

V57455
PORTER

JOHN

DAVID

25

13 May, 4.
N.S. V-57455 PERS. (N)

Dear Sir:

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

Name..... **PORTER,** **John David**
(Surname) (Christian Names)

Rank/Rating ... **Ordinary Seaman**

Official No. ... **V-57455 R.C.N.V.R.**

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

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

Address at time of Enlistment **.175 Glen Road,**
Toronto, Ont.

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

Occupation... **Student**

Name & Address of Next of Kin **..Father: Mr. Charles George Porter,**
175 Glen Road, Toronto, Ontario.

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

emc

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

*2 white
from
e*

30th August, 1944.

Dear Mr. Porter:

Further to my letter of the 12th of May, 1944, in view of the length of time that has elapsed since your son, John David Porter, Able Seaman, Official Number 4,57455, 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,

Despatched by
Sec. N. B.

Deputy SECRETARY, NAVAL BOARD.

Date 1/9/44
Time 1800

Mr. Charles George Porter,
175 Glen Road,
Toronto, Ont.

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

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

*30/9/44
NORIS
3m*

TFH:GJ

A I R M A I L

N.S. V-57455 PERS.(N)

24

12th May, 1944.

Dear Mr. Porter:

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 ~~Yours sincerely,~~
MAY 12 1944
J. God
SECRETARY, NAVAL BOARD.

Mr. Charles George Porter,
175 Glen Road,
Toronto, Ont.



Department of National Defence
Naval Service

REGISTERED

AIR MAIL

IN REPLY PLEASE QUOTE

N.S.

Ottawa, Canada

8 May, 1944.

21

Dear Mr. Porter:

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, John David Porter, Ordinary Seaman, Official Number V-57455, 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,

Earl Landness
SECRETARY, NAVAL BOARD.

Mr. Charles George Porter,
42 Summit Crescent,
Westmount, Quebec.



Department of National Defence
Naval Service

1138416

AUG 30 1944 194.....

IN REPLY PLEASE QUOTE

N.S. V-57455 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>
PORTER, John David, Ordinary Seaman, V-57455, 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.	Father: Mr. Charles George Porter, 175 Glen Road, Toronto, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL	<i>Yee</i>

Will: Attached.

Yours truly,

H.B. Money
for SECRETARY, NAVAL BOARD.

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

VERIFICATION FORM

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

RATING *P.B.* OFF. NO. *V-37435* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	/	<i>Star</i>
							ATLANTIC	/	Star
							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]

..... DIR. OF PERSONNEL RECORDS.

IN THE NAME OF GOD, AMEN

I, JOHN DAVID PORTER ORDINARY SEAMAN of His Majesty's Ship H.M.C.S. "YORK" TORONTO ONTARIO (now a Patient* in),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my father Mr. Charles George Porter, 175 Glen Road, Toronto, Ontario.

V-57455

356524

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

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

And I do hereby appoint Mr. Charles George Porter, 175 Glen Road, Toronto, 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 Toronto hereunto set my hand, this 24th day of March, in the Year of Our Lord One Thousand Nine Hundred and Forty-three.

J. D. Porter

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. C. Greenwood s/c V.R. J. Howe

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 J.P.

V57455

OFFICIAL NUMBER

NAME PORTER
(Surname)

John David
(Given Names)

OFFICIAL NUMBER

V57455 **P.I.B.**

Ship or Establishment	Rating	From			Remarks
		Day	Month	Year	
HMCS "York"	Ord. Smn.	24	3	43	Div. Str. Toronto
"	"	25	3	43	Active Service DL 25-3-43.
Cataraqui	"	29	3	43	DL 29-3-43.
Cornwallis	"	22	6	43	Ser. Cert.
Hamilton	"	28	8	43	Ser. Cert.
Cornwallis	"	4	9	43	Ser. Cert.
Stadacona	"	24	11	43	Ser. Cert.
Hochelaga 11	"	27	11	43	Ser. Cert.
Stadacona (Valleyfield)	"	8	12	43	Ser. Cert.
Avalon (Valleyfield)	"	1	3	44	Ser. Cert.
	A.B.	25	3	44	Rated. 249A-A13913.
DISCHARGED:	"	7	5	44	"Dead" Ser. Cert.

Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year		Day	Month	Year	Day	Month	Year
V.G.	Sat.	31	12	43.							
V.G.	Sat.	7	5	44.							

GENERAL REMARKS

Canadian Memorial Cross awarded to (Mother) Mrs. Chas. G. Porter, 175 Glen Road., Toronto, Ont. to date 13.10.44.

DATE OF BIRTH			PLACE BIRTH			CIVIL OCCU.			RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY	MO	YR.	BIRTH	MAIN	SUB	GNON	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK		
06	0	24	11	X	X	X	0	81	51	56	14	0	23	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE					
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR	RANK			
24	03	43	25	03	43					9690	0	08	95			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY	MO	YR.	CAT.	A	B	ST.										
25	03	43	13	00	00	21										

07-05-44 80 21.5.

V57455

OFFICIAL NUMBER

FILE NUMBER

113-P-2670

OFFICIAL NUMBER V57455

NAME PORTER (Surname) John David (Given Names) DATE OF BIRTH 6 October 1924PLACE OF BIRTH Toronto Ontario OCCUPATION StudentRELIGION Christian Science EDUCATION Grade 12 Part Jr. Matric.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 175 Glen Road Town Toronto 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
24	3	43	H.O.	5'9"	Fair	Hazel	Fair	Scar inside right hand palm near wrist.				

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) My Charles George PorterADDRESS (in pencil): Street and No. 42 Dundas Street West Town Toronto Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.					
Date (in figures)			Particulars	Date (in figures)			Particulars	PARTICULARS
Day	Month	Year		Day	Month	Year		
			Eligible for C.V.S.M. Ribbon & Clasp.	4	5	43	Passed E.T. One, R.C.N.	
				4	8	43	Qual. Anti-Gas, one day.	
				10	9	43	Marked "TR" 249A/30218.	

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
NOV 11 1943
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; dated 24-3-43; received.

W.S.G.
 APPLICATION
 3436
 RECEIVED

AWARDS

(NAVY)

D.D.

~~DECEASED~~ 7 May 1944

PORTER

John David

V-57455

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

7312

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

R.C.N.V.R. "VALLEYFIELD" Dec.44

(1) MEDALS
PERSON

ENTITLED TO Mr. Charles C. Porter - Father

ADDRESS: 175 Glen Rd.,
Toronto, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Charles G. Porter

ADDRESS: 175 Glen Road
TORONTO, Ontario

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 2231

(2)

(3) 13 October 1944

N.P.R.

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

27

.....13 May 1944.....
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
PORTER, John David	Ordinary Seaman	V-57455 R.C.N.V.R.

DATE OF ENLISTMENT - 24th March, 1943.

DATE OF DISCHARGE - Will be reported later.

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" at sea when ship in which he was serving
when and where any disability was incurred, or where death occurred. was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

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 - Father NAME - Mr. Charles George Porter,

ADDRESS - 175 Glen Road, Toronto, Ont.

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.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R/5

H.B. Money
for
SECRETARY, NAVAL BOARD. *emc*

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

*BR 12/16/44
NPR 15
C*

NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

UNEMPLOYMENT INSURANCE BOOK NO. L 696183 forwarded to 174 Spadina Avenue, Toronto, Ontario.

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5



CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... PORTER OFFICIAL No. 157455
CHRISTIAN NAMES..... JOHN DAVID MARRIED, SINGLE OR WIDOWER..... SINGLE

PERMANENT ADDRESS	RELIGION
175 Glen Road, Toronto, Ontario.	Christian Science,

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
6th October '24	Town Toronto County York Province Ontario.	Father Charles George Same Address
*Original Nationality of:		
Father Canadian		
Mother Canadian		

*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..... 37	Fair	Hazel	Fair	Scar inside right hand palm near wrist
Inches..... 9	Deflated..... 35				
149½	Mean..... 36				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade XII High School Part Jr. Matric.	STUDENT.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
DIV. STRENGTH 24th March, 1943.	ORDINARY SEAMAN R.C.N.V.R. (TEMP)	H.M.C.S. "YORK"

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	PERSONNEL RECORDS DIVISION
			1. Noted in Records
			2. Index Card
			3. Men Sub. Card
			4. Statistical Card
			5. Photo Strip
			6. Pension Card

(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.

DATE 7-11-43

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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..... ORDINARY SEAMAN by the prospect of being transferred at some future date to any other branch or rating.

Dated this..... 24th day of..... March, 1943.

Signature of applicant..... J. D. Porter

(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..... 24th day of..... March, 1943.

My authority for attestation is..... ..

..... H. C. Greenwood
Signature of and rank of Attesting Officer.
Sub-Lieutenant R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I,..... John David Porter 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..... J. D. Porter

Witness..... H. C. Greenwood

Date..... 24th March, 1943. Rank..... Sub-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.



CANADA

Can. B. 207

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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 Porter John David
Chief Steward
Candidate for entry as.....
I believe him to be * $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ He has signed the Certificate below in my presence.
Put if inapplicable *Delete one.

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

Age	Yrs. <u>18</u> Mos. <u>5</u>	(j) Date of last Vaccination for Smallpox	<u>never</u>
Height with bare feet	Feet <u>5</u> In. <u>9</u>	(k) General Development	<u>Good</u>
Height without clothes	<u>149 1/2</u>	(l) Nose, Throat and Tonsils	<u>Normal</u>
Ears and Hearing	<u>Normal</u>	(m) Heart and Lungs	<u>Normal</u>
Chest Girth	Max. <u>37</u> Min. <u>35</u> Mean <u>36</u>	(n) Abdomen Hernia, etc.	<u>Normal</u>
Teeth	Deficient <u>0</u> Defective <u>1</u> Dentures <u>0</u>	(o) Limbs and Joints	<u>Normal</u>
Vision by Snellens Types	without glasses <u>20/20</u> Rt. <u>20/20</u> Lt. <u>20/20</u> with glasses where worn	(p) Skin	<u>Normal</u>
Colour Vision	Ishihara <u>Normal</u> R.C.N. Lantern	(q) Anus Haemorrhoids	<u>Normal</u>
Chest X-ray	<u>A3854</u>	(r) Testes Varicocele	<u>Normal</u>
		(s) Urine	<u>Albumen neg.</u> <u>Serum neg.</u>

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 of the Ears, or any other disease likely to render me unfit for His Majesty's Service. †I am willing to undergo, if necessary, such dental treatment, vaccination, or inoculations as may be authorized.

J. Porter

Signature of Candidate

Meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer. 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.....

renders him medically unfit for service, considered of sufficient importance to cause his rejection, he being desirable in other respects.

IF REJECTED
insert here
in block letters

H.M.C.S. YORK SEND REPORT ON ENDS
STAN. KAHN.

Pos. Neg. Doubt Repeat

Examined at.....

MAR 22 1943

the.....

22 of.....

1943

KOLM. WASS

Pos. Neg. Doubt Repeat

R.H. Ross

Examining Medical Officer

(Rank).....SURGEON LIEUT. R. C. N. V. R.

N.V. 17
60M-9-42 (5943)
N.S. 815-11-17

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

John David PORTER

in the Royal Canadian Naval Volunteer Reserve

IC.N.S. 86338

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-57455</i>
	<i>H.M.C.S. "York"</i>	"
		"

Date of Birth <i>6 October 1924</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Toronto, York, Ontario</i>	<i>Father</i>
Place of Residence <i>175 Glen Road, Toronto, Ontario</i>	<i>Chas. George Porter</i>
Trade brought up to <i>Student</i>	<i>(same address)</i>
Religion <i>Christian Science</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>24 Mch: 43</i>	<i>Duration of Hostilities</i>	<i>Ordinary Seaman</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9</i>	<i>36</i>	<i>149 1/2</i>	<i>Fair</i>	<i>Hazel</i>	<i>Fair</i>	<i>scar inside right hand palm near wrist.</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

TL

DISTRIBUTION OF SERVICE ESTATES
NAVY

Estates Form "P. 4"

