

V34242  
OAKLEY  
VICTOR

SYDNE



# Passing Certificate

This is to Certify

that Victor Sydney OAKLEY,

Rating Ord. Seaman R.C.N.V.R. Official Number V. 34242

has passed

**THE EDUCATIONAL TEST, I, R.C.N.**

held on 7th July, 1942.

For advancement to Petty Officer

*C. W. Graham*  
.....  
Naval Secretary  
*for* Commander R.C.N.V.R.,  
Director of Education.

Department of National Defence,

Ottawa, this 1st day of August 19 42.

*M. J. [unclear]*



113-0-398

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full Victor S. OAKLEY (b) Reg'l. No. V-34242
- 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank O/Em
- 3. (a) Date of birth 14th May 1943 (b) Have you any dependents? No. (c) Place of residence at time of enlistment 1356 Kings Street London Ont.
- 4. (a) Place of enlistment 1356 Kings Street London Ont. (b) Date of enlistment 10th May 42

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No.
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 year 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? None

## 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?
- 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 Art Dear Address 88 Argyle Street London, Ont.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Butcher
- 20. (a) Your specific occupation Butcher (b) Number of years' experience at this occupation with any employer 3 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? No.

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
- 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) None
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.

DATE 27th November 1942

SIGNATURE Victor S. Oakley





CERTIFICATE of the SERVICE of

*Victor Sydney Oakley*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Balfour, Nova Scotia</i>	<i>London, Ontario</i>	<i>134242</i>
		"
		"

Date of Birth *4th May 1921*

Place of Birth *Tipton, Ontario*

Place of Residence *1356 King St. London, Ontario*

Trade brought up to *Meat Clerk*

Religion *United*

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

P.S.T. Date 19 Signature Rank

Name and Address of Nearest Relative or Friend (in pencil)  
*Mrs. Florence Oakley (Mother) Same Address*

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>25 March 42</i>	<i>(October) 20 April 42</i>	<i>Hostilities</i>	<i>Quilman (T)</i>		<i>7 Mch '44</i>	<i>Canadian Volunteer Service Medal + Cross Award.</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>5 1/2</i>	<i>34</i>	<i>129</i>	<i>Black/Brown</i>	<i>Fair</i>		<i>Nil</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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



# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT <i>(Active Service)</i>	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1942	H.M.C.S. "PREVOST"			<i>Sublim</i>	20 Apr 42	11 Aug 42	
---	<i>St. Hyacinthe</i>			---	12 Aug 42	30 Oct	
	-----			<i>Ord. Tel</i>	31 Dec 42	22 Jan	
	<i>Stadacona</i>			---	23 Jan 43	19 Apr 43	
	<i>Stadacona</i>			<i>Tel</i>	20 Apr 43	21 Feb 44	
	<i>Stadacona (Valleyfield)</i>			---	22 Feb 44	29 Feb 44	
	<i>Avon (Valleyfield)</i>			---	17 Mch 44	7 May 44	"D.D."

**Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants**

Date	Details	Captain's Signature
22 Dec 42	<i>LC 715 + B 42062</i>	
2 Aug 43	<i>SCTW B 80447</i>	

Year	Date
	7 July
	31 Oct
	9 Jan



# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
7 July 1942	NS: 113-0-398 of 1 Aug 1942 Passed F.T. Part One	<i>[Signature]</i>			
31 Oct 1942	Qual. Trans to Ad JEL	<i>[Signature]</i>			
9 Jan '43	Qual for JEL.	<i>[Signature]</i>			

Issued Men. Card No. 7853567









83901

Can. B. 207

ORIGINAL

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

N.S. 1130398  
CANADA

# 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 Victor Sydney OAKLEY  
candidate for entry as Ord. Smn. W/T  
and I believe him to be \* in all respects fit for His Majesty's Service.  
unfit for His Majesty's Service for the reason stated below. He has signed  
the Certificate given below in my presence.  
† Strike out if inapplicable. \* Delete one.

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

(a) Age Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum (b) minimum (c) mean	right eye (a) left eye (b) *colour vision (c)									
20 1/2	129	5' 5 1/2"	Good.	36" 33" 34"	6/6 6/5 esh n.	as a child	Normal	Normal	Normal	Clear	T.M.'s intact Hearing good	Normal	0 deficient 0 defective N.T. clean	Normal

urine - neg.

