

RALPH  
GEORGE  
4122



NAVY                      ARMY                      R.F.C.                       
**STATEMENT OF WAR SERVICE GRATUITY**

George  
 (CHRISTIAN NAMES)

RALPH  
 (SURNAME)

REGISTER NO. 7318

FILE NO. NS. N. 4122

EMPLOYEE Mrs. Mary Ralph,  
 ADDRESS 257 E - 22nd Ave.,  
 Vancouver, B.C.

DATE 17th April 44

SERVICE NO. N. 4122

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 1197 EQUAL TO 39 COMPLETE PERIODS AT \$7.50

\$ 292.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 880 LESS 27 INELIGIBLE DAYS, EQUAL TO 853 DAYS @ 25C. PER DAY

213.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY L.R. III	\$ .10	
Q.O.	\$ .10	
H.L.M.	\$ .13	
DEPENDENTS' ALLOWANCE 1/30 OF \$ 25.00	\$ .83	
TOTAL	\$ 4.46	X7 = \$ 31.22
NO. OF DAYS 183		X\$ 31.22

145.52

D. WAR SERVICE GRATUITY

651.27

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

651.27

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 651.27

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

*cheque # 2392- 21/4/45*

**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 SJD  
 CHECKED BY *[Signature]*

TREASURY  
 CHECKED BY *[Signature]* DATE 18/4/45

*[Signature]*  
 SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



RCN Dec.44 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Mary Ralph - Mother

ADDRESS: ~~257 East 22nd Ave.~~, 607 East 28th Ave.,  
VANCOUVER, B.C.

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER

Mrs. Mary Ralph

ADDRESS: 257 E 22nd Ave., Vancouver, B.C.

MEMORIAL BAR

(1)  
DATE DESP

REGN. NO

3/5

(2)

(3)

10-10-44

D OF D 7-5-44

NAVY

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.  
WAR SERVICE RECORDS

RALPH George		N-4122	A.B.	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	
Atlantic Star	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	430 17.10.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

















# 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 George Ralph  
candidate for entry as Boy Seaman Class  
and I believe him to be \* in all respects fit for His Majesty's Service. } He has signed  
the Certificate given below in my presence. }  
unfit for His Majesty's Service, for the reason stated below.

Dated at Campbell River BC the 30<sup>th</sup> of October 19 40

W. Richardson  
Examining Medical Officer  
(Rank) Ex Major CMIC

\*Delete one

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

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Ventricles, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
17 yrs 1 mon	150 lbs.	5' 10 1/2 ins.	Good	inches (a) maximum 37 (b) minimum 35 1/2 (c) mean 34 1/2	right eye 6/6 left eye 6/60 colour vision Normal	vaccinated once at 6 yrs age	Normal	Normal	Normal	Normal	Normal W-V-20 ft.	Normal	Mouth healthy 3 extracted 1 defective	Negative

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

### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

George Ralph  
Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

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

\*Delete one

Examining Medical Officer

(Rank).....

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



BOY (SEAMAN CLASS)

No. Name RALPH, George Nationality Br. (Can.) File FD 196

Date of Birth September 23, 1923 Married S Religion

Date of Application June 4, 1940 Medically Examined 20/10/40 O.K.

Address QUATHIASKI COVE, B. C.

Education High School Entrance

Previous Experience

Remarks 11/6/40 - Roster

Directions Re Entry 11/6/40 - Letter to Applicant 6/11/40 In re January

Ent 27/1/41



S.—1245B. (Revised—October, 1937.)  
 4M—3-40 (4253)  
 N.S. 815-9-1245B.

*11th 9.0's*

# TORPEDO HISTORY SHEET

(See K.R. & A.I., Article 609)

To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Surname **RALPH** Christian Names **GEORGE** Port Division **R. C. N. WESTERN DIV.** Official Number **4122**

*64.6 % Passed*

## Record of Torpedo Examinations:

Information is to be inserted when a rating qualifies in torpedo for A.B. and as regards examinations for acting as well as confirmed torpedo ratings.

Marks obtained in each subject are to be shown as a fraction of the possible total, thus  $\frac{115}{150}$

Date	Ship or School	Rating held	Torpedo Rating examined for	Q., R., or F.	Examination Marks												REMARKS	Captain's Initials	
					School	Whitehead	Mining and P.V.s	High Power	Low Power	Gyro Compass	Torpedo Control	Seaman's Electrical	Stores and Accounts			Total Percentage			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
<i>30.5.41</i>	<i>Nader</i>	<i>Boy/c.</i>	<i>A.B.</i>	<i>G</i>				<i>73/100</i>									<i>73%</i>		<i>[Signature]</i>







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

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

*George RALPH*

IN THE ROYAL CANADIAN NAVY

Official Number *4122*

Date of birth <i>23 September, 1923</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province <i>British Columbia</i> Town or county <i>Vancouver</i>	Name: <i>Mary</i>
Trade brought up to <i>Fisherman</i>	Relationship: <i>Mother</i>
Religious denomination <i>Church of England</i>	Address: <i>127 E 18th Ave Vancouver B.C. Columbia 3122 143</i>
Date passed swimming test <i>P.S.T. Good. 13 June 1941</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
<i>1. 27 Jan '41</i>	<i>23 Sep. '41</i>	<i>7 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
<i>Recd 25 Feb 44</i>	<i>Canadian Voluntary Service Medal &amp; Clasp - P.A.</i>		
<i>Recd 25 Feb 44</i>	<i>1939-43 Star - Pres. Award.</i>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....	<i>5</i>	<i>11</i>	<i>36</i>	<i>Brown</i>	<i>Hazel</i>	<i>Fresh</i>	<i>Nil</i>
On advancement to man's rating or on entry under 28 years.....							
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary....							



















