

V49265  
THERRIEN

JOSEPH

HECTO



# OCCUPATIONAL HISTORY FORM

113-1-1513

P258588

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 THERRICK, Hector (b) Reg'l. No. V49265  
 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank POINTER 9/2  
 3. (a) Date of birth 3 May 1917 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Cornwall, Ont  
 4. (a) Place of enlistment Montreal, Que (b) Date of enlistment 22 Oct 1942

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 8th Grade  
 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? Yes (b) If so, for what occupation? Modeler (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it?  
 9. (a) What languages do you speak fluently? French, English (b) What languages do you read well? French, 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? No

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?  
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment  
 15. Give details of last employer, if any: Name Address  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  
 17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Beach Furniture Ltd Address Cornwall, Ont  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Furniture Import  
 20. (a) Your specific occupation Machine Operator (b) Number of years' experience at this occupation with any employer 6  
 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? No (c) Do you wish to return to your former employment? Yes

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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?  
 25. (a) Were you born on a farm? (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?  
 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

DATE 22 Oct 194 2 SIGNATURE Hector Therrick

O.H.F.

RECEIVED



Copy To  
VWD  
ES

NOV 2 1942



Joseph Clarence Hector Therrien

1.C. NS# 62607

J. M. C. S. "Cartier"

Wize

Religion.....Roman Catholic

P.S.T. Date.....19..... Signature.....Rank.....

1942	Duration	Active Service
22 Oct.	of Hostilities	4/c

### PERSONAL DESCRIPTION

On Entry.....	5	7	32	114	Brown	Brown	Medium	Star Right Line
On re-enrolment—6 years' Service.....								Quadrant

From	To	Date	List	Date	Authority
------	----	------	------	------	-----------



# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
	H. M. C. S. "Carter"			A/Joiner 4/c	22 Oct '42	27 Oct '42	
				<u>On Active Service 23 Oct '42</u>			
	H. M. C. S. "Carter"			A/Joiner 4/c	23 Oct '42	2 Nov '42	
	Cornwallis			A/Joiner 4/c	3 Nov '42	27 Nov '42	
	Stadacona			" "	28 Nov '42	31 Dec '42	
	" "			A/Supt. 4	1 Jan '43	28 Oct '43	
	Hochelaga "			" "	29 Oct '43	7 Dec '43	
	Stadacona (Valleyfield)			" "	8 Dec '43	31 Dec '43	
	" "			Supt. 4/c	1 Jan '44	29 Feb '44	
	Avalon (" " " ")			" "	1 Mar '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][illegible]



Name Joseph Clarence Hector THERRIEN Conduct

[illegible]



113-7-1513

N. V. 5

50M-10-41 (1994)  
N.S. 815-11-5

P258586



CANADA

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME THERRIEN OFFICIAL NO. V49265  
CHRISTIAN NAMES JOSEPH CLARENCE HECTOR MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS RELIGION  
783 Montreal Road, Cornwall, Ont. Roman Catholic

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>3rd September 1917</u>	Town <u>St. Anicet</u>	Wife: <u>Mrs Alexina THERRIEN</u>
*Original Nationality of: Father <u>Fr. Can.</u> Mother <u>Fr. Can.</u>	County <u>Dundee</u> Province <u>Quebec</u>	<u>Same Address</u>

\*If not the son of natural born British parents, particulars to be given at foot of next page

## (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>34</u>	<u>Brown</u>	<u>Brown</u>	<u>Medium</u>	<u>Scar R.L.Q.</u>
Inches <u>7</u>	Deflated <u>30</u>				
<u>114</u>	Mean <u>32</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>8th Grade Commercial</u>	<u>Machine Operator</u> <u>Beach Furniture Ltd,</u> <u>Cornwall, Ont.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength</u> <u>22nd October, 1942</u>	<u>Acting Joiner</u> <u>4th Class</u>	<u>H.M.C.S. "CARTIER"</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 attach my~~  
~~Record of Service in corroboration of this statement.~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>----- NOT APPLICABLE -----</u>			

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Personnel Records Division.	
1. Noted in Records	<u>MP</u>
2. Army Card	<u>MP</u>
3. Non-Sub. Card	<u>MP</u>
4. Statistical Card	<u>MP</u>
5. Roneo Strip	<u>MP</u>
6. Pension Card	<u>MP</u>
7. . . . .	<u>MP</u>
8. . . . .	<u>MP</u>
DATE	<u>2.11.42</u>



(5) On being enrolled as a member of the H.M.C.S. "CARTIER" Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

(b) To report for active service 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 22nd day of October, 1942

Signature of applicant XX Hecto Therrien

(C) CERTIFICATE OF ATTESTING 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 October, 1942

PEHable  
Signature of and rank of Attesting Officer.

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

(D) OATH OF ALLEGIANCE

I, JOSEPH CLARENCE HECTOR THERRIEN 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 XX Hecto Therrien

Witness PEHable

Date 22nd October, 1942 Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

JOSEPH CLARENCE HECTOR THERRIEN 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 H.M.C.S. "CARTIER" Division of the R.C.N.V.R. or in the appropriate official documents.

PEHable  
Attesting Officer.

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

R.C.N.V.R. Division  
(or other establishment) H.M.C.S. "CARTIER"

22nd October 194 2

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.

This is to acknowledge that I have not been induced to enter the ARTISAN Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Hecto Therrien  
Signature





Can.  
100M-3  
N.S. 81

P258587

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 THERRIAN Hector Clarence 10  
candidate for entry as A/Jainen  
and I believe him to be \*in all respects fit for His Majesty's Service  
unfit for His Majesty's Service for the reason stated below } He has signed the Certificate  
given below in my presence.  
\*Strike out if inapplicable. \*Delete one.

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

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination for Smallpox	
	25	2		Not vaccinated
(b) Height with bare feet	Feet	In.	(k) General Development	Slight
	5	7		
(c) Weight without clothes			(l) Nose, Throat and Tonsils	nose normal T. removed
	114			
(d) Ears and Hearing			(m) Heart and Lungs	B.P. 142/90 normal
	normal			
(e) Chest Girth	Max.	Min.	Mean	(n) Abdomen Hernia, etc.
	34	30	32	normal
(f) Teeth	Deficient	Defective	Dentures	(o) Limbs and Joints
	1	0	0	normal
(g) Vision by Snellens Types	without glasses	Rt.	Lt.	(p) Skin
	6/6	6/6	6/6	Scar - rt. rectus incision Appendectomy
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids
				normal
(h) Colour Vision	Ishihara	Normal	R.C.N. Lantern	(r) Testes Varicocele
				normal
(i) Chest x-ray	(not taken approved positive doubtful)	151172 approved	BPK NH Montreale	(s) Urine
				No done

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Hector Clarence Therrian  
Signature of Candidate

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

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

This Candidate is the subject of.....

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

\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

Dated at Montreal the 22 of October 1942

C.W. Danby  
Examining Medical Officer  
(Rank) Surg. Lieut. R.C.N.V.R.



V49265

OFFICIAL NUMBER

FILE NUMBER

113-T-1513

OFFICIAL NUMBER V49265

NAME \_\_\_\_\_

THERRIEN

(Surname)

Joseph Clarence Hector

.....  
(Given Names)

....DATE OF BIRTH.....3rd. Sept., 1917

PLACE OF BIRTH.....St. Anicet, Dundee, Quebec

..OCCUPATION.....Machine Operator

RELIGION.....R.C.

## EDUCATION

8th. Grade Commercial

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 783 Montreal Road

Town.....Cornwall

.....Province, etc.....Ont.

## ENGAGEMENTS

### DESCRIPTION

## PREVIOUS SERVICE

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

### EXAMINATIONS, CERTIFICATES, ETC.

[illegible]

## BADGES, G.C. OR G.S.

## BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

[illegible]

# FILM

NO. WR 5843-1-

DATE

Date (in figures)

## DAYS FORFEITED

O.H.F. Received.

[illegible]

### SECOND CLASS FOR CONDUCT

From

To

H.Q. 35-30M-4-42 (4260)  
N.S. 815-7-25

W. S. G.

## APPLICATION

88

RECEIVED



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

V49265

OFFICIAL NUMBER

NAME

THERRIEN

Joseph Clarence Hector

OFFICIAL NUMBER V49265

P.I.B.

