

V5794
SULLIVAN
SAMUEL

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full SAMUEL SULLIVAN (b) Reg'l. No. V5794
 2. (a) Arm of service NAVY (b) Unit OTTEL (c) Rank CITE
 3. (a) Date of birth 25/9/17 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL
 4. (a) Place of enlistment MONTREAL (b) Date of enlistment 9/5/40

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) 2 YEARS HIGH SCHOOL
 7. If you attended a university, give name of university and standing or degree secured —
 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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? Y
 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 SAMUEL STEINBERG Address MONTREAL
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RETAIL STORES
 20. (a) Your specific occupation CLERK (b) Number of years' experience at this occupation with any employer —
 21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? —
 25. (a) Were you born on a farm? — (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.) —
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form TO GO INTO BUSINESS FOR MYSELF

DATE

194

SIGNATURE

O.H.F.

RECEIVED

Copy To
VWD
ES

MAY 14 1941

Mrs. Jean Sullivan
0654 Charlevoix St.,
Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. NS. V-5794 FD. 607

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13, 1944

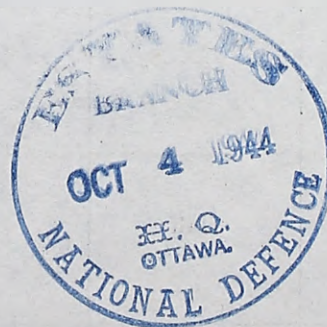
For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

SULLIVAN Samuel Telegraphist

Official Number V-5794, R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should
be furnished the Estates Branch. You are asked therefore to read the enclosed
memorandum before completing pages 2 and 3 of this form. The particulars required
are to be carefully filled in and the Declaration on page 4 should then be signed in the
presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
to complete and sign the Certificate. This form should then be returned to the above
address.

If there is insufficient space for complete particulars to be given opposite any
question on pages 2 and 3 of this form, the space under "additional remarks" on
page 4 should be used.



A. J. Wade
Commander
for 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 ~~er~~ had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	<i>not married</i>		
2	Children of the Deceased and dates of their Births.....	<i>none</i>		
3	Father of the Deceased.....	<i>Adam James Sullivan</i>	<i>53</i>	<i>0654 Charlevoix St Montreal Que</i>
4	Mother of the Deceased.....	<i>Jean Sullivan</i>	<i>46</i>	<i>0654 Charlevoix St Montreal Que</i>
5	Brothers of the Deceased	<i>Wm Sullivan</i>	<i>28</i>	<i>C. A. O. D. 106592</i>
		<i>Adam James Sullivan</i>	<i>20</i>	<i>C. M. F. D. 77838</i>
		<i>Andrew B. Sullivan</i>	<i>18</i>	<i>H. M. C. S. Shelburne V. 36481</i>
		<i>Ernest Sullivan</i>	<i>15</i>	<i>0654 Charlevoix St. Montreal</i>
6	Sisters of the Deceased			
		<i>Elizabeth Sullivan</i>	<i>22</i>	<i>0654 Charlevoix St Montreal</i>
		<i>married Name Morrison</i>		
		<i>none</i>		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	<i>none</i>	<i>none</i>	<i>none</i>	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Samuel Sullivan
9	Date of his birth.	25 th Sept. 1917
10	Place and date of his marriage.	not married.
11	Place and date of his parents' marriage.	Glasgow Scotland. 29 th Sept 1916.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Glasgow Scotland.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal Que. (b) (c) (d)
14	Nature of employment before enlistment.	Grocery clerk.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal

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?	not married
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.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

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

M^{rs} Jean Sullivan

{ Signature of Informant

0 654 Chartwair St
Montreal Address

CERTIFICATE

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

*See above.

Sullivan { 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

Montreal

this

Second

day of

October

19 44

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

[Signature]

Qualification

Justice of the Peace

Address

800 Hibernia Road

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

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "VALLEYFIELD"

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. J. Sullivan - Father

ADDRESS: 0654 Charlevoix Street,
Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Jean Sullivan

ADDRESS: 0654 Charlevoix St., Montreal, Que.

MEMORIAL BAR

DATE DESP

REGN. NO

466

(2)

(3)

13-10-44

DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SULLIVAN	Samuel	V-5794	Tel.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGECLASS

No.

Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	7771 16 - 1 - 50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



P032739

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....Sullivan.....OFFICIAL NO.....5794

CHRISTIAN NAMES.....Samuel.....MARRIED, SINGLE or WIDOWER.....Single

PERMANENT ADDRESS		RELIGION
2646 Coleraine Street, Montreal, Quebec.		Presbyterian.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Sept. 25, 1917	Town County Province Glasgow, Scotland.	Mother: Jean Sullivan, Same address as above.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....5	Inflated.....37	Dark Brown	Brown	Fair	Nil
Inches.....4½	Deflated.....34½				
120	Mean.....35¾				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
Mat 28/40	Ord. Sea.	Clerk, Steinberg's Grocery Store, 5667 Sherbrooke St. W. , Montreal, Quebec.			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	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.

Personnel Records Division.	
1. Noted in Records	gk
2. Noted in Unfitness	gk
3. Non-Suit Card	gk
4. Statistical Card	gk
5. Roneo Strip	gk
6. Pension Card	
7.	
8.	
DATE	June 15, 1940

(5) On being enrolled as a member of the.....Montreal.....Division of.....
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.....~~13th~~^{28th}.....day of.....May 1940.....
Signature of applicant.....Samuel Sullivan.....

(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.....~~28th~~^{28th}.....day of.....May, 1940.....

.....[Signature].....
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I,.....Samuel Sullivan.....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.....Samuel Sullivan.....
Witness.....[Signature].....

Date.....28th May 1940.....Rank.....

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

.....Samuel Sullivan.....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.....Montreal.....Division of the R.C.N.V.R.

.....[Signature].....
Lieut. R.C.N.V.R. 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.

2352



CANADA

See 3/19

N. V. 5
5M-10-39 (2305)
N.S. 815-11-5

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....Sullivan.....OFFICIAL NO.....V. 5794

CHRISTIAN NAMES.....Samuel.....MARRIED, SINGLE or WIDOWER.....Single

PERMANENT ADDRESS		RELIGION
2646 Coleraine Street, Montreal, Quebec.		Presbyterian.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Sept. 25, 1917	Town County Province Glasgow, Scotland.	Mother: Jean Sullivan, Same address as above.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....5	Inflated.....37	Dark Brown	Brown	Fair	Nil
Inches.....42	Deflated.....34 1/2				
120	Mean.....35 1/2				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
May 28/40	Ord. Sea.	Clerk, Steinberg's Grocery Store, 5667 Sherbrooke St. W., Montreal, Quebec.			

(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 have served in the Royal Canadian Naval Volunteer Reserve Force for the period shown, and attach my records of service in corroboration of this statement.~~

* 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 Montreal Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for ~~the duration of war~~ duration of war 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 28th day of May 1940
Signature of applicant Samuel Sullivan

(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 28th day of May, 1940

W. H. Nicholls

~~Signature of Divisional Commanding Officer~~

Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Samuel Sullivan 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 Samuel Sullivan

Witness W. H. Nicholls

Date May 28th 1940 Rank Sub Lt R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Samuel Sullivan 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 Montreal Division of the R.C.N.V.R.

Samuel Maguire
Lieut. R.C.N.V.R. 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.



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 Samuel Sullivan 2
candidate for entry as List No. 3.
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 Montreal P.Q. the 18th of May 19 40.
A. W. [Signature]
Examining Medical Officer
(Rank) Surgeon Lieut R.C.N.V.R.

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

Age { Years Months (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 revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
<u>22 7/12</u>	<u>120</u> lbs.	<u>5' 4 1/2</u> ft. ins.	<u>Good</u>	inches (a) maximum <u>37</u> (b) minimum <u>34 1/2</u> (c) mean <u>35 3/4</u>	right eye <u>6/6</u> left eye <u>6/6</u> colour vision <u>N</u>	<u>15.2.17</u> <u>chick</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Deficient</u> <u>Amalgam</u>	<u>Normal</u>

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.

S. Sullivan
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.

OFFICIAL NUMBER V5794

NAME.....	SULLIVAN (Surname)	Samuel (Given Names)	DATE OF BIRTH.....	25th September, 1917
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PLACE OF BIRTH.....	Glasgow, Scotland.....	OCCUPATION.....	Clerk.....
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RELIGION.....Presbyterian.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2646 Coleraine Street Town Montreal Province, etc Quebec

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil) *mother* 07/11/1941 NAME (in pencil) *Mrs Jean Sullivan*

ADDRESS (in pencil): Street and No. 105-4 Charlotte Street Town Montreal Province, etc. Quebec

[illegible][illegible][illegible]

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V5794

OFFICIAL NUMBER

NAME SULLIVAN

(Surname)

Samuel

(Given Names)

P.I.B.