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

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

7/4/42

57 618

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.

Victor S. Oakley

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

Signature of Candidate

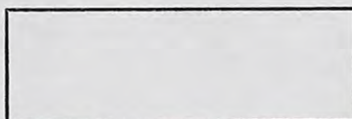
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

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

\* Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters



Dated at London, Ont. the 6th. of April 1942

C. S. Hard  
Surgeon-Lieutenant V.R. Examining Medical Officer

(Rank).....



ORIGINAL

NO CH  
NO WY



CANADA

83800

NATIONAL REFERENCE N. V. 5  
50M-10-41 (1994)  
APR 23 1942 N.S. 815-11-5  
N.S. 1130 398  
CANADA

### ATTESTATION FORM (HOSTILITIES FORM)

#### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME OAKLEY OFFICIAL NO. V-34242  
CHRISTIAN NAMES Victor Sydney MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS RELIGION  
1356 King Street, London, Ontario United

DATE OF BIRTH \*PLACE OF BIRTH NAME AND ADDRESS OF NEXT OF KIN  
4th May, 1921 Town Tipton Mrs. Florence OAKLEY (mother)  
County XXXXXX England, 1356 King St., London, Ont.  
\*Original Nationality of:  
Father British  
Mother British

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

#### (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet... <u>5</u>	Inflated... <u>36</u>	<u>black</u>	<u>brown</u>	<u>fair</u>	<u>nil</u>
Inches... <u>5½</u>	Deflated... <u>33</u>				
<u>129</u>	Mean... <u>34</u>				

EDUCATIONAL STANDING TRADE OR CALLING AND IN WHOSE EMPLOY  
1st. yr. H.B. Beal Technical School Meat clerk for Dear Bros.

DATE OF ENROLMENT RATING FOR WHICH ENROLLED R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED  
Active Service Ord. Smn. London Division  
20th., April, 1942

#### (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... 2nd... 12th... field battery ... for the period shown, and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

ENTERED IN PAY LEDGER  
H. M. C. S. "BYTOWN"  
FAIR  
MAY 6 1942  
ROLD

SERVED IN	RANK	FROM
<u>2nd. 12th F. Battery</u>	<u>Pte.</u>	<u>August, 1940</u>

To  
Personnel Records  
Division.  
20th April, 1942.  
2. In...  
3. Stat...  
4. Stat...  
1/5/42

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



(5) On being enrolled as a member of the.....London.....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.....20th......day of.....April, 1942......

Signature of applicant.....Victor S Oakley.....

(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.....20th......day of.....April, 1942......

.....Remark.....  
Signature of and rank of Attesting Officer.

Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....Victor Sydney OAKLEY.....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.....Victor S Oakley.....

Witness.....Remark.....

Date.....20th., April, 1942...... 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

.....Victor Sydney OAKLEY.....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.....London.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....Remark.....  
Attesting Officer.

Lieutenant R.C.N.V.R.

R.C.N.V.R. Division.....London.....  
(or other establishment).....

.....20th., April.....1942.....

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.

Unemployment Insurance Book - **yes**

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

.....Victor S Oakley.....  
Signature



P.L.B. 1

V34242 OFFICIAL NUMBER

NAME OAKLEY (Surname)

Victor Sydney (Given Names)

OFFICIAL NUMBER V34242

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Prevost	Ord. Smn.	20	4	42	Div. Str. London.	V.G.	Sat.	31	12	42							
HMCS Prevost	" "	20	4	42	Active Service	V.G.	Sat.	31	12	43							
ST. HYACINTHE	" "	13	8	42	Slip # 108746	V.G.	Sat.	31	7	44							
Stadacona	" "	24	1	43	DRD H-496												
"	Ord. Tel.	31	10	42	Q & Trans. (249A, #30358)												
"	Tel.	20	4	43	(249A #26076)												
Valleyfield	"	22	2	44	DRD S80 P6												
DISCHARGED	"	7	5	44	"Missing" Per Casualty List												
					"Presumed Dead" per Correction Sheet #102												

GENERAL REMARKS

Canadian Memorial Cross awarded to Mother: Mrs. Florence Oakley, 1356 King Street, London, Ont. 10/10/44