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
HMCS "CARTIER"	A/Joiner 4/C	22	10	42	Div. Str. Cartier												
"	"	23	10	42	Active Service D.L. 26-10-42	V.G.	Sat.	31	12	43							
" "CORNWALLIS"	"	3	11	42	D.L. 2-11-42												
" Stadacona	"	27	11	42	D.R.D. H-66												
"	A/Shpwt 4/c	1	1	43	Transferred (249A#3498)												
" Hochelaga 11	"	29	10	43	D.R.D. #H-3027.												
	Shpwt. 4/c	1	1	44	Conf. (249A#A13916)												
	"	22	12	43	END S.I.B.P.T.	V.G.	Sat.	7	5	44							
	"	7	5	44	Killed in action Casualty List												
GENERAL REMARKS																	
Canadian Memorial Cross awarded to (Wife) Mrs. Alexina Therrien, 783 Montreal Road., Cornwall, Ont. to date 26.5.44.																	

DATE OF BIRTH			PLACE	CIVIL	OCCU.	REL.	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT				
DY.	MO.	YR.	BIRTH	MAIN	SUB	GRON	P.	CTV.	TOWN	SERV.	DIV.	A	BR.	RANK
03	9	17	12	3	99	X	10	1	1	47	01	0	04	1
ENLIST. DATE			ACT. SERV. DATE	STR.	ACT. SERV. DATE			SHIP	CA	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
22	10	42	23	10	42					9680	13	32	95	
SENIORITY			STR.	NON-SUB	TM	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	S	ST.	MB			MB				
01	01	43	13	00	00	21	07	05	43	07	05	43	07	



NAVAL GENERAL SERVICE MEDAL, WAR 1914-1918

RANK/RATING

VERIFIED BY .....



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

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

ATING ..... OFF. NO. ..... ADDRESS .....

[illegible]



62-21-57

**NAVAL SERVICE**  
**OFFER OF SERVICE (HOSTILITIES ONLY)**

N. V. 3a  
30M-4-42 (4173)  
N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). ☒ papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

**A. Personal History—**

21295

Name.....THEIRRIEN.....Hector.....Telephone {Bus.....  
Surname (in Block Letters) Christian Names Home.....  
Address.....783 Montreal Road,.....Cornwall,.....Ont......  
Number Street Town or City County Province 5  
Date of birth.....3rd Sept. 1917.....Place of birth.....Dundee  
Nationality.....Fr. Can......Are you British by birth?.....yes.....or by naturalization?  
Birth place of (a) Father.....St. Anicet.....(b) Mother.....St. Anicet  
Are you (a) Single.....(b) Married.....yes.....(c) Widower.....(d) No. of Children?.....none  
Any physical defects (especially eyesight?).....No  
Height.....5' 8".....Weight.....130.....Can you swim?.....yes

**B. Education—**

Highest school grade passed successfully?.....8th Grade.....Any Matriculation?.....  
University: (a) Name.....(b) Years attended.....(c) Course and Degree.....  
Technical courses taken.....  
Special studies.....  
Languages spoken.....French & English

**C. Sea Experience—**

Have you ever been employed at sea?.....no.....Give number of years and how employed.....  
.....  
.....  
Name and number of Mercantile Marine Certificates held.....  
.....  
State last position held at sea (with dates).....  
.....  
State employment since leaving sea.....  
.....  
.....

**D. Occupation:** What is your profession, trade or occupation in civil life?.....Running Machine in  
.....Furniture Factory

Are you (a) Actively pursuing your profession or trade on your own account?.....  
(b) Employed; if so, in what capacity and under what employer?.....  
.....Beach Furniture Ltd......  
General experience (with dates).....6 years  
.....  
No. and Class of any Stationary Engineer's certificates or other certificates of competency.....  
Have you ever served in any of His Majesty's Forces? If so, which? How long?.....no  
Have you had 30 days' training?.....no  
Where registered.....Cornwall, Ont.

**E. Any other Qualifications** that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)  
.....  
.....

**F. Branch Applying for:** (a) As Officer.....(b) As rating (i.e., in the ranks).....yes

If you cannot be accepted as an Officer are you willing to serve as a rating?.....  
In what capacity do you wish to enrol?.....Joiner 4th class  
How long would you need to settle up your private affairs?.....2 weeks

Date of Application.....9th Sept. 1942.....Signature.....



TFH:PMB

REGISTERED

AIR MAIL

FILE: V-49265 (Pers.N.)

8th May, 1944

Dear Mrs. Therrien:

It is with deepest 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 husband, Joseph Clarence Hector Therrien, Shipwright Fourth Class, Royal Canadian Naval Volunteer Reserve, Official Number V-49265, has been killed in action.

According to the report received, your husband was killed in action when the ship in which he was serving was lost by enemy action. For reasons of security it may be some time before details of this incident of war may be released.