Name: **PORTER** **John D.** No.: **V57455**
Surname Christian Names

Rank **A/B.** Unit **R.C.N.V.R. O/S** Date of Death **7-5-45**

AMOUNT

Date: **23-5-45**

L.P.C.....\$	94.71
Other Credits.....	105.13
Total.....	199.84
Prev. Dist.	94.71
This Dist.	105.13

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Charles C. Porter, 175 Glen Road, TORONTO, Ontario. (sole beneficiary under will)	105.13

TO BE FORWARDED BY REG. MAIL DIRECT!
P4. TO TREAS. 10-7-45 QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$105.13
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
(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

39

H.M.C.S. "VALLEYFIELD" at SEA

Name JOHN DAVID PORTER (Christian names in full)

Rank or Rating Able Seaman Official No. V. 57455 (If unknown, date of first entry)

Place of Birth Toronto, Ontario Date of Birth 6 Oct. 1924

Occupation in Civil Life Student Religion Christian Science

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 year 1 mo.

Date of Death 7th Nov. 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 Mr. Charles G. PORTER Relationship Father Address 175 Glen Road, Toronto, Ontario

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

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

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

17th Nov. 1944

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.

STATEMENT OF ACCOUNT

48

True extract from the ledger of H.M.C.S. "AVALON" "VALLEYFIELD" ending 30 June 1944

List ^{12²} No. 16 (Name) PORTER, John D. Rank Rating A.B. No. V.57455

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

CREDIT from former account	\$	c.	
	32	35	
Pay as A.B. from 1 Apl to 31 May (61 days at \$1.85 a day)	112	85	
Adjust. A.B. " 25 Mch " 31 Mch (7 " .35 ")	2	45	
" " " " " " " " " " "			
" " " " " " " " " " "			
" " " " " " " " " " "			
Kit Upkeep Allowance Adjustment March, 1944 1 Apl - 7 May	244	33	
	4	47	
OTHER CREDITS:			
Total credits		152	45

DEBT from former account N I L

PAYMENTS:—	1st		2nd		3rd		4th		5th			
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month	32.00		8.94								Total	40 94
2nd month											Total	
3rd month											Total	

Allotment 16.80 chged for Apl. 16 80

Pension deduction (Officers) charged to of

Hospital stoppages

Mulcts

OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates 94 71
(Present War)

LEDGER: *Get* Total debits 152 45

AUDIT: *(Signature)* Balance Cr. or Dr. N I L
(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37

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

Date 5 June 1944

(Signature)
PAY LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

*2
 Paid 19/9/44 142559
 49

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
 and the other Credits of Men Discharged to the
 Shore, D. D. or Run

Name.....PORTER. John D......Rating.....A.B......
 Official No. V. 57455.....H.M.C. SAVALON " VALLEYFIELD.....List 12²/16.....
 Who*.....DISCHARGED DEAD.....on the.....7 May.....44.....

	\$	cts.
Net sum due on ledger on account of Wages.....	NIL	
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Adm. Naval Estates (Present War)</u>	94	71
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... <u>Nil</u>charged to..... <u>--</u>		
Name of ship from which transferred..... <u>HMCS. "VALLEYFIELD"</u>		
Total†..... <u>CREDITOR</u>	94	71

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

Dated on board H.M.C.S. AVALON at ST. JOHN'S
NFLD. this FIFTH day of JUNE 19 44

Approved [Signature] PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer
[Signature] { Initials of the Assistant Accountant Officer
A/CAPTAIN. RCN Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
 No.....to.....

Signature.....
 Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
 Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46
 5M-2-42 (3801)
 H.Q. N.S. 815-9-45
 AUTHORITY: AVALON'S CNS 249A #A13927 dated 19 May, 1944
 LEDGER: [Signature]
 AUDIT: [Signature]

Mr. Charles George Porter,
 175 Glen Road,
 Toronto, Ont.