OFFICIAL NUMBER V5794

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
Mont. Div. Str.	Ord. Smn.	28	5	40		V.G.	Sat.	31	12	40	T.O.W/T	23	6	42			
Duty Div. Hdqtrs.	Ord. Smn.	12	11	40		V.G.	Sat.	31	12	41							
Stadacona	Ord. Smn.	25	11	40		V.G.	Sat.	31	12	42							
Stadacona	Ord. Tel	22	2	41		V.G.	Supr.	31	12	43							
Stadacona	Tel.	12	8	41		V.G.	Supr.	7	5	44							
St. Hyacinthe	"	10	7	42	DRD												
Stadacona	"	3	9	42	DRD												
Preserver	"	4	9	42													
Avalon	"	29	2	44	Serv. Cert.												
Assiniboine	"	29	2	44	"												
Avalon	"	14	4	44	"												
Valleyfield	"	16	4	44	DRD A-3313.												
DISCHARGED	"	7	5	44	"Missing" per Casualty List.												

"Presumed Dead" (per Correction Sheet Page 104).

GENERAL REMARKS

To be paid difference of pay between tel. and Idg. Tel. to date 2-10-42. (249A # 23356).

Canadian Memorial Cross:

MOTHER: Mrs Jean SULLIVAN,
0654 Charlevoix St.,
MONTREAL, QUE.

DATE OF BIRTH		PLACE OF BIRTH	CIVIL OCCUPATION	RELIGION	EDUCATION	PERM RESIDENCE	PREV ENL	RANK OR RATE	
DAY	MO	YR	MAIN	SUB	GION	P	CTY	TOWN	SERV DIV
25	9	17	22	830	0	50	X	2	23 02 0 09 0
ENLIST DATE		ACT SERV DATE	STR	ACT SERV DATE		SHIP OR	RANK OR RATE		
DAY	MO	YR	DAY	MO	YR	CAT	DAY	MO	YR
28	05	40	12	11	40				69 20 0 12 9 1
SENIORITY		STR	NON	SUB	M	CODED		CHECKED	
DAY	MO	YR	CAT	A	B	ST			
12	08	41	13	53	00		EZIP		

N.V. 17
15M-4-40 (4717)
N.S. 815-11-17

Naval Identity Card #NS.28309

CERTIFICATE of the SERVICE of

Samuel SULLIVAN

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V-5794
	Montreal	"
		"

Date of Birth 25th September, 1917.

Place of Birth Glasgow, Scotland.

Place of Residence 2646 Coleraine St., Montreal, P.Q.

Trade brought up to Grocery Clerk

Religion Presbyterian

Name and Address of Nearest
Relative or Friend
(in pencil)

Mother:
Mrs Jean Sullivan
2646 Coleraine St.,
Montreal, P.Q.

Can Swim:—P.P.T. Date 19 Signature Rank

P.S.T. Date 19 Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
29 Sept. '39	28 May '40	Duration of Hostilities	Ord. Smn.			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	4½	35¾	120	Dark Brown	Brown	Fair	Nil
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	Montreal Division			Ord. Smn.	23 May '40	11 Nov. '40	
				Active Service			
1940	Montreal Division			Ord. Smn.	12 Nov. '40	25 Nov. '40	
1940	Stadcona			Ord. Smn.	26 Nov. '40	21 Feb. '41	
1941	"			Ord. Tel.	22 Feb. '41	11 Aug. '41	
---	"			Tel.	12 Aug. '41	8 July '42	
	St Hyacinthe			"	9 July '42	1 Sept. '42	
	Stadcona			"	2 Sept. '42	3 Sep. '42	
	"Preserver"			"	4 Sep. '42	7 Sep. '42	
	Avalon (Preserver)			"	8 Sep. '42	28 Feb. '44	
	Avalon			"	29 Feb. '44	7 Dec. '43	
	Assiniboine			"	7 Dec. '43	28 Feb. '44	
	Avalon			"	14 Apr. '44	18 Apr. '44	
	Avalon (Valleyfield)			"	19 Apr. '44	7 May '44	"D. D."