Your husband's body is now in St. John's, Newfoundland, where it is understood funeral and burial will take place, with full Naval honours. It is anticipated that additional details in this regard will be forthcoming in a short time. In this connection I might add that wartime regulations do not permit the return to Canada of the bodies of deceased Naval personnel.

It is requested that you will regard as confidential anything beyond the fact of your husband'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 sincere sympathy with you in your bereavement on behalf 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 husband has helped to maintain.

Yours sincerely,

LETTER dispatched by  
PERSONNEL NAVAL  
MAY 8 1944

SECRETARY, NAVAL BOARD

Mrs. Alexina Therrien,  
783 Montreal Road,  
CORNWALL, Ontario

17

62 22

11



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

Sir: ..... 10 May, 1944 .....  
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<del>THERRIEN, Joseph Clarence Hector</del>	<del>Shipwright 4th Class</del>	<del>V49265, R.C.N.V.R.</del>

DATE OF ENLISTMENT - 22 October, 1942.

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 - "DEAD", Killed in action when the ship in which  
when and where any disability he was serving was lost by enemy action.  
was incurred, or where death occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Wife NAME- Mrs. Alexina Therrien,

ADDRESS- 783 Montreal Road, Cornwall, Ont.

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

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

10/5/44. N.P.R./5.

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

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

*Royal & Co.  
message of Cond.  
fwd 13/5/44 EME*

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)



Mrs. Alexina Therien

19 Alice St. S.

Cornwall Ont.

061062

~~N.P.R.~~ 17/5/44  
Dear Sir. #34<sup>to</sup>

V.49265

Replying to the letter which I received this morning & wanting the information about his Mother. She was the former Miss Marquinte Deschamps, but died 11 years ago. Joseph Hector Clouance Therien was without a father & Mother. I am all he had but two brothers also serving in the Royal Canadian Navy & one sister. You will notice that I have changed my address to 19 Alice St. S.

Yours Truly. 42

Mrs Alexina Therien

19 Alice St. S.

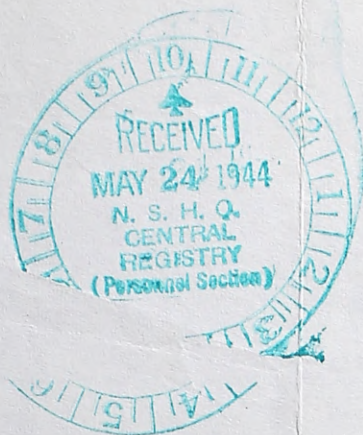
Cornwall  
Ont.

JUN 29 P.M.

9  
sent (MOR 13)

Noted  
1/6/44 N.P.R/5  
e







V-49265.

131741

#4D

Cornwall Ont.

19 Alice St. E.

Cornwall Ont.

Per(n)  
10/9/44

Dear Sir:

Received your letter informing me of being awarded a pension in respect of my late husband Joseph Laurence Hector Thuermer of which I am very grateful.

I would like some information about a business course of which I started on Sept 5, th at the Cornwall Commercial College of which I'm sure you've heard of before. It has always been my ambition to become a secretary & now that I am left alone I would like to continue with it as I find it helps me a lot in forgetting my great loss as



II

well as making something out of  
me in years to come.

The tuition & books are  
sort of expensive & I would like  
to know if there is any  
way that you can help see  
me through the course. If  
there is any possible way  
please let me know & you  
can be sure that I shall be  
more than grateful.

Yours Truly.

Mrs. Alexandra Thurner

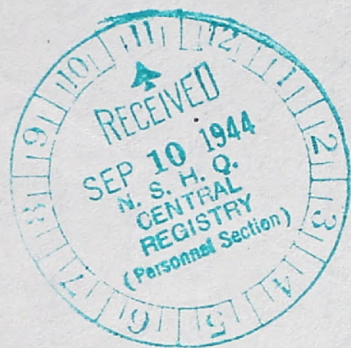
19 Alice St. E.

Cornwall

Ont.

58







LP/IG

NS. V-49265 (Pers.(N))

*To remain on file*

MEMORANDUM

TO: The Director of Estates

Joseph Clarence Hector Therrien, Shpt. 4/c. V-49265  
D.D. 7th May 1944 - H.M.C.S. "VALLEYFIELD".

*Following returned & placed in Estates FD-426-*  
The Service Estate of the above named rating is  
now ready for disposal.

