

V64486
PHILLIPS
RONALD

KEITH

V64486

OFFICIAL NUMBER

NAME PHILLIPS

(Surname)

Ronald Keith

(Given Names)

OFFICIAL NUMBER

V64486

PIB

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Chippawa"	Ord. Smn.	10	6	43	Div. Str. Winnipeg	V.G.	Sat.	7	8	43							
" "	"	19	6	43	Active Service D.L. 22-6-43	V.G.	Sat.	31	12	43							
" Montreal (Est.)	"	22	6	43	D.L. 5-7-43 #60	V.G.	Sat.	7	5	44							
" Cornwallis	"	10	8	43	D.L. 11-8-43.												
" Stadacona	"	20	11	43	DRD H-3258												
" Hochelaga 11	"	27	11	43	DRD H-3345												
Valleyfield	"	8	12	43	Service Certificate.												
DISCHARGED	"	7	5	44	"Missing" Casualty List												

Presumed dead (Casualty List Pg.-103.

GENERAL REMARKS

Award Canadian Memorial Cross to:
 Mother: Mrs. Mahel M. Phillips,
 142 Whittier Ave., West,
 Transcona, Man.
 to date 28/10/44.

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.	BB.	RANK			
08	8	25	16	380	0	30	Y	6	05	04	0	06	0	08	45		
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.	BB.	RANK				
10	06	43	19	06	43					9690	0	08	75				
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED							
DY.	MO.	YR.	CAT.	A	B	ST.											
19	06	43	13	00	00	21	07-05-44			AKW							

V64486

OFFICIAL NUMBER

FILE NUMBER

113-P-3005

OFFICIAL NUMBER

V64486

NAME PHILLIPS (Surname) Ronald Keith (Given Names) DATE OF BIRTH 8 August 1925PLACE OF BIRTH Transcona Manitoba OCCUPATION Carman ApprenticeRELIGION Church of England EDUCATION Grade 9RESIDENCE AT TIME OF ENLISTMENT: Street and No. 142 Whittier Avenue W Town Transcona Province, etc. Manitoba

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
10	6	43	H.O.	5'10 $\frac{1}{2}$ "	Brown	Blue	Med.	Scar on upper lip.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Mabel Muriel Phillips
ADDRESS (in pencil): Street and No. 142 Whittier Ave. W Town Transcona Province, etc. Manitoba

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	
			Eligible for C.V.S.M. & Clasp	6	7	43	Passed E.T. "One" R.C.N.				
				13	9	43	Qual. Anti-Gas 249A-30231				
				22	10	43	Marked "TR" 249A A7772				

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. WMA 6027-8
DATE

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

O.H.F. Received.
Last Will & Testament #5843 Rec.

W.S.G.
APPLICATION
1170220
RECEIVED
7/6/45

DEPARTMENT OF VETERANS AFFAIRS
DECEASED 7 May 1944

AWARDS (NAVY)

WAR SERVICE RECORDS
D.D.

PHILLIPS	Ronald Keith	V-64486	O/S.	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 AND DATE DESPATCHED
1939-45 Star	6075.
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR

"VALLEYFIELD"

Jan/46

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON

ENTITLED TO Mrs Mabel M. Phillips - Mother

ADDRESS: 142 Whittier Ave., W.,
Transcona, Man.

DATE DESP.....
(1)

REGN. NO. 261.....

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Mabel M. Phillips

ADDRESS: 142 Whittier Avenue West
TRANSCONA, Man.

(3) 28 October 1944

VERIFICATION FORM

GN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

with RANK/RATING *O/Smn* OFF. NO. *V. 64486* ADDRESS

S	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>all</i>							ATLANTIC		
2	<i>all</i>							FRANCE G.		
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>@ Clasp</i>
								" CLASP		
								WAR 1945	1	<i>Medal</i>
								WAR 1915		

VERIFIED BY *[Signature]*

[Signature]

VERIFIED BY

DIR. OF PERSONNEL RECORDS.



CANADA

Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

3

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 Ronald Keith PHILLIPS

candidate for entry as Ord. Smn.

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.

Eyes react to L & A Reflexes Normal

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

(a) Age	Yrs. 17 Mos. 10	(j) Date of last Vaccination for Smallpox	Child
(b) Height with bare feet	Feet 5 In. 10½	(k) General Development	Fair
(c) Weight without clothes	134 lbs.	(l) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Normal	(m) Heart and Lungs	B.P. 120-70 Normal
(e) Chest Girth	Max. 36½ Min. 33 Mean 34½	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 1 Defective 0 Dentures 0	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses 6/9 with glasses where worn Rt. 6/9 Lt. 6/9	(p) Skin	N
(h) Colour Vision	Ishihara Normal R.C.N. Lantern	(q) Anus Haemorrhoids	N
(i) Chest x-ray	(not taken approved positive doubtful) APPROVED June 10-43 FILM No. 13469	(r) Testes Varicocele	N
		(s) Urine Sugar & Alb.	Negative

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.

R. K. Phillips

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 H. M. C. S. "CHIPPAWA" the

JUN 10 1943

J. W. Shull
Examining Medical Officer
SURGEON LIEUT. R. C. N. V. R.
(Rank).....

UNEMPLOYMENT INSURANCE BOOK WITH EMPLOYER



I.C.N.S. 72676

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

113-P-30057

124604

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME PHILLIPS OFFICIAL No. V64486
CHRISTIAN NAMES Ronald Keith MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
142 Whittier Ave. W., Transcona, Man.	C. of E.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
8th August, 1925	Town Transcona County Province Manitoba	Mabel Muriel PHILLIPS (Mother), 142 Whittier Ave. W., Transcona, Man.
*Original Nationality of:		
Father English		
Mother English		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 36 1/2				
Inches 10 1/2	Deflated 33	Brown	Blue	Medium	Scar on upper lip.
	Mean 34 1/2				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade IX	Carman Apprentice, Canadian National Railways, Winnipeg, Man.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strength 10th June, 1943	Ord. Smn.	H.M.C.S. CHIPPAWA

(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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

Personnel Records	
Division	TO
1. Noted in Records	<i>[Signature]</i>
2. Index Card	<i>[Signature]</i>
3. Non-Sub. Card	
4. Statistical Card	<i>[Signature]</i>
5. Report of His Majesty's Forces on	
6. Pension Card	
7.	
8.	
DATE	3. 7. 43

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as..... Ord. Smn. by the prospect of being transferred at some future date to any other branch or rating.

Dated this 10th day of June, 1943

Signature of applicant X R. K. Phillips

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 10th

day of June, 1943

My authority for attestation is NS 30-34-1, 16 June, 1942

J. H. McLeod
Signature and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE LIEUTENANT R. C. N. V. R.

I, Ronald Keith PHILLIPS 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 X R. K. Phillips

Witness J. H. McLeod

Date 10th June, 1943 Rank LIEUTENANT R. C. N. V. R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

CERTIFICATE of the SERVICE of

Ronald Keith PHILLIPS

in the Royal Canadian Naval Volunteer Reserve

ICNS 72676

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>Chippawa</i>	<i>V64486</i>
		"
		"

Date of Birth	<i>8th August 1925</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Traverse, Manitoba</i>	
Place of Residence	<i>142 Whittier Ave. Traverse, Man.</i>	
Trade brought up to	<i>Carpenter Apprentice</i>	
Religion	<i>Church of England</i>	

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	
	<i>10 June '43</i>	<i>Duration of Hostilities</i>	<i>ORP. SMN</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>10 1/2</i>	<i>34 1/2</i>	<i>134</i>	<i>BROWN</i>	<i>BLUE</i>	<i>MEDIUM</i>	<i>scar on upper lip</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <i>Ronald Keith PHILLIPS.</i>	OFFICIAL No. <i>V-64486.</i>	Date of Birth <i>8th August 1925.</i>
---------------------------------------	---------------------------------	--

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Supr.</i>	<i>Arith 92% English 78</i>	<i>18hlm</i>
Seamanship— Boat work:			
(a) Pulling.....	<i>Mod.</i>	<i>Written 64%</i>	<i>18hlm</i>
(b) Sailing.....		<i>Practical 72%</i>	<i>18hlm</i>
Gunnery and Disciplinary Training.....	<i>Mod.</i>	<i>Squad Drill 60%</i> <i>Rifle Drill 75%</i>	<i>18hlm</i>
Shooting.....			
Swimming—P. P. T.		Date qualified.....	
Physical and Recreational Training.....	<i>Mod.</i>		<i>18hlm</i>
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			