VERIFICATION FORM

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

.....RANK/RATING ..... *AB* ..... OFF.NO. *N-4122* ..... ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>star</i>
<i>at.</i>							ATLANTIC	1	<i>star</i>
<i>at.</i>							FRANCE G.		
<i>at.</i>							AFRICA	2	<i>+ clasp</i>
<i>At. - Med Africa + clasp At.</i>							PACIFIC		
<i>at.</i>							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>+ clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

*Dis "Dead"*  
*7-5-44*

VERIFIED BY *J.B.* ✓

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



**DISTRIBUTION OF SERVICE ESTATES**

Estates Form "P. 4"

NAVY

Name: **RALPH** Surname **George** Christian Names No.: **H.4122**

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

AMOUNT

Date: **13-12-44**  
 L.P.C.....\$ **57.22**  
 Other Credits.....  
 Total..... **57.22**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<b>All</b>	<b>Mother</b>	<p><b>Mrs. Mary Ralph,</b>  <b>257 East 22nd Ave.,</b>  <b>Vancouver, B.C.</b></p> <p>(as next of kin entitled)</p> <p><b>TO BE FORWARDED BY REG. MAIL DIRECT.</b></p> <p><b>P4. TO TREAS. 14/12/44</b></p>	<b>57.22</b>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<b>531</b>	<b>00</b>	<b>50</b>	<b>000</b>	<b>57.22</b>
CLASSIFIED BY			EXAMINED BY		
Original Signed by <b>K. L. McCUAIG</b>			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



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

Mrs. Mary Ralph,  
257 East 22nd Avenue,  
Vancouver, B.C.

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

and the following number quoted:—

H.Q. N. 4122 FD. 531

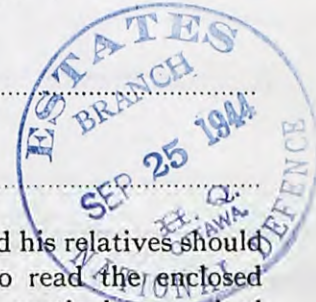
DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

September 12 1944

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

RALPH, George, Able Seaman,

4122, R.C.M.



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.

*M. Weeds*  
Commander Service  
Director of Estates.

GC/



## 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>no</i>			
2	Children of the Deceased and dates of their Births..... <i>no</i>			
3	Father of the Deceased.....	<i>George Ralph</i>		<i>Deceased Oct 30, 1932.</i>
4	Mother of the Deceased.....	<i>Mary Ralph</i>	<i>53</i>	<i>257 E. 22 ave. Vancouver, B.C.</i>
5	Brothers of the Deceased	Full Blood	<i>Daniel McPherson Ralph</i> <i>24</i>	<i>257 E. 22 ave. Vancouver, B.C.</i>
		Half Blood	<i>John William Ralph</i> <i>25</i>	<i>H.M.C.S. Glendower, 110 F.M.O. Halifax, N.S.</i>
6	Sisters of the Deceased	Full Blood	<i>Violet Mary Ralph</i> <i>17</i>	<i>257 E. 22 ave. Vancouver, B.C.</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, <i>who are dead</i> , and date of death of each.	Names and ages of their children (if any)	Address of their children	



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	George Ralph
9	Date of his birth.	Sept. 23, 1923
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Vancouver B.C. Mar. 9, 1917

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Vancouver, B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) British Columbia (b) 17 years. (c) (d)
14	Nature of employment before enlistment.	Fisherman
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.	Vancouver, B.C.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(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.

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 Mary Ralph

{Signature of Informant

257 E 22<sup>nd</sup> Ave. Address

Vancouver B.C.

CERTIFICATE

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

\*See above. { 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 Vancouver B.C. this 19<sup>th</sup> day of September 1944

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

G. L. Devere

Qualification Notary Public

Address 4077 Main St. Vancouver B.C.

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

OTHER PARTICULARS



# OCCUPATIONAL HISTORY FORM

62-R. 294  
28

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

PLEASE LEAVE BLANK

1. (a) Print name in full RALPH, George. (b) Reg'l. No. 4122  
 2. (a) Arm of service NAVY (b) Unit R.C.N. (c) Rank Boy Sqn.  
 3. (a) Date of birth 23 Sep '23 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Quathiaski Cove.  
 4. (a) Place of enlistment Esquimaut, B. C. (b) Date of enlistment 27 Jan. '41.

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 (b) Were you attending school or college up to the time of enlistment? No  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 8  
 7. If you attended a university, give name of university and standing or degree secured.....  
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....  
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member?.....

## 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 Self Address Quathiaski  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Fishing  
 20. (a) Your specific occupation Fisherman (b) Number of years' experience at this occupation with any employer 3 Yrs.  
 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 Fisherman (b) Where was it located? Quathiaski, B. C.  
 23. (a) Number of years engaged in this business 3 Yrs. (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....  
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

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

DATE 9th May, 194.....

SIGNATURE

George Ralph





COPY TO  
VWB  
ES

JUN 3 1941



**PROVINCE OF BRITISH COLUMBIA**  
**PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS**  
**REGISTRATION OF DEATH**

Reg. No. (Office use only)

**MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.**  
 CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.  
 RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

**1. PLACE OF DEATH**  
 Name of city or place At Sea Name of Municipality (if any) \_\_\_\_\_  
 Street or road \_\_\_\_\_ House No. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give the name instead of street and number)

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

**3. PRINT FULL NAME OF DECEASED** RALPH George  
 (Surname or last name) (Given or Christian names)

**4. PERMANENT RESIDENCE OF DECEASED:**  
 Name of city or place Quathlanish, B.C. Name of Municipality (if any) \_\_\_\_\_  
 Street or road \_\_\_\_\_ House No. 77

<b>5. SEX</b> Male	<b>6. CITIZENSHIP</b> (See marginal note) Canadian	<b>7. RACIAL ORIGIN</b> (See marginal note) English	<b>8. Single, Married, Widowed or Divorced</b> (Write the word) Single	<b>9. BIRTHPLACE</b> (Province or Country) British Columbia.
-----------------------	--	---	--	---

**10. Date of Birth** September 23 1923 **11. AGE** 20 8 7  
 (Month by name) (Day) (Year) Years Months Days If less than one day  
 hrs. or min.

**12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.** Fisherman  
**(b) Kind of industry or business, as paper mill, lumber, bank, etc.** \_\_\_\_\_  
 (If labourer specify kind of work above)

**13. Date deceased last worked at this occupation** \_\_\_\_\_ **14. Total years spent in this occupation** \_\_\_\_\_

**15. If married, widowed or divorced give name of husband or maiden name of wife of deceased** \_\_\_\_\_

**16. Name of father** \_\_\_\_\_ (Surname or last name) (Given or Christian names)

**17. Maiden name of mother** \_\_\_\_\_ (Surname or last name) (Given or Christian names)

**18. Birthplace:—**  
 Father \_\_\_\_\_ Mother \_\_\_\_\_  
 (Province or Country) (Province or Country)

**19. I certify the foregoing to be true and correct to the best of my knowledge and belief.**  
 Given under my hand at Naval Personnel Records, Ottawa, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
 Signature of informant H. B. Money Relationship to deceased Officer i/s  
 Address Naval Personnel Records, Ottawa

**20. Burial, Cremation or Removal** Body not recovered Date \_\_\_\_\_ 19\_\_\_\_  
 (Month by name) (Day) (Year)

Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_  
 (Municipality)

**21. Undertaker:—**  
 Name \_\_\_\_\_ Address \_\_\_\_\_

**22. Marginal Notations (Office use only)**

**MEDICAL CERTIFICATE OF DEATH**

**23. DATE OF DEATH** May 7th 1944  
 (Month by name) (Day) (Year)

**24. I HEREBY CERTIFY that I attended deceased from** \_\_\_\_\_ 19\_\_\_\_  
 to \_\_\_\_\_ 19\_\_\_\_, and last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

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

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

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

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

**Signed by** \_\_\_\_\_ **Designation** \_\_\_\_\_ M.D., Coroner, etc.  
**Address** \_\_\_\_\_ **Date** \_\_\_\_\_ 19\_\_\_\_

**28. I hereby certify that the above return was made to me at** \_\_\_\_\_  
 Dated \_\_\_\_\_ 19\_\_\_\_ (District Registrar)

Stillbirth consult reverse side before making out certificate.



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

412070

Sir;

.....30th August, 1944.....  
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
RALPH, George	Able Seaman	4122 R.C.N.

DATE OF ENLISTMENT - 27 January, 1941.

DATE OF DISCHARGE - 7 May, 1944.

HOSPITAL -  
(If discharged in hospital under jurisdiction of D.P. & N.H.)SERVICE - CANADA AND HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"  
when and where any disability was torpedoed and sunk by enemy action in the Atlantic.  
was incurred, or where death occurred.

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

NEXT OF KIN &amp; RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Mary Ralph,

ADDRESS - 257 East 22nd Avenue, Vancouver, B. C.

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

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

P.A.'S CHECKED IN

C.R. BY.....

C. R.
P. A.
NAVAL TREASURY
DATE 5/9/44
INITIAL K



REMARKS:.....

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

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

Mrs. Mary Ralph,	mother		
------------------	--------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	nil	28.00	28.00

To Whom Paid:	Mrs. Mary Ralph	Address	257 East 22nd Ave., Vancouver, B.C.
---------------	-----------------	---------	--

Date of Enlistment: see other side

Date of Discharge: see other side

Inclusive date to which D.A. and/or A.P. was Paid: 31st May 1944.

The final deduction of Assigned Pay for 28.00 has been made for the period from 1st to 31st of May 1944

Remarks: Allottee not in receipt of Dependents' Allowance.

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

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

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



70/11

REFERENCE  
62-21-4R  
2

# CONSENT PAPER

(This paper is required in all cases where the Candidate is under the age of 18 years, in addition to the Certificate of Birth or Declaration.)

M 25909

\*Strike out "son" or "ward" as the case may be.

I hereby certify that my <sup>son,\*</sup>~~ward~~ George Ralph has my full consent (being himself willing) to enter the Naval Service of Canada for a period of seven years' continuous and general service, from the age of 18, in addition to whatever period may be necessary until he attains that age, agreeably to the King's Regulations.

He has not been in a Reformatory, nor has he been sentenced to imprisonment.

I declare that he has never had fits.

† No alteration or erasure is to be made in the date of birth given.

The date of the boy's birth is 23<sup>rd</sup> Sept 1923

His Religious persuasion is Protestant

Witness my hand at Lutski Cove

21 day of May 1940

††Strike out "Parent's" or "Guardian's" as the case may be.

Parent's <sup>Signature in full</sup>~~Guardian's~~ M<sup>rs</sup> Mary Ralph

‡ Must be signed by the Father, if alive, or satisfactory explanation made.

Parent's <sup>Address</sup>~~Guardian's~~ Lutski Cove

In the case of a Guardian see other side.

I, the above named George Ralph do consent to enter the Naval Service of Canada.

§ The Boy and Parent or Guardian must sign in the presence of the witness to their signatures.

§ Boy's signature in full George Ralph

Signed by the said <sup>[Here write boy's name]</sup> George Ralph

And <sup>[Here write Parent's or Guardian's name]</sup> M<sup>rs</sup> Mary Ralph

In the presence of { P. E. Lewis Stipendiary Magistrate  
Witness to signature of Boy, and Parent or Guardian.  
Address. [OVER]

no no



CERTIFICATE

§ Strike out "Parent" or "Guardian" as the case may be.

\*\*Strike out "he" or "she" according to sex of Parent or Guardian.

†The assertion of the boy himself should not be taken as sufficient warrant for this statement.

I certify that I am personally acquainted with this Boy's § <sup>Parent,</sup> ~~Guardian,~~ and am aware\*\* ~~he~~ <sup>she</sup> has consented to the Boy's entry as above, and I believe the particulars stated herein to be true.

.....Clergyman of the Parish.

or P. E. Lewis .....Resident Householder

Storekeeper .....Occupation.....

Inathiaski 200 .....Address

May 14 .....1934

Particulars to be stated, if possible, in the case of a Boy whose Father is dead

Date of Father's death...Oct 31<sup>st</sup>. 1932.....

Place of death...Vancouver.....

Signed...M<sup>r</sup> Mary Ralph.....Mother.

Particulars to be stated, if possible, in the case of a Boy whose Parents are both dead

Date of Father's death.....

Place of death.....

Date of Mother's death.....

Place of Mother's death.....

Signed.....Guardian.



DEPARTMENT OF NATIONAL DEFENCE  
(Naval Service)

M 29637

C.N.S. 2417  
10M-9-38  
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

QUATHIASKI COVE  
(Place)

JUNE 4 1940  
(Date)

The Naval Secretary,  
Department of National Defence,  
OTTAWA.

SIR:— I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Boy (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) GEORGE RALPH
- Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) SEP. 23, 1923
- Place of Birth. Town Vancouver, Province British Columbia N.B.
- Permanent Place of Residence. No. Street. Town Quathiaski Cove, Province British Columbia
- Are you a British Subject? Yes
- How long have you resided in Canada? 16 years
- 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? Passed High School Entrance

(Certificates of School Authorities must be attached)

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

13. Do you belong to any Naval, Military, Air or Police Force? No

14. If so, give details.

15. Have you ever served in such forces? No

16. If so, give dates and details.

17. Have you ever been discharged from His Majesty's Forces as medically unfit? No

18. Have you ever offered to serve in His Majesty's Forces and been rejected? No

Why?

19. Have you ever been convicted of a criminal offence? No  
(Enclose two character references, one of which must confirm your answer to Question 19)

20. What is your weight? 151 lbs. Height 5 ft 11 in. Chest Measurement (Not inflated) 33 in.

21. Have you ever had fits? No

22. Do you suffer from any deformity? No

23. Have you suffered the loss of any fingers, toes, etc.? No

24. Do you suffer from any disease? No

25. Do you wear glasses? No

26. Are you subject to any disability which might cause your rejection?  
No

27. Give details.

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

P. E. Lewis S.M.  
Signature of Witness

George Ralph  
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 Quathiaski Cove

this 4<sup>th</sup> day of June, 1940, in the presence of

P. E. Lewis S.M.  
Signature of Witness

M<sup>rs</sup> Mary Ralph  
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



MAIN FILE *Reynolds*  
CHARGED TO *Reynolds*  
SINCE  
REC'D. CENTRAL REGISTRY  
JUN 9 1940  
REFERRED TO *Reynolds*



ALB/BN

N.S. 62-21-4 "R"  
FD 196

13

November 6, 1940


Sir:

With further reference to your application for entry into the Permanent Force of the Royal Canadian Navy, as a Boy (Seaman Class), I am directed to inform you that Certificate of Medical Examination, dated 30th October, 1940, shows you to be medically fit.

As all existing vacancies were filled, however, before your Medical Report was received, you cannot be entered at present but you will be considered along with other eligible candidates when the next class is being entered in January, 1941. You will, therefore, receive further instructions in due course from Naval Service Headquarters, Ottawa.

You should keep Naval Service Headquarters, Ottawa, advised of any change in your address.

Yours truly,

  
(J. O. B. LeBlanc),  
ASSISTANT NAVAL SECRETARY.

Mr. George Ralph,  
QUATHIASKI COVE, B.C.



APPROVAL: N.S. 62-21-4 "R" F.D. 196 of 20th December, 1940.

H. M. C. S.

NADEN

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

4122

13583

**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 <b>George RALPH</b>		NEXT OF KIN Name: <b>Mrs. Mary (Mother).</b> Address: <b>Quathiaski Cove, B.C.</b>	PRESENT RATING <b>Boy Seaman.</b>
DATE OF BIRTH* <b>23rd September, 1923.</b>	Town: <b>Vancouver,</b> County: Province: <b>British Columbia.</b>	NAME, RANK AND STATION OF RECRUITING OFFICER <b>W.B. Holms.</b> <b>COMMANDER.</b> <b>R.C.N. Barracks, Esquimalt, B.C.</b>	

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5'11"	37" 35" 36"	Brown	Hazel	Fresh	Nil	C. of En.	Fisherman.

Commencing date of Engagement or Re-engagement	<b>23 September, 1941.</b>	Period of Engagement or Re-engagement	<b>Seven Years.</b>
Date of actually volunteering to engage or re-engage	<b>27th January, 1941.</b>	Date of entering present ship	<b>27th January, 1941.</b>

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 engaging 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 **Scotch.** Mother **Scotch.**
- 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.**
- 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.**

NOTED ON  
ESTIMATE CARD  
Date **1.3.41.**  
Initial **JWR.**

Personnel Records Division.	
1. Noted in Records	<input checked="" type="checkbox"/>
2. Index Card	<input checked="" type="checkbox"/>
3. Non-Sub. Card	<input type="checkbox"/>
4. Statistical Card	<input checked="" type="checkbox"/>
5. Ronee Card	<input checked="" type="checkbox"/>
6. Pension Card	<input checked="" type="checkbox"/>
7. Estimate Card	<input checked="" type="checkbox"/>
8. <b>E.M.M.</b>	<input type="checkbox"/>
DATE	<b>24-2-41</b>

\* 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)

C.N.S. 55  
10M-3-40 (4252)  
N.S. 815-9-55

*Noted  
B.N.  
21/2/41*



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,....., 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\*..... from†..... 19....., 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..... day of..... 19.....

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

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

..... Signature of a Commissioned Officer of the Naval Service

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

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.

..... Commanding Officer

..... Medical Officer

II.—Certificate and Declaration for Boys

Date..... 28th January,..... 1941.

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 term of seven years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age

..... COMMANDER..... Commanding Officer

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

..... SURG. COMMANDER..... 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 term of seven 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.

..... George Ralph..... Boy's Signature in full

Witness to Signature..... Jaspill..... Writer.

Attested before me this 28th day of January, 1941.

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

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.



P 26916

M.F.M. 16A  
100M-6-40 (5692)  
H.Q. 1772-39-1665  
NATIONAL DEFENCE

21

MAR 11 1941

N.S. 62-294  
CANADA

May 10-3

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(NAVAL)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 3 must be shown in black capitals.

- 1. Surname of applicant RALPH
- 2. Full Christian name or names GEORGE
- 3. Age 17
- 4. Official Number NK
- 5. Rank BOY 1<sup>ST</sup>
- 6. Unit, Station, or Establishment ROYAL CANADIAN NAVY
- 7. Date appointment or enlistment 27 JANUARY 1941

Question 8: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

- 8. Date reported for duty 27 JANUARY 1941
- 9. Are you a member of the permanent forces, military or air? YES  
If so (a) State permanent establishment, unit or station HMCS NADEN  
(b) Are you receiving permanent force rates of pay and allowances? YES

Questions 10 & 11: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

- 10. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....
- 11. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....
- 12. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment Fisherman  
Employed 3 months Total - \$200.00 app.

13. Name of dependent RALPH MARY MRS  
Surname Christian Name Mr. Mrs. or Miss

Question 14: Give street name and number or post office box number, R.R. No. city, town or village and province.

14. Address QUATHIASKI COVE BC.





15. Age of dependent 50 16. Relationship MOTHER

Questions 17 to 30  
Have a bearing on  
the eligibility for the  
allowance and the  
amount payable.

17. With whom did the dependent reside in the 6 months' period preceding your enlistment?

Resided with self, Quathiaski Cove, B.C.  
State name, address and relationship to dependent

18. With whom will the dependent make his or her home hereafter?

(State relationship) With 2 brothers, 1 sister (See Par. 27)

19. Is dependent being maintained in a Public Institution at the public's expense? No  
Yes or no

If yes, give name and location of institution

20. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any WIDOW

21. From what date have you been contributing to the support of this dependent?

Since August, 1938

22. Are you the sole or partial support? PARTIAL SUPPORT  
State whether sole support or partial support

23. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months Gave her total earnings (See Par. 12)

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Entitled to board & lodgings

24. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?

25. Is the dependent your mother, step mother or foster mother? MOTHER  
state which

26. Is your father, step father or foster father living? NO  
Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons, and give his age.

30. Fifteen per month assigned to to obtain all If 15 days month has signed to wife and ch additional 5 per month assigned to pendent.

Stamp: MAIN FILE CHARGED TO [Signature] SINCE 10.3.44 REC'D. CENTRAL REGISTRY MAR 11 REFERRED TO



27. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
John William	Zuathiaski, BC 22		Fisherman	S
Daniel Mc	"	19	Fisherman	S
Violet Mary	"	13	School	S

2

28. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

John William \$ 500.00 (approx)  
 Daniel Mc \$ 500.00 (for four mo fishing)

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: Both relatives in Par. 28(a) received board and lodging.

(c) Did any of the above relatives serve during the South African War 1899-1902 or during the First Great War? No

Yes or No  
 If "yes" give name and unit or regimental number

29. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

		REMARKS
Insurance Annuity	\$	* John William & Daniel Mc receive no steady monthly pay, being fisherman but contribute as shown in Para 28 Sec. (a)
Dividends or Interest on Bonds and Shares	\$	
Interest on Mortgages or Loans	\$	
Rentals	\$	
Workmen's Compensation*	\$	
Old Age Pension*	\$	
Mother's Allowance	\$ 15.00	
War Pension No.*	\$	
War Veterans Allowance No.*	\$	
Applicant's Assigned Pay	\$ 8.00	
Other Assigned Pay	\$	
*Other Family Contributions	\$	
Other Income	\$	
<b>Total</b>	<b>\$ 23.00</b>	

\*Give Pension No. if in receipt of Pension.

30. Fifteen days' pay per month must be assigned to dependent to obtain allowance. If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days' pay per month must be assigned to this dependent.

30. What amount of pay have you assigned per month on behalf of this dependent? 16 days' pay.

[OVER]



31. Date assigned pay effective <sup>1st</sup> 5<sup>th</sup> March, 1941

32. Have you made a prior assignment of pay. If so state number of days and to whom  
No

33. Have you made a previous claim for dependent's allowance? No  
If so give particulars of previous unit and official number under which applied for and date of application

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

*Sam Saunders*  
Pay. Liunt R.C.N.R.  
Paymaster for S.A.O. Rank

*George Ralph*  
Signature of Applicant

8.00 allotment New March.

Date 6<sup>th</sup> March, 1941

*Ledgers R. G.  
F. Sw*

Establishment, unit or station

*R.C.M. Barracks*

Place *Esquimalt, B.C.*

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

[Stamp]

30. What amount of pay have you assigned per month on behalf of this dependent?  
31. How many days' pay?  
32. Have you made a prior assignment of pay?  
33. Have you made a previous claim for dependent's allowance?  
If so give particulars of previous unit and official number under which applied for and date of application.





Mrs Mary Ralph  
C/o of Quathuske Cove B.C.  
7 Dec 70-1  
NS 128-R-14  
Oregon 128-R-14

Dpt. Of National Defence

Jan.  
NS 62-R-294  
CANADA

Dear Sir,

as I have moved for the present to Victoria 31  
I have not received my December allotment if the  
Postmaster at Quathuske Cove has returned them.  
would you please send them to Victoria General Delivery  
and I will call for them.

Daniel Ralph A.B. 2010  
H.M.C.S. already  
c/o 7 last mail office E.M.  
Esquimalt B.C.  
128-R-14 and oblige

Mrs Mary Ralph  
General Delivery  
Victoria B.C.

George Ralph O.N. 4122 ✓  
P Block. Mrs B 2 62-R-294  
H.M.C.S. Stadacona  
Halifax N.S.

John Ralph A.B. 3355  
H.M.C.S. Malpeque  
c/o H.O.F.B. 123-R-232  
Sydney N.S.

127305

Copies

E.M.

(Envelope address  
28/1/42)



MAIN FILE
CHARGED TO <i>M. Lee</i>
SINCE <i>20.1.42</i>
REC'D CENTRAL REGISTRY
JAN 27 1942
REFERRED TO



207016

4122. Ralph George.  
Navy. July 17/1942.

Mr Mary Ralph 46  
c/o John Ralph

Dependents Allowance Board  
Ottawa

No 127 E 18<sup>th</sup> Ave  
Vancouver.

Dear Sir

I am sending my change of address  
as requested Instead of General Delivery Victoria  
my present address is

Mr Mary Ralph  
c/o John Ralph  
No 127 E 18 Ave

Thanking you for your trouble

Vancouver B.C.

Allotment Declarations		Initials	Date
Ent'd. on Index Card	Previous listed		
Ent'd. on Allotment Ledgers	JGR		26/8/42

Noted in Service  
Records JMT  
1.9.42. ✓



- NAVAL SERVICE -

N.S. ....

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

This is to certify that -

RALPH, George, Able Seaman,  
4122, R.C.N. ....  
was serving in H.M.C.S. "VALLEYFIELD" ..... as at 0210Z  
7th May, 1944.

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

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

The above mentioned rating is, therefore,

Missing, Presumed Dead.  
.....

Concurred:-

*[Handwritten signature]*  
.....  
Dir. Naval Intelligence.

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

*[Handwritten signature]*  
Approved for Staff.

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



30th August,

4.

73

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 NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
RALPH, George, Able Seaman, 4122, R.C.N.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEY-FIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Mary Ralph, 257 East 22nd Avenue, Vancouver, B. C.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>amount</u>	<u>Initials</u>
Mrs. Mary Ralph,	257 East 22nd Ave., Vancouver, B.C.	28.00	<i>See</i>

ALLOTMENTS STOPPED PAID 31ST MAY, 1944.

WILL: No Record.

*Noted  
D-71.P.A.*

Yours truly,

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

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
O T T A W A.



HS

REGISTERED

File No: N.S. N-4122 PERS. (N)

30th August, 1944.

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Dear Mrs. Ralph:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, George Ralph, Able Seaman, Official Number 4122, 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,

*[Signature]*  
Deputy SECRETARY, NAVAL BOARD.

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

Mrs. Mary Ralph,  
257 East 22nd Avenue,  
Vancouver, B. C.

*30-9-44  
NPR/5  
BF*

Royal Canadian  
Message ✓ Condolence ✓

Date Sent 30-8/44 NPR 5

*a*



# DEPENDENTS ALLOWANCE BOARD

## DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. 4122 NAVY Rank or Rating Able Seaman

RALPH George  
(Surname) (Christian Names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment NAVY

### DECISION OF THE BOARD

#### ALLOWANCE AWARDED AS UNDER

Article 101 (c) - Other Dependent Relatives

Mrs. Mary Ralph, \$ 25.00  
257 E. 22nd Avenue,  
VANCOUVER, B.C.

Relationship: Mother

TOTAL

\$ 25.00

#### REMARKS

Award effective March 1st, 1944.

Rating reported missing. Rejection forwarded on DAB Navy C  
dated March 27/43 is hereby vacated March 1, 1944.

A R R E A R S	
D. A.	15 00 <span style="float: right;">1.344</span>
A. P.	5 <span style="float: right;">5</span>
TOTAL	20 00 <span style="float: right;">31.544</span>
D. A.	
A. P.	
TOTAL	
CHECKED	<u>LH</u>
LEDGER	

Reviewer.....

Date 20.10.44 /AK

noted Card No. P.A.  
 Gobleury 2-11-44

(Chairman) [Signature]  
 (Member) [Signature]  
 (Member) [Signature]





R 111

March 8<sup>th</sup> 1945.

M<sup>rs</sup> Mary Ralph  
No 257 E. 22<sup>nd</sup> Ave.  
Vancouver B. C.

To The  
Secretary of Naval Affairs

422280

Dear Sir,

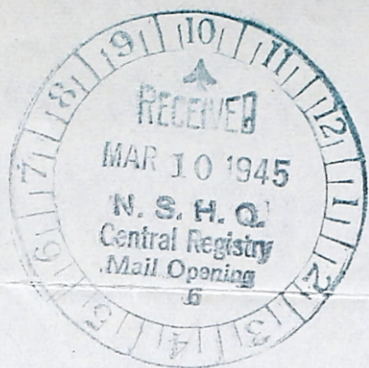
I am writing you in regard to  
the gratuity as my son A.B. George Ralph O.N. 4122  
was lost on the Valleyfield and I was a  
dependent please let me know in return if  
I am entitled to it.

I remain

NAVAL PERSONNEL  
RECORDS  
MAR 13 1945 1318  
WAR SERVICE GRATUITY  
SECTION

Yours sincerely  
Mary Ralph.







W.S.G. Application No. 7318 ✓

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

FILE NO. N.S. N-4122 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>RALPH, George</u>	<u>4122</u> ✓	<u>A.B.</u>
SURNAME	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
CHRISTIAN NAMES IN FULL		

CAUSE OF DISCHARGE: Dead (Walleyfield Casualty)  
Application made by Mother of Deceased A.P. # 2800

	<u>TOTAL SERVICE</u>	
Date of Active Service	<u>27 Jan 1941</u>	1095
Date of Discharge	<u>7 May 1944</u>	5
Total No. of Days	<u>1198</u>	29
# Less non qualifying service	<u>—</u>	31
		30
		7
		<u>1197</u>
		Total Days <u>1197</u> <u>1198</u> <u>JHR</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>880</u>	
# Less non qualifying service	<u>—</u>	
		Total Days <u>880</u>

RECORD OF SERVICE IN OTHER FORCES (per Naval Records)

Branch of Service nil

Date of Active Service \_\_\_\_\_

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

# & % Overleaf \_\_\_\_\_

Computed By F.H.

Checked By JHR

J.B. McGeoghan  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records

DATE: MAR 17 1945

FOR CONTINUING SERVICE

O.O.F. N.D.A.



NON QUALIFYING SERVICE

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

(%)  
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Ranpura	15 July '41.	15 Sep '41.	63-
Restigouche	17 Sep '41.	25 Sep '41.	9-
Beaver	27 Sep '41.	12 Nov '41.	47-
Regina	21 Jan '42.	21 Sep '43.	609-
Valleyfield	8 Dec '43.	7 May '44.	152-
			<u>880-</u>

17	4	365	24
31	31	11	31
15	12	28	29
<u>63</u>	<u>47</u>	31	31
		30	30
		31	7
		30	<u>152</u>
		31	
		31	
		21	
		<u>609</u>	



STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name George RALPH  
 (Christian Names) (Surname)

Payee Mrs. Mary Ralph  
 Address 257 E - 22nd Ave.,  
Vancouver B.C.

Register No. 7318  
 File No. N-4122  
 Date 11/4/45  
 Service No. N-4122  
 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 1197 equal to 39 complete periods at 37.50 \$ 292.50

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 880 less 27 ineligible days equal to 853 days @ 25¢ per day 218.25

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.43	
Additional Pay	L.P. III	\$	.10
	Q.O.	\$	.10
	H.L.M.	\$	.13
Dependents' Allowance 1/30 of \$	25.00	\$	.83
<b>Total</b>		<b>4.46</b>	<b>x 7 = \$ 31.22</b>

No. of days 853 x \$ 31.22 145.52  
183

D. WAR SERVICE GRATUITY 651.27

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

F. TOTAL AMOUNT PAYABLE 651.27

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ 651.27  
 Total Dependents' Allowance in issue \$ \_\_\_\_\_

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

\_\_\_\_\_  
 Service Representative

D.N.P.A. CHECK

1	<u>Ym</u>	6	<u>[Signature]</u>
2	<u>Ym</u>	7	<u>[Signature]</u>
3	<u>Ym</u>	8	<u>[Signature]</u>
4	<u>Ym</u>	9	<u>[Signature]</u>
5	<u>Ym</u>	10	<u>[Signature]</u>



4122

OFFICIAL NUMBER

FILE NUMBER

(62-R.294) N-4122

OFFICIAL NUMBER 4122

NAME RALPH George DATE OF BIRTH 23rd September, 1923.  
 (Surname) (Given Names)  
 PLACE OF BIRTH VANCOUVER, B.C. OCCUPATION Fisherman.  
 RELIGION Church of England. EDUCATION High School Entrance.  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. \_\_\_\_\_ Town Quathiaski Cove Province, etc. B.C.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From To
27	1	41	Boy.								
23	9	41	Seven Years.	5' 11"	Brown	Hazel	Fresh	Nil.			

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Mary Ralph  
 ADDRESS (in pencil): Street and No. 20 John Ralphe 257 East 22nd Ave Town Vancouver Province, etc. B.C.

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	
25	2	44	Awarded C.V.S.M. Ribbon & Clasp.	13	6	41	Passed P.S.T. (Good)				
25	2	44	Awarded 1939-43 Star.	4	10	41	Marked "Tr".				

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		

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

SECOND CLASS FOR CONDUCT

From

To





4122

OFFICIAL NUMBER

NAME **RALPH**  
(Surname)

**George**  
(Given Names)

**P.L.B.**

4122

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qual.			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Mo.	Year	Day	Month	Year
Naden	Boy.	27	1	41		V.G.	Sat.	31	12	41	L.R 3	3	1	42			
"	Ord. Smn.	5	7	41		V.G.	Sat.	31	12	42	Q.O.	1	11	43			
Stadacona	"	9	7	41		V.G.	Sat.	31	12	43							
HMS. Ranpura	"	15	7	41		V.G.	Sat.	7	5	44							
Stadacona	"	16	9	41													
Restigouche	"	17	9	41													
Stadacona	"	26	9	41													
Beaver	"	27	9	41													
Stadacona	"	13	11	41													
Regina	"	21	1	42													
"	A.B.	5	7	42													
Stadacona	"	22	9	43													
Cornwallis	"	24	9	43													
Stadacona	"	10	11	43													
Hochelaga II.	"	26	11	43													
Valleyfield	"	8	12	43													
DISCHARGED	"	7	5	44	Missing-Presumed Dead.												

GENERAL REMARKS

Canadian Memorial Cross issued to  
Mother- Mrs. Mary Ralph, 257 E. 22nd  
Ave., Vancouver, B.C. (10-10-44)