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible]

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
22 Feb '41	Q & R. And Tel.	<i>[Signature]</i> for C.O.		Dec 1940	Identity Card No. 28309 144250
19 Apr '41	Recal. for Tel	<i>[Signature]</i> for C.O.			
19 Feb '41	QUALIFIED A/C 1 DAY	<i>[Signature]</i> for C.O.			
1111 5 1941	Issued Ident. Card No. 18982	<i>[Signature]</i> for C.O.			
12 Aug '41	Rated Tel	<i>[Signature]</i>			
23 June '42	Q & R T.O.W/T	<i>[Signature]</i> for C.O.			

Conduct

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county AT SEA		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township	
2. LENGTH OF STAY		(a) In hospital or institution Years Months Days		(b) In municipality where death occurred Years Months Days		(c) In Province Years Months Days	
3. NAME OF DECEASED		Surname SULLIVAN (Block letters)		Given names Samuel		Do not write in this space	
4. RESIDENCE		Street Coleraine Street No. 2644		Official name of civil municipality or township Montreal		Municipal county Province Quebec	
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)				
Male	Scotch		Single				
9. If married give name of wife or husband of deceased							
10. BIRTHPLACE (Province or Country) Glasgow, Scotland							
11. DATE OF BIRTH September 26th 1917 (Month) (Day) (Year)							
12. AGE OF DECEASED		Years 26	Months 8	Days	If less than one day old hrs. or min.		
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Clark					
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		Steinberg's Grocery Store, Montreal					
15. Date deceased last worked at this occupation		16. Total years spent in this occupation					
17. NAME		18. BIRTHPLACE (Province or Country)					
FATHER							
MOTHER (Maiden Name)							
19. Place of burial, cremation or removal Body not recovered							
20. Date of burial 19							
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church					
		(b) Civil municipality of					
		(c) Municipal county					
		(d) Date (Month) (Day) (Year) 19					
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH							
22. Date of death 19							
23. I HEREBY CERTIFY that I attended deceased from 19 to 19							
and last saw him alive on 19							
24. CAUSE OF DEATH							
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) "MISSING" presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.							
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) torpedoed and sunk by enemy action in the Atlantic.							
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.							
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days							
25. If a woman, was there a puerperal condition?							
26. Was there a surgical operation? Date of 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 19 (State which)							
Manner of injury (How sustained)							
Nature of injury							
Specify whether injury occurred in industry, in home, or in public place.							
Signed M.D.							
Address Date 19							
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) Paynt. Cdr., R.C.N.R., Officier i/c Naval Personnel Records, Royal Service Headquarters, Ottawa, Ontario. This signature authorizes the collector to accept this form as authentic.							
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.							

(Voir l'autre côté pour le français)

NAME IN FULL SULLIVAN, Samuel RANK/RATING Pl

[illegible]

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

AREA	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	Star
Atlantic NF								ATLANTIC	1	Star
Atlantic NF								FRANCE G.		
Atlantic								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	@ Star
								" CLASP		
								WAR 1945	1	Medal
								WAR 1915		

DIR. OF PERSONNEL RECORDS.



Department of National Defence

1138626

Naval Service

OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. O.N. V-5794 PERS (N).



Sir:

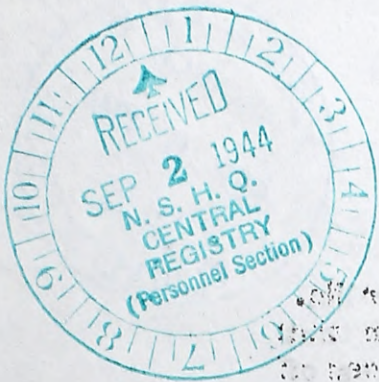
In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
SULLIVAN Samuel Telegraphist Official Number V-5794 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Jean Sullivan ✓ 0654 Charlevoix St., Montreal, Quebec.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Mother	Mrs. Jean Sullivan, 0654 Charlevoix St., Montreal, Quebec.	\$20.00 A. P.	AMP.
W. S. C.	Rec. Gen. of Canada, War Savings Certificates, Ottawa, Ontario	\$4.00 A. P.	AMP. Allots. stopped May 31/44
Clothing Store	Bond Clothes Shop, 434 Barrington St., Halifax, N. S.	\$5.00 A. P.	AMP.
Will:	No. Record.		

H.B. Money
for SECRETARY, NAVAL BOARD.

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



In accordance with the Order No. 100, the following information is being furnished to the following: Canada has a...