1. Report of death at folio 50.
2. Balance of wages as per C.N.S. 46 at folio 68.  
(Official Receipt #25181) - 81.94
3. Service Certificate at folio 73.
4. No record of a will as per folio 22.
5. Funeral expenses are not known.
6. Allotments stopped, last payment 31st May, 1944.  
\$84.20 Mrs. Alexina Therrien (wife)
7. War Savings Certificates - Nil  
Bonds: \$8.40 from May 1943 to October 1943.  
In favour of: Mr. Hector C. Therrien,  
783 Montreal Rd.  
Cornwall, Ontario.

*14.11.44  
H. W. W. W.  
per V.H.  
C. W. W. (M).*

*R. L. Hunt*  
(C.F.G. Hill)  
A/Pay. Captain, R.C.N.V.R.  
Director of Naval Pay Accounting.

Prepared by: *S. P. Proulx*  
Checked by: *C. H. Apps*

OTTAWA, Ont.  
7th November, 1944.



NAVAL PERSONNEL  
RECORDS  
APR 27 1945  
WAR SERVICE GRATUITY  
SECTION  
Cornwall Ont.  
April. 23, 1945  
18 Alice St. S.  
P608243

Dear Sir  
I am writing for some information concerning my late husband Petty Officer Joseph Clarence, Hector, Therien Shipt. 4/c V 49265, who was killed in action on May. 6th 19/44. He enlisted October 28, 19/42, he served <sup>13</sup>~~12~~ months in Canada & six aboard H.M.C.S. Valleyfield. Could you please inform me as of when I should receive his Gratuity money.

At present I am receiving a small pension, & have started a course at the Cornwall Commercial College since last sept. & I have sometime to go yet, but with tuition being high I have a little bit of





2011894  
MAY 1 1945  
U.S. AIR MAIL  
10



after to make a go of it, I  
would like to know when  
you can help me with his  
coming Gratuitis.

Yours Truly  
Mrs. Alexina Therrien  
19 Alice St. S.  
Cornwall Ont.



## STATEMENT OF WAR SERVICE GRATUITY - NAVY

Decedent

Member's Name

Joseph Clarence Victor THERRIEN  
(Christian Names) (Surname)

Payee

Address

Mr Alice THERRIEN,  
19 Alice Street, P.  
Cornwall, Ont.

Register No. 8802

File No. V-49265

Date 1/2/45

Service No. V-49265

Final Rank or Rating SHPT. 4/C

Date of Discharge 7 May '44

Date of termination of overseas service 7 May '44

## A. TOTAL QUALIFYING SERVICE

No. of days 303 equal to 18 complete periods at \$7.50  
30

## B. QUALIFYING OVERSEAS SERVICE

No. of days 152 less 23 ineligible days equal to 129 days @ 25¢ per day

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

Pay	\$ 8.05
Subsistence or Lodging	\$ 1.25
and Provision Allowance	
Additional Pay H.L.M.	\$ .15

Dependents' Allowance 1/30 of \$ 37.20	\$ 1.24
Total	5.69 x 7 = \$ 39.83

No. of days	129	x \$ 39.83	28.08
	183		

## D. WAR SERVICE GRATUITY

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

OTHER DEDUCTIONS \$

## F. TOTAL AMOUNT PAYABLE

## G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$	of \$	= \$ 195.33
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	6
2	7
3	8
4	9
5	10



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

4  
NAVY

DECEASED  
MEMBER'S  
NAME

Joseph Clarence Hector  
(CHRISTIAN NAMES)

THERRIEN  
(SURNAME)

REGISTER NO. 8802  
FILE NO. NSV-49265  
DATE 21 May/45  
SERVICE NO. V-49265  
FINAL RANK OR RATING Shpt. 4/c  
DATE OF DISCHARGE 7 May/44

PAYEE Mrs. Alexina Therrien,  
ADDRESS 19 Alice St. S.,  
Cornwall, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 563 EQUAL TO 18 COMPLETE PERIODS AT \$7.50

\$ 135.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 152 LESS 23 INELIGIBLE DAYS, EQUAL TO 129 DAYS @ 25c. PER DAY

32.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 3.05  
SUBSISTENCE OR LODGING \$ 1.25  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY H.L.M. \$ .15

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.24

TOTAL \$ 5.69 X7 = \$ 39.83  
NO. OF DAYS 129 X\$ 39.83

28.08

D. WAR SERVICE GRATUITY

195.33

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

NIL

F. TOTAL AMOUNT PAYABLE

195.33

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 195.33

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

YN

CHECKED BY

TREASURY  
CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.



## DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

## AWARDS NAVY

WAR SERVICE RECORDS

D.D.

THERRIEN	Joseph Clarence Hector	V-49265	Shpt.4	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	990
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL  
RCNVR Dec. 44 "VALLEYFIELD"

(1) MEDALS  
PERSON

Kwasny (Re-married)

ENTITLED TO Mrs. Alexina ~~Therrien~~ - Widow

~~783 Montreal Road,~~ 105 Alice St.,  
ADDRESS: Cornwall, Ont.

ENGLISH

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 1834

(2) MEMORIAL CROSS

WIDOW Mrs. Alexina Therien

ADDRESS: 19 Alice St., South,  
Cornwall, Ont.

(2)

(3) MEMORIAL CROSS

MOTHER deceased

ADDRESS:

(3)



## 4228

NAVY

Rank	Unit	Date of Death
SEPT. 4/6	R.C.N.V.R. O/S	7-5-44

Total..... \$1.94

E4. TO TREAS. 14/12/44 P4

DISTRIBUTION APPROVED AND AUTHORIZED

For Chief Treasury Officer



# 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 THERRIEN, Joseph C. Rating Shpt. 4/c  
Official No. V.49265 H.M.C.S. AVALON " VALLEYFIELD" List 12<sup>1</sup>/13  
Who\* DISCHARGED DEAD on the 7 May 19 44.

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181</u> Administrator of Naval <u>81 94</u> Estates (Present War)		
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>AP FORTY-SEVEN DOLLARS</u> charged to <u>31 May</u> <u>1944</u>		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>		
Total† <u>CREDITOR</u>	81	94

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

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

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

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: AVALON'S CNS. 249A #A13940 dated 22 May, 1944.

5M-2-42 (3601)  
H.Q. N.S. 815-9-45

LEDGER: [Signature]

AUDIT: [Signature]



## ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

[illegible]

{ Lieutenant or Officer who  
attended at the sale  
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.\*

.....Signature

.....Rank

.....Signature

..... Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



# STATEMENT OF ACCOUNT

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

List 12<sup>1</sup> No. 13 (Name) THERRIEN, Joseph C. Rank Rating Shpt. 4. No. V. 49265.

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

	\$	c.
CREDIT from former account	57	94
Pay as Shpt. 4. from 1 Apl to 31 May ( 61 days at \$3.05 a day)	186	05
(Rank Rating)		
" " " ( " " )		
" " " ( " " )		
" " " ( " " )		
" " " ( " " )		
Kit Upkeep Allowance Adjustment March, 1944 1 Apl - 7 May	6	33 50

OTHER CREDITS:

Total credits 250 82

DEBT from former account N I L

PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month	57.00	17.88				Total 74 88
2nd month						Total
3rd month						Total

Allotment AP 47.00 charged Apl & May 94 00

Pension deduction (Officers) charged to of

Hospital stoppages

Mulcts

OTHER CHARGES Official Receipt No. 25181 Payable to Administrator of Naval Estates (Present War) 81 94

LEDGER: *Get*

Total debits 250 82

AUDIT: *8*

Balance Cr. or Dr. N I L

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 5 June 1944

PAY LIEUT. CDR., R.C.N.V.R. ACCOUNTANT OFFICER



Mrs. Alexina Therrien

783 Montreal Road,

Cornwall, Ont.

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. NS V-49265 FD 426

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

May 24 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

THERRIEN, Joseph C.H. Shipwright V-49265

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.

HRW/NM

(H.R. Wade) Cdr., RCNVR  
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 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>Alexina Therman</i>	<i>22</i>	<i>19 Alice St South Cornwall Ont</i>
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>John Therman</i>		<i>Aug 7. 1937</i>
4	Mother of the Deceased.....	<i>Marguerite Duchamps</i>		<i>Jan 21 1933</i>
5	Brothers of the Deceased	<i>Achille Therman</i>	<i>33</i>	<i>Navy Halifax</i>
		<i>Victor Therman</i>	<i>22</i>	<i>Navy St John N.B.</i>
		Full Blood		
		Half Blood		
6	Sisters of the Deceased	<i>Rose Therman Mrs Paul Lewis</i>	<i>30</i>	<i>3787 Ethel St Windsor</i>
		Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph C. H. Therman
9	Date of his birth.	3 sept 1917.
10	Place and date of his marriage.	Cornwall 25 Jan 1940
11	Place and date of his parents' marriage.	_____

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Dundee Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Dundee Canada Que. 6 years (b) (c) Cornwall Ont. Canada 26 (d)
14	Nature of employment before enlistment.	wood operator
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.	Cornwall

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	yes, Wife does not know where
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	yes Metropolitan Life 2.50 a month beneficiary wife
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	_____
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.	yes
<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)



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

## DECLARATION

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

\* Wife 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.

