

HAROLD

FREDE

DEPARTMENT	OF	VETERANS	AFFAIRS

WAR SERVICE RECORDS

D OF D 7-5-44

AWARDS NAVY

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	707		

URQUHART Harold Frederick

V-25850

SPO.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

FILE No.

WAR SERVICE

BADGE (CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED									
1939-45 Star Atlantic Star	2928	16-1-50								
C.V.S.M. & Clasp War Medal										
YYAI WIGAAL										
	•									
	(TH	IE REVERSE TO BE USED FOR ESTATE PURPOSES)								

(1) MEDA PERS ENTI		MEMORIAL BAR
ADDR	Bass River, R.R. #1, Colchester Country, N.S.	DATE DESP
(2) MEM	ORIAL CROSS DW	REGN. NO. 684
ADDF	RESS:	
(3) <u>MEM</u>	ORIAL CROSS HER Mrs. L. Urquhart	
ADDR	RR # 1, Bass River, Colchester Col, N.S.	13-10-44

			V25850		OFFICIAL NUMB	ER	FILE	NUME	BER				113-1	7-16					OFFICIA	L NUMBER.	V2585	0
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V25850 OFFICIAL NUMBER	NAMI	NAME URQUHART Harold (Surname) (Given Name						old,	Frede	eric	k			••••••	OFF	ICIAL	NUN	BER.		V2	5850	P.	B.		
Ship or Establishment Rating		From				Rema	arks				Character	Effici	ency	Day	Date	Year	Non-Su	Non-Sub. Rating Qualified - Re-Qualified Day Month Year							
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(See reverse side for instructions.)

Every item of information should be carefully supplied.

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY
OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO GBTAIN ALL THE PARTICULARS REQUIRED
IN THE "CERTIFICATE OF REGISTRATION OF DEATH"
AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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

PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH					Registered (For use of Regi House No Britution, give the name instead of street an	strar General only)
2. LENGTH (a) In	OF STAY (in years, 1	months and days)			(c) In Canada (if immigrant)	
3. NAME OF	F DECEASED	URQUIART	(Surname)	Harold Fro	en name or names)	
RESIDEN	CE NoSt	reet(Residence in	City,	Town or Rural Division	al parts not sufficient)	a Scotia.
4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (write the word)		CERTIFICATE OF DEATH (Month) (Day)	19(Year)
8. BIRTHPL		Mountain. No	Single ve Scotie.	24. I HEREBY CERTIFY that I a	ttended deceased from:	
		(Province or Country	y)			
9. DATE OF	BIRTH(Mon	th) (Da	35t (Year)	Name and the same	CAUSE OF DEATH	19
10. AGE in	Years Mon		If less than one day oldhrs. ormin.	Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure,	(a) MISSING presumed de	
spiner 12. Kind of mill, 13. Date of at th 15. If married	profession or kind of wor ner, teamster, office clerk, f industry or business, as lumbering, bank, etc leceased last worked is occupation	cotten-	otal yrs. spent in this occupation	asphyxia, asthenia, etc. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). If Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	due to (b) due tection in the Atlantic (c)	2.
	oand of deceased			25. If a woman, was the death associ	ated with pregnancy?	
16. NAME 17. BIRTHI	PLACE	(Province or Country)		Date of operationWas there an autop	
18. MAIDE	N NAME	(Province or Country		Accident, suicide or homicide?	es (violence) fill in also the following:— Date of injury	
20. Signature		Money			industry, in home, or in public place	
î	nip to deceased	C.N.R., Offic	cer 1/c Neval Pe	rsonnel Records, Signed by a. Onterio.		M.D.
21 Place of b	urial, cremation or remov	al	recovered.	Address	Date	19
Date of b	irial or removal		<i>b</i> -	28. Registrar's Record Number		
22. Undertain	CER	(Name and address)		29. Filed 19	(Division Registrar)	

Mrs. Lenora Urquhart,
Bass River, R.R. #1,
Colchester County, N.S.

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-25850 FD.593

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

November 11, 194 4

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

URQUHART, Harold Frederick, Sto.P.O.

No. V. 25850. 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/JN

Lemma andro per 1111.

Director of Estates.

M.F.W. 77 6-44 (4878) H.Q. 1772-39-972

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:

grees	DET 40	CIVES	INFORMANT'S S	TATEMI	ENT		
Rela- ion- ship	RELAT		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 D	eceased	Lingle.				
2	Children of the dates of their	Deceased and Births	no Children	or ing	glanto H n Hodgis Pe		
3	Father of the D	eceased	Ollat & das Manhaet	51	R.R. No. 1. Bars River		
4	Mother of the I	Deceased	Lenora Belle Virginhart	52	R. R. Oro Kives Col. Co. M.S.		
5	Brothers of the Deceased	Full Blood	Orfant. Russel Sanford mywhart. Graham Smith Engelord Robert Lionas Arguhart. Olfred Richard Arguhