

V399  
OZON  
GERALD THOMA





Department of National Defence

1138368

Naval Service

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. O.N. V-399 PERS (N).

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:



NAME, RANK/RATING,  
Official No., UNIT

PARTICULARS RE  
DEATH

NEXT OF KIN

OZON, Gerald Thomas  
Steward, Official  
Number V-399  
R.C.N.V.R.

Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Mother:  
Mrs. Ellen Ozon,  
54 Shore Road,  
Dartmouth, N.S.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Bond Clothes Shop,

Montreal, P.Q.

5.00

*Jew*

ALLOTMENT STOPPED PAID 31ST MAY, 1944.

Will: No. record.

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

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



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

AUG 30 1944

12966

Sir:

(Date)

31

The following casualty has been reported -

NAME OZON, Gerald Thomas RANK or RATING Steward NAVAL NO. V-399 R.C.N.V.R.

DATE OF ENLISTMENT - 20 December, 1941 Active Service: 22 January, 1942.

DATE OF DISCHARGE - 7 May, 1944.

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

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

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Ellen Ozon,

ADDRESS - 54 Shore Road, Dartmouth, N.S.

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

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

P.A.'S CHECKED IN  
C.R. BY [Signature]

C. R.  
P. A.  
NAVAL TREASURY  
DATE 5/9/44  
INITIAL [Signature]



REMARKS:.....

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

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

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

To Whom Paid: \_\_\_\_\_ Address \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

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

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

Remarks:

Computed by... *[Signature]* .....

Checked by... *[Signature]* .....

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

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




PM

N.S. V-399 PERS. (N)

23

THIS IS TO CERTIFY that according to official information Gerald Thomas Ozon, Steward, Official Number V-399, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action whilst on Convoy Escort duty in the North Atlantic.



~~Deputy~~ SECRETARY, NAVAL BOARD.





VT

REGISTERED

FILE NO. N.S. V-399 PERS. (N)

26

30th August, 1944.

~~D N P A~~

Dear Mrs. Ozon:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Gerald Thomas Ozon, Steward, Official Number V-399, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Despatched by  
Sec. N. B.

Noted on Estate  
6-9-44

Card.  
G.P.

Mrs. Ellen Ozon,  
54 Shore Rd.,  
Dartmouth, N.S.

Date 1/8/44  
Time 1500

Royal ✓ Canadian ✓  
Message Condolence  
Date Sent 30/8/44 NPR 5

30/9/44  
MORIS  
OM

a



TFH/DJW.

R E G I S T E R E D

A I R M A I L

NS V-399 PERS. (N).

8th May, 1944.

Dear Mrs. Ozon:

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, Gerald Thomas Ozon, Steward, Official Number V-399, 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. Ellen Ozon,  
54 Shore Road,  
DARTMOUTH, N.S.

LETTER distributed by  
CHANNEL NAVAL  
8 1944

EM.  
13



TFH/DJW.

REGISTERED

AIR MAIL

NS V-399 PERS.(N).

11th May, 1944.

12

Dear Mrs. Ozon:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D.T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,

LETTER dispatched by  
PERSONNEL  
MAY 12 1944  
*[Signature]*

SECRETARY, NAVAL BOARD.

Mrs. Ellen Ozon,  
54 Shore Road,  
DARTMOUTH, N.S.

*[Handwritten initials]*



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

29

H.M.C.S. VALLEYFIELD at SEA

Name: Gerz and Thomas OZON (Christian names in full)

Rank or Rating: STEWARD Official No. 7-399 RCNVR

Place of Birth: North Sydney, N.S. Date of Birth: 26 Sep. 1913

Occupation in Civil Life: MESSEMAN ROCADEPOT Religion: C. OF E.

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings): 2 years 4mo

Date of Death: 7th May, 1944 Place of Death: AT SEA

Cause of Death: Enemy action. Torpedoing of H.M.C.S. "VALLEYFIELD" (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend: Mrs. Ellen Charles OZON Relationship: Mother Address: 54 Shore Road, Dartmouth N.S.

Date on which the above was informed by Ship: Informed by N.S.H.Q.

Date on which death was registered with local Officials: Not registered

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

Place of Burial: (If known) Date of Burial: (If known)

Location, Number, etc., of grave: (If known)

Undertaker employed: (If any)

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

A/Captain, R.C.N. Commanding Officer H.M.C.S. "AVALON" 17th May, 1944

The Naval Secretary, Department of National Defence, Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W.G. Com, Dom.Stat., Register.