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

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

and the following number quoted:—

H.Q. V. - 57455 FD. 529

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

PORTER, John David Able Seaman,

V-57455, 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/



M. Machin
 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.....	<i>Not Applicable</i>		
2	Children of the Deceased and dates of their Births.....	<i>Not Applicable</i>		
3	Father of the Deceased.....	<i>Charles G. Porter</i>	<i>48</i>	<i>175 Elenka Torah out</i>
4	Mother of the Deceased.....	<i>Fluence Porter</i>	<i>47</i>	<i>do</i>
5	Brothers of the Deceased	Full Blood	<i>Charles Robert Porter</i>	<i>21</i> <i>R.C.A.F.</i>
		Half Blood	<i>None</i>	
6	Sisters of the Deceased	Full Blood	<i>None</i>	
		Half Blood	<i>None</i>	
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	
	<i>None</i>	<i>None</i>	<i>✓</i>	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John David Porter.
9	Date of his birth.	Oct. 6 th 1924.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Stoney Lake - Ont. Aug 2 nd 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto. Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ont. (b) (c) (d)
14	Nature of employment before enlistment.	School.
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not unless, in the Service RCNVR.
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?	Not unless after joining RCNVR.
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.	Registered 100 ⁰⁰ and sent to his mother, by Naval Service
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.	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.	Died May 7 th result of the sinking of H.M.C.S. Valleyfield

(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.)

DECLARATION

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

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

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

C. J. Porter, {Signature of Informant
175 Glen Rd. Toronto, Ont. Address

CERTIFICATE

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

See above. C. Porter { Name of informant } is the father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Toronto this 14th day of September 19 44

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

[Signature] Qualification A. Notary Public
in and for the Province of Ontario
Address 372 Bay St. Toronto

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

FILE NO.

TO

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
_____	_____	_____	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
		Total Days	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
<i>Hamilton</i>	<i>28 Aug '43</i>	<i>3 Sep '43</i>	<i>7</i>
<i>Valleyfield</i>	<i>8 Dec '43</i>	<i>7 May '44</i>	<i>152</i>
			<i>159</i>

24
 31
 29
 13
 30
 7

 152

for (H.B. Money)
 Payr. Gdnr. R.C.M.R.
 Officer-in-Charge
 Naval Personnel Records

DATE: _____
 Computed by _____
 Checked by _____
 JAN 7 1944

3436

TO: D.N.P.A.

FILE No. N.S. V-57455

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>PORTER</u>	<u>John David</u>	<u>V-57455</u>	<u>A.B.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead

Application made by Father no Record of Pension

DA - nil - AP - nil

TOTAL SERVICE

Date of Active Service 25 Mch '43

Date of Discharge 7 May '44

Total No. of Days 410

Less non qualifying service nil

366
7.
30 apr
7 May
410

Total Days 410

OVERSEAS SERVICE

% Total No. of Days 159

Less non qualifying service nil

Total Days 159

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf

HC
Copy

Computed By _____
Checked By _____

JAN 5 1945

DATE: _____

J.B. McCreger
for (H.B. Money)
Payr. Cmdr, R.C.N.R.
Officer-in-Charge
Naval Personnel Records

Applicant's Father

3436 ✓

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member John David PORTER Rank or Rating A B O. No. V57455

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. _____
A.P. _____
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: No record ✓

3. War Service Gratuity Application(s) received from: Charles G Porter
175 Glen Rd.
Toronto, Ont. ✓

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to: _____ In the proportion of: /

- and -

to: _____ In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

~~Group "B" (ii)~~
Group "C" of the above mentioned Directive.

Date 2-3-45

[Signature]
for D.N.P.A. (G) [Signature]

DC

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

4
 NAVY

DECEASED MEMBER'S NAME		John David (CHRISTIAN NAMES)	PORTER (SURNAME)	REGISTER NO. 3436
PAYEE ADDRESS		Director of Estates, 308 Sparks St., Ottawa, Ont.	for Service Estate of N.S.V-57455, John D. PORTER.	FILE NO. NSV-57455 DATE 24 May/45 SERVICE NO. V-57455 FINAL RANK OR RATING A.B.
DATE OF TERMINATION OF OVERSEAS SERVICE		7 May/44	DATE OF DISCHARGE	7 May/44
A. TOTAL QUALIFYING SERVICE				\$
		NO. OF DAYS 410 30	EQUAL TO 13 COMPLETE PERIODS AT \$7.50	97.50
B. QUALIFYING OVERSEAS SERVICE				
		NO. OF DAYS 159	LESS 20 INELIGIBLE DAYS, EQUAL TO 139 DAYS @ 25C. PER DAY	34.75
C. SUPPLEMENT FOR OVERSEAS SERVICE				
DAILY RATES AT DISCHARGE				
		PAY	\$ 1.85	
		SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25	
		ADDITIONAL PAY H.L.M.	\$.13	
			\$	
			\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$			\$	
		TOTAL	\$ 3.23 X7 = \$ 22.61	
		NO. OF DAYS 139 183	X\$ 22.61	17.18
D. WAR SERVICE GRATUITY				149.43
E. DEDUCTIONS		OVERPAYMENT OF PAY AND ALLOWANCES \$	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	NIL
		OTHER DEDUCTIONS	\$	
F. TOTAL AMOUNT PAYABLE				149.43

