

V18039

ORME

WILLIAM

LESLIE

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

P018445

APR 17 1940
H.Q. 113-894
CANADA

Name (in full)..... William Orme.....

Date and place of birth..... Berkeley Eng. Mar 23. 1922......
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence..... 440 Division St......

Nearest town to residence (if living in country)..... Kingston.....

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..... Unemployed......
(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..... No......

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?..... 130...... What is your height?..... 5' 4".....

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

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.

William L. Orme..... Signature

March 5, 1940..... Date

440 Division St...... Address

.....
(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.....

Signed.....
Commanding Officer

N.V. 3

5M-9-39 (1815)
N.S. 815-11-3

OCCUPATIONAL HISTORY FORM

113-8-94

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full ORME, William L. (b) Reg'l. No. V-18039
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank LDG.SMN.
3. (a) Date of birth 23 Nov. 1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Kingston, Ont.
4. (a) Place of enlistment Kingston, Ontario. (b) Date of enlistment 15 April, 1940

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years old (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 highschool.
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade no for what apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

25

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? NO

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? No
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..... No 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 January, 1940.
15. Give details of last employer, if any: Name Auton Butcher Shop Address Kingston, Ont.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Butcher Store.
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..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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? NIL
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? NIL (c) In what provinces did you have experience? NIL

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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....



DATE 1st December, 1942. SIGNATURE Wm. L. Orme

W



P040054

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

JUL - 5 1940
N.S. 113-0-94
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

5

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 WILLIAM ORME

candidate for entry as ORDINARY SEAMAN

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.

Urine Neg.

(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.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
18 yrs - 5 mths	127	5' 3 1/2"	Good	35" (a) maximum 33" (b) minimum 34" (c) mean	right eye 4/6 left eye 6/6 colour vision normal	1925	normal *X-Ray APP. 3074	normal	normal	clear	normal	normal	normal	normal

*insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

Wm. L. Orme

Signature of Candidate

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

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at KINGSTON ONTARIO the 4th of JULY 1940

J. Symington
Examining Medical Officer
(Rank) *A. Orme*



N. V. 5
5M-10-39 (2365)
N.S. 815-11-5

P040053

JUL - 15 1940
N.S. 113-0-94
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **Orme** OFFICIAL NO. **V 18039**

CHRISTIAN NAMES..... **William** MARRIED, SINGLE or WIDOWER..... **Single**

PERMANENT ADDRESS	RELIGION
440 Division St. Kingston, Ontario	Protestant

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Mar. 23, 1922	Town Birkenhead, County Province England	Mrs. J. Orme, (Mother) 440 Division St. Kingston, Ontario.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Fect. 5	Inflated..... 35	Brown	Brown	Clear	NIL
Inches 3½	Deflated..... 33				
	Mean..... 34				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
April 15th, 1940	Ord. Sea.	Unemployed

No. 64.

(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.

(5) On being enrolled as a member of the Kingston Division of the 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 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.

Dated this 15th day of April, 1940

Signature of applicant William L. Orme

(C) CERTIFICATE OF DIVISIONAL 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 15th day of April

W. C. Rigney, Lieut R.C.N.V.R.
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, William Orme 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 William L. Orme

Witness W. C. Rigney

Date April 15, 1940 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 DIVISIONAL COMMANDING OFFICER

William Orme 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 Kingston Division of the R.C.N.V.R.

W. C. Rigney - Lieut R.C.N.V.R.
Commanding Officer.

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.

N.V. 17
 3M-12-39 (3289)
 N.S. 815-11-17

STAD

CERTIFICATE of the SERVICE of

.....
 WILLIAM ORME

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V18039
KINGSTON ONTARIO	KINGSTON	"
		"

Date of Birth..... MARCH 23rd, 1922	Name and Address of Nearest Relative or Friend
Place of Birth..... Berkenhead, England	Mrs. J. Orme, (Mother) 440 Division S^r. Kingston, Ontario
Place of Residence..... 440 Division S^r. Kingston, Ontario	
Trade brought up to..... O.H.F.	
Religion..... Protestant	
Can Swim:—P.P.T. () Date..... 19..... Signature.....	
P.S.T. () Date..... 19..... Signature.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
5.3.40	15.4.40	Duration	O.D.		26 Feb 44	<i>Canadian Volunteer Service Medal & Clasp. Prov. award.</i>
					26 Feb 44	<i>1939-41 Star. Prov. award.</i>

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry.....	5	3½	34	127	Brown	Brown	Clear	NIL
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	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	Kingston Dir R.C.N.V.R.			O.D.	15-4-40	9-7-40	Active Service
1940	Stadacona	-	-	A/B	10 July	23 Sep	
-	St. Clair			"	24 Sep	31 Dec '40	
1941	St. Clair			"	1 Jan '41	23 Jan '41	
-	"	-	-	A.B.	24 Jan '41	25 July '41	
-	Stadacona	-	-	"	26 July '41	22 Sep '41	
-	Hochelaga II			"	23 Sep '41	30 Sep '41	
-	Sambro (Louisburg)			"	1 Oct '41	30 Sep '41	
-	"			Ac/ldg. Supt (TS)	1 Oct '41	27 Nov '41	Reverted
-	"			A.B.	28 Nov '41	28 Nov '41	
-	Stadacona			"	29 Nov '41	1 Dec '41	
-	North Wind			"	2 Dec '41	14 Dec '41	
-	Aquasharga			"	15 Dec '41	20 Sep '42	
-	2nd Lt. Bellhore (Rec II)			"	1 May '42	6 Oct '42	
-	"			A/lag. Supt (TS)	7 Oct '42	22 Jan '43	
-	Stadacona Avalon			"	23 Jan '43	1 Feb '43	
-	Cornwallis (Skeena)			"	2 Feb '43	24 July '43	
-	Avalon			"	25 July '43	13 Aug '43	
-	Stadacona			A/P.O. (Cp)	1 Aug '43	21 Sep '43	
-	Cornwallis			"	14 Aug '43	21 Sep '43	
-	Stadacona			"	22 Sep '43	13 Nov '43	
-	Stadacona			"	14 Nov '43	25 Nov '43	
-	Hochelaga II			"	26 Nov '43	7 Dec '43	
-	Stadacona (Valleyfield)			"	8 Dec '43	29 Feb '44	