On joining:— Weight *134* Height *5-10½* Date *10th June 1943*

On leaving:— Weight *134* Height *5-10½* Date *JUN 21 1943*

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "*Chippawa*" Date *JUN 21 1943* *H. W. C. Common* Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally {	Accelerated Advancement.....		
	For Able Seaman.....		
	Educational Test I.....		
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%	70	70	75	70		70	75	29	25	1/14/43	H.M.C.S. Cornwallis G. F. Bayne LTJRCRN
%												
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%	65	70		70	68				70.7	3/9/43	H.M.C.S. Cornwallis G. F. Bayne LTJRCRN
%												
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%									89	12/9/43	H.M.C.S. Cornwallis G. F. Bayne LTJRCRN
%												

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†
Dependable hand work rating maintained to date 22/10/43 GFB	Combined operations

Ordinary Seaman

Qualified for advancement to Able Seaman

on.....Date.....

.....Commodore

.....Depot.....Date.....

Rated Able Seaman and Recommendations inserted on History Sheet

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

.....Date

.....Captain.

a B1

Name *Ronald Keith PHILLIPS*

Sub-Rating and Seniority *ORP 522N* Non-Sub

O.N. *V 64486* S.B. No. W.B. No.

Joined Ship *11 August 1943* from *Trenton*

Engagement: Period *10th June 1943* Expires

Date of Birth *8th August 1925* Religion *Church of England*

Character *U9* Efficiency *1st* Date *JUN 21 1943 22/10/43*

Badges *A1L* Class for Conduct *1* Class for Leave *1*

Date due for: Next Badge *19 June 1946*

Progressive Pay *Adm'd over 6 months*

L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	<i>yes</i>	<i>yes</i>	<i>July 5th 1943</i>
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

General Remarks (including intelligence, energy, initiative, powers of command).

Time Only

H.M.C.S. "*Chippewa*"

J. H. ...
Officer of Division.

Date *JUN 21 1943*

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
 (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

Education : - 9th grade

"M" Test raw score 151 I.Q. 105. C.

Very young but quite mature likeable
and a good clean cut rating.

H.M.C.S. Montreal.....

I. H. Macdonald.....

Date 9 Aug '43.....

P/S/Lt Officer of Division.

Well matured for his age. A dependable
hard working rating.

Has requested combined operations

H.M.C.S. Cornwallis.....

Gordon R. Payne R/C/DR.....

Date 22/10/43.....

Officer of Division.

H.M.C.S.

.....
Officer of Division.

Date.....

H.M.C.S.

.....
Officer of Division.

Date.....

H.M.C.S.

.....
Officer of Division.

Date.....

Feb. 14th 1946

Please could you tell me
what happened to my
sons. war bond (50 dollar
paid for I have not yet
received

Yours Truly
Mrs. M. Phillips



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HQ

Name: **PHILLIPS** Surname **Ronald K.** Christian Names No.: **Y.64486**

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

AMOUNT **W.S.G.** **127.16**
 L.P.C......\$ **97.89**
 Other Credits.....
 Total..... **225.05**

Date: **7-1-46**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Habel M. Phillips, 142 Whittier Ave. W., TRANSCONA, Man.</p> <p align="center">(Sole beneficiary under will)</p>	\$225.05

R.

[4. TO TREAS. 28-1-46 P.W.]

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$225.05
CLASSIFIED BY			EXAMINED BY		
<i>P.</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY
"VALLEYFIELD" SEA

30

H.M.C.S. at

Name..... **Ronald Keith PHILLIPS** (Christian names in full)

Rank or Rating..... **Ordinary seaman** Official No. **V64486**
(If unknown, date of first entry)

Place of Birth..... **Transcona, Manitoba** Date of Birth..... **8th August, 1925**

Occupation in Civil Life..... **Carman Apprentice** Religion..... **Church of England**

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)..... **11 1/2 months**

Date of Death..... **7th May, 1944** Place of Death..... **At Sea**

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

Nearest known relative or friend Name..... **Mrs. Mabel Muriel PHILLIPS** Relationship..... **MOTHER**
Address..... **142 Whittier Ave. W, Transcona, Manitoba,**

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 invalided.....

[Signature]
A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"

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

17th May, 1944..... 19

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.

*Noted
D.N.P.A.XI*

Mrs. Label Muriel Phillips
142 Whittier Ave., W.,
Transcona, Manitoba.