Alexina Thimmon

{ Signature of Informant

19 Alce St. S.

Address

## CERTIFICATE

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

\*See above.

Alexina Thimmon

{ Name of informant

is the\*

Wife

of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Cornwall this 26 day of May 19 41

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

J. H. Gault

Qualification

Clergyman

Address

Cornwall Ontario

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

P. S. About the bond I only know he took it on the sixth Victory loan.

He also had a tool chest of about \$100.00 if its possible that he had his watch when they found him I would appreciate it very much if you could forward any of his personal belongings of which I think are few as I understand the ship went down.

James Tracy

Alexina Thimmon



C.P. 17A

M.F.D. 941  
60M-12-43 (3323)  
H.Q. 1-1593

## REQUISITION FOR CHECK

TO BE USED FOR ADVANCES OR AUTHORIZED PAYMENTS FOR  
WHICH THERE ARE NO ACCOUNTS

TREAS. NO. ....

DEPARTMENT

NATIONAL DEFENCE

BRANCH

D.N.P.A.

DATE

17th October, 1944

APPLICATION IS HEREBY MADE FOR THE ISSUE OF THE FOLLOWING CHEQUE OR CHEQUES:-

CHEQUE NO.	IN FAVOUR OF	AMOUNT
63321	<p>Mrs. Alexina Therrien</p> <p>Cheque and file to D.N.P.A.</p>	<p>\$66.60</p> <p>70</p>



STATE BELOW, WITH DETAILS IN EVERY CASE, WHETHER (a) STANDING ADVANCE, (b) ADVANCE FOR SPECIFIC JOURNEY—ESTIMATING NUMBER OF DAYS, (c) OTHER ACCOUNTABLE ADVANCE, OR (d) AUTHORIZED PAYMENT.

Adjustment of Advances to the widow of the late Joseph Clarence Hector Therrien V-49265 under Article 367 paragraph 113a of Canadian Naval Regulations as per attached statement.

N.D.H.Q.-F.E. No. (4)0000	DIV. (2)00	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	DIST. ALT. OR H.Q. SUB. ALT. (2)00	OBJECT (3)000	AMOUNT	DIST. SUB. AL. (2)00	DIST. F.E. NO. (4)0000
46513			400 02 44				133.20 Dr.		
9999			400 57 62				66.60 Cr.		

I CERTIFY THAT THIS APPLICATION IS MADE UNDER THE REQUISITE AUTHORITY, AND THAT THE EXPENDITURE IS NECESSARY IN THE INTERESTS OF THE PUBLIC SERVICE.

\$ 66.60

D.N.P.A.

HEAD OF BRANCH

TREASURY OFFICE APPROVAL

DEPUTY HEAD



NS. V-49265  
(PER. (N))

Adjustment of Advances  
under Article 367 paragraph 113a of  
Canadian Naval Regulations

Joseph Clarence Hector Therrien, Shpt. 4/cl., O. No., V-49265  
D.D. 7th May, 1944 - H.M.C.S. "VALLEYFIELD"

Authorized payments for six months June 1944 to November  
1944 inclusive.

6 months Assigned Pay @ 45.00 = \$270.00  
6 " Dependents' Allow. @ 37.20 223.20

\$493.20

Pensions 6 months @ \$60.00

\$360.00

Advance for 3 months June to August  
inclusive @ \$82.20

246.60

Recovery at pension rate for June to  
August inclusive 3 months @ \$60.00 per  
month deposited by Official Receipt 60-50091

180.00

Adjustment by cheque

66.60

\$ 673.20

\$ 673.20

*f. R. Hill*  
(C.F.G. Hill)  
A/Pay. Captain, R.C.N.V.R.  
Director of Naval Pay Accounting.

OTTAWA, Ont.,  
17th October, 1944



# 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 THERRIEN. Joseph C. Rating Shpt. 4/e  
Official No. V.49265 H.M.C.S. AVALON " VALLEYFIELD" List 12<sup>1</sup>/13  
Who\* DISCHARGED DEAD on the 7 May 19 44.