Official No. 100110
NAME, NAME/RATING

PARTICIPATION IN

...

...

...

...

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REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "TALISMAN" at

Name ROBERT SULLIVAN
(Christian names in full)

Rank of Rating TELEGRAPHIST Official No. Y-3704 RCNVR
(If unknown, date of first entry)

Place of Birth GLASGOW, SCOTLAND Date of Birth 20th September, 1917

Occupation in Civil Life URGENT CLERK Religion PROTESTANT

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 3 YEARS 3 MONTHS

Date of Death 7th May, 1946 Place of Death AT SEA

Cause of Death ENEMY ACTION—TORPEDOED BY H.M.C.S. "TALISMAN"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Mrs. Jean Sullivan Relationship MOTHER
Address 654 Chalkcroft
1040 CLINTON STREET
WATERLOO, CANADA.

Date on which the above was informed by Ship IMPOSED BY R.C.N.C.

Date on which death was registered with local Officials NOT REGISTERED

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

S. J. Davis
Commanding Officer, R.C.N.
17th MAY 1946

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

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

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

C.N.S. 1121
15M-6-41 (831)
N.S. 815-9-1121

noted
D. N. P. A.

ma

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

JG

Name: SULLIVAN, Samuel No.: V5794
Surname Christian Names

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

AMOUNT
Date: 8-8-45
W.S.G. 548.95
L.P.C. \$ 56.32
Other Credits 1.45
Total 606.72
Dist. herewith 121.32
This Dist. 485.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
7/20	Father	Adam J. Sullivan, 0654 Charlevoix St., Montreal, Que.	212.38
1/4	Mother	(1/4 next of kin entitled, 1/10 benefit of minor) Mrs. Jean Sullivan, (as above)	151.70
1/10	Brother	V36481, Sullivan, Andrew B., H.M.C.S., Shelburn, N.S.	60.66
1/10	Sister	Mrs. Elizabeth Morrison, 0654 Charlevoix St., Montreal, Que. (As next of kin entitled)	60.66

TO TREAS. 15-9-45 QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	485.40
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates
AUDITED FOR PAYMENT

DECLARATION OF ALLOTMENT.

NO. D. 1621.

H.C. FILE NO.

C.N.S.

31st March, 1941.

LIST	ALLOTOR.	RANK.	O.N.	RATE OF PAY
Stadacona Div. IV. 5-II-374 Sec. 3.	Surname..S.U.L.L.I.V.A.N. Christian Names.....Samuel..... 048004	O/Smn.	V-5794	1.50 p 39262

SECTION A. ALLOTMENT NOW DECLARED.

NAME OF ALLOTTEE	RELATIONSHIP.	ADDRESS.	AMOUNT	MONTH
SurnameBond. Clothes.. Christian Shops Names.....	Naval Outfitter	434 Barrington St. Halifax, N.S.	\$5.00	April, 41. new.

SECTION B.

DISPOSAL OF EXISTING ALLOTMENTS.

The following allotments are in force.

RATE	NAME OF ALLOTTEE	ADDRESS	DISPOSAL.
\$20.00	Mrs. Jean Sullivan	Montreal, Que.,	To be Continued.
\$ 4.00	Receiver General	Ottawa, Ontario.	To be Continued.
<div style="border: 1px solid red; padding: 5px; transform: rotate(-2deg);"> Allotment Declared Ent'd. on Index Card Ent'd. on Allotment Ledgers </div>			

Allotter's signature authorizing charges

Samuel Sullivan
 Ordinary Seaman.

ENTERED IN FAIR LEDGER.

ENTERED IN ROUGH LEDGER.

The allotment now declared has been duly entered in the Fair and Rough ledger 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.	111	\$
Assigned pay to Dependents	113	\$
Marriage Allowance	116	\$
Dependents Allowance	119	\$
Other Allotments	128	\$ 5.00
TOTAL		5.00

Douglas Seely
 Paymaster Lieutenant R.C.N.V.R.
 For ACCOUNTING OFFICER.

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

Stencil of S 63

Forwarded.....8-4-41.....

REGISTERED

NS V5794 PERS(N) VS.

8 May, 1944

15

Dear Mrs. Sullivan:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Samuel Sullivan, Telegraphist, Official Number V5794, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Jean Sullivan,
0654 Charlevoix St.
Montreal, Quebec.

LETTER dispatched by
PERSONNEL NAVAL
MAY 9 1944
H. Wad.