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

Date	Details	Captain's Signature

176
192
82
10
30.7
2

Name WILLIAM ORME Conduct

SECOND CLASS FOR CONDUCT
(Inclusive Dates)

CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE
SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED

From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		Sol.	Sol.	9-7-40	W. C. Rogers
		V.G.	Sat (Ord Army)	31 Dec '40	W. C. Rogers
		VE	Sat. (A.B)	31 Dec '41	W. C. Rogers
		VG	Supr (A/Reg Smth)	31 Dec '42	W. C. Rogers
		V.G	SAT (A/PO)	31 Dec '43	W. C. Rogers
		V.G.	Sat. (A/PO (TR))	7 May 44	W. C. Rogers

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

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
10 Aug. 43	G.C.B.	1st	Granted

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served
12 June '42	CP	31	



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **Orme** OFFICIAL NO. **V 18039**

CHRISTIAN NAMES..... **William** MARRIED, SINGLE or WIDOWER..... **Single**

PERMANENT ADDRESS		RELIGION
440 Division St. Kingston, Ontario		Protestant
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Mar. 23, 1922	Town Berkenhead, County Province England	Mrs. J. Orme, (Mother) 440 Division St. Kingston, Ontario.

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Inches 3½	Deflated..... 33				
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April 15th, 1940	Ord. Sea.	Unemployed			

(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.

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(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.

Dated this 15th day of April, 1940

Signature of applicant William L. Orme

(C) CERTIFICATE OF DIVISIONAL 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 15th day of April

W. C. Rigney, Lieut R.C.N.V.R.
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, William Orme 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 William L. Orme

Witness W. C. Rigney

Date April 15, 1940 Rank Lieutenant

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

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V18039

OFFICIAL NUMBER

NAME **ORME**
(Surname)

William
(Given Names)

P.I.B.

V18039

OFFICIAL NUMBER

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
Kingston Div. Str.	Ord. Smn.	15	4	40		Sat.	Sat.	9	7	40	L.R. 111	10	9	41			
Duty Div. Hdqts.	" "	10	7	40		Sat.	Sat.	31	12	40	A.A. 2	9	11	43			
Stadacona	" "	12	7	40		V.G.	Sat.	31	12	41							
St. Clair	" "	25	9	40		V.G.	Supr.	31	12	42							
"	Able Smn.	24	1	41		V.G.	Sat.	31	12	43							
Stadacona	" "	26	7	41		V.G.	Sat.	7	5	44							
Hochelaga	" "	23	9	41													
Louisburg	A/Ldg. Smn.	1	10	41	Rated. (Ty)												
"	Able Smn.	28	11	41	Reverted (249A/9176)												
Stadacona	" "	30	11	41													
North Wind	" "	1	12	41													
Aqucharaza	" "	13	12	41													
Marmat	" "	5	1	42	128 257)												
Reo II	" "	2	3	42	19 21 26)												
Shelburne	" "	1	5	42	V.V.												
Reo 11	" "	14	7	42	164655												
"	A/Ldg. Smn. (Ty)	7	10	42	Rated (Sub. of 16/10/42)												
Stadacona	" "	23	1	43	Shel. WR of D #28												
Cornwallis	" "	2	2	43	DRD H-582												
Skeena	" "	2	2	43	H.O. # 20742												
Avalon	" "	27	7	43	DRD #677												
Stadacona	" "	14	8	43	DRD #723												
Cornwallis	" "	22	9	43	DRD H-2686												
"	A/P.O.	1	8	43	Back Dated. 249A(A17424)												
Stadacona	" "	15	11	43	DRD H-3201												
Hochelaga 11	" "	26	11	43	DRD H-3342												
Valleyfield	" "	6	12	43													
DISCHARGED	" "	7	5	44	"Missing" per Casualty List. Presumed Dead. (Per Correction Sheet P.#102)												

GENERAL REMARKS

Canadian Memorial Cross Awarded to:
Mother: Mrs. T.L. Orme,
440 Division,
Kingston, Ontario. 10-10-44.

DATE OF BIRTH			PLACE 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	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK
23	3	22	22	RRR	0	30	X	113	01	0	05	0	18	92							
ENLIST. DATE			ACT. SERV. DATE			STR.			ACT. SERV. DATE			SHIP OR ESTAB.			RANK OR RATE						
15	04	40	10	07	40									9690	1	08	92				
SENIORITY			STR.			NON-SUB			M			CODED			CHECKED						
01	08	43	13	15	00									5.A.D.							

V18039

OFFICIAL NUMBER

FILE NUMBER

113-0-94

OFFICIAL NUMBER V18039

NAME ORME (Surname) William (Given Names) DATE OF BIRTH 23rd March, 1922
 PLACE OF BIRTH Berkenhead, England OCCUPATION Unemployed
 RELIGION Protestant EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 440 Division St. Town Kingston Province, etc. Ont.

