

V9661
ROBINSON
EDMUND CHARL

D OF D 16-9-42

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

ROBINSON Edmund Charles		V-9661	Ldg.Tel.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	
	8985 16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R.C.N.V.R. "CHARLOTTETOWN" May/43

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP
(1)
REGN. NO 233

(1) MEDALS

PERSON

ENTITLED TO Mrs. Isabel Robinson - Mother

1141 Dominion St.,
ADDRESS: Winnipeg, Manitoba.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Isabel Robinson

1141 Dominion St., Winnipeg, Man.
ADDRESS:

(2)

(3)

5-1-43

Personnel Records Division.	
1. Noted in Records	LK
2. Index Card	
3. Non-Su. Card	
4. Statistical Card	LK
5. Roneo Strip	JB
6. Pension Card	
7. <i>cert. JB</i>	
8. <i>cert. JB</i>	
DATE	4.10.39

19315

N. V. 5
2M-10-37
N.S. 815-11-5
REFERENCE
SEP 27 1939
N.S. 113-R-277
CANADA



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ROBINSON OFFICIAL NO. 9661

CHRISTIAN NAMES Edmund Charles MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
1141 Dominion St., Winnipeg, Manitoba	United

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
17th April 1920	Town <u>Winnipeg</u> County Province <u>Manitoba</u>	<u>Isabel Robinson (Mother)</u> <u>Same</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>42½</u>	<u>Brn</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar - left side of jaw</u>
Inches..... <u>10¾</u>	Deflated..... <u>38</u>				
Mean..... <u>40½</u>					

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>22nd Sept. 1939</u>	<u>O. Seaman</u>	<u>Labourer Manitoba Cold Storage</u>

(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 attached
~~XXXXXX~~

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the WINNIPEG Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this 22nd day of September, 1939

Signature of applicant Eddy Robinson

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 22nd day of September, 1939

Wm. Gage S/Lt
for
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Edmund Charles ROBINSON 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 Eddy Robinson

Witness Wm. Gage

Date 22nd Sept. 1939. Rank S/Lt

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Edmund Charles Robinson having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the WINNIPEG Division of the R.C.N.V.R.

Wm. Gage S/Lt
for
Commanding Officer.

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

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

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

SERVICE CERTIFICATE

N. V. No. 17
3M-937
N.S. 815-11-17

OF

Name in full Edmund Charles ROBINSON Company WINNIPEG

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters ESQUIMALT. Official Number V9661.

Date of Birth 17th April, 1920

Place of Birth WINNIPEG, Man.

Usual Place of Residence 1141 Dominion St. Winnipeg, Man.

Trade brought up to Labourer

Name and Address of next of Kin (Mother) Isobel (Same)

Religious Denomination United Church.

Can Swim P.P.T. Good 8 Dec 29 (at DNR.)

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
22 Sept/39.	22 Sept/39.	3 yrs.	Ord. Smn.		

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	10 $\frac{3}{4}$	Fair	Brn.	Blue	Scar left side of jaw.
On attaining 28 years						
Further Description if necessary						

V9661

OFFICIAL NUMBER

FILE NUMBER

113-R-277

OFFICIAL NUMBER

V9661

NAME ROBINSON Edmund Charles DATE OF BIRTH 17th April, 1920
 (Surname) (Given Names)

PLACE OF BIRTH Winnipeg, Manitoba. OCCUPATION Labourer Man Cold Storage

RELIGION United EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1141 Dominion St., Town Winnipeg Province, etc. Manitoba.

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
22	9	39	3 years & H.O.	5' 10 $\frac{3}{4}$	Brown	Blue	Fair	Scar left side of jaw.			

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Isabel Robinson

ADDRESS (in pencil): Street and No. 1141 Dominion St. Town Winnipeg Province, etc. Manitoba.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				8	12	39	P.P.S.T. "GOOD"				
				12-13	3	40	Passed E.T. I R.C.N.V.R.				

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					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

FILM
NO. WSR 5270-3.
D. TE

SECOND CLASS FOR CONDUCT

From To



V9661

OFFICIAL NUMBER

NAME ROBINSON
(Surname)

Edmund Charles
(Given Names)

OFFICIAL NUMBER V9661

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
D.H.Q. Winnipeg	Ord. Smn.	27	2	40		V.G.	Sat.	31	12	39	W/T 3	7	2	42			
D.H.Q. Winnipeg	Ord. Tel.	16	4	40							T.O. V/S	28	11	41			
Stadacona	" "	18	5	40													
"	Telegraphist	27	11	40													
Assiniboine	"	14	1	41													
Venture	"	1	12	41													
Stadacona	"	8	12	41													
St. Hyacinthe	"	3	1	42													
Stadacona	"	11	2	42													
Venture	"	12	2	42													
"	A/Ldg. Tel.	1	3	42													
Stadacona	" "	8	3	42													
Charlottetown	" "	8	3	42													
DISCHARGED	" "	16	9	42	Dead. (Died of injuries on H.M.C.S. CHARLOTTETOWN) Casualty List.												

GENERAL REMARKS

CANADIAN MEMORIAL CROSS: 5-1-43.
 Mother: Mrs. Isabel Robinson,
 1141 Dominion St.,
 WINNIPEG, Manitoba.

DATE OF BIRTH	PLACE	CIVIL	OCCU.	RELI-ED	PERM. RESIDENCE	PROV. ENL.	RANK OR RATE		
DY. MO. YR.	BIRTH	MAIN	SUB	GION	P. CTY. TOWNSHIP	SER. DIV.	A	SR	RANK
17	4 26	16	900	0	46 X	606 06 0 06 0			08 95
ENL. 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	SR	RANK		
27	02 40	27	62 40						
SEN. RY	STR.	NON-SUB	M	CODED			CHECKED		
DY. MO. YR.	CAT.	A	B	ST.					
61	03 12	09	43	00 20	16.09.42		ER		

East

R.C.N.V.R. Passing Certificate

This is to Certify

that Edmund C. ROBINSON

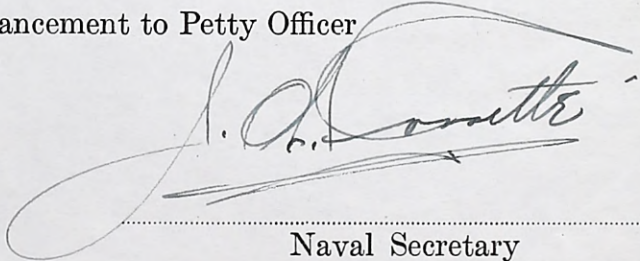
Rating Ordinary Seaman Official Number V. 9661, R.C.N.V.R.

has passed

THE EDUCATIONAL TEST, I

held on 12th - 13th March, 1940.

For advancement to Petty Officer



Naval Secretary

Department of National Defence,

Ottawa, this 1st day of May, 1940.

DEPARTMENT OF NATIONAL DEFENCE
- NAVAL SERVICE -

25

OTTAWA 2nd March 1942

NS-R-277

MEMORANDUM:

The undermentioned rating is, according to Headquarters' records, eligible in all respects for advancement.

In accordance with N.M.O. 1482, it is approved to advance this rating, if, in your opinion, he is fit to perform the duties of the higher rating and subject to your verification that he is qualified according to regulations, particularly as regards "V.G." conduct and time

Name and Official Number	Present Rating	Rating to which to be advanced	Remarks
Edmund Charles ROBINSON, Official Number V.9661.	Tel.	Acting Leading Telegraphist (Ty). To Date 1st March, 1942.	Personnel Records Division. 1. Noted in Records 2. Index Card 3. Non-Sub. Card 4. Statistical Card 5. Reneo Strip. M? BX 6. Pension Card 7. 8. DATE 29-5-42

Char. Robinson

To: The Commanding Officer, H.M.C.S. "VENTURE".

By Order,

Copy to - The Commanding Officer, H.M.C.S. "STADACONA". inf.

J. J. M. [Signature]
SECRETARY, NAVAL BOARD.

Noted in H.M.C.S. "*Char. Robinson*". It has been verified that this man is qualified under the regulations for advancement, and I consider him to be fit to perform the duties of the higher rating.

He has been advanced to *Acting Leading Tel. (Ty)* to date *Mar. 1. 1942*.

M. [Signature]
S.W.O.

[Signature]
Commanding Officer

Date *April 20 1942*

This form is to be returned to the ~~Naval~~ Secretary, Naval Board, Department of National Defence. If the Commanding Officer does not consider the man fit for advancement, a report stating the circumstances is to be attached.

Advancement may only be made on the precise terms shown. If any amendment is required (e.g., in the date), prior concurrence of Naval Service Headquarters is to be obtained.

*Noted in S.N.P.A.'s office
5/6/42 RR.*

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

14

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in Sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S. DATE August 21, 1940.

1. (a) Unit R.C.N.V.R. (b) Regimental No. 9661 (c) Rank Ord. Tel.
 (d) Surname ROBINSON (e) Christian name Edmund Charles
 (f) Home address 1141 Dominion St., Winnipeg, Man.
 (g) Next of Kin Herbert Robinson (h) Relationship Father
 (i) Address of Next of Kin Same as (f).

2. Age last birthday 20 Date of birth April 17, 1920.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date Sept. 10, 1939.

4. Personal description:
 (a) Height 5*11" (b) Weight 175 (c) Complexion
(stripped)
 (d) Colour of hair lt. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Appendectomy scar, small scar on left cheek.

5. Former trade or occupation Labourer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
---	-------	------

	PERIODS	
	From	To
Canada.....	Sept. 10, 1939	date.
England.....		
France or other theatres of War.....		

7. Original disease, or injury Acute Appendicitis.

(a) Date of origin July 15, 1940 (b) Place of origin Halifax
 (c) Cause Infection

8. Present disability—(Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(a) No.

(b) No.

(c) No.

(d) No.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE:- Healthy looking man.

Heart and Lungs: clear.

Abdomen: well healed scar. No tenderness.

SUBJECTIVE:- The patient states "I feel fine."

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... No Cardio-Vascular System... No Genito-Urinary System... No
(If pulse is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses... No Respiratory System... No Integumentary System... No

Disturbances of Mentality... No Digestive System... No Muscular System... No

Osseous and Joint Systems... No Any other general condition... No

10. (a) History (of the condition referred to in Section 9 (a).)

This rating reported at Sick Bay, R.C.N.B. July 16, 1940 complaining of upper abdominal pain of one day duration which gradually settled in right lower quadrant of abdomen. Pain was very sharp in character and accompanied by vomiting. Bowels regular. No history of previous attacks. Admitted to Camp Hill Hospital July 16th. with diagnosis of acute appendicitis. Appendectomy July 16, 1940. Transferred to R.C.N. Hospital July 30/40.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10(a).)

Scarlet Fever, Measles, Diphtheria in childhood.

(c) (Here give a description of wounds, scars and deformities.

See 4 (f).

11.—(a) Did the disabling condition have its origin before enlistment?

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(a) No.

(b) Not applicable.

12. Was the disability caused, or aggravated: (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No. (b) No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? None.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Appendicectomy.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (If the answer is "yes" state nature of treatment required and probable duration.)

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why.)

17. Recommendations that he return to duty, category "A".

Handwritten signature of Surgeon Lieut. Cmdr. RCNVR

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Edmund Charles Robinson have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

Handwritten initials

E. C. Robinson Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

.....
.....
.....

We concur

.....
.....
.....

19. Is the invalid fit for
(a) General service, (Category A) (Yes ~~or No~~) ("A")
(b) ~~Service abroad, not general service,~~ (" B) (Yes or No.)
(c) ~~Home service (Canada only),~~ (" C) (Yes or No.)
(d) ~~Temporarily unfit,~~ (" D) (Yes or No.)
(e) ~~Unfit for service in Categories A, B and C.,~~ (" E) (Yes or No.)

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
to duty, category "A".

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE August 21, 1940.
DATE Halifax, N.S.
A. P. Anderson Surgeon Commander, RCNVR President.
Surgeon Lieutenant, RCNVR } Members.
Surgeon Lieutenant, RCNVR }

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign the statement the Board of medical officers should so state.

PLACE.....
DATE.....
..... President.
} Members.

APPROVED BY Assistant Director of Medical Services.
APPROVED BY A. W. Callum for Director-General of Medical Services.
DATE 8/21/40 Surgeon

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

SERVICE NUMBER *A.S. 106...* OFF. NO. *V.-2661* 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	1	<i>Star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *L. A. A. H. E. T. ...*



CANADA

Can. B. 207

20M-11-39 (3063)
N.S. 815-2-207

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 Edmund Charles ROBINSON O.N. V9661 *white race*
candidate for entry as Ord. Sea. Draft
and I believe him to be * ^{(in all respects fit for His Majesty's Service.}
~~unfit for His Majesty's Service, for the reason stated below.~~ } He has signed
the Certificate given below in my presence.

Dated at Winnipeg, Manitoba the Thirteenth of May 1940.

J. T. Shue
Examining Medical Officer
(Rank) *O. Col. Ramsey*

*Delete one

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (1) Snellen's Types (2) Colour Vision	Vaccinated or revac- cinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Ventricles, etc.	Mouth, Teeth (No. deficient and No. defective, if any), etc. Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum	right eye									
20 1	172	5 11	Good	40 (b) minimum	20/20	Vacc. 1926	Normal	Normal	Normal	Normal	Normal	Normal	2 deficient 1 defective Normal	Normal
				38½ (c) mean	20/20									
				37½	Normal									
					colour vision									

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

N.A.

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.

Edmund C. Robinson
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.

S.—1246H
 3M—3-40 (4262)
 N.S. 815-9-1246H
 T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

WIRELESS HISTORY SHEET

COPY

(Revised—May, 1938.)

Name..... ROBINSON, G.C.

I. EXAMINATION RECORD

Official No..... V. 9661

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical		Theory	School	Procedure and Organization		Coding		V/S Paper	Flashing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Practical			Paper	Practical	Paper	Practical				Trans- mitting	Re- ceiving			
	FOR T.O. (W/T)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
	(PROVISIONAL) 28-11-41	% Obtained		87			93	92	95	90		82	80	95	99	P.	HMCS "VENTURE"	
		% Obtained															Half	
4-2-42	FOR T.O. (W/T)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
	(FINAL)	% Obtained	75	80			83.5	84	85	88				92	97	Passed	HMCS "VENTURE"	
		% Obtained																
	FOR W/T 3	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	—	—
	State whether after a qualifying course	% Obtained	75	80			83.5	84	85	88				92	97	Passed	HMCS "VENTURE"	Initialed
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	—	—
		% Obtained																
		% Obtained																

* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialed by the Schoolmaster.

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W/T)	28-11-41		W/T 3	7-2-42	Initialed	W/T 2			W/T 1		

N. 2424/33
 N. 1584/83

S. 1246H
 T.S. 93

III. BOYS EXAMINATIONS

(I) ON PASSING OUT OF TRAINING ESTABLISHMENT

Date		Paper	Oral	School	Procedure Practical	Buzzer		Passed or Failed	Training Establishment	Initials of Examining Officer
						Transmitting	Receiving			
	% Required	75	65	40	75	80	85	—	—	—
	% Obtained									

(II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

Date		Technical Practical	Procedure Practical	Coding Practical	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
					Transmitting	Receiving			
	% Required	Good Ability	65	70	85	95	—	—	—
	% Obtained								
	% Obtained								

IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

Date		Technical Practical	School	Procedure		Coding Practical	V/S Paper	Flashing	Semaphore	Buzzer		Passed or Failed	Initials of Examining Officer
				*Paper	Pract.					Trans.	Recg.		
	% Required	65	50	65	65	65	75	85	86	85	90	—	—
	% Obtained												
	% Obtained												

V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.

Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	V/S	75				
	Electricity & Mag.	50				

VI. EXAMINATION FOR TELEGRAPHIST

Date		Tech. Prac.	Procedure		Cod- ing Prac.	Theory Flash- ing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment	Initials of Examining Officer
			Paper	Prac.				Trans.	Recong.			
	% Required	65	75	75	75	65 85	86	80	95	—	—	—
18-10-40	% Obtained	90	95.5	90	89.7	77.7		91	100	P	Sig School H/o	Initialed
	% Obtained											
	% Obtained											

VII. EXAMINATION FOR WARRANT TELEGRAPHIST

Date	Rating	Technical				Theory	School	Procedure and Organization		Coding		V/S	Flash- ing	Sema- phore	Buzzer		Elec- tricity Vernon Course	Passed or Failed	Initials of Examining Officer
		Paper	Pract.	Paper	Pract.			Paper	Pract.	Paper	Receiv- ing				Trans- mit- ing				
		% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	75	—	—	
		% Obtained																	

VIII. RECORD OF EXPERIENCE

To be filled in on discharge from a Ship or Establishment

DATE	DESCRIPTION OF TRANSMITTING APPARATUS (NOTE:—Name and Type Numbers)	DESCRIPTION OF RECEIVING APPARATUS (NOTE:—Name and Type Numbers of Service Apparatus not required.)	NATURE OF DUTIES PERFORMED	INITIALS OF CAPTAIN
EXAMPLE:—For a June, 1929 to August, 1930	Leading Telegraphist in a Battleship. { High and low power low frequency Valve. High and low power high frequency Valve. Low power Radio Telephony.	Multi Valve amplifiers and superheterodyne receivers. High speed (automatic) reception. D/F.	General working and operating. Care of motors, batteries, etc. In charge of Watch—consisting of four receiving lines and three transmitters. Handling and disposing of all traffic.	

IX. RECOMMENDATIONS FOR NON-SUBSTANTIVE RATES

To be filled in as soon as the rating is eligible; considered deserving of a recommendation and Form S. 1303A has been rendered

Date	Ship	Present Substantive and Non-Substantive Rate	For what Non-substantive rate recommended If highly recommended add "H"	Initials of	
				Signal Officer	Captain

X. SPECIAL QUALIFICATIONS

Only to be filled up when a rating is discharged from a Ship or Establishment or on completion of any special course, and it is desired to report on him for special knowledge or ability, not otherwise recorded, *e.g.*, D/F Operator ; Mechanical and Instructional ability, Fire Control or laboratory experience ; care and maintenance of W/T Installations, Alternators, Dynamos, Secondary Batteries; ability to take charge of W/T department ; knowledge of a foreign language ; typewriting. Efficiency as T.A.G., including Air Gunner or Bomb Aimer, where applicable, is to be included in this Section on each occasion of returning to General Service from the F.A.A.

Date	Qualifications	Ship or Establishment	Initials of Captain

For Directions for completing this part of the Form, see Article 610, K.R. & A.I.

XI. VOCATIONAL TRAINING CERTIFICATE

(To be filled up on completion of a Vocational Training Course, other than a Correspondence Course)

Vocation.....

We certify that (name).....

(residence).....

has satisfied us that he possesses a*.....knowledge of the vocation

mentioned, and we consider that †.....

.....

Examiners.....

Business and Business Address.....

Date of Examination (Signed)..... *President*

.....19..... *Vocational Training*

*Here insert qualification. †Special notation as applicable. ‡Vocational Training is optional. *Committee‡*

To be filled up by Ship or Establishment, from which rating is sent to Depot for final discharge

XII. SPECIAL REMARKS

Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded.....

.....

.....

.....

.....

.....

.....

.....

XIII. TO BE FILLED IN ONLY ON FINAL DISCHARGE

His character during service was*.....

His general efficiency in carrying out his duties was*.....

His efficiency on discharge was assessed as*.....

*See Art. 610, K.R. & A.I., clauses 3 to 7 *Captain*

For Record of Experience see Section VIII, on p. 3. *Date*

Hostility "T" W/T Class.

H.M.C. Signal School,
H.M.C.S. Stadacona II,
October 21st, 1940.
File: Wtt-2.

Ordinary Telegraphist for Telegraphist Final Examination Results
October 18th, 1940

O/O Req'd	75	75	65	65	75	95	80	
Names	Prac Prog	P A O	Theory Tech	Pract Tech	Coding	SBX R	SBX T	P
Lidstone N.L.	82	92.4	84	75	77	100	90	P
Hoffatt, W.M.	88	94.5	67	80	77.5	95	85	P
Lyons, P.H.	75	90.5	65	65	75	96	90	P
Birdsey, S.J.	96	87.7	81.5	75	75	99	92	P
McKensie, G.	63	86.7	63.5	90	55.2	87	75	F
Britton, F.O.	97	92.5	76.7	98	77.7	99	92	P
Robinson, E.C.	90	95.5	77.7	90	89.7	100	91	P
McKendrick, D.	82	89.5	73	70	78	100	89	P
Meade, E.C.	95	91.7	73.5	65	79	95	88	P
Henderson, J.G.	86	93.8	66.7	78	81.7	95	84	P
Belcher, G.E.	77	89.5	85	80	75	100	94	P
Pooles, D.H.	89	91.2	69	70	77.5	99	89	P
Parker, J.G.	80	90	83.5	85	75	95	84	P
O'Hare, H.	90	91.5	86	86	83.2	98	91	P
Baker, J.J.	93	92.5	86.5	95	78	96	84	P

Weekly Test Paper Results W/T Classes

Name ROBINSON EC Rating 0/7 Class 'H' F

Week ending	SBX	SBX		PRACT chore Proc.	Coding	P & O	Technical	Theory	Remarks Av. %
		Flash	Tag						
Aug 30 th	91				92	68		93	
Sept 6 th	93				40	70		96	74.7
- 13 th	94.7				62	65		81	75.6
- 20	94.8				90	86		79	87
- 27 th	83.2								
Oct 5 th	97				65	90		94	86.5
- 11 th	91				50	75		81	74.1
18 th	89.4	100	91	90	89.7	95.5	90	77.7	Passed

NOTE *Task*



Department of National Defence

Naval Service

Ottawa, Canada.

3 October, 1942.

IN REPLY PLEASE QUOTE

No. N.S. 113-R-277.

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 & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
ROBINSON, Edmund Charles Leading Telegraphist, V-9661, R.C.N.V.R.	Died on the 16th of September, 1942, as a result of injuries received in action. He was serving in H.M.C.S. "CHARLOTTETOWN", which has been sunk as a result of enemy action.	Mother: Mrs. Isabel Robinson, 1141 Dominion St., WINNIPEG, Man.

ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Mrs. Isabel Robinson, 1141 Dominion Street, Winnipeg, Man.	\$35.00	<i>Im.</i>

WILL: Attached.

Yours truly,

R. C. Robinson
SECRETARY, NAVAL BOARD.
per ca

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at OTTAWA, Ont.

Name ROBINSON, Edmund Charles
(Christian names in full)

Rank of Rating Leading Telegraphist, R.C.N.V.R. Official No. V-9661.
(If unknown, date of first entry)

Place of Birth Winnipeg, Man. Date of Birth 17 April, 1920.

Occupation in Civil Life Labourer Religion United
Manitoba Cold Storage

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) Active Service 27 February, 1940 to 16 September, 1942.

Date of Death 16 September, 1942 Place of Death Hotel Dieu Hospital, Caspe, Que.

Cause of Death Died as a result of injuries received in action. He
(If due to accident, violence, or enemy action, particulars to be stated briefly)

was serving in H.M.C.S. "CHARLOTTETOWN" which has been
sunk as a result of enemy action.

Nearest known relative or friend. { Name Mrs. Isabel Robinson, Relationship Mother
Address 1141 Dominion Street,
WINNIPEG, Man.

Date on which the above was informed by Ship Naval Service Headquarters - 16 Sept. 1942.

Date on which death was registered with local Officials.....

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 Brookside Cemetery, Date of Burial Unknown
Winnipeg, Man. (if known) (if known)

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

Undertaker employed.....
(if any)

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

~~Commanding Officer,~~
The ~~NAVAL SECRETARY,~~ Secretary, Naval Board,
Department of National Defence,
Ottawa, Canada.

~~Commanding Officer,~~
18 November, 1942.

H.S. Moseley
for
SECRETARY, NAVAL BOARD.

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.



DEPARTMENT OF HEALTH
AND
PUBLIC WELFARE
LEGISLATIVE BUILDING, WINNIPEG

F SERIES

N^o 7981

Certificate of Death

The following information is on file in the office of the Recorder of Vital Statistics.

On the 20th day of March, 1945 at Grace Hospital, Winnipeg in the
Province of Manitoba, Canada, there occurred the Death of ISABELLA ROBINSON
Age 60yr 7mon 21days Occupation Housewife Residence 1141 Dominion St., Winnipeg, Manitoba
Place of Birth Enniskillen, Ireland Single or Married Married
Names of Parents Thomas William Houston & Isabella Becker

Cause of Death Carcinoma of bladder secondary - due to carcinoma of
rt. ureter & kidney - due to anuria & exhaustion

This Death is certified to be registered as No. 506 for the
year 1945 in the register of the Registration Division of
Winnipeg now on record in the
archives of the Department of Health and Public Welfare.

Given under my hand this 2nd
day of March, 1946.

L E Stewart
Acting Recorder, Province of Manitoba

KMD

MEMORANDUM FOR

P. 64

Mrs. Isabel Robinson,
1141 Dominion Street,
Winnipeg, Manitoba.

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

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

and the following number quoted:—

H.Q. 113-R-277 FD 87

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 14 1942

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

ROBINSON Edmund Charles Idg. Telegraphist,

V-9661, R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(H.R. Wade) Lt. Cdr. R.C.N.V.R.
for (L.M. Firth) Lt.-Col.,

Administrator 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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		<i>Herbert Robinson</i>		<i>1141 Dominion St. Winnipeg</i>
4	Mother of the Deceased.....		<i>Isabel Robinson</i>		<i>" "</i>
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	<i>Gertrude Robinson</i>		<i>" "</i>
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, <i>who are dead</i> , and date of death of each.		Names and ages of their children (if any)		Address of their children

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>Edmund Charles Robinson</i>
11	Give the month and year of his birth.	<i>April 17th. 1920.</i>
12	Where and when were his parents married?	<i>May. 1916. Belfast. Ireland.</i>
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	<i>yes.</i>
15	Did he leave a bank account? If so, give full particulars.	<i>no.</i>
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	<i>no.</i>
17	State <i>your own</i> postal address in full.	<i>1141 Dominion St. Winnipeg. Man. J</i>

PARTICULARS OF DOMICILE

18	Where was deceased born?	<i>Winnipeg.</i>
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	<i>Manitoba.</i>
20	What was the nature of his employment?	<i>no.</i>
21	Did he own the premises in which he lived? If so, where?	<i>no.</i>
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>no.</i>

OTHER PARTICULARS

23	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.	<i>no.</i>
24	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. (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, 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.)	<i>no.</i>

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; 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.

Miss Isobel Robinson

Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....Miss Isobel Robinson

*See above { Name of Informant } is the *.....Mother.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at.....Winifrey.....this 25th day of.....October.....1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

J. J. Finley

Qualification.....

Clergyman & Hon. Chaplain R.C.N.V.R.

Address.....830 Wolsey Ave., Winifrey.....

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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

AH

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

4
 NAVY

DECEASED MEMBER'S NAME **Edmund Charles ROBINSON** REGISTER NO. **10749**
 (CHRISTIAN NAMES) (SURNAME) FILE NO. **NS V-9661**
 PAYEE **Director of Estates for service Estate of** DATE **28 Sept. 45**
 ADDRESS **308 Sparks St., Edmund C. ROBINSON** SERVICE NO. **V-9661**
Ottawa, Ont. NS V-9661 FINAL RANK OR RATING **A/1dg. Tel.**
 DATE OF TERMINATION OF OVERSEAS SERVICE **16 Sept 42** DATE OF DISCHARGE **16 Sept 42**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **933** EQUAL TO **31** COMPLETE PERIODS AT \$7.50 **232.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **514** LESS **3** INELIGIBLE DAYS, EQUAL TO **511** DAYS @ 25C. PER DAY **127.75**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$.25	
	\$.10	
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	nil	
TOTAL	\$	4.05	X7 = \$ 28.35
	\$		X\$ 28.35
			79.63

D. WAR SERVICE GRATUITY

439.88

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

F. TOTAL AMOUNT PAYABLE

439.88

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ **439.88**
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 9633 - Oct. 1/45

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
LJM

CHECKED BY

TREASURY
 CHECKED BY *J. H. ...* DATE *4/10/45*

For Dir, Naval Pay Accounting

DISTRIBUTION OF SERVICE ESTATES

IDS

Estates Form "P. 4"

NAVY

Name..... ROBINSON, Edmund C. No. V.9661
Surname Christian Names

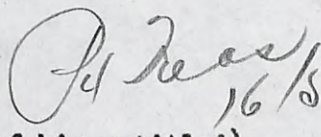
A/Ldg. Tel. R.C.N.V.R. 16-9-42
Rank Unit Date of Death

AMOUNT W.S.G. 439.88
L.P.C. \$ 68.76

Date..... 27-4-46.....

Other Credits.....

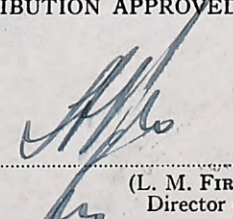
Total..... 508.64
 Prev. Dist. 68.76
 This Dist. 439.88

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Herbert Robinson, 1141 Dominion St., Winnipeg, Man.	219.94
1/2	Sister	Gertrude Robinson, (As above)	219.94
		 (As next-of-kin entitled)	

W.S.G.

AUTHORITY					
H.Q. F.E. No.	VOLE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	851	00	50	000	439.88
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " CHARLOTTETOWN " ending 30 September 1942.

List 12/2 No. 77 (Name) ROBINSON, Edmond Rank Rating A/L/Tel No. V-9661

When entered Former Book Date of appearance Whither discharged Discharged DEAD.

	\$	c.
CREDIT from former account.....		81
Pay as <u>A/L/Tel.</u> from <u>1 July</u> to <u>30 Sep.</u> (<u>92</u> days at \$ <u>2.25</u> a day).....	207	00
" <u>W.T.3</u> " <u>1 July</u> " <u>30 Sep.</u> (<u>92</u> " <u>.10</u> ").....	9	20
" " " " (" " ").....		
" " " " (" " ").....		
" " " " (" " ").....		
Kit Upkeep Allowance <u>July, Aug August and September</u>		10.00
OTHER CREDITS: <u>H.L.M. for period 1 July-10 Sep.-72 days @.25</u>		18.00
<u>H.L.M. for period 11 Sep-11 Sep.-1 day @.25</u>25
<u>Grog money for period 1 July-13 Sep.-75 days @.06</u>		4.50
Total credits.....	249	76

51

DEBT from former account.....							
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	10.00	5.00	38.00	Protector Advance #593 Ft. Ramsay Adv. 288-16			53.00
2nd month.....	23.00	(Ft. Ramsay adv. #416.)				Total	23.00
3rd month.....					Total		
Allotment Off 55x \$35.00 charged for July and August						70.00	
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES:.....							
						Total debits	146.00
						Balance Cr. XXXX	103.76
(Balance Dr. to be shown in red)							

noted
 D.N.P. X (19)
 26.6.42
 H. J.

Number of days actually victualled during period mentioned above..... 72 days.

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Lent	11 Sep.	11 Sep.	1	Clayquot ✓
	Sick	12 Sep.	13 Sep.	2	Gaspe. ✓

Date 30 September 19 42

Pay Sub. Lieut. RCNVR. ACCOUNTANT OFFICER

Ledgers R am
 J. J.

MAR 30 1942

NS 113-R-277

#1173 ORIGINAL

61614

H.Q. File No.....

DECLARATION OF ALLOTMENT

23

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"SAMBRO" FOR "CHARLOTTETOWN". 12 ^{II} /77	Surname..... ROBINSON ✓ Christian Names } Edmund Charles	TEL. ✓	V.9661 ✓	\$2.00 ✓

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... ROBINSON Christian Names } Mrs. Isabella	Mother	1141 Dominion St., Winnipeg, Man.	\$35.00 ✓	Increased APRIL 1942. ✓

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Initials	Date	These allotments are to be disposed of as indicated below. (See Note 2):—
\$25.00 ✓	Mrs. Isabella Robinson	1141 Dominion St., Winnipeg.	[Signature]	3/28/42	Increased As Section A. ✓

Allotment Declarations
 n'd. on Index Card
 Ent'd. on Allotment Ledgers

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
 NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges..... *E. C. Robinson*
 TELEGRAPHIST, RCNVR.

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

P. Leggett

J. Santt

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

- Assigned Pay to Wives
- Assigned Pay to other Dependents
- Marriage Allowance
- Dependents Allowance
- Other Allotments

Object No. 111	35.00
113	
116	
119	
122	35.00
Total	35.00

James A. Simpson
 Paymaster, Sub-Lieutenant, RCNVR.
 for Accountant Officer

THE NAVAL SECRETARY,
 Department of National Defence,
 (Naval Service)
 Ottawa, Ont.

H.M.C.S. "SAMBRO" FOR "CHARLOTTETOWN".
 Forwarded..... 28 March 1942

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

V-9661

* 3 5 . 0 0

THIRTY FIVE *

ROBINSON, EDWARD G.

MRS. I. ROBINSON,

1141 DOMINION ST.,
WINNIPEG, MAN.

W.S.G. Application No. 10749

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

FILE NO. N.S. 11-9661

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>ROBINSON</u>	<u>EDMUND CHARLES</u>	<u>11-9661</u>	<u>A/L Feb/41</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD ("Charlottesville")

A. applicant... F. father... # 3500 A.P. to MOTHER (Now deceased)

TOTAL SERVICE

Date of Active Service 27 Feb. '40

Date of Discharge 16 Sep '42

Total No. of Days 933

Less non qualifying service NIL

Total Days 933

OVERSEAS SERVICE

% Total No. of Days 514

Less non qualifying service NIL

Total Days 514

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service 1

Date of Discharge L

& % Overleaf

Computed By Alip Lewis

Checked By [Signature]

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

DATE: JUN 23 1945

O O F NDA

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"		"	
"		"	
"		"	
"		"	
"		"	
"		"	
Total days			

(%) OF OVERSEAS SERVICE:

Where serving	From	To	No. of Days
Assiniboine	14 Jan. '41	30 Nov. '41	321
Charlottetown	8 Mch. '42	16 Sep. '42	193
			<u>514</u>