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No.

MEMORANDUM:

With reference to your
of the it is approved
to transfer
to

BY ORDER

SECRETARY, NAVAL BOARD.

NAVAL MESSAGE

To:

MRS. JEAN SULLIVAN
0654 CHARLEVOIX ST.
MONTREAL, QUE.

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

From:

NSHQ

V-5794

GNP THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO REPORT THAT YOUR SON SAMUEL SULLIVAN
TELEGRAPHIST OFFICIAL NO V5794 IS MISSING AT SEA.
LETTER FOLLOWS.

(DELIVERY CONFIRMED)

16
-/08

Bew

LT

PL

6/5/44

GP

2446

P.A.'S CHECKED IN

C.R. BY

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

Sir:

.....12th May, 1944.....
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
SULLIVAN, Samuel	Telegraphist	V5794 R.C.N.V.R.
DATE OF ENLISTMENT -	28th May, 1940	Active Service 12th Nov., 1940
DATE OF DISCHARGE -	Will be reported later	
HOSPITAL -	(If discharged in hospital under jurisdiction of D. P. & N. H.)	
SERVICE -	Canada & High Seas (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)	
Reason for discharge and -	"Missing" at sea when the ship in which he was serving was lost by enemy action. While this casualty occurred, is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set. (Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).	
NEXT OF KIN & RELATIONSHIP -		
RELATIONSHIP-	Mother:	NAME- Mrs. Jean Sullivan
ADDRESS-	0654 Charlevoix Street, MONTREAL, Quebec.	

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD.

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

*Noted
D.N.P.A.*

*BF
12/8/44
NPR/5
6*

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

(See reverse side for further instructions)

ACCOUNTS OF MEN DISCHARGED

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

Name SULLIVAN. Samuel Rating Tel.
Official No. 5794 H.M.C.S. AVAILON "VALLEYFIELD" List 122/116
Who* DISCHARGED DEAD on the 7 May 1944

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181² Adm. Naval Estates (Present War)</u>	56	32
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>TWENTY-NINE DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>		
Total†.....	56	32
	CREDITOR	

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVAILON for "VALLEYFIELD" amounting to a net balance CREDITOR of FIFTY-SIX - - - - - dollars - - THIRTY-TWO - - cents.

Dated on board H.M.C.S. AVAILON at ST. JOHN'S Nfld. this FIFTH day of JUNE 1944.

Approved PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer

A/CAPTAIN. RCN. Commanding Officer. { Initials of the Assistant Accountant Officer

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

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

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

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

STATEMENT OF ACCOUNT

36

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD." ending 30 June 19.44
List 122 No. 116 (Name) SULLIVAN, Samuel Rank Rating Tel. No. V. 5794
1 Apl. 1944 187 Apl. 1944
When entered Date of appearance Whither discharged DEAD

CREDIT from former account	HMCS. "AVALON" for "ASSINIBOINE"	\$	c.
Pay as	Tel. from 15 Apl to 31 May (47 days at \$ 2.00 a day)	31	27
"	" " " " " "	94	00
"	" " " " " "		
"	" " " " " "		
"	" " " " " "		
Kit Upkeep Allowance	Adjustment 1 Apl - 7 May	4	47
OTHER CREDITS:	G.M. 15 Apl - 7 May, 23 days @ .064	1	38
Total credits		131	12
DEBT from former account		NIL	
PAYMENTS:—	1st 2nd 3rd 4th 5th		
	\$ c. \$ c. \$ c. \$ c. \$ c.		
1st month		Total	- -
2nd month		Total	
3rd month		Total	
Allotment	29.00, 16.80 chged Apl.; 29.00 chged May.	74	80
Pension deduction (Officers) charged to	of		
Hospital stoppages			
Mulcts			
OTHER CHARGES	O.R. 22181 payable Adm. Naval Estates (Present War)	56	32
		53	62
Total debits		131	12
Balance Cr. or Dr.		NIL	
(Balance Dr. to be shown in red)			

Number of days actually victualled during period mentioned above 2021

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

Date 5 June 1944
PAY. LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

File No. N.S. V-5794 Pers. N.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

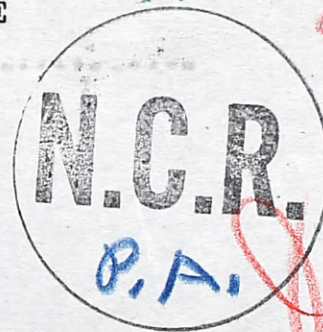
Wife:-

Mother:-

Mrs. Jean Sullivan,
0654 Charlevoix St.,
MONTREAL, Que.