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								Period	From
15	4	40	5'3 $\frac{1}{2}$	Brown	Brown	Clear	Nil.				

NEXT OF KIN, RELATIONSHIP (in pencil) Miss M. J. Orme NAME (in pencil) Mrs. J. Orme
 ADDRESS (in pencil): Street and No. 440 Division St. #143 Town Kingston Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
28	2	44	C.V.S.M. (R. & C.) (1112-8-3 36 #19)	8	9	41	Qualified for Ldg. Smn.
26	2	44	1939-43 Star.	17	8	40	Marked Tr.
				30	7	43	Passed Prof. for P.O. 21st (4304)

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		
10	8	43	1st. G.C.B.	Granted	Reo 11	C.P.	12	6	42	Convicted by Civil Power.	31 days pay & Time.

FILM
NO. NSA-5369-7
DATE

Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
12	6	42				31		

O.H.F. Received.

SECOND CLASS FOR CONDUCT
From _____ To _____



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

NAME IN FULL O. B. M. E. William RANK/RATING A. I. P. O.

SHIP	SERVICE			AREA	QUALITY		
	FROM	TO	DAYS		FROM	TO	19
Ltack	10-7-40						
St Clair	24-9-40	25-7-41	305	Atlantic			
Lombury	2-10-41	25-11-41	58	"			
North Wind	2-12-41	14-12-41	13	"			
Sheena	2-2-43	24-7-43	173	"			
Valleyfield	8-12-43	7-5-44	152	"			

"Dead"

VERIFIED BY [Signature]

VERIFIED BY

VERIFICATION FORM

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

....RANK/RATING *A-1 P.O.*OFF.NO. *V 18039*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>
<i>Need</i>							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*

VERIFIED BY DIR.OF PERSONNEL RECORDS.

Report of Arrest and Trial by Civil Power

025028

(Authority: King's Regulations, Art. 598)

NOTES:—(i) This report is not required for absentees, etc., dealt with under Art. 591, King's Regulations.
(ii) To be accompanied by Service Certificate and Conduct Sheet. Copy (for Admiralty) of Service Certificate and of this form to be forwarded if penalties mentioned in heading 9 (iii) below are proposed, or if discharge is applied for.

~~H.M.S.~~ " H.M.C.S. "SHELBURNE" 113-0-94

at Shelburne, Nova Scotia. 17

No. 4 Date 12th June, 1942.

Name William ORME Rating Able Seaman Off. No. V.18039

G.C. Medal Nil

No. of G.C. Badges Nil

Class { Conduct First
Leave First

Character to date Very Good

- Particulars of arrest. Date and hour 1015, 11th June, 1942.
Place Shelburne, Nova Scotia.
- If on leave state (a) Date and time at which leave expired. Not on leave.
(b) Date and hour of return to ship, if released pending trial. Apprehended at Shelburne Naval Base.
- Date of trial 1100, 12th June, 1942.
- Date and hour of return to ship after trial. Not released
- Before what Court charged. Stipendary Magistrate, County of Shelburne.
- Offence in exact terms of charge. Did on 8th June, 1942, unlawfully assault one Edith Oickle of the town of Shelburne, a single woman.

7. Order of Court in exact terms of order. Costs \$2.00. 30 days Imprisonment in the Common Goal Shelburne County and in default thereof to be sentenced to a further period of 5 days, consecutive with that already pronounced.

8. Rank and name of officer who attended the trial.

W. R. Morrison

Lieutenant, R.C.N.V.R.

Noted in Service Records by

9. If convicted or dealt with under Probation of Offenders Act, which, if any, of following Naval penalties are proposed:—

(i) Stoppage of wages and time (Art. 598, cl. 3, K.R.)..... 31 days.

(ii) (a) Deprivation of G.C. Medal.....

(b) Deprivation G.C. Badge or Badges.....

*(c) Break in continuity of "Very good" conduct for badge purposes.....

(d) Reduction in class for leave.....

(e) Inferior character at end of year.....

(iii) (a) Disrating.....

(b) Reduction to 2nd class for conduct.....

* NOTE.—If this penalty is enforced the date of conviction is to be noted on page 1, column 4, of the offender's Conduct Sheet as the date of commencement of "Very Good" conduct.

Captain's Observations on the Case and remarks as to Proposed Penalties

Naval penalties as above are proposed.

B. P. Coney

..... Captain.
COMMANDER, R.C.N.

Decision of Flag Officer



G. L. Jones

..... Signature.

Rear Admiral

..... Rank.

Date *June 17, 1942*

(NAVAL SERVICE)

FROM: The Naval Officer in Charge, Shelburne, N.S.
DATE: 4th June, 1942, FILE: S-44-O-1.
TO: The Commanding Officer, H.M.C.S. "STADACONA",
Halifax, N.S.

William ORME, A.B., O.N. V-18039, R.C.N.V.R.

The above named rating has requested that he may be re-advanced to Acting Leading Seaman (Ty). He was reverted for unsuitability to date 27th November, 1941.

2. Orme has carried out his duties onboard H.M.C.S. "REO II" in a satisfactory manner, and is recommended by his Commanding Officer.

3. This request is recommended copy of Service Certificate enclosed.

Encl.

B. F. Beatty
COMMANDER, R.C.N.,
NAVAL OFFICER IN CHARGE.

MW.

MINUTE II P.T.O.

II

137614

JUN 15 1942

N.S. 113 094

14

File: H-55-0-61
Secretary, Naval Board,
Department of National Defence,
Ottawa, Ontario.

