

POOLE
DONALD JAMES
N4649

M 79168

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
20M-7-40 (6109)
N.S. 815-0-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY
(PERMANENT FORCE)

The Naval Secretary,
Department of National Defence,
OTTAWA

R. R. # 4 Denfield Ont.
(Place)
November 19, 1940
(Date)

SIR:-

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Seaman

(Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

- Name (to be given in full in Block Letters) DONALD JAMES POOLE
- Date of Birth (Birth Certificate or sworn declaration by parent or guardian *must* be attached) 2 December, 1921
- Place of Birth. Town London, Ont., Province Ontario
- Permanent Place of Residence. No. R. R. 4 Street South half of lot 21 concession 13
Town Denfield, Province Ontario
- Are you a British Subject? yes
- Where was your father born? England
- Where was your mother born? Canada
- How long have you resided in Canada? 18 yrs 11 months 21 days
- What is your Mother Tongue? English
- What other language do you speak? None
- Are you of the White Race? yes
- Are you Single, Married or a Widower? single
- How far advanced educationally are you? One year High School

Cert.
mwc
25/11/40

(Certificates of School Authorities *must* be attached)

- What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., *must* be attached to substantiate employment reported)

General Farming

- Do you belong to any Naval, Military, Air or Police Force? No
- If so, give details
- Have you ever served in such forces? No
- If so, give dates and details
- Have you ever been discharged from His Majesty's Forces as medically unfit? No
- Have you ever offered to serve in His Majesty's Forces and been rejected? No

Why?

- Have you ever been convicted of a criminal offence? No
(Enclose two character references, one of which must confirm your answer to Question 19)
- What is your weight? 145 Height 5'7" Chest Measurement (Not inflated) 37"
- Have you ever had fits?
- Do you suffer from any deformity? No
- Have you suffered the loss of any fingers, toes, etc.? No
- Do you suffer from any disease? No
- Do you wear glasses? No
- Are you subject to any disability which might cause your rejection?
No
- Give details

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

Gerald Rollings Signature of Witness Donald James Poole Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at R. R. # 4 Denfield Ont

this Twentieth day of November, 1940, in the presence of
Lordon Hodgins Signature of Witness D. J. Poole Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at....., this.....day of....., 19....., in the presence of.....
Signature of Witness Signature of Candidate

no

no RD

no

H. M. C. S.

OFFICIAL NO. IF KNOWN
Space to be left vacant
if not known

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL Donald James Poole.		NEXT OF KIN (Mother) Name Mrs. E. Poole. Address R.R. #4, Denfield, Ont.		PRESENT RATING Ord. Smn.
DATE OF BIRTH* 2nd December, 1922	PLACE OF BIRTH† Town London County Province Ontario.		NAME, RANK AND STATION OF RECRUITING OFFICER F. V. E. Macdonald. Lieutenant. London Div. R. C. N. V. R.	

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5' 5 ³ / ₄ "	33"	Red.	Brown	Med.	Appendectomy Scar.	C. of E.	Farmer. Mr. W. J. Poole. Denfield, Ont.

Commencing date of Engagement or Re-engagement	16th July, 1941.	Period of Engagement or Re-engagement	Seven Years.
Date of actually volunteering to engage or re-engage	November, 1940.	Date of entering present ship	

Particulars of former Continuous Service Engagements, if any, but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

First Entry.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct? Yes
- Are you a British subject? Yes
- Nationality of Parents—Father British Mother British
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police? No
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police? No
St. Thomas, No. 1000
Sept. 1940 - July 1941
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date. No
- Have you ever been discharged from the Navy, Marines, Army, or R.C. Mounted Police on account of misconduct? No
- Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- Can you swim? Yes

* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H.M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V.2.

(OVER)

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of the previous C. S. Engagement

I, Donald James Poole, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada* For Seven Years from 16th July 1941, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 16 day of July 1941

Donald James Poole Man's Signature in full
Witness to Signature Lieut. J.V.C. Macdonald

Attested before me this 16 day of July 1941

Lieut. J.V.C. Macdonald Signature of a Commissioned Officer of the Naval Service

Date 16th July 1941

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

J. R. Stumber Commanding Officer
C. S. Ward Medical Officer

II.—Certificate and Declaration for Boys

Date..... 19.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for..... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

..... Commanding Officer
..... Lieutenant
..... Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for..... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear, (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

..... Boy's Signature in full
Witness to Signature.....

Attested before me this..... day of..... 19.....

{Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a..... on board H.M.C.S....., who on the..... of..... 19.....

engaged to serve in the Naval Service of Canada for a period of §..... years, do hereby engage to serve for a further period**..... from††..... 19..... provided my services should be so long required.

..... Man's Signature in full
..... 19.....

Witness..... Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension" or "until I attain the age of years."
† Insert the date from which the engagement commences.
‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)
§ To be written in words.
** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of years," as the case may be.
†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

If a copy of this Form is required, Form C.N.S. 1243 is to be used

7-1-43 *MLY* *5-544*

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the Service of

.....Donald James POOLE.....

IN THE ROYAL CANADIAN NAVY

Age 6
5¹/₂ 1946

Official Number.....4649.....

Date of birth	2 December 1922	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province	Ontario	Name: <i>Mrs C. Poole</i>
{ Town or county	London	Relationship: <i>Mother</i>
Trade brought up to	Farmer	Address: <i>R.R. #4</i>
Religious denomination	Church of England	<i>Denfield Ontario</i>
Date passed swimming test		<i>4/1/43</i>
Man's signature on discharge to pension		

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>3 Nov 1940</i>	<i>16 July 1941</i>	<i>Seven Years</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>5³/₄</i>	<i>33</i>	<i>Red</i>	<i>Brown</i>	<i>Med</i>	<i>Appendectomy Scar.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary....							

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge

Examinations passed and Notations or Qualifications other than those entered on History Sheets

Date	Particulars	Captain's Signature	Date	Particulars	Captain's Signature
7 July '42	Passed E.T. Part I	<i>W. Woodward</i>			
29 Nov '41	"TR"	<i>W. Woodward for C.O.</i>			
26 Sep 1941	Passed Prof. (U.S. Coast Guard)	<i>W. Woodward</i>			
9 Feb '43	Passed Prof. (U.S. Coast Guard)	<i>B. Lake</i>			
19 Nov '43	Night Vision (Good)	<i>W. Woodward for C.O.</i>			

P.L.B.

4649

OFFICIAL NUMBER

NAME POOLE
(Surname)

Donald James.
(Given Names)

OFFICIAL NUMBER 4649

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
London	Ord. Smn.	16	7	41		V.G.	Sat.	31	12	41	L.R.3.	1	2	43			
Stadacona	"	8	10	41		V.G.	Sat.	31	12	42							
Saguenay.	"	30	11	41		V.G.	Sat.	31	12	43							
"	A.B.	14	4	42		V.G.	Sat.	5	7	44							
"	A/Ldg. Smn. (Ty)	15	10	42													
Stadacona	"	11	11	42													
Niobe	"	21	3	43													
Kootenay.	"	13	4	43													
Avalon.	"	4	8	43													
Cornwallis.	"	26	9	43													
"	Ldg. Smn. (Ty)	15	10	43	Confirmed.												
Stadacona	"	19	11	43													
Hochelaga II	"	26	11	43													
Valleyfield.	"	6	12	43													
"	A/P.O. (Ty)	1	2	44													
DISCHARGED	"	7	5	44	Missing-Presumed Dead.												

GENERAL REMARKS

19.11.43 - Night Vision Good.
Canadian Memorial Cross issued to
Mother- Mrs. Elizabeth M. Poole,
R.R. #4, Denfield, Ontario. (10-10-44)

4649

OFFICIAL NUMBER

FILE NUMBER

(62-P.342)

OFFICIAL NUMBER

4649

NAME POOLE (Surname) Donald James. (Given Names) DATE OF BIRTH 2nd December, 1922.
 PLACE OF BIRTH London, Ontario. OCCUPATION Farmer.
 RELIGION Church of England. EDUCATION Lower School 1st Year.
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. R.R. #4 Town Denfield Province, etc. Ontario.

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
16	7	41	Seven Years.	5'5 1/4"	Red.	Brown	Medium.	Appendectomy scar.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother 14/5/46 NAME (in pencil) Mrs. E. Poole
 ADDRESS (in pencil): Street and No. Denfield Town Denfield Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
29	11	41	Eligible for 1939-43 Star.	29	11	41	"Tr".				
			Eligible for CVSM Ribbon & Clasp.	7	7	42	Passed E.T. ONE.				
				26	9	42	Passed Prof. for Ldg. Smn. (Good).				
				9	2	43	Passed Prof. for P.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. MSR 4700-6
DATE

Date (in figures)			DAYS FORFEITED						Last Will & Test. dated 15/7/41. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From

To



DECEASED 7 May 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

POOLE	Donald James	N-4649	P.O.	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	3924.
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN "VALLEYFIELD" Feb./45.
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Elizabeth M. Poole - Mother.

ADDRESS: ~~R.R. #4,~~ 502 Grey Street
~~Denfield, Ont.~~ LONDON, Ontario 1949

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. Elizabeth M. Poole

ADDRESS: R.R. #1, DENFIELD, Ontario

(3) 10 October 1944

MEMORIAL BAR

DATE DESP.....

REGN. NO. 2115.....

Mrs. Elizabeth M. Poole,
R. R. #4,
Denfield, Ontario.

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. N - 4649 FD. 530

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

POOLE, Donald James Petty Officer

N-4649, R.C.N.



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/

[Handwritten Signature]
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.....	He <u>was not</u> married		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Walter John Poole	68	RK 4 Newfield Ontario
4	Mother of the Deceased.....	Elizabeth M. Poole	60	" " "
5	Brothers of the Deceased	Full Blood	George Poole — John Poole — Leonard Poole —	232 Edward St. London Ont R.R. 1 So John's Newfoundland Rk 4 Denfield Ontario
		Half Blood		
6	Sisters of the Deceased	Full Blood	Emily Williams Alice Guilfoyle — Blodys Hughes — Bernie Coulthard	182 Douro St. Sibley Ont 24 Thornton Ave, London Ont Rk 4 Hlecton Ontario Rk 7 Struways Ontario
		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	
		None		

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ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald James Poole
9	Date of his birth.	Dec-2, 1921
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	London, Ontario. Sept 16, 1903.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	London Twp, Middlesex Co, Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Middlesex (c) London Township. (d) <i>all his life there until enlistment</i>
14	Nature of employment before enlistment.	Farming
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.	Same as above.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes - with R. C. N.
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?	No
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?	Royal Bank - Market Branch - London Ont.
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.	\$50.00 - partly paid - likely with money until fully paid
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacturers Life Ins. Co. Held in Trust - London Ont Branch Policy # 813 914. Bell Bldg London
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.	<input checked="" type="checkbox"/>

(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

* Mother of the deceased. and I understand that I am the sole executrix and sole beneficiary under his will.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Elizabeth M. Poole
RR4 Denfield Ontario

Signature of Informant
Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Elizabeth M. Poole

See above. Poole { 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 St Marys Ont. this 16th day of September 19 44

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

H. B. Clysdale

Qualification Notary Public

Address Barriester etc. St Marys. Ontario

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

Table with multiple rows and columns for recording details of the deceased's estate, including names, addresses, and relationships. The table is mostly blank with some faint text visible in the background.

105631

NATIONAL DEFENCE

JULY 30 1941

N.S. 62-1342
CANADA of His

IN THE NAME OF GOD, AMEN

I, ---Donald James Poole---Ord. Smn.---R.C.N.
Majesty's Ship ---London Division, R.C.N.V.R.-----
(now a Patient* in

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my mother, Mrs. Elizabeth Mary Poole, R.R.
#4, Denfield, Ontario.

10

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

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Executor
or Executors.

And I do hereby appoint My mother Mrs, Elizabeth Mary Poole,
R.R.#4, Denfield, Ontario.

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

In Witness whereof I have at --London, Ontario-- hereunto set my hand,
this----Fifteenth----- day of --July---, in the Year of Our Lord
One Thousand Nine Hundred and Forty One.

Donald J. Poole

Signed by the said Testator, as his last Will
and Testament, in the presence of us present
at the same time, who in his presence at his
request and in the presence of each other
have subscribed our names as Witnesses.

Witnesses

J. J. [unclear] [unclear]
[unclear] - writer

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

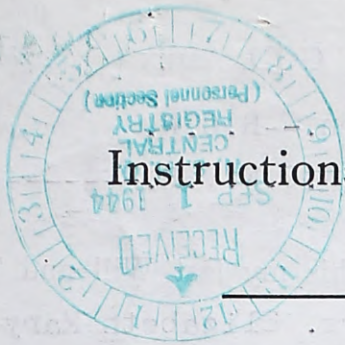
Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

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

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

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by [unclear]
12.8.41



Instructions for filling up the Form

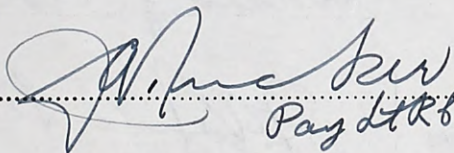
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

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

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

CERTIFICATE

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

.....  Signature of the person
Payd LTR 87948 by whom the Will was prepared.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "Valleyfield" at Sea

Name Donald James POUL
(Christian names in full)

Rank of Rating ~~Junior~~ Petty Officer (N) Official No. 4649
(If unknown, date of first entry)

Place of Birth London, Ontario Date of Birth 2nd December, 1922

Occupation in Civil Life Printer Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 3 years 10 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 Elizabeth M. POUL Relationship Mother
Address R.R. No. 4, Dunfield Ontario.

Date on which the above was informed by Ship Informed by H.M.C.S.

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..... Date of Burial.....
(if known) (if known)

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

Undertaker employed.....
(if any)

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

S. J. Davis
Commanding Officer, H.M.C.S. "Valleyfield"
17th May, 1944. 194

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

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

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

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

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of At. Saa Township of.....
If in City, Town or Village..... Street..... House No.....
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED POOLA Donald James
(Family name) (Given name or names in usual order)

RESIDENCE No..... Street..... City, Town, Village or Township R.R.#4, Denfield Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Ontario.
(Province or Country)

9. DATE OF BIRTH December 2nd 1922
(Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old
21 5 hrs. or min.

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

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation.

14. Total years spent in this occupation.

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

FATHER 16. NAME.....

17. BIRTHPLACE England
(Province or Country)

MOTHER 18. MAIDEN NAME.....

19. BIRTHPLACE Canada
(Province or Country)

20. Person giving information H.B. Money
sign here.....
Address Payor. Cdr. R.C.N.R. Naval Service Road, uarrens, Ottawa, Ont.
Relationship to deceased Officer i/c, Naval Personnel Records.

21. Place of Burial, Cremation or Removal.....
Date of burial or removal.....

22. Burial Permit was issued by.....
Address.....

23. UNDERTAKER.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

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

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.

PHYSICIAN
Underline the cause to which death should be charged statistically

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

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

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

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

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

30. Division Registrar's Record No.....

31. Filed.....19.....
(Division Registrar)

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

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



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 Donald J. Poole.
‡ candidate for entry as Ordinary Seaman, R.C.N.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. } He has signed
the Certificate given below in my presence.
† Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) 1927 Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
19 7/12	137	5' 5 3/4"	Good	(a) maximum 35 (b) minimum 32 1/2 (c) mean 33	right eye 4/6 left eye 4/6 *colour vision <u>See Normal</u>	as - a - child.	Normal	appendectomy Normal	Normal	Clear.	TM's intact Normal	Normal	0 deficient 0 defective throat clear	Normal.

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

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

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Donald J. Poole

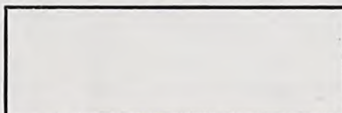
† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡ Strike out if inapplicable.

Signature of Candidate

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

This Candidate is the subject of History of dislocated medial right cartilage Jan 1, 1939. No recurrence
* which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.
* Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at London, Ontario. the 14th of July, 1941

L. J. Ward

Examining Medical Officer

(Rank) Surgeon Lieutenant.