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-64486 FD. 599

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

September 11 1944



For the purpose of record and in the event of there being any Service estate
 available for distribution (according to law) on account of the late

PHILLIPS Ronald Keith Ordinary Seaman

Official Number V-64486 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/

A. J. Macdonald
 Commanding Officer
 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.....	Samuel Harry Phillip	48	142 Whittier Ave Transcona
4	Mother of the Deceased.....	Mabel Muriel Phillip	43	Manitoba Can
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Mrs. Albert Goyal	23	142 Whittier Ave Transcona Manitoba Can
		Joan Winifred Phillip	10 months	142 Whittier Ave Transcona Manitoba Can.
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.	<i>Ronald Keith Phillips</i>
9	Date of his birth.	<i>August 8th 1925.</i>
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	<i>September 29th 1920. England.</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Granocona Manitoba Canada</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Manitoba</i> (b) (c) (d)
14	Nature of employment before enlistment.	<i>Carman Apprentice C.N.R.</i>
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.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
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.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother 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.

Mabel Muriel Phillips

{Signature of Informant

142 Whitteer Ave. Transcona

Address

CERTIFICATE

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

See above. Muriel Phillips { Name of informant } is the Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Transcona, Man. 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.

J. D. Conlin

Qualification Clergyman

Address Transcona, Man.

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

My son informed me in his last letter that he had bought a War Bond for 50.00 cash and a 100.00 Dollar one to be paid stopped out of his pay.

The 50.00 one was made out to his sister Mrs. Goyal.

Mabel Muriel Phillips



Department of National Defence

1138350

Naval Service

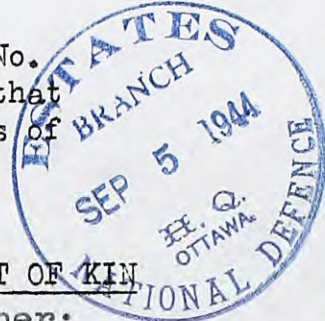
OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-64486 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:



<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
PHILLIPS Ronald Keith Ordinary Seaman Official Number- V-64486 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. Mabel Muriel Phillips 142 Whittier Ave., W., Transcona, Manitoba.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
--------------------	---------------	-----------------

NIL

Jee

Will: Attached.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

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

Read this whole Form and Instructions on other side before commencing to complete.

Can. S. 545
30M-1-43 (8044)
N.S. 815-9-545

WILL

5843

(1) I, Ronald Keith PHILLIPS, of His Majesty's Canadian Ship "CHIPPAWA", do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother,

Relationship, names and addresses of beneficiaries, and what each is to receive.

Mabel Muriel PHILLIPS,
142 Whittier Ave., West,
Transcona, Manitoba.

All my estate.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mabel Muriel PHILLIPS, 142 Whittier Ave., West Transcona, Manitoba. to be the ~~Executor~~ Executrix of this my Last Will.
(Name) (Address)
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 10 day of June 1943.

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

R K Phillips
(Name)

Ordinary Seaman.
(Rank or Rating)

V-64486
Official No.

First witness sign here.

(5) Signature [Signature]

Civil Address 5023 Grosvenor Ave., Montreal Quebec.

Civil Occupation Gentleman.

Second witness sign here.

Signature [Signature]

Civil Address Melville, Saskatchewan.

Civil Occupation Office Clerk.

(Beneficiaries are not to be Witnesses.)

Noted in Service [OVER]
Records by [Signature]

TO:

N.C.R.

PLEASE MAKE OUT FALSE
DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMIN-
ISTRATOR OF ESTATES.

~~52835~~

Sep 8th

T SEP 13 1949

Dear Sir

~~PH~~

could you give me any information about bonds bought on Boat- my son bought 50⁰⁰ Bond. paid cash. I have never received same I have tried yo to get it several times

Yours Truly
Mabel Phillips

336 WHITTIER AVE,
TRANSCONA, MAN.

Estate of RONALD KEITH PHILLIPS
Ordinary Seaman - ^{of Seaman} V64456
SEP 12 1949

S/H - Howl
H114

M.M.C.S. Valleyfield

Estates Section
Office Judge Advocate General
Dept Natl Defense

BANK OF CANADA
RECEIVED

1949 SEP 13 AM 10:14

RECEIVED BY _____



SEP 13 1949

IG

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Ronald Keith
 (CHRISTIAN NAMES)

PHILLIPS
 (SURNAME)

REGISTER NO.

11702

PAYEE
 ADDRESS

Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

for Service Estate of
 Ronald K. Phillips,
 NS. V-64486
 7th May '44.

FILE NO.

NS. V-64486

DATE

6th Aug '45.

SERVICE NO.

V-64486

FINAL RANK OR RATING

Ord. Smn.

DATE OF DISCHARGE

7th May '44.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 324 EQUAL TO 10 COMPLETE PERIODS AT \$7.50

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 162 LESS 24 INELIGIBLE DAYS, EQUAL TO 138 DAYS @ 25C. PER DAY

34.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY H.L.M. \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.85 X 7 = \$ 19.95
 NO. OF DAYS 162 X \$ 19.95
 183

17.66

D. WAR SERVICE GRATUITY

127.16

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

F. TOTAL AMOUNT PAYABLE

127.16

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 127.16
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Vouchers No 1732- Aug. 9-45.

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

PREPARED BY
 CM

CHECKED BY

TREASURY
 CHECKED BY
 H. L. Hume

DATE

7/2/45

Mr. Naval Pay Accounting.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Decedent's Name **RONALD KEITH PHILLIPS**
 (Christian Names) (Surname)

Tip

Payee *Director of Estates* } *for Service Estate* Register No. *11702*
 Address *308 Sparks St., Ottawa, Ont.* } *of Ronald K. PHILLIPS* File No. *N.S. V-64486*
 Date *30 Aug. 1945*
 Service No. *NS-V-64486*
 Final Rank or Rating *O1 Ann.*
 Date of termination of overseas service *7 May 1944* Date of Discharge *7 May 1944*

A. TOTAL QUALIFYING SERVICE
 No. of days 324 equal to 10 complete periods at \$7.50
 30 75.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 162 less 24 ineligible days equal to 138 days @ 25¢ per day 34.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	1.50	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay H.L.M.	\$.10	
Dependents' Allowance 1/30 of \$	NIL		
Total		2.85	x 7 = \$ 19.95
No. of days		162	x \$ 19.95
		183	

17.66

D. WAR SERVICE GRATUITY 127.16

E. DEDUCTIONS
 OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ ~~127.16~~

F. TOTAL AMOUNT PAYABLE 127.16

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ *127.16*
 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>[Signature]</i>	6	<i>[Signature]</i>
2	<i>[Signature]</i>	7	<i>[Signature]</i>
3	<i>[Signature]</i>	8	<i>[Signature]</i>
4	<i>[Signature]</i>	9	<i>[Signature]</i>
5	<i>[Signature]</i>	10	<i>[Signature]</i>

S.A.

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
			<u>Total days</u>

DATE OF DISCHARGE _____
 DATE OF VESTING RELATION _____

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Hamilton	10 Oct '43	19 Oct '43	10
Valleyfield	8 Dec '43	7 May '44	152
			<u>162</u>

DATE OF DISCHARGE _____
 DATE OF VESTING RELATION _____
 DATE OF DISCHARGE _____
 DATE OF VESTING RELATION _____

Hamilton	Valleyfield
10	
	24
	31
	29
	31
	30
	7
	<u>152</u>

DATE OF DISCHARGE _____
 DATE OF VESTING RELATION _____

W.S.G. Application No. 11702¹

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

FILE NO. N.S. V-64486¹

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>PHILLIPS</u> ¹	<u>Ronald Keith</u> ¹	<u>V-64486</u> ¹	<u>Sr. S.</u> ¹
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Valley Field)¹

..... Applicant - Mother - C.A. or A.P. Field¹

<u>19 June '43 - 18 June '44</u>	<u>366</u>
<u>Less 8 May '44 - June</u>	<u>24</u>
	<u>18</u>
	<u>324</u>

TOTAL SERVICE

Date of Active Service 19 June '43¹

Date of Discharge 7 May '44¹

Total No. of Days 324¹

Less non qualifying service Nil¹

Total Days 324¹

OVERSEAS SERVICE

% Total No. of Days 162¹

Less non qualifying service Nil¹

Total Days 162¹

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service .

Date of Discharge h

& % Overleaf

Computed By Dorothy L Proctor

Checked By [Signature]

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

DATE: JUL 6 1945

copy
id

#569-

142 Whittier Avenus, West,
Transcona, Man. June 18/45

P619009

Secretary,
Naval Board,
Ottawa, Ont.

Attention Mr. H. B. Money.