Submitted for the consideration of the
Department, the re-advancement of this rating is
recommended.

2. Copy of Service Certificate is forwarded
herewith.

A. Adams

COMMANDER R.C.N.
COMMANDING OFFICER

R.C.N. Barracks,
Halifax, N. S.,
10th June, 1942.
Encl. 1
MRR

W
S

MINUTE II P.T.O.

TFH/MB

REGISTERED

AIR MAIL

NS V-18039 PERS(N)

8th May, 1944

Dear Mrs. Orme:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, William Orme, Petty Officer, V-18039, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. J. L. Orme,
440 Division Street,
Kingston, Ontario.

30

RECEIVED BY
PERSONNEL NAVAL
MAY 9 1944

007

MS

G.M.



IN REPLY PLEASE QUOTE

No.....

Department of National Defence
Naval Service

Ottawa, Canada.

MEMORANDUM:

With reference to your

of the it is approved
to transfer

to

BY ORDER

SECRETARY, NAVAL BOARD.

STATEMENT

430-434 BARRINGTON STREET

HALIFAX, N. S., ~~October 3,~~ 19 ~~44.~~

~~William Leslie, Orme, P.O.,~~

V18039.

IN ACCOUNT WITH:

BOND CLOTHES SHOP

NAVAL, MILITARY and AIR FORCE
OUTFITTERS

TELEPHONE: B-8548

DATE	ITEM	DEBIT	CREDIT	BALANCE
Aug 3/40	B & J	13.25	1.00	12.25
"	Shoes	5.60		17.85
"	Tallies	.50		18.35
Sept 1	Allotment		4.00	14.35
Oct 1	"		4.00	10.45
Nov 1	"		4.00	6.35
Dec 1	"		4.00	2.35
Jan 1/41	"		4.00cr	1.65
Feb 1	"		4.00cr	5.65
Mar 1	"		4.00cr	9.65
Apr 1	"		4.00cr	13.65
May 1	"		4.00cr	17.65
June 23	B&J, Wellingtons	30.00		12.35
"	Allotment		4.00	8.35
July 1	"		4.00	4.35
Sept 6	Burberry	21.00		25.35
Aug	Allotment		4.00	21.35
Sept 6	Allotment		4.00	17.35
Oct 6	"		4.00	13.35
Nov 4	"		4.00	9.35
Dec	"		4.00	5.35
Jan 4/42	"		4.00	1.35
Feb 5	"		4.00cr	1.65
Mar 2	"		4.00cr	6.65
Apr 2	"		4.00cr	10.65
May 2	"		4.00cr	14.65
Aug 19	Supp. alot for July		4.00cr	18.65
Aug	Allotment		4.00cr	22.65

(forward)

October 3, 1944.

William Leslie Orme, P.O. V18039,

DATE	ITEM	DEBIT	CREDIT	BALANCE
Aug	Brought forward		cr22.65	
Sept 1	Allotment		4.00cr	26.65
Oct 1	"		4.00cr	30.65
Nov 2	"		4.00cr	34.65 Ref.
Dec. 7	receipt & ref. on allot \$34.65 mailed to H.M.C.S. Reo 2, Shelburne, Nova Scotia.			
Dec 4	Allotment		4.00cr	4.00
Feb 2/43	Receipt returned			
Jan 2	Allotment		4.00cr	8.00
Feb 8	Coat, Badge	22.90		14.90
Feb 8	Allotment		4.00	10.90
Mar 1	"		4.00	6.90
Apr 3	"		4.00	2.90
May 1	"		4.00cr	1.10
June 5	"		4.00cr	5.10
July 3	"		4.00cr	9.10
Aug 28	Shoes, collar	7.75	cr 1.35	
Aug	Allotment		4.00cr	5.35
Sept 1	"		4.00cr	9.35
Oct 2	"		4.00cr	13.35
Nov 20	Uniform	36.00		22.65
Nov	Allotment		4.00	18.65
Dec 4	"		4.00	14.65
Jan 4/44	"		4.00	10.65
Feb 1	"		4.00	6.65
Mar 1	"		4.00	2.65
Apr 1	"		4.00cr	1.35
May 1	"		4.00cr	5.35 Ref.
Oct 1	Refund on allotment \$5.35 (chg 1175) mailed to the Receiver General of Canada.			

440 Division St.
Kingston
Ontario

March 6/45

Director of Estates.



Dear Sir,

Enclosed you will find signatures you requested on arrival of cheques.

Sorry I have delayed sending them, but another matter has arisen and I wanted to get particulars before writing to you.

The Bank of Commerce in Halifax are holding in my sons name a Bond of 100.00 purchased under the Sixth Victory Loan Drive. This Bond was paid for by my son, and

it is.

Here is the information
I have received.

It is a Bearer Bond.

number # L 9 A 1635362,
with Dec 1/44 and subsequent
coupons attached.

would appreciate very
much if you would arrange
to get this Bond for me, or
the equivalent, as you know
what must be done.

Thanking You

I am Sincerely Yours.

Mary L. Orme

a letter came here addressed
to him, stating they were
waiting information as to
where he wanted this delivered.
I have had my own bank
manager write and get
information about this Bond.
So I can send it to you.
Is it essential that this
Bond be cashed and
divided or could it be
sent to me to hold in
trust for my other sons or
in the event of the owner
returning some day it could
be given over to him.

