)

9. DATE OF BIRTH..... September 21st 1920
 (Month) (Day) (Year)

10. AGE in { Years 23 Months 8 Days If less than one day old hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Sales Clerk

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Royal Ice Cream Parlor

13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

15. If married give name of wife or husband of deceased..... Mrs. Gloria M. Nichols

16. NAME.....

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

18. MAIDEN NAME.....

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

20. Name of informant..... Payer, 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. UNDERTAKER.....
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

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

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

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

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

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

28. S.D.R. No.....

29. Filed..... 19.....
 (Sub-Deputy Registrar)

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

45

31

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

20 May, 1944.....
(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>NICHOLS, Percy Merrill</u>	<u>Ordinary Seaman</u>	<u>V-2299 R.C.N.V.R.</u>

DATE OF ENLISTMENT - 5 January, 1939 Active Service: 11 September, 1939

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. servicing 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 - Wife NAME - Mrs. Gloria M. Nichols,

ADDRESS - 35 Broad Street, Saint John, N.B.

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

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R/5

H.B. Money
for
SECRETARY, NAVAL BOARD.

EMC

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

B2
12/18/44
NPR/5
E

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)

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.

20 May,
N.S. V2299 PERS. (N)

27

Dear Sir:

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

Name..... **NICHOLS** **Percy Merrill**
(Surname) (Christian Names)

Rank/Rating **Ordinary Seaman**

Official No. **V-2299 R.C.N.V.R.**

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

Date of Casualty **Will be reported later.**

Address at time of Enlistment **134 Market Place,**
West Saint John, N. B.

Marital Status at time of Enlistment **Single**

Occupation **Sales Clerk**

Name & Address of Next of Kin **Wife: Mrs. Gloria M. Nichols,**
35 Broad Street, Saint John, N. B.

Yours truly,

J. B. Money

for

SECRETARY, NAVAL BOARD.

E. M. C.

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

TFH/CED

REGISTERED

AIR MAIL
N.S. V-2299 Pers (N)

23

8th May, 1944.

Dear Mrs. Nichols:

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, Percy Merrill Nichols, Ordinary Seaman, Official Number V2299, 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. Gloria M. Nichols,
General Delivery,
MULGRAVE, N.S.

LETTER detached by
PERSONNEL NAVAL
MAY 9 1944

Wol
W

P.D.

OCCUPATIONAL HISTORY FORM

113-N-72

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 NICHOLAS PERCY M. (b) Reg'l. No. 28244
2. (a) Arm of service NAVY (b) Unit ROYAL NAVY (c) Rank A1B
3. (a) Date of birth SEPT 24 1930 (b) Have you any dependents? NO (c) Place of residence at time of enlistment ST. JOHN, N.B.
4. (a) Place of enlistment SAINT JOHN, N.B. (b) Date of enlistment NOV. 29, 1938

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 YRS (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 YRS PUBLIC 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? NONE (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NIL
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) NOT 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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked LABORER (b) State how long you had worked at this trade or occupation 4 YRS
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified NONE
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment 4 MONTHS BEFORE
15. Give details of last employer, if any: Name CHARLES JOYCE Address MURKEL GARD
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PROFESSIONAL
17. (a) If your last employment was in a business of your own, state nature and address of business NONE (b) Date of discontinuing it NONE

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 NONE Address NONE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NONE
20. (a) Your specific occupation NONE (b) Number of years' experience at this occupation with any employer NONE
21. (a) Did your employer promise definitely to give you employment on discharge? NONE (b) Did your employer refuse to promise you employment on discharge? NONE (c) Do you wish to return to your former employment? NONE

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 NONE (b) Where was it located? NONE
23. (a) Number of years engaged in this business NONE (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

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? NONE
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? NONE

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.) NONE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. BALE CLERK

DATE MAY 9 1941 SIGNATURE NICHOLAS PERCY M.



Copy To
VWD
ES

JUL 4 1941

REFERENCE
JAN 17 1939
113-7272
DATA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full)..... Percy Merrill Nichols 3

Date and Place of Birth..... September 21, 1920 Saint John
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent Place of Residence..... Saint John N. B.

Nearest Town to Residence (if living in country).....

Are you a British Subject?..... Yes

Are you single, married or a widower?..... Single

In what capacity do you wish to enrol?..... Ordinary Seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade..... Store Clerk
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force?..... No

Have you ever served with such forces? Give dates and details..... Sea Cadets
1935 to 1938

Have you ever been discharged from any of H. M. Forces as medically unfit?..... No

Have you ever offered to serve in any of H. M. Forces and been rejected?..... No

What is your weight?..... 136 lbs. What is your height?..... 5ft. 7 inches

What is your chest measurement (not inflated)?..... 33"

Are you free from all physical defects or malformation, and not subject to fits?..... Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?..... Yes

I hereby declare that the above answers are true in every respect.

Percy Nichols..... Signature

Dec. 15, 1938..... Date

134 Market Place, West..... Address

Commissioner, 10th
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be..... Sept 21, 1920

Norman Magnusson
Signed.....
Company Commanding Officer