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SCRV.	DIV.	A	BR.	RANK		
04	5	21	22	660	0	H02	1	30	03	9	16	1	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			
20	04	42	20	04	42					1220	0	12	94			
SENIORITY			STR.	NON-SUB		M	REMARKS			CODED		CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.										
20	04	43	13	00	00	21	020544			JAB		JAB				



V34242

OFFICIAL NUMBER

FILE NUMBER

113-0-398

OFFICIAL NUMBER V34242

NAME OAKLEY Victor Sydney DATE OF BIRTH 4 May 1921.  
(Surname) (Given Names)PLACE OF BIRTH Tipton, England. OCCUPATION Meat Clerk.RELIGION United Church EDUCATION 1st. yr. Technical School.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1356 King St. Town London, Province, etc. Ont.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
20	4	42	H.O.	5'5 $\frac{1}{2}$ "	Black	Brown	Fair	Nil.	2nd. 12th. F. Battery	Pte.	8-40	20-4-42.

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Florence OakleyADDRESS (in pencil): Street and No. 1356 King St. Town London Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
17	5	44	C.V.S.M.	7	7	42	Passed E.T.I.RCN.				
				9	1	43	Passed for Tel. Fair				

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

Date (in figures)			DAYS FORFEITED					Last Will and Testament dated 21-4-42 received. O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-15M-10-41 (2177)  
N.S. 815-7-35







VERIFICATION FORM

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

F.Y. ... RANK/RATING .. *T.F.L.* ..... OFF. NO. *V-34242* ..... ADDRESS .....

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

VERIFIED BY *L. Schut...*

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS.



S.—1246H  
 10M—7-42 (5185)  
 N.S. 815-9-1246H  
 T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

# WIRELESS HISTORY SHEET ORIGINAL

(Revised—May, 1938.)

Name..... **OAKLEY, Victor S.**

## I. EXAMINATION RECORD

Official No..... **V-34242**

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical		Theory	School	Procedure and Organization		Coding		V/S Paper	Flashing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Practical			Paper	Practical	Paper	Practical				Trans- mitting	Re- ceiving			
	<b>FOR T.O. (W/T)</b> (PROVISIONAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
	<b>FOR T.O. (W/T)</b> (FINAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
	<b>FOR W/T 3</b> State whether after a qualifying course	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	<b>FOR W/T 2</b>	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	<b>FOR W/T 1</b>	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	—	—
		% Obtained																
		% Obtained																

\* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialled by the Schoolmaster.

## II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W.T.)			W/T 3			W/T 2			W/T 1		



### III. BOYS EXAMINATIONS

#### (1) ON PASSING OUT OF TRAINING ESTABLISHMENT

Date		Paper	Oral	School	Procedure Practical	Buzzer		Passed or Failed	Training Establishment	Initials of Examining Officer
						Transmitting	Receiving			
	% Required	75	65	40	75	80	85	—	—	—
	% Obtained									

#### (II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

Date		Technical Practical	Procedure Practical	Coding Practical	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
					Transmitting	Receiving			
	% Required	Good Ability	65	70	85	95	—	—	
	% Obtained								
	% Obtained								

### IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

Date		Technical Practical	School	Procedure		Coding Practical	V/S Paper	Flash-ing	Sema-phore	Buzzer		Passed or Failed	Initials of Examining Officer
				*Paper	Pract.					Trans-	Recg.		
	% Required	65	50	65	65	10	75	85	86	85	90	P.	J.B.W.
31. 10. 42	% Obtained	86			65	10				85	99		
	% Obtained												

### V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained. Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	V/S	75				
	Electricity & Mag.	50				

### VI. EXAMINATION FOR TELEGRAPHIST

Date		Tech. Prac.	Procedure		Cod-ing Prac.	Flash-ing	Sema-phore	Buzzer		Passed or Failed	Ship or Establishment	Initials of Examining Officer
			Paper	Prac.				Trans.	Recng.			
	% Required	65	75	75	75	85	85	80	95	—	—	—
JAN 9 - 1943	% Obtained	88	75	82	75	98	83	86	98	P.	H.M.C.S. ST. HYACINTHE	J.B.W.
	% Obtained											
	% Obtained											





1356 King St.  
London, Ont.  
Canada.  
May 30<sup>th</sup> 1945.

Dear Sirs

Several months ago I filled and sent the forms necessary in regards to my dear Sons Estate, at the time of filling out said forms I was suffering from shock and quite forgot to mention that my boy had written some time to tell me he had started a bank account when he was in St. Hyacinthe possibly at a Montreal Bank.

I'm sorry at the delay of this as its just recently I remembered about it.

Whether he opened an account at Halifax when he was moved from St Hyacinthe I dont know but I would be very pleased if you would kindly look into the matter for me

Thanking you in Advance

I remain

Yours Sincerely

Mrs F. Oakley

---

---



V. 34242

400201

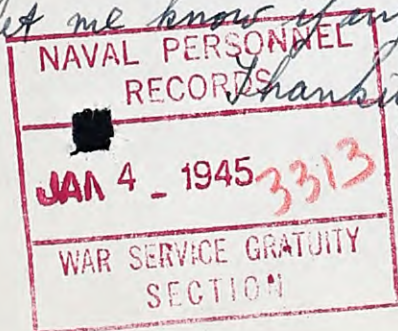
1356 King St.  
London  
Ontario

Dear Sir,

Dec. 29<sup>th</sup> 1944.

Having seen in last night's newspaper for requests regarding for Application for War Service Gratuity. My son enlisted in the R.C.N.V.R. early in April 1942. completed his training in London, St Hyacinthe, and Halifax and was drafted as a Telegraphist on the H.M.C.S. Valley field on Feb 20<sup>th</sup> 1944. then on May 6<sup>th</sup> 1944 was reported missing at Sea now presumed Dead.

My Son had an assignment of \$30 dollars a month made over to me. and was recieved up till the month of May. kindly let me know if any Gratuity is due to me



I remain  
yours Sincerely  
Mrs Florence Oakley





RECEIVED  
JAN 28 1945  
MAIL SERVICE









STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name **Victor Sydney OAKLEY**  
 (Christian Names) (Surname)

Payee **M<sup>rs</sup> Florence OAKLEY**  
 Address **1356 King St. London, Ont.**

Register No. **3313**  
 File No. **V34242**  
 Date **9 Apr 45**  
 Service No. **V34242**  
 Final Rank or Rating **TEL.**

Date of termination of overseas service **7 May '44** Date of Discharge **7 May '44**

A. TOTAL QUALIFYING SERVICE  
 No. of days **749** equal to **24** complete periods at \$7.50 \$ **180.00**

B. QUALIFYING OVERSEAS SERVICE  
 No. of days **76** less **29** ineligible days equal to **47** days @ 25¢ per day \$ **11.75**

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	<b>2.00</b>	
Subsistence or Lodging and Provision Allowance	\$	<b>1.45</b>	
Additional Pay	\$	<b>H.L.M. .13 wply.</b>	
Dependents' Allowance 1/30 of \$	\$	<b>-</b>	
<b>Total</b>		<b>3.45</b>	<b>x 7 = \$ 24.15</b>
No. of days		<b>47</b>	<b>x \$ 24.15 = \$ 6.20</b>
		<b>183</b>	

D. WAR SERVICE GRATUITY \$ **197.95**

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

F. TOTAL AMOUNT PAYABLE

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

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

**D.N.P.A. CHECK**

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



STATEMENT OF WAR SERVICE GRATUITY - NAVY

*typed*

Deceased Member's Name *Victor Sydney OAKLEY*  
 (Christian Names) (Surname)

Payee *Mrs Florence OAKLEY*  
 Address *1356, King St, London, Ont*

Register No. *3313*  
 File No. *V34242*  
 Date *12 Apr 45*  
 Service No. *V34242*  
 Final Rank or Rating *TEL*

Date of termination of overseas service *7 May '44* Date of Discharge *7 May '44*

A. TOTAL QUALIFYING SERVICE  
 No. of days *749* equal to *24* complete periods at \$7.50 \$ 180.00

B. QUALIFYING OVERSEAS SERVICE  
 No. of days *76* less *29* ineligible days equal to *47* days @ 25¢ per day \$ 11.75

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$ 2.00	
Subsistence or Lodging and Provision Allowance	\$ 1.45	
Additional Pay <i>H.L.M</i>	\$ .13	
Dependents' Allowance 1/30 of \$	-	
<b>Total</b>	<b>3.58</b>	<b>x 7 = \$ 25.06</b>
No. of days	<i>47</i>	<b>x \$ 25.06</b>
	<i>183</i>	<b>\$ 6.44</b>

D. WAR SERVICE GRATUITY \$ 198.19

E. DEDUCTIONS

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

*nil*

F. TOTAL AMOUNT PAYABLE \$ 198.19

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ *198.19*  
 Total Dependents' Allowance in issue \$ \_\_\_\_\_

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

Prepared by	Checked by	Treasury	
		Checked by	Date

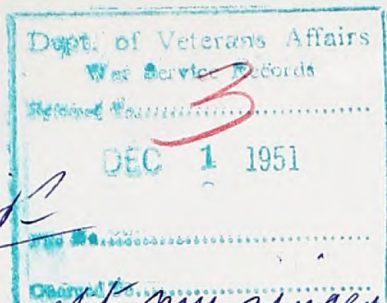
Service Representative

D.W.P.A. CHECK

1 <i>5/19</i>	6 <i>5/19</i>
2 <i>5/19</i>	7 <i>5/19</i>
3 <i>5/19</i>	8 <i>5/19</i>
4 <i>5/19</i>	9 <i>5/19</i>
5 <i>5/19</i>	10 <i>5/19</i>



93 Josephine St  
London  
Ont  
Canada



Dear Sir

Please accept my sincere thanks for the silver bar with my Son's name engraved for use with his medals.

I intend to get them mounted in a frame, but as I've not yet received 'The North Atlantic Star' yet, I'd like to get them put together, I will also need a bar for holding all 4 medals. My Son-in-law received his North Atlantic Star quite some time ago, he was with my Son in the same Convoy.

I remain  
yours Sincerely  
Mrs J Oakley



DEPARTMENT OF  
VETERANS' AFFAIRS

RECEIVED 3D  
OTTAWA - CANADA



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

Mrs. Florence Oakley,  
1356 King Street,  
London, Ont.

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

and the following number quoted:—

H.Q. V-34242 FD. 522

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

OAKLEY, Victor Sydney, Telegraphist

Official Number V-34242, 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/

*W. W. Wack*  
Commander R.C.N.V.R.  
per  
Director of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Victor J. Oakley	57	Patient in Westminster Military Hospital	
4	Mother of the Deceased.....	Florence Oakley	51	1356 King St. London Ont.	
5	Brothers of the Deceased	Full Blood yes	David Oakley	16	1356 King St. London Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood yes	Mrs. E.M. Gough. Mrs. L.J. Meaden	18 21	1356 King St London Temporary) Moving to Toronto.
		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		



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Victor Sidney Oakley
9	Date of his birth.	May 4 <sup>th</sup> 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Aug 2 <sup>nd</sup> 1920 Hill Top St James Church - West Bromwich - England

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	4. Hopkins St - Tipton England.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario. (b) Middle sex - 18 yrs (c) (d)
14	Nature of employment before enlistment.	assistant Butcher
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.	1356 King St. London, Ont.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	I do not know
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?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Paid from Feb to May on a \$100 bond -
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan life Insurance. - \$1000 (Mother)
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.	no. no.
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.	no.
<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

\* Mother- Florence Oakley.....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. Florence Oakley

{ Signature of Informant

1356 King St, London Andam

Address

CERTIFICATE

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

\*See above.

Oakley

{ Name of informant }

is the\*

mother

of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at

London

this

25<sup>th</sup>

day of

September

19

44

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

C. Elmstrong

Qualification

Clergyman

Address

233 Hale St, London Andam

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



# STATEMENT OF ACCOUNT

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

List <sup>12</sup> No. 104 (Name) OAKLEY, Victor S. Rank Rating Tel No V. 34242

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

	\$	c.
CREDIT from former account	29	51
Pay as Tel. from 1 Apl to 31 May (61 days at \$ 2.00 day)	122	00
" " " " " " " " " " " "		
" " " " " " " " " " " "		
" " " " " " " " " " " "		
" " " " " " " " " " " "		
Kit Upkeep Allowance Adjustment March, 1944. 1 Apl - 7 May	4	33 47
OTHER CREDITS:		
Total credits	156	31

DEBT from former account NIL

PAYMENTS:—	INCLUSIVE DATE					
	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month	29.00	8.94				Total 37 94
2nd month						Total
3rd month						Total

Allotment 30.00, 8.40 chged Apl.; 30.00 chged May. 68 40

Pension deduction (Officers) charged to of

Hospital stoppages

Mulcts

OTHER CHARGES O.R. 25182 payable Adm. Naval Estates (Present War) 49 97

LEDGER: <i>[Signature]</i>	Total debits	156 31
AUDIT: <i>[Signature]</i>	Balance Cr. or Dr.	NIL
	(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above 37

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

Date 5 June 1944

*[Signature]*  
PAY LIEUT. CDR., R.C.N.V.R.  
ACCOUNTANT OFFICER

C.N.S. 2426  
25M-5-42 (4545)  
N.S. 815-9-2426



JUL 11 1942  
V34242 MS 113-D-398  
CANADA

IN THE NAME OF GOD, AMEN

I, VICTOR SYDNEY OAKLEY.....Ord. Seaman.....of His Majesty's Ship H.M.C.S. PREVOST..... (now a Patient\* in ),

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

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my Mother, Mrs. Florence Oakley, 1356 King Street, London, Ontario.....

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

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

And I do hereby appoint My Mother, Mrs. Florence Oakley, 1356 King Street, London, Ontario.....

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

In Witness whereof I have at London, Ontario hereunto set my hand, this 21st. day of April, in the Year of Our Lord One Thousand Nine Hundred and forty two.

Victor Sydney Oakley

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

[Signatures of witnesses]  
Pay-Lieutenant R. C. N. V. R.

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

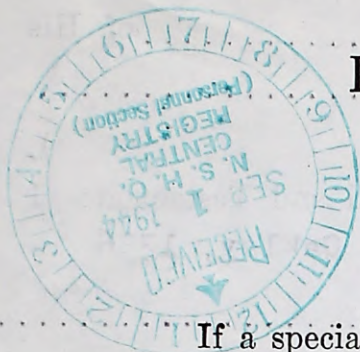
Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

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

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

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared. Noted in Service Records by [Signature]





## Instructions for filling up the Form

---

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

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

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

---

### CERTIFICATE

---

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

.....

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



Res'd 12/9/

#6  
142631

# 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 OAKLEY, Victor S. Rating..... Tel.....  
Official No. V. 34242 H.M.C.S. AVALON "VALLEYFIELD" List 12<sup>2</sup>/104<sup>t</sup>  
Who\* DISCHARGED DEAD on the 7 May 1944

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	NIL	33
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Adm. Naval Estates (Present War)</u> .....	49	97
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>THIRTY DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>		
Total†.....	49	97

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-NINE - - - - dollars -NINETY-SEVEN - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD. this FIFTH day of JUNE 1944  
Approved [Signature] PAY LIEUT. CDR. R.C.N.V.R. Accountant Officer  
[Signature] 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.....







DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

## AWARDS NAVY

WAR SERVICE RECORDS

D.D.

OAKLEY

Victor Sydney

V-34242

Tel.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON  
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:..

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. &amp; Clasp

War Medal

2362 - 24.11.49

2362

Atlantic Star → 3521- 12-12-51

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL  
RCNVR "VALLEYFIELD" Dec. /44.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Florence Oakley - Mother

ADDRESS: 1356 King St.,  
London, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Florence Oakley

ADDRESS: 1356 King Street  
LONDON, Ontario

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 1996.....

(2)

(3)

10 October 1944



FORM 6

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

**PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH**

1. PLACE OF DEATH { County or District of 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 OAKLEY Victor Sydney  
 (Family name) (Given name or names in usual order)

RESIDENCE No. 1356 Street King St. City, Town, Village or Township London Province Ontario.  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE England  
 (Province or Country)

9. DATE OF BIRTH May 4th 1921  
 (Month) (Day) (Year)

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

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

12. Kind of industry or business, as Dear Bros.  
 mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation.....

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

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

FATHER

16. NAME.....

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

MOTHER

18. MAIDEN NAME.....

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

20. Person giving information sign here H.S. [Signature]  
Paymr. 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. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	Underline the cause to which death should be charged statistically
(a) <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u>	Underline the cause to which death should be charged statistically

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