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 149.43

Voucher 309- 12/6-45

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		DATE	
DHJ		A. D. K.		22/1/45	

SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting.

Navy
 Army
 Air Force

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

400907

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity (Canadian Armed Forces)

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

1. Surname on termination of service **PORTER.** (Print)
2. Christian Names **JOHN. DAVID.** (Print)
3. Service No. **V57455** 4. Paid rank or rating at date of termination of Service **A/B Seaman**
5. Address, in full, to which payments of gratuity are to be forwarded.
Charles G. Porter
175 Glen Rd. - Toronto Ont.

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

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
R.C.N.V.R.	V57455	A/B	MARCH 1943	MAY 7 1944

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? **N.A.** If so, state name of Force or Forces.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? **N.A.** If so, state the Force or Forces, with dates of commencement and termination of service.

Not Enlisted
ES.

NAVAL PERSONNEL RECORDS
JAN 5 - 1945
3436
WAR SERVICE GRATUITY SECTION

RECEIVED
JAN 5 1945
NS. HQ.

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

MAY 7 1944
(Date)

John David Porter
(Signature of Applicant)
for my son
J. D. Porter - Deceased

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

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

See file H.Q. NS. NS54755-FD.529. Estates Branch
Dept of National Defence, Ottawa

Application for War Service Gratuity

(Canadian Armed Forces)

1. Complete this form in full, in the English language, and in the presence of a witness. If any question is not explained, it is to be inserted.

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

3. Have you during the present war, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Royal Military or Air Forces of His Majesty, or of any power allied or associated with His Majesty?

4. Have you during the present war, while not a member of the Canadian Armed Forces, been appointed to or called in any of the Royal Military or Air Forces of His Majesty (other than the Canadian Army)?

5. If so, state name of force or forces.

6. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

7. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

8. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

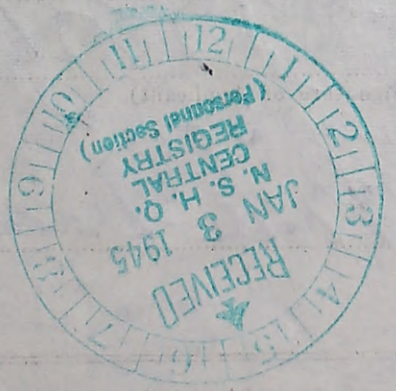
9. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

10. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

11. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

12. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.

13. If you have served in any of the forces mentioned in questions 3, 4 and 5, state the name of the force, the rank or position held, the date of entry into service, and the date of discharge or termination of service.



It is noted that in some above responses a change of name given in question 1, insert here the name at termination of service. As changes will be noted in the name given in question 1, a specific address in question 2 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service to which you have served. The name of the Service, the rank or position held, the date of entry into service, and the date of discharge or termination of service, is to be accompanied by Certificate of Service in the case of release.

Any - The Secretary, Department of National Defence (Army), Ottawa, Attention: Grants for Veterans.
Air Force - The Secretary, Department of National Defence for the Air Force, Attention: Veterans' Affairs.

Sr 98B

FORM-7-42 (5438)
N.S. 815-9-98B

KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

PORTER, J.

O/SMN

VNK

Name

Rating

Official No.

* State where issue made.

Name

Scale Allowed		Forms S.1048 on which issues were made									
R.C.N.	R.C.N.V.R.	Article	No.	Date	Griffon						
				* Place	York						
		Bags, Klt	1								
		Bags, Soap	1								
		Belts, Life									
		Belts, Waist	1								
		Boots, half	2								
		Brushes, Hard	1								
		“ Polishing	1								
		“ Clothes	1								
		“ Hair	1								
		“ Tooth	1								
		Caps, blue cloth	2								
		Caps, white duck	1								
		Cases, attache	1								
		Combs, horn	1								
		Collars, blue jean	3								
		Coats, oilskin	1								
		Drawers	2								
		Jerseys, naval	1								
		Jerseys, sport	2								
		(b) Knives, with spike	1								
		Lanyards, knife	2								
		Overcoats	1								
		Ribbons, Cap	2								
		Scarves, black silk	2								
		Shoes, black leather									
		Shoes, gymnastic	1								
		Shorts, recreational, drill	2								
		Shorts, tropical	2								
		Singlets, tropical									
		Socks, pairs	2								
		Stockings, pairs	2								
		(a) Suits, blue overall	1								
		Towels	2								
		Type									
		Vests, flannel	3								
		Vests, cotton uniform									
		Vests, Singlets for wear under Vests, cotton uniform	2								
		Jumpers, serge	2								
		Jumpers, duck working	2								
		Trousers, serge	2								
		Trousers, duck	2								
		Beds	1								
		Blankets	2								
		Bed Covers	2								
		Hammocks	2								
		Clews and Lanyards, sets	1								
		Lashing	1								
		(b) Manual of Seamanship	1								
									Brushes, blacking	1	
									Rubbers	1	

Description	Year Issued			
	19.43	19.....	19.....	19.....
Caps, Winter	1			
Comforters				
Drawers, Woollen	2			
Helmets, Balaclava				
Jerseys, Naval				

Description	Year Issued			
	19.....	19.....	19.....	19.....
Comforters				
Helmets, Balaclava				
Gloves or Mitts				
Socks				
Stockings				
Sweaters				

Every item of information should be carefully supplied. (See reverse side for instructions)
 THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED
 WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

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

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

3. PRINT FULL NAME OF DECEASED PORTER John David
 (Family name) (Given name or names in usual order)

RESIDENCE No. 175 Street Glen Road City, Town, Village or Township Toronto 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>
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8. BIRTHPLACE Ontario.
 (Province or Country)

9. DATE OF BIRTH October 6 1924
 (Month) (Day) (Year)

10. AGE in	Years <u>19</u>	Months <u>7</u>	Days	If less than one day old hrs. or min.
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11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Student.

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 (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here [Signature]
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Officer i/c, Naval Personnel Records.

21. Place of Burial, Cremation or Removal Body not recovered.
 Date of burial or removal

22. Burial Permit was issued by _____
 Address _____

23. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

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

26. If a communicable disease is mentioned on this certificate, give

(a) Date of appearance _____ 19____	(b) Duration of disease _____ days
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27. If a woman, was the death associated with pregnancy? _____

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

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? _____ Date of injury _____ 19____
 (State which)

Manner of injury _____ (How sustained)

Nature of injury _____

Specify whether injury occurred in industry, in home, or in public place _____

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

30. Division Registrar's Record No. _____

31. Filed _____ 19____ (Division Registrar)

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..... **JOHN DAVID PORTER** (b) Reg'l. No. **157453**
2. (a) Arm of service..... **NAVY** (b) Unit..... **R.C.M.V.P.** (c) Rank..... **ORD. SNW.**
3. (a) Date of birth..... **6 Oct. 1924** (b) Have you any dependents?..... **No.** (c) Place of residence at time of enlistment..... **Toronto, Ont.**
4. (a) Place of enlistment..... **Toronto, Ont.** (b) Date of enlistment..... **24 Mar. 1943**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **18** (b) Were you attending school or college up to the time of enlistment?..... **yes.**
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.)..... **4th Year High School**
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... **no** (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... **English** (b) What languages do you read well?..... **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)..... **STUDENT.** (b) At time of enlistment of what trade union or professional society were you a member?.....

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..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... **NO**
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... **RETURN TO SCHOOL**



DATE..... **24th March 1943** SIGNATURE..... *J. Porter*

APR 10 1943

Copy To
VWD
ES