Passing Certificate

This is to Certify

that..... Donald James POOLE.....

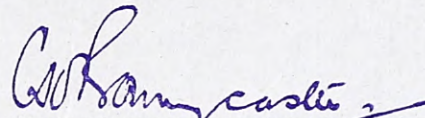
Rating Able Seaman, R.C.N. Official Number 4649.....

has passed

THE EDUCATIONAL TEST, I

held on..... 7th July, 1942.....

For advancement to Petty Officer


..... Cdr., R.C.N.V.R.
Director of Naval Education

Naval Service Headquarters

Ottawa, this 1st day of August, 1942.

C.N.S. 2431

10M-5-42 (4453)

N.S. 815-9-2431

SEAMAN BRANCH

Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of LEADING SEAMAN

I.—APPLICATION FOR EXAMINATION

H.M.C.S. "S A G U E N A Y "

Name of Candidate (in full) Donald James POOLE,

Present Rating Able Seaman O.N. 4649

Port Division

Date of Application for Examination 26th September, 1942.

Date and Particulars of Previous Failures:—

- N I L -

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily. and is competent at heaving the lead.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To Commanding Officer, H.M.C.S. "SKENNA",

PRESIDENT OF BOARD.

(Sgd.) J.M. McDowall
for A/COMMANDER, RCNVR

NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).

C.N.S. 441

15M-3-41 (9881)
N.S. 815-9-441

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed"..... ~~Failed~~ GOOD - 75%
 (If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair"
 (below 70%))
 (See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-examination
Rigging.....	60	80	30	40	52	
Anchor Work.....	50	60	25	30	51	
Rule of the Road.....	30	30	15	15	21	
Boat Work.....	80	80	48	48	50	
General Duties.....	60	40	30	20	20	
Organization.....	40		20			
Signals.....	30	30	15	15	28	
Watertight Fittings.....	10	10	5	5	20	
Duties in Part of Ship and Mess.....		30		15	23	

REMARKS—

The Candidate has:—

SEC. I 69.9
 SEC. II 75
 MEAU. 72.4

- (i) Passed a ~~Very Good~~ Good/Fair Examination.
 (V.G.—85% and above, Good—70% to 85%, Fair—below 70%)
- (ii) Failed as indicated above.

~~He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).~~

Date..... 5 Oct., 1942.

.....(Signed).....
 A/LT.CDR. RCN.

Candidate's Signature (in full).....(Signed).....

Basic date of passing professionally for..... LEADING SEAMAN.....
 (K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is..... 26 SEPTEMBER, 1942.....

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. "....." on..... 194.....

Date.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
 R.C.N. Barracks,

.....

.....
 Captain

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

Date.....

SEAMAN BRANCH

Application for, and report of result of, PROFESSIONAL EXAMINATION

DEPT.
NATIONAL DEFENCE

MAR 7 1943
H.Q. *W.P. 242*
CANADA #4473

for the rating of "PETTY OFFICER#." *1240*

I.—APPLICATION FOR EXAMINATION

H.M.C.S. "CORNWALLIS"

Name of Candidate (in full) POOLE Donald James

Present Rating. Act/Leading Seaman R.C.N. O.N. 4649

Port Division Halifax, N.S.

Date of Application for Examination 9th February, 1943

Date and Particulars of Previous Failures:—

..... NIL

DRAFTING and ADVANCEMENT DEPOT	
1 History Card	<i>AM</i>
2 Index Card	
3 Roneo Card	
4 Advancement	<i>AM</i>
5 A. A. Card	
6 Training	
7 Statistical	
8	
DATE	<i>21-2-43</i>

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/~~Leading Seaman~~, and I consider that he has a reasonable chance of passing.

To..... PRESIDENT EXAMINATION BOARD.....

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

Apes C. White,
Captain

NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" Good.
 (If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))
 (See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-examination
Rigging.....	60	80	30	40	50	
Anchor Work.....	50	60	25	30	45	
Rule of the Road.....	30	30	15	15	22	
Boat Work.....	80	80	48	48	65	
General Duties.....	60	40	30	20	45	
Organization.....	40		20		30	
Signals.....	30	30	15	15	28	
Watertight Fittings.....	40	30	20	15	37	
Duties in Part of Ship and Mess.....		30		15		

REMARKS—

The Candidate has:—

- (i) Passed a ~~V.G.~~/Good/~~Fair~~ Examination.
 (V.G.—85% and above, Good—70% to 85%, Fair—below 70%)
- (ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date 17th February 1943

[Signature]
 President of Board

Candidate's Signature (in full) Donald James Poole

Basic date of passing professionally for Petty Officer
 (K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is 9th February 1943

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. "....." on 194.....

Date.....

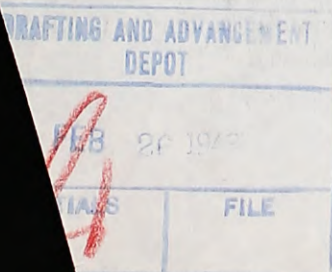
Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
 R.C.N. Barracks,

.....
 Captain

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

Date.....



DISTRIBUTION OF SERVICE ESTATES

FL

Estates Form "P. 4"

NAVY

Name: **POOLE, Donald J.** No: **H. 4649**
 Surname Christian Names
 Rank **P./O** Unit **H.M.C.S. "VALLEYFIELD"** Date of Death **7-5-44**

AMOUNT

Date: **26-1-45**
 L. P. C. \$ **54.57**
 Other Credits.....
 Total..... **54.57**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Elizabeth M. Poole, R.R. # 4, DENFIELD, Ont.,</p> <p align="right"><i>✓ R.</i></p> <p align="center">(Sole beneficiary under will)</p>	54.57

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 12/2/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	54.57
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

ID

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

4
 NAVY

BASED
 ON
 MEMBER'S
 NAME

Donald James
 (CHRISTIAN NAMES)

POOLE
 (SURNAME)

REGISTER NO. 4490

FILE NO. NSN-4649

DATE 15 June/45

PAYEE Mrs. Elizabeth Poole,
 ADDRESS R.R. #4, Denfield, Ont.

SERVICE NO. 46490

FINAL RANK OR RATING A/P.O.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

DATE OF DISCHARGE 7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1027 EQUAL TO 34 COMPLETE PERIODS AT \$7.50

\$ 255.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 637 LESS 7 INELIGIBLE DAYS, EQUAL TO 630 DAYS @ 25c. PER DAY

157.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.40
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.85 X7 = \$ 26.95
 NO. OF DAYS 630 X \$ 26.95
 183

92.78

D. WAR SERVICE GRATUITY

505.28

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

OTHER DEDUCTIONS \$

NIL

F. TOTAL AMOUNT PAYABLE

505.28

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 505.28

cheque 32135 29/6/45

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		CHECKED BY		TREASURY	
W		<i>[Signature]</i>		CHECKED BY	
				DATE	
		<i>Purvis McLeod</i>		<i>19/6/45</i>	

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.

TFH/CM

R E G I S T E R E D

AIR MAIL

N.S. N-4649. PERS.(N)

8 May, 1944.

27

Dear Mrs. Poole:

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, Donald James Poole, Petty Officer, Official Number 4649, Royal Canadian Navy, 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 DISPATCHED BY
PERSONNEL NAVAL

9 1944

SECRETARY, NAVAL BOARD.

Mrs. Elizabeth M. Poole,
R. R. # 4,
DENFIELD, Ontario.

W

W

FM

REGISTERED

FILE NO: N.S. N-4649 PERS (N)

30th August, 1944.

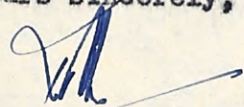
50

Dear Mrs. Poole:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Donald James Poole, Petty Officer, Official Number 4649, Royal Canadian Navy, 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,



SECRETARY, NAVAL BOARD.

Mrs. Elizabeth M. Poole,
R.R. #4,
Denfield, Ontario.

*Noted on Estate Card.
5-9-44 - G.P. Reg.*

Handwritten notes in red ink: "BCH 30/9/44", "708/5", "PM". There are also some scribbles and a checkmark.

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