Date forwarded:- OCT 13 1944

Registered Mail No:- 0-3169



10

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

4
NAVYDECEASED
MEMBER'S
NAMEPAYEE
ADDRESS

Samuel

(CHRISTIAN NAMES)

Director of Estates, for Service Estate of
308 Sparks St., Samuel Sullivan,
Ottawa, Ont. NS. V-5794

SULLIVAN

(SURNAME)

7th May '44.

REGISTER NO.

1729

FILE NO.

NS. V-5794

DATE

27th June '45.

SERVICE NO.

V-5794

FINAL RANK OR RATING

Tel.

DATE OF DISCHARGE

7th May '44.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1273 42
30 EQUAL TO COMPLETE PERIODS AT \$7.50

\$ 315.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 607 LESS 13 INELIGIBLE DAYS, EQUAL TO 594 DAYS @ 25C. PER DAY

148.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.00
SUBSISTENCE OR LODGING	\$	1.45
AND PROVISION ALLOWANCE	\$	
ADDITIONAL PAY	\$	
T.O.W/T	\$.05
G.C.B.	\$.05
H.I.M.	\$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$	3.68	X7 = \$	25.76
NO. OF DAYS		607	X\$	25.76
		183		

85.45

D. WAR SERVICE GRATUITY

548.95

E. DEDUCTIONS

OVERPAYMENT OF

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

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

548.95

G. YOUR PORTION OF GRATUITY IS—

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

548.95

Voucher cheque 1070 12/7-45

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

DHJ

CHECKED BY

DHJ

TREASURY

CHECKED BY

DATE

Ray Simpson

for Dir. Naval Pay Accting.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Samuel

(Christian Names)

SULLIVAN

(Surname)

Payee

Director of Estates

for service estate of

Register No.

1729

Address

308 Sparks St.

Samuel SULLIVAN

File No.

V5794

Date

20 June 45

Service No.

V5794

Final Rank or Rating

TEL.

Date of termination of overseas service

7 May 44

Date of Discharge

7 May 44

A. TOTAL QUALIFYING SERVICE

No. of days 1273 equal to 42 complete periods at \$7.50

315.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 607 less 13 ineligible days equal to 594 days @ 25¢ per day

148.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	2.00
Subsistence or Lodging	\$	1.45
and Provision Allowance		
Additional Pay		
T.O.W/r	\$.05
G.C.B.	\$.05
H.L.M.	\$.13

Dependents' Allowance 1/30 of \$

Total 3.68 x 7 = \$ 25.76

No. of days 607 x \$ 25.76

85.45

D. WAR SERVICE GRATUITY

548.95

E. DEDUCTIONS

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

OTHER DEDUCTIONS

\$ nil

F. TOTAL AMOUNT PAYABLE

548.95

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 548.95
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	
				Date	

Service Representative

D.N.P.A. CHECK

1	DN9	6	
2	DN9	7	
3	DN9	8	
4	W.F.P.	9	
5	W.F.P.	10	

C.R.
P.R./5-2
P.A.
NAVAL TREASURY
DATE 31/8/44
INITIAL [Signature]

FORM "B"

FILE: N.S. V-5794 PERS. (N)

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

28
42028

Sir:

.....
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
SULLIVAN, Samuel	Telegraphist	V-5794 R.C.N.V.R.

DATE OF ENLISTMENT - 28 May, 1940 Active Service: 12 November, 1940.

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 incurred, or where death was torpedoed and sunk by enemy action in the Atlantic.
occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Jean Sullivan,

ADDRESS - 0654 Charlevoix Street, Montreal, Que.

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, DEPENDENTS ALLOWANCE, etc.

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

REMARKS:.....

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

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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	\$20.00	\$20.00
<u>To Whom Paid:</u>	Mrs. Jean Sullivan	<u>Address</u>	0654 Charlevoix St., Montreal, P.Q.
<u>Date of Enlistment:</u>	See other side.		
<u>Date of Discharge:</u>	See other side.		
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>			

The final deduction of Assigned Pay for 20.00 has been made for the period
from 1st to 31st of May 194 4.

Remarks:

Computed by.....

Checked by.....

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

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