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1918







W.S.G. Application No. 4715

TO: D.N.P.A. "G"

FILE NO. NS-V399-

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>OZON</u>	<u>Gerald Thomas</u>	<u>V399</u>	<u>Steward</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead - 2nd MCS Valley field -  
Application by father. No. P.P. or D.A. in force at death.  
No record of pension.

TOTAL SERVICE

Date of Active Service 22 Jan. 42 -

Date of Discharge 7 May 44 -

Total No. of Days 837 -

# Less non qualifying service —

Total Days 837

365  
365  
18  
29  
31  
30  
7  
837 -

OVERSEAS SERVICE

% Total No. of Days 260 -

# Less non qualifying service —

Total Days 260

Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

# & % Overleaf

Computed By [Signature]  
Checked By [Signature]

DATE: JAN 27 1945

[Signature]  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records

Applicant - father  
Copy s/c on file.



Navy  
 Army  
 Air Force

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

016457

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

DEPARTMENT OF NATIONAL DEFENCE

Application for War Service Gratuity  
(Canadian Armed Forces)

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

1. Surname on termination of service OZON (Print)  
2. Christian Names GERALD THOMAS (Print)  
3. Service No. V 399 4. Paid rank or rating at date of termination of Service O.S.  
5. Address, in full, to which payments of gratuity are to be forwarded.

54 Shore Road Dartmouth N.S.

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

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>2 yrs 5 months</u>	<u>V 399</u>	<u>O.S.</u>	<u>Dec 17/41</u>	<u>May 7/44</u> <u>Casualty</u>

NAVAL PERSONNEL RECORDS  
JAN 26 1945  
4715  
WAR SERVICE GRATUITY SECTION

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

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

*Original  
returned  
E.S.*

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

Jan 22<sup>nd</sup> 45  
(Date)

Chas. A. Ozon Father  
(Signature of Applicant)

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

Gerald Thomas Ozon

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) No Enrolment  
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.  
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.





KD

MISSISSAUGA, ONTARIO  
JAN 17 1945  
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JAN 17 1945

MISSO

MISSISSAUGA, ONTARIO

11

MISSISSAUGA, ONTARIO



DC

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

4  
NAVYDECEASED  
MEMBER'S  
NAMEGerald Thomas  
(CHRISTIAN NAMES)OZON  
(SURNAME)

REGISTER NO. 4715

FILE NO. NSV-399

DATE 27 June '45

PAYEE Director of Estates,  
ADDRESS 308 Sparks St.,  
Ottawa, Ont.for Service Estate of  
Gerald T. OZON,  
N.S.V. 399

SERVICE NO. V-399

FINAL RANK OR RATING Stwd.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May '44

DATE OF DISCHARGE 7 May '44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 837 EQUAL TO 27 COMPLETE PERIODS AT \$7.50

\$ 202.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 260 LESS 27 INELIGIBLE DAYS, EQUAL TO 233 DAYS @ 25C. PER DAY

\$ 58.25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$ 1.95
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY H.L.M.	\$ .13
	\$
	\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$ 3.53	X7 = \$ 24.71
NO. OF DAYS	260	X \$ 24.71

\$ 35.11

## D. WAR SERVICE GRATUITY

\$ 295.86

## E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$

\$ 295.86

## F. TOTAL AMOUNT PAYABLE

## G. YOUR PORTION OF GRATUITY IS—

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

= \$ 295.86

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher ~~Cheque~~ 1070 12/7/45

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

TREASURY			
PREPARED BY	CHECKED BY	CHECKED BY	DATE
DHJ	[Signature]	[Signature]	5/7/45

for Dir. Naval Pay Accting. SERVICE REPRESENTATIVE



VERIFICATION FORM  
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,  
 NAVAL GENERAL SERVICE MEDAL (1

NAME IN FULL *OZON Gerald Thomas* ..... RANK/RATING ..... *Steward* .....