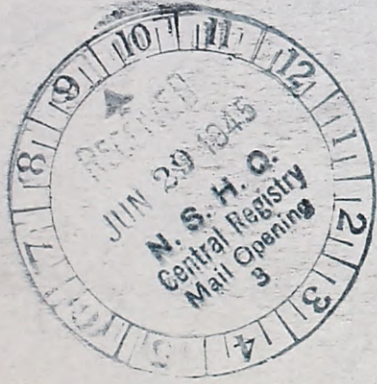
Dear Sir;

With reference to your letter of June 7th.
inst File N. S. V. 64486 Pers. (N((N-15) re war service
gratuity on behalf of my son Ronald Keith Phillips, as
there are no dependents I shall be glad if you will pay
this into the deceased member's service estate .

Yours truly,

Mrs. Mabel M. Phillips

NAVAL PERSONNEL RECORDS
11702
JUL 3 1945
WAR SERVICE GRATUITY SECTION <i>9 dec</i>



RECEIVED
 JUN 3 1945
 11:05 AM
 U.S. AIR FORCE
 HONOLULU

This is a copy of the original document which was received by the
 Honorable Earl Warren, U.S. Supreme Court Building, Washington, D.C.
 on June 29, 1945. The original document is being retained by the
 U.S. Army, War Relocation Authority, San Francisco, California.
 A copy of this document is being furnished to the Honorable Earl
 Warren, U.S. Supreme Court Building, Washington, D.C. for his
 information and use.

RECORDED IN THE OFFICE OF THE ATTORNEY GENERAL

OFFICE OF THE
 ATTORNEY GENERAL
 WASHINGTON, D.C.

60100109

LAUSON, J. M. JUN 29 1945
 JMS OFFICIAL MACHINE, 1010

File No. N.S. V-64486 PERS. (N)

201357

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Mabel M. Phillips,
142 Whittier Ave. West,
TRANSCONA, Man.

Date forwarded:- OCT 28 1944

Registered Mail No.- 0-7995

P.A.'S CHECKED IN

C.R. BY

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>
----------------------------	---------------------	----------------------------	--

NIL

D. A.

A. P.

TOTAL

Monthly rate:

NIL

NIL

To Whom Paid:

Address

Date of Enlistment:

NIL

Date of Discharge:

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

The final deduction of Assigned Pay for NIL has been made for the period

from 1st to NIL of NIL 194

Remarks:

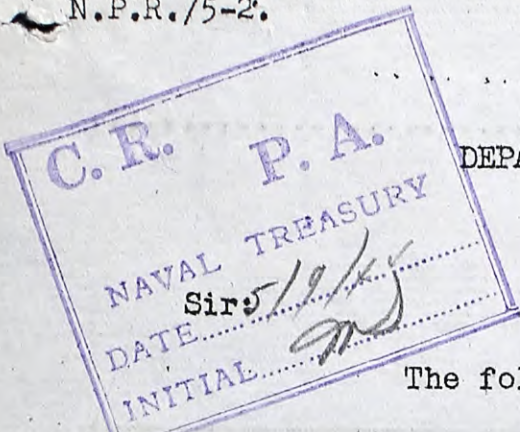
Computed by... *[Signature]*

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.

45



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

12077
AUG 30 1944

(Date)

The following casualty has been reported -

NAME PHILLIPS, Ronald Keith RANK OR RATING Ordinary Seaman NAVAL NO. V-64486 R.C.N.V.R.

DATE OF ENLISTMENT - 10 June, 1943. Active Service: 19 June, 1943.

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. Mabel M. Phillips,
ADDRESS - 142 Whittier Ave. West, Transcona, Man.

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, DEPENDENTS ALLOWANCE, etc.

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

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"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

29

1. PLACE OF DEATH { If in Rural Municipality..... At Sea..... Sec..... Twp..... Rge.....
(Name)
If in City, Town or Village..... Street..... House No.....
(Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY | In Municipality where death occurred | In Province | In Canada (if immigrant)
(in years, months and days)

3. PRINT FULL NAME OF DECEASED..... PHILLIPS..... Ronald Keith.....
(Surname) (Given name or names in usual order)
RESIDENCE 142 Whittier Ave., W., Transcona, Manitoba.
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male	5. NATIONALITY (Citizenship) Canadian	6. RACIAL ORIGIN English	7. Single, Married, Widowed or Divorced (Write the word) Single	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Transcona, Manitoba.
9. DATE OF BIRTH Month August Day 8th Year 1925 (Write the word)	10. AGE IN } Years 18 Months 9 Days If less than one day hrs. or min.			