I have not given up hopes
of him returning, and if
it is at all possible I
would like the Bond left as

V-18039

440 Division St
Kingston
Ontario

Orme W L

March 29 1945

HQ

V-18039

Est. Branch

FD 524



16-10-45

Dear Sir APR 3 1945

In reply to your letter of the 23rd inst. I am leaving things entirely in your hands. The Bank manager here in Kingston thought that if I asked for the Bond to be kept intact, you would leave it in my care.

But as you say it must be decided, well you please do what you think Best. Thanking you for your attention I am,

Sincerely Yours.

Mrs J. Orme

ESTATES BRANCH

July 24, 1945.

Chief Paymaster,
 Canadian Military Headquarters,
 Government Building,
 Bromward Avenue,
 Acton, London, W. 3, England.

ORME, William L., P/O., (Deceased)
 No. V. 18039 R.C.M.V.R.

1. Referring to our letter to you of the 19th of February last, H.Q. V-18039, enclosed are two (2) copies of Army Service Official Receipt No. 60 - 30090 dated July 13, 1945, showing evidence of a credit to the Army Pay Vote, Overseas, amounting to \$25.78. As shown on the face of the Voucher, this amount pertains to the marginally noted deceased's Service estate. May it be credited to the following beneficiary, please:

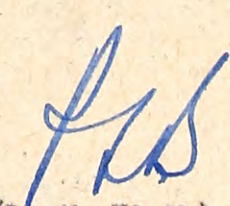
C-231.
 ORME, John I., Grn.,
 Canadian Army, Overseas.

2. As stated in our previous letter, the beneficiary is a brother of the marginally noted Petty Officer, and this credit represents a further distribution of the deceased's Service estate amounting to \$103.14 representing the sale of a \$100 Dominion of Canada Victory Loan Bond which belonged to the deceased. The beneficiary above named is entitled to 1/4 of this amount. The remaining shares have been distributed equally amongst the deceased's parents and one other brother.

3. It is requested, please, that the beneficiary above named be advised accordingly, for which purpose a duplicate letterhead original of this letter is attached.

4. May receipt of this letter be acknowledged by your signature to and return of the triplicate tissue copy also enclosed herewith.

KLM/GM
 Enclosures 4

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

VIA AIR MAIL

2
463
NAVY

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

DECEASED
MEMBER'S
NAME **William**

(CHRISTIAN NAMES)

ORME
(SURNAME)

REGISTER NO. **9646**

FILE NO. **NSV-18039**

DATE **7 Sep/45**

SERVICE NO. **V-18039**

FINAL RANK OR RATING **A/P.O.**

PAYEE **Director of Estates, for service Estate of**
ADDRESS **308 Sparks St., William ORME,**
Ottawa, Ont. NSV-18039

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

DATE OF DISCHARGE **7 May/44**

A. TOTAL QUALIFYING SERVICE		\$
NO. OF DAYS 1367 EQUAL TO 45 COMPLETE PERIODS AT \$7.50		337.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 701 LESS 17 INELIGIBLE DAYS, EQUAL TO 684 DAYS @ 25c. PER DAY		171.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	\$2.40	<i>n PA 112</i> SEP 26 1945
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$1.45	
ADDITIONAL PAY	\$.15	
H.L.M.	\$.15	
A.A.II	\$.05	
G.C.B.	\$.05	
DEPENDENTS' ALLOWANCE 1/30 OF \$	NIL	
TOTAL	\$4.20 x 7 = \$ 29.40	
NO. OF DAYS 701	x \$ 29.40	112.62
D. WAR SERVICE GRATUITY		621.12
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
	OTHER DEDUCTIONS \$ NIL	
F. TOTAL AMOUNT PAYABLE		621.12 <i>NPK 56</i>
G. YOUR PORTION OF GRATUITY IS—		
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____		= \$ 621.12
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____		

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

PREPARED BY

YN

CHECKED BY

TREASURY
CHECKED BY

DATE

W.P.G.
R. Chanon
for Dir. Naval Pay. Accting.

SERVICE REPRESENTATIVE

DECEASED 7 May 1944

AWARDS NAVY

D.D.

ORME	William Leslie	V-18039	.P.O.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2221
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD"

June/45. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO S/Sgt. John L. Orme - Father

ADDRESS: 440 Division St.,
Kingston, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. J. L. Orme

ADDRESS: 440 Division Street
KINGSTON, Ontario

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 1989.....

(2)

(3) 10 October 1944

P613434

440 Division Street,
Kingston,
Ontario.

May 25th, 1945.

Pay Master General.

Dear Sir,
I wish to apply for the gratuity my son would have received, I was in receipt of assigned pay, from the time he enlisted until his ship was sunk last may, 1944.

I understand ,it is to ,you I must write.
The name is Petty Officer Wm. L. Or me, V.18039. He is presumed dead His ship was the H. M. C. S. Valleyfield.

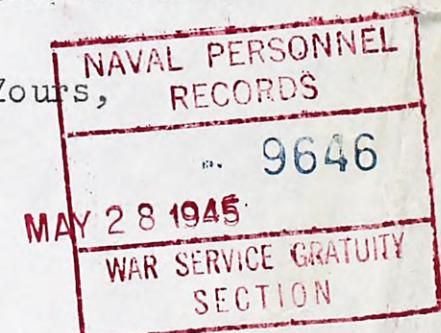
There is another matter I would very much like you to look into for me ,if you will. About three months ago, I wrote the Estates Dept, that my son had purchased a Bond and paid for it, I asked them to get this bond and if possible to leave it intact for me, just in case my son should be alive somewhere, but I received a letter saying that it would be best for me to authorise them to get the bond and they would devide the amount between the family.