SHIP	SERVICE			AREA	QUALIFY		
	FROM	TO	DAYS		FROM	TO	1939
<i>Stadara</i>	<i>22.1.42</i>	<i>30.1.42</i>	<i>9</i>				
<i>Grandmere</i>	<i>9.1.43</i>	<i>27.4.43</i>	<i>109</i>	<i>atlantic</i>			
<i>Arrowhead</i>	<i>5.5.43</i>	<i>25.5.43</i>	<i>21</i>	<i>atlantic</i>			
<i>Valleyfield</i>	<i>30.12.43</i>	<i>7.5.44</i>	<i>130</i>	<i>atlantic</i>			
<i>Dead to date</i>		<i>7 May 44</i>					

VERIFIED BY ..... *L. Blomhit* .....

VERIFIED BY .....



VERIFICATION FORM

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

77

.....RANK/RATING ..... *Steward* ..... OFF.NO. *U-399* ..... 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		<del>Star</del>
<i>atlantic</i>							FRANCE G.		
<i>atlantic</i>							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *T. L. Schut*.....

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





CANADA

N. V. 5  
25M-9-40 (6793)  
N.S. 815-11-5

DEPT  
NATIONAL DEFENCE

JAN - 2 1942  
N.S. 113-0319  
CANADA

# ATTESTATION FORM (HOSTILITIES FORM)

## FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME OZON. OFFICIAL NO. ✓ 3994  
CHRISTIAN NAMES Gerald Thomas MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
54 Shore Rd., Dartmouth, N.S.	C. of E.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th September, 1923.	Town North Sydney County Cape Breton Province N.S.	Mrs. Ellen Ozon, (mother) 54 Shore Rd., Dartmouth, N.S.
*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.

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 32	Brown	Brown	Fair	Two scars on r. shin.
Inches..... 9	Deflated..... 30				
..... 123	Mean..... 31				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
20th December, 1941. (Divisional Strength)	Steward Probationer (temp)	Messman R.C.A.F. Depot, Halifax, N.S.
R.C.N.V.R. Division (or other establishment) at which enrolled..... R.C.N. Barracks,.....		

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

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records Division.
ENTERED IN PAY LEDGERS H. M. C. S. "BYTOWN"	...Nil....		1. Noted in Records <u>JS</u>
			2. Index Card <u>JS</u>
FAIR			3. Non-Sub. Card <u>JS</u>
			4. Statistical Card <u>JS</u>
ROUGH			5. Ropes Strip <u>JS</u>
			6. Pension Card <u>JS</u>
(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.			7. _____
			8. DATE <u>6/1/42</u>



(3) On being enrolled as a member of the Halifax 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 December 1941.

Signature of applicant Gerald Ozon

(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 December, 1941.

F. M. Collins  
Signature of and rank of Attesting Officer.  
Pay Sub Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Gerald Thomas OZON, 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 Gerald Ozon

Witness F. M. Collins

Date 20th December, 1941 Rank Pay Sub 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

Gerald Thomas OZON, 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 Halifax Division of the R.C.N.V.R. or in the appropriate official documents.

F. M. Collins  
Attesting Officer.  
Pay Sub Lieutenant RCNVR.  
R.C.N.V.R. Division  
(or other establishment) R.C.N. Barracks.

20th December, 1941

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

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

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





CANADA

DEPT. NATIONAL DEFENCE

JAN - 2 1941 3 19

# 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 OZON - Gerald  
candidate for entry as P/5 tw. R.C.N.V.R  
and I believe him to be \* in all respects fit for His Majesty's Service. He has signed  
unfit for His Majesty's Service for the reason stated below. 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.

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
18 y 6 m 3 mon	123 lbs.	5-9 ins.	Good	(a) maximum 32 (b) minimum 30 (c) mean 31	right eye 6/6 left eye 6/9 colour vision N	1937	BP 130/80 X-Ray Normal	NORMAL	NORMAL	NORMAL	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.

Gerald Ozon  
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

[Empty box for 'IF REJECTED' text]

Dated at Halifax N.S. the 18 of December 1941

Am. Rd. Johnson  
Examining Medical Officer

**SURGEON LIEUT.**

(Rank).....



V399

OFFICIAL NUMBER

NAME OZON  
(Surname)

Gerald Thomas  
(Given Names)

P.I.B.  
OFFICIAL NUMBER

V399

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
Hal. Div. Str.	Stwd. Prob.	20	12	41		V.G.	Mod.	31	12	42							
Stadacona	" "	22	1	42		V.G.	Sat.	31	12	43							
Montreal (Est.)	" "	2	2	42		V.G.	Sat.	31	12	43							
Stadacona	" "	30	3	42		V.G.	Sat.	37	5	44							
Kings	" "	14	4	42													
"	Steward	22	10	42	249A #25655												
Stadacona	"	2	1	43	DRD H-323												
Grandmere	"	8	1	43	W.R.D. #1. Protector												
Stadacona	"	28	4	43	DRD H-1289												
Arrowhead	"	5	5	43	DRD H-1370												
Stadacona	"	27	5	43	DRD H-1576												
Protector 1	"	1	6	43	DRD H-1619												
Stadacona	"	29	12	43	DRD S#24.P.7.												
Valleyfield	"	30	12	43	DRD S#26.P.15												
<u>Discharged</u>		7	5	44	Missing on Active Service. Casualty List. (249A #A-13926) Presumed Dead. (per Correction sheet Page 102.)												

GENERAL REMARKS

AWARDED Canadian Memorial Cross:  
MOTHER: Mrs. Ellen OZON,  
54 Shore Road.,  
Dartmouth, N.S.

DATE OF BIRTH		PLACE OF BIRTH	CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY	MO.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
26	9	44	780	0	30	1	4	0305	0	19	0	21	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	12	41	22	1	42					1220	0	21	94
SENIORITY		STR.	NON-SUB		M	CODED			CHECKED				
DY	MO.	YR.	CAT.	A	B	ST.							
22	10	42	B	00	00		TF			Soo			



V399

OFFICIAL NUMBER

FILE NUMBER

113-0-319

OFFICIAL NUMBER

V399

NAME OZON (Surname) Gerald Thomas (Given Names) DATE OF BIRTH 26 September, 1923

PLACE OF BIRTH North Sydney, N.S. OCCUPATION Messman

RELIGION C of E. EDUCATION 8 Yrs. P.S.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 54 Shore Road Town Dartmouth Province, etc. N.S.

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	12	41	H.O.	5'9"	Brown	Brown	Fair	Two scars on rt. shin.				

NEXT OF KIN, RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Ellen Ozon

ADDRESS (in pencil): Street and No. 54 Shore Road Town Dartmouth Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
28	2	44	C.V.S.M. (R. & C.)								

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

FILM  
NO. WAR 5127-7  
DATE

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

SECOND CLASS FOR CONDUCT

From

To





DECEASED 7 May 1944

DEPARTMENT OF VETERANS AFFAIRS

**AWARDS** NAVY

WAR SERVICE RECORDS

D.D.

OZON Gerald Thomas		V-399	Steward	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	4/10
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



R.C.N.V.R. "VALLEYFIELD" Jan.45

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Charles A. Ozon - Father

54 Shore Road,  
ADDRESS: Dartmouth, N.S.

(1)

*English*

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2) **MEMORIAL BAR**

DATE DESP.....

(3) MEMORIAL CROSS

MOTHER

Mrs. Ellen Ozon

ADDRESS:

54 Shore Road  
DARTMOUTH, N.S.

(3)

10 October 1944

REGN. NO. *978*



CERTIFICATE of the SERVICE of

Gerald Thomas O Z O N

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax, N.S.	Halifax, N.S.	V-399
		"
		"

Date of Birth 26 Sep. 1923.

Place of Birth North Sydney, N.S.

Place of Residence 54 Shore Rd Dartmouth N.S.

Trade brought up to Messman R.C.A.F. Depot.

Religion Church of England.

Name and Address of Nearest Relative or Friend (in pencil)  
Father  
6 Harbour  
54 Shore Rd  
Dartmouth N.S.

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

P.S.T. Date 19 Signature \_\_\_\_\_ Rank \_\_\_\_\_

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	
20 Dec.	1941.	Host.	P/Stew.		28 Feb 44	Can Volunteer Service Medal + Clasp - Provisional Award

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	5	9	31	123	Brown	Brown	Fair.	Two scars on right shin.
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















# STATEMENT OF ACCOUNT

38

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

List..... 12<sup>2</sup> No. 78 ..... (Name) OZEN, Gerald T. .... Rank Rating Stwd No. V.399

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

	\$	c.
CREDIT from former account.....	53	12
Pay as <u>STWD</u> (Rank Rating) from <u>1 Apl</u> to <u>31 May</u> (61 days at \$ <u>1.95</u> a day).....	118	95
" " " " ( " " ).....		
" " " " ( " " ).....		
" " " " ( " " ).....		
" " " " ( " " ).....		
Kit Upkeep Allowance..... <u>Adjustment March, 1944</u> <u>1 Apl - 7 May</u>	6	33
OTHER CREDITS:.....		
<u>G.M. 1 Apl - 7 May 37 days @ .06¢</u>	2	22
Total credits.....	180	72

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

PAYMENTS:—	1st		2nd		3rd		4th		5th			
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month.....	53	00	8	94							61	94
2nd month.....											Total	
3rd month.....											Total	

Allotment 16.80, 5.00 chged Apl. ; 5.00 chged May 26 80

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

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. ~~21~~ 25182 payable Adm. Naval Estates (Present War 91 98

LEDGER: *[Signature]* Total debits 180 72

AUDIT: *[Signature]* 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 19 44

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

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



**DISTRIBUTION OF SERVICE ESTATES**

ON

Estates Form "P. 4"

NAVY

Name: ~~SON~~ **SON** Surname: **Gerald T.** Christian Names: **Gerald T.** No.: **V399**

Rank: **Stvd.** Unit: **R.C.N.V.R.** Date of Death: **7/5/44**

AMOUNT

Date: **11-12-44**

L.P.C.....\$ **91.98**  
 Other Credits..... **128.26**  
 Total..... **220.24**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Mr. Charles A. Ozon, 54 Shore Road, Dartmouth, N. S.	\$110.12
1/2	Mother	Mrs. Ellen J. Ozon, 54 Shore Road, Dartmouth, N. S.	\$110.12
		(as next-of-kin entitled)	
TO BE FORWARDED BY REG. MAIL DIRECT			
P4. TO TREAS. 2/1/45 P4			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$220.24
CLASSIFIED BY  Original Signed by <b>K. L. McCUAIG</b>			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



Mrs. Ellen Ozon,  
54 Shore Road,  
Dartmouth, N.S.

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- 399 FD. 532

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

OZON, Gerald Thomas Steward,

Official Number V-399 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/

*J. H. Wade*  
Commander Reserve  
for  
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.....	C. A. Ozon	60	54 Shore Rd Dart
4	Mother of the Deceased.....	E. J. Ozon	58	" " " "
5	Brothers of the Deceased	Full Blood	Cecil A Ozon RCAF 34	Scoudon N.B.
		Full Blood	Harry A " RCAF 32	29 King St Dart
5	Brothers of the Deceased	Full Blood	James M " RCE 29	Central Mes. Forces
		Full Blood	Reginald E " 18	54 Shore Rd (called up with Army)
6	Sisters of the Deceased	Full Blood	Ruby C. Ozon 4	Dead Sept 20/10 Dart
		Full Blood	Mrs Victor Emene 36	Lunenburg N.S.
6	Sisters of the Deceased	Full Blood	" Norman Conrad 30	17 Elliot St Dart
		Full Blood	" Sydney Hodgson 27	109 Windmill Rd "
6	Sisters of the Deceased	Full Blood	Miss A M Ozon 25	54 Shore Rd "
		Full Blood	Mrs Carl Myers 23	34 Old Ferry " "
6	Sisters of the Deceased	Full Blood	Miss Mary L Ozon 17	54 Shore Rd "
		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	
	Ruby C. Ozon Sept 20/1910			



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ozon	Gerald Thomas
9	Date of his birth.	Sept 27/1923	
10	Place and date of his marriage.	_____	
11	Place and date of his parents' marriage.	1906	North Sydney C.B.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	North Sydney C.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) North Sydney C.B. 2 yrs (b) Dartmouth N.S. 15 " (c) (d)
14	Nature of employment before enlistment.	School Student
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.	_____

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	_____ no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	_____ none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$100 Bond 54th Ave Rd Registered
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Ins. Co \$135.65 Ellen J. Ozon
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____ none

## 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
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 Lost at sea

(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

\* Father ..... 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.

Charles Albert Oyon

{Signature of Informant

54 Shore Road Dartmouth N.S.

Address

CERTIFICATE

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

\*See above Charles Albert Oyon { Name of informant } is the\* Father ..... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Dartmouth N.S. this 18th day of September 1944.

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

Bob Bishop

Qualification Justice of the Peace

Address Dartmouth - N.S.

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



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 NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of At Sea Municipality of \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (For use of Registrar General only)  
 If in City or Town \_\_\_\_\_ 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 Rural Division where death occurred \_\_\_\_\_ (b) In Province \_\_\_\_\_ (c) In Canada (if immigrant) \_\_\_\_\_

3. NAME OF DECEASED O. OH (Surname) Gerald Thomas (Given name or names)

RESIDENCE No. 54 Street Shore Road City, Town or Rural Division Halifax Province Nova Scotia  
 (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 <u>North Sydney, Cape Breton, N.S.</u> (Province or Country)			
9. DATE OF BIRTH <u>September 26th 1923</u> (Month) (Day) (Year)			
10. AGE in	Years <u>20</u>	Months <u>8</u>	Days If less than one day old hrs. or min.

OCCUPATION

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

12. Kind of industry or business, as cotton-  
 mill, lumbering, bank, etc. R.C.A.F. Depot Halifax.

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

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

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

FATHER

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

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

MOTHER

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

19. BIRTHPLACE N.S. Money  
 (Province or Country)

20. Signature of informant H.A. Money  
 Address Naval Service Headquarters, Ottawa, Ont.  
 Relationship to deceased Officer i/c, Naval Personnel Records.

21. Place of burial, cremation or removal No burial  
 Date of burial or removal \_\_\_\_\_

22. UNDERTAKER \_\_\_\_\_  
 (Name and address)

### MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 19  
 (Month) (Day) (Year)

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

#### CAUSE OF DEATH

I  
 Immediate cause (a) Missing, presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  
 (b) \_\_\_\_\_ due to \_\_\_\_\_  
 (c) \_\_\_\_\_

II  
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  
 \_\_\_\_\_

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

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

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

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

28. Registrar's Record Number \_\_\_\_\_

29. Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 (Division Registrar)

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.) Every item of information should be carefully supplied.



- NAVAL SERVICE -

N.S.....

21

MEMORANDUM TO D.N.I.  
&  
V.C.N.S.

This is to certify that -

OZON, Gerald Thomas, Steward.....  
V-399, R.C.N.V.R.  
was serving in H.M.C.S. "VALLEYFIELD"..... as at 0210Z  
7th May, 1944.

*[Handwritten signature]*  
.....  
Chief of Naval Personnel

This rating lost his life as the result of enemy action while  
serving aboard H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned rating is, therefore,

Missing, Presumed Dead.  
.....

Concurred:-

*C.H. Little*  
.....  
Dir. Naval Intelligence.

*[Handwritten signature]*  
.....  
A/Captain, R.C.N.,  
DIRECTOR OF OPERATIONS DIVISION.

*[Handwritten signature]*  
.....  
Approved for Staff.

O t t a w a, ..... 1943,



Ottawa, Ont., 18th May,  
N.S. V399 PERS.(N)

4

Dear Sir:

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

13

Name.....OZON.....Gerald Thomas.....  
(Surname) (Christian Names)

Rank/Rating .....Steward.....

Official No.....V399, R.C.N.V.R.....

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

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

Address at time of Enlistment ..54 Shore Road.....  
.....DARTMOUTH, N.S.....

Marital Status at time of Enlistment.....Single.....

Occupation.....Messman.....

Name & Address of Next of Kin ...Mrs. Ellen Ozon.....  
.....54 Shore Road, DARTMOUTH, N.S.....

Yours truly,

*H.B. Money*

for

SECRETARY, NAVAL BOARD. *S*

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

*2 copies were forwarded*



P001011

DEF. NATIONAL

JAN 1949

N.S. 113-0319

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

- 1. (a) Print name in full GERARD THOMAS RZON (b) Reg'l. No. V399
- 2. (a) Arm of service RCNVR (b) Unit RCNVR (c) Rank First Lt
- 3. (a) Date of birth 2/5/1923 (b) Have you any dependents? No (c) Place of residence at time of enlistment Eastmount
- 4. (a) Place of enlistment Halifax (b) Date of enlistment 2/10/41

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

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

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

- 18. Name of employer RCNVR Dept Address Halifax
- 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 Motor driver (b) Number of years' experience at this occupation with any employer 7 years
- 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

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



DATE 20 December 1949 SIGNATURE Gerard Thomas Rzon



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