OCCUPATION
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc..... Carmen Apprentice.
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc..... Canadian National Railways.
13. Date deceased last worked at this occupation.....
14. Total years spent in this occupation.....

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.....
PARENTS
16. Name of father.....
17. Birthplace of father..... (same as item No. 8)
18. Maiden name of mother.....
19. Birthplace of mother..... (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant.....
Address: Naval Service Headquarters, Ottawa.
21. Relationship to deceased: Officer i/s, Naval Personnel Records.
22. Place of burial, cremation or removal: Body not recovered
Date of burial: 19.....

23. Burial Permit was issued by..... Address.....
24. Signature of Undertaker or person acting as Undertaker..... Address.....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH..... 7th..... May..... 1944.....
(Hour) (Day) (Month) (Year)
26. I HEREBY CERTIFY that I attended deceased from..... 19.....
to..... 19....., and last saw h..... alive on..... 19.....

CAUSE OF DEATH

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

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.....

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

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

30. Registered number..... filed this..... day of..... 19.....

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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

AN

REGISTERED

FILE NO. N.S. V-64486 PERS(N).

27

30th August, 1944.

Dear Mrs. Phillips:

Further to my letter of the 11th of May, 1944 in view of the length of time that has elapsed since your son, Ronald Keith Phillips, Ordinary Seaman, Official Number, V.64486, 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,

[Handwritten signature]

[Handwritten signature] DEPUTY SECRETARY, NAVAL BOARD.

*Noted on Estate Card.
5-9-44*

G.P.

Mrs. Mabel M. Phillips,
142 Whittier Ave; West,
Transcona, Man.

*30/9/44
NOR/S
P.M.*

Royal ✓ Canadian ✓
Message Condolence

Date *cc* 30/8/44 N R 5

a

HS

174

20 May,

4.

N.S. V-64486 PERS. (N)

Dear Sir:

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

Name..... **PHILLIPS** **Ronald Keith**
(Surname) (Christian Names)

Rank/Rating **Ordinary Seaman**

Official No..... **V-64486 R.C.N.V.R.**

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

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

Address at time of Enlistment **142 Whittier Ave., W,
Transcona, Man.**

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

Occupation..... **Carman Apprentice.**

Name & Address of Next of Kin **Mother: Mrs. Mabel M. Phillips,
142 Whittier Ave. West, Transcona, Man.**

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

EMC

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

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520

11th May, 1944. 13

Dear Mrs. Phillips:

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.

LETTER dispatched by
PERSONNEL NAVAL
MAY 12 1944
Yours sincerely,
[Signature]

SECRETARY, NAVAL BOARD. *[Initials]*

Mrs. Mabel Muriel Phillips,
142 Whittier Ave., West,
TRANSCONA, Man.

TFH/JD

REGISTERED

AIR MAIL 12

N.S. V-64486 (PERS(N))

520

8th May, 1944

Dear Mrs. Phillips:

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, Ronald Keith Phillips, Ordinary Seaman, Official Number V-64486, 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,

LETTER dictated by
PERSONNEL NAVAL
SECRETARY, NAVAL BOARD
MAY 1944

Mrs. Mabel Muriel Phillips,
142 Whittier Ave., West,
TRANSCONA, Man.

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 Ronald Keith PHILLIPS (b) Reg'l. No. V64486
 2. (a) Arm of service NAVAL (b) Unit R.C.N.V.R. (c) Rank Ord. Smn.
 3. (a) Date of birth 8 August '25 (b) Have you any dependents? No (c) Place of residence at time of enlistment Transcona, Manitoba.
 4. (a) Place of enlistment Winnipeg, Manitoba. (b) Date of enlistment 10th June, 1943.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 yrs. (b) Were you attending school or college up to the time of enlistment? No.
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) Grade IX
 7. If you attended a university, give name of university and standing or degree secured No.
 8. (a) Did you ever enter upon a trade apprenticeship? Yes. (b) If so, for what occupation? Carman (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? One year.
 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? 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?
 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 CANADIAN NATIONAL RAILWAYS Address TRANSCONA MANITOBA.
 19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) TRANSPORTATION
 20. (a) Your specific occupation Carman Apprentice (b) Number of years' experience at this occupation with any employer One year.
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes. (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? No (c) If so, in what kind of farming?
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None. (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
 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 Carman.



DATE 10th June 1943. SIGNATURE R. K. Phillips

JUL 3 1943

Copy To
VWD
ES