Net sum due on ledger on account of Wages.....	\$	cts.	<b>66</b>
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>25181 Administrator of Naval Estates (Present War)</u>			81 94
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>AP FORTY-SEVEN DOLLARS</u> charged to <u>31 May 1944</u>			
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>			
Total† <u>CREDITOR</u>			81 94

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

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

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: AVALON'S C.N.S. 249A #A13940 dated 22 May, 1944.

5M-2-42 (3801)  
H.Q. N.S. 815-9-45

LEDGER: SCN

AUDIT: [Signature]



## ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who  
attended at the sale  
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.\*

.....Signature

.....Signature

.....Rank

.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



# STATEMENT OF ACCOUNT

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

List 12<sup>1</sup> No. 13 (Name) THERRIEN, Joseph C. Rank Rating Shpt. 4. No. V. 49265

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

	\$	c.
CREDIT from former account	57	94
Pay as Shpt. 4. from 1 Apl to 31 May (61 days at \$3.05 a day)	186	05
" " " " " " " " " " " "		
" " " " " " " " " " " "		
" " " " " " " " " " " "		
" " " " " " " " " " " "		
Kit Upkeep Allowance Adjustment March, 1944 1 Apl - 7 May	6	33
OTHER CREDITS:		
Total credits	250	82
DEBT from former account		N I L
PAYMENTS:—		
1st	2nd	3rd
\$ c.	\$ c.	\$ c.
57.00	17.88	
1st month		
2nd month		
3rd month		
Total		74 88
Alotment AP 47.00 charged Apl & May		94 00
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES Official Receipt No. 25181 Payable to Administrator of Naval Estates (Present War)		81 94
Total debits	250	82
Balance Cr. or Dr.		N I L
(Balance Dr. to be shown in red)		

Number of days actually victualled during period mentioned above 37

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

Date 5 June 1944

PAY LIEUT. CDR., R.C.N.V.R. ACCOUNTANT OFFICER



# 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 THEBAIRD, Joseph O. Rating Shpt. 4/o  
Official No. V.49265 H.M.C.S. AVALON " VALLEYFIELD" List 12<sup>1</sup>/13  
Who\* DISCHARGED DEAD on the 7 May 1944.

Net sum due on ledger on account of Wages.....	\$	cts.	64
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>25181 Administrator of Naval Estates (Present War)</u>			81 94
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>AP FORTY-SEVEN DOLLARS</u> charged to <u>31 May 1944</u>			
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>			
Total† <u>CREDITOR</u>			81 94

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

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

Approved [Signature] PAY LIEUT. COL. R.C.N.V.R. Accountant Officer  
Initials of the Assistant Accountant Officer  
A/CAPTAIN. RCH Commanding Officer.

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

Signature.....

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

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

C.N.S. 46

5M-2-42 (3801)  
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S ONE. 249A #A13940 dated 22 May, 1944.

LEADER: [Signature]

AUDIT: [Signature]



## ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

..... { Lieutenant or Officer who  
attended at the sale  
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.\*

.....Signature	.....Signature
.....Rank	.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



# DEPENDENTS ALLOWANCE BOARD

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

Official No. V-49265 Rank or Rating Shipwright 4class  
THERRIEN Joseph C. Hector  
(Surname) (Christian names)  
Military Unit.....  
Air Force Establishment or Station.....  
Naval Ship or Establishment.....

### DECISION OF THE BOARD

1. Casualty Killed in action Date May 7, 1944 Authority Off.i/c N.P.Records

Dependents' Allowance previously in pay for Wife \$ 37.20

Assigned Pay ..... \$ 47.00

2. Effective June 1, 1944 vacate previous award and pay for a period of

six months to Mrs. Alexina Therrien,

783 Montreal Road,

Cornwall, Ontario.

A. A sum equal to Dependents' Allowance ..... \$ 37.20

and an assignment of 15 days' pay of rank..... \$ 45.00

Total ..... \$ 82.20

- OR -

B. A sum equal to Pension Rates, which in this case are higher.....\$

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates \$ 60.00 and continue until advice is received of Canadian Pension Commission's decision.

4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.

5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.

Reviewer K. Beardsley

Date June 16, 1944.

Date.....

D.A.B. 20C D  
50M-5-43 (9890)  
H.Q. 1772-45-20

Noted D.N.P.A.  
24.6.44 LP

(Chairman)

(Member)

(Member)