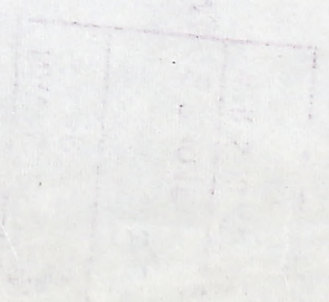
Up to now I have not heard another word about it.
And I want either the bond or the cheques to be sent to each of the family.

Will you please be Kind enough to look into this matter for me, not forgetting the gratuity matter in the meantime.

Thanking You,
I am, Sincerely Yours,

Mrs J. Orme.





GENTLEMEN PREFER BONDS

BOND CLOTHES SHOP

NAVAL, MILITARY and AIR FORCE
OUTFITTERS

430-434 BARRINGTON STREET

HALIFAX, N. S.

October 3, 1944.



HQ. V-18039 FD. 524

The Estates Branch,
Department of National Defence,
Naval Service,
Ottawa, Canada.

Dear Sir:-

ORME, William Leslie, P.O. (Deceased)
No. V.18039, R.C.N.V.R.

We acknowledge receipt of your
letter of September 25th.

Enclosed you will find a
detailed certified account of the above
deceased ratings account in our store, also
our cheque No. 1175 in the amount of
five dollars and thirty five cents
(\$5.35) allotment overpaid on his account.

Kindly acknowledge receipt of
same.

Thanking you,

We remain,

Yours truly,

M. Smith
Bond Clothes Shop.

OCT 10 1944

R. V. #2522
\$5.35

MS/RB.
Encl: 2

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **ORME** **William** No. **V18039**
 Surname Christian Names

A/P/O **7-5-44**
 Rank Unit Date of Death

Date..... **17-10-45**

<u>AMOUNT</u>	W.S.G.	621.12
	L.P.C.....\$	109.88
	Other Credits.....	108.49
	Total.....	839.49
	Prev. dist.	218.37
	This dist.	621.12

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	father	S/Sgt. John L. Orme, 440 Division St., KINGSTON, Ontario.	155.28
1/4	mother	Mrs. Mary L. Orme, (as above)	155.28
1/4	brother	V18374 AB Orme Alexander C. HMCS Stadacona, HALIFAX, N.S.	155.28
1/4	brother	C231 Cnr. Orme John I. #3 District Depot, KINGSTON, Ont. (As next of kin entitled)	155.28

F 4. TO TREAS.
OCT 25 1945

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	500	000	\$621.12
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates

[Signature]
 AUDITED FOR PAYMENT

DISTRIBUTION OF SERVICE ESTATES

1mv.

Estates Form "P. 4"

NAVY

Name: ORME, William L. No.: V-16039
Surname Christian Names

P/O R.C.N.V.R. 7-5-44
Rank Unit Date of Death

AMOUNT

Date: 6 June 45

L.P.C.....\$	109.88
Other Credits.....	108.49
Total.....	218.37
Prev. Dist.	115.23
This Dist.	103.14

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	S/Sgt. John L. Orme 440 Division St. KINGSTON, Ontario. ✓	25.79
1/4	Mother	Mrs. Mary L. Orme (as above) ✓	25.79
1/4	Brother	V-18374 A/B Orme, Alexander C. H.M.C.S. Stadacona, HALIFAX, N.S. ✓	25.78
1/4	Brother	TO BE FORWARDED BY REG. MAIL DIRECT Receiver General of Canada for:- C-231, Cnr. Orme John I, Canadian Army Overseas. ✓	25.78

(As Next-of-Kin entitled)

Rec'd JUL 9 - 1945
For deposit - 11/2 - 45
TO BE SENT TO ESTATES BRANCH

P4 TO TREAS: *18/6/45 - AW*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$103.14
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

[Signature]

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

Bank of Canada

PLEASE ADDRESS ALL
COMMUNICATIONS TO
"THE AGENT"

OTTAWA AGENCY

April 20th, 1945.



Director of Estates,
Department of National Defence,
Estates Branch,
Ottawa.

Dear Sir,

With reference to your letter(s) of April 17th
I am enclosing triplicate receipt(s) totalling \$103.14 together
with statement(s) in duplicate covering the sale of \$100 Dominion
of Canada bonds as undernoted:

<u>Your Ref.</u>	<u>Description of Bond Sold and Reg. No. and Name of Deceased</u>	<u>No. and value of Matured Coupons</u>	<u>Total Amount</u>
HQ NS V.18039 FD524	3% due June 1/60 - - - - - \$100 ORME, William L., P/O No.V.18039, R.C.N.V.R. (Deceased)	(1) \$1.75	<u>\$103.14</u>

MAY 1-1945

PK # 7376

*Further
Account -*



Yours very truly,

W. J. G. G. G.

Enclosures

Acting Agent

DISTRIBUTION OF SERVICE ESTATES
NAVY

TL
Estates Form "P. 4"

Name: **ORNE,** **William L.** No.: **V.18039**
Surname Christian Names
PRETY OFF. **R.N.V.R.** **7-5-44**
Rank Unit Date of Death

AMOUNT

Date: **9-1-45**

L.P.C.....\$ **109.88**
Other Credits..... **5.35**
Total..... **115.23**
Dist. Herewith **28.80**
This Dist. **86.43**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{3}$	Father	S/Sgt. John L. Orne, 440 Division St., KINGSTON, Ont.,	28.81
$\frac{1}{3}$	Mother	Mrs. Mary L. Orne, (As above)	28.81
$\frac{1}{3}$	Brother	Receiver General of Canada for: C.231, Gnr. Orne, John I., 52 nd L.A.A. Regt., Canadian Army Overseas. TO BE SENT TO ESTATES BRANCH (As next of kin entitled)	28.81

*Rec'd to Jand'd -
to C.F.O
Army
12/2/45
KLM*

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 29/1/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	86.43
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

142548

67

Per (n) 19/44

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 ORME. William Rating A/P.O.
 Official No. V.18039 H.M.C.S. AVALON "VALLEYFIELD" List 12¹/8
 Who* DISCHARGED DEAD on the 7. May 1944.

57

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Administrator of Naval Estates (Present War)</u>	109	88
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>FOUR DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>		
Total† <u>CREDITOR</u>	109	88

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of ONE HUNDRED & NINE dollars - EIGHTY-EIGHT cents.

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

Approved _____ Accountant Officer
[Signature] PAY LIEUT. CDR., R.C.N.V.R. { Initials of the Assistant Accountant Officer
 _____ 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 #A13916 dated 19 May. 1944.
 5M-242 (3601) LEDGER: *[Signature]*
 H.Q. N.S. 815-9-45 AUDIT: *[Signature]*

ACCOUNT OF SALE OF THE EFFECTS

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

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

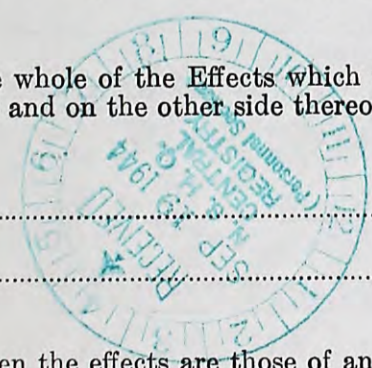
..... { Lieutenant or Officer who attended at the sale of the Effects.

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

.....Signature |
.....Rank

.....Signature
.....Rank

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



STATEMENT OF ACCOUNT

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

List 12¹ No. 8 (Name) ORME, William Rank Rating A/P.O. No. V.18039

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

	\$	c.
CREDIT from former account.....	66	61
Pay as A/P.O. from 1 Apl to 31 May (61 days at \$2.40 a day)	146	40
" A.A.2. " 1 Apl " 31 May (61 " .15 ")	9	15
" 1 GCB " 10 Aug. '43 " 31 May (296 " .05 ")	14	80
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance..... Adjustment March, 1 944 1 Apl - 7 May	4	33 47
OTHER CREDITS:		
Total credits.....	241	76

DEBT from former account..... N I L

PAYMENTS:—	1st		2nd		3rd		4th		5th			
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month.....	66.00		17.88								Total.....	83 88
2nd month.....											Total.....	
3rd month.....											Total.....	

Allotment 20.00 and 4.00 Charged Apl. & May. 48 00

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES Official Receipt No. ~~2181~~ 25181 Payable to Administrator of Naval Estates (Present War) 109 88

LEDGER: *bat* Total debits 241 76

AUDIT: *S* Balance Cr. or Dr. N I L

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37

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

Date 5 June 19 44

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

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

Mrs. J. L. Orme,
 440 Division St.,
 Kingston, Ont.

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

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

and the following number quoted:—

H.Q. V-18039 FD. 524

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

ORME, William, Leslie, Petty Officer,

Official Number V-18039, 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/

H. A. Wachs
 Commander R.C.N.V.R.
 Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	S/Sgt. John Leslie Orme.	43	440 Division St. Kingston Ont.
4	Mother of the Deceased.....	Mary Julian Orme	42	440 Division St. Kingston Ont.
5	Brothers of the Deceased	<p>Full Blood</p> <p>John Ivor Orme C 231 - 52 29 Light Anti Aircraft Regiment R.C.A. Central Mediterranean Force. C.A.O. Alexander Earl Orme A/B 70 V 18374 - 12/19/02 H.M.C.S. Blairmore C/o G.P.O. London England.</p>	22	440 Division St. Kingston Ont.
		<p>Half Blood</p>		
6	Sisters of the Deceased	<p>Full Blood</p>		
		<p>Half Blood</p>		
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.	William Leslie Orme.
9	Date of his birth.	March 23 rd 1923.
10	Place and date of his marriage.	X
11	Place and date of his parents' marriage.	Oct 29 th 1919 - England.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Burkhead 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) Kingston (c) County of Frontenac. (d) 17 Years.
14	Nature of employment before enlistment.	School.
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	Kingston

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	only Will known, made out with the Navy when enlisted.
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? Yes.	Always had Bank acct. not sure but think it may be Bank of Commerce either Halifax or St Johns Newfoundland.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none that we know of.
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.	" " " "
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.	none that we know of. usually paid for his clothing outright.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Motherof 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.

Mary Lillian Orme {Signature of Informant
440 Division St. Kingston Ont. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mary Lillian Orme is the Mother of the Deceased

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

Dated at Kingston this 15th day of September 19 44

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

D. Gordon Major Qualification D.E.M.E. MB 3.

Address Kingston Ont

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 WAR SERVICE GRATUITY - NAVY

Typed

Deceased Member's Name *William ORME*
 (Christian Names) (Surname)

Payee *Director of Estates* } *for service estate of*
 Address *308 Sparks Street* } *William ORME*
Ottawa, Ont } *N.S. V18039*

Register No. *9646*
 File No. *V-18039*
 Date *3/15/45*
 Service No. *V-18039*
 Final Rank or Rating *A/P.O.*
 Date of Discharge *7 MAY '44*

Date of termination of overseas service *7 MAY '44*

A. TOTAL QUALIFYING SERVICE
 No. of days *1367* equal to *42* complete periods at *37.50* \$ *337.50*

B. QUALIFYING OVERSEAS SERVICE
 No. of days *701* less *17* ineligible days equal to *684* days @ *25¢* per day \$ *171.00*

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<i>2.40</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.45</i>	
Additional Pay			
H.I.M.	\$	<i>.15</i>	
A.A.2	\$	<i>.15</i>	
G.C.B.	\$	<i>.05</i>	
Dependents' Allowance 1/30 of \$		<i>NIL</i>	
Total		<i>4.20</i>	<i>x 7 = \$ 29.40</i>
No. of days		<i>701</i>	<i>x \$ 29.40</i>
		<i>183</i>	<i>109.89</i>
			<i>112.62</i>

D. WAR SERVICE GRATUITY \$ *618.39*

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES	\$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	
OTHER DEDUCTIONS	\$	<i>NIL</i>

F. TOTAL AMOUNT PAYABLE \$ *621.12*

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ *621.12*
 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 <i>Wm</i>	6	<i>[Signature]</i>
2 <i>Wm</i>	7	
3 <i>Wm</i>	8	
4 <i>Wm</i>	9	
5 <i>Wm</i>	10	

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 ORME, William Rating A/P.O.
 Official No. V.18039 H.M.C.S. AVALON "VALLEYFIELD" List 12¹/8
 Who* DISCHARGED DEAD on the 7 May 1944.

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181²</u> Administrator of Naval Estates (Present War) 109 88	109	88
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>FOUR DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>		
Total†..... CREDITOR	109	88

55

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** ONE HUNDRED & NINE dollars - EIGHTY-EIGHT cents.

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

Approved _____ Accountant Officer
 _____ { Initials of the Assistant Accountant Officer
FAY LIEUT. CDR., R.C.N.V.R.
 _____ 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 #A13916 dated 19 May. 1944.
 5M-2-42 (3601) LEDGER: [Signature]
 H.Q. N.S. 815-9-45 AUDIT: [Signature]

Noted Ref. [Signature]

STATEMENT OF ACCOUNT

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

List 12¹ No. 8 (Name) ORME, William Rank Rating A/P.O. No. V.18039

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

	\$	c.
CREDIT from former account.....	66	61
Pay as <u>A/P.O.</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>2.40</u> a day).....	146	40
" <u>A.A.2.</u> " <u>1 Apl</u> " <u>31 May</u> (<u>61</u> " <u>.15</u> ").....	9	15
" <u>1 GCB</u> " <u>10 Aug. '43</u> " <u>31 May</u> (<u>296</u> " <u>.05</u> ").....	14	80
" " " " (" " ").....		
" " " " (" " ").....		
Kit Upkeep Allowance <u>Adjustment March, 1944</u> <u>1 Apl - 7 May</u>	4	33 47
OTHER CREDITS:.....		
Total credits.....	241	76

DEBT from former account..... N I L

PAYMENTS:—	INCLUSIVE DATE					
	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....	66.00	17.88				Total..... 83 88
2nd month.....						Total.....
3rd month.....						Total.....

Allotment 20.00 and 4.00 charged Apl. & May...... 48 00

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: Official Receipt No. ~~2181~~ 25181 Payable to Administrator
of Naval Estates (Present war)..... 109 88

LEDGER: *Seth* Total debits 241 76

AUDIT: *[Signature]* Balance Cr. or Dr. N I L

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37

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

Date 5 June 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

S. 2063
30M-10-42 (513)
N.S. 815-9-363

No. S. O. 1.
N.M.S.

113-0-94

Action Taken
JUN 25 1942
Copy Making

STOP NOTICE

(Navy Allotments)

ORIGINAL

NS
P143060

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
HMCS SHELBURNE REG II LEDGERS 12-2-6	ORME	William.	21 A.B. V 18039

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
\$ 20.00	31st May, 1942.	Mrs. J. S. Orme PARTICULARS Mrs. J. L. Orme	NOT (mother)	KNOWN. 440 Division St., Kingston Ont.

Entered in:—

Fair Ledger.....

Rough Ledger.....

(Rating imprisonment Civil Power)
Signature not available.
A.B. Signature of Allotor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Rating W Awarded Imprisonment Civil Power.

Ref. W/T... 14492/15 June

THE CHIEF TREASURY OFFICER
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

188 - \$20.00
\$20.00

Paymaster Lieutenant Accountant Officer
RCNR.
H.M.C.S. "SHELBURNE".

Date forwarded... 15/6/42

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE

Allotment Declarations
Ent'd. on Index Card
Ent'd. on Allotment Ledgers

Initials
Date

N.M.S. 23/6/42

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 ORRIS William Leslie
 (Family name) (Given name or names in usual order)

RESIDENCE No. 440 Street Division St. City, Town, Village or Township Kingston Province Ont.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE England
 (Province or Country)

9. DATE OF BIRTH March 23rd 1922
 (Month) (Day) (Year)

10. AGE in { Years 22 Months 1 Days _____ If less than one day old _____
 hrs. or _____ min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Unemployed
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
 13. Date deceased last worked _____ 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 H.C. Money sign here _____
Paynt. Cdr. R.C.N.R.
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Officer i/o, Naval Personnel Records.

21. Place of Burial, Cremation or Removal No burial
 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 19 44
 (Month) (Day) (Year)

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

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

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

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

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

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

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

30. Division Registrar's Record No. _____

31. Filed _____ 19 _____
 (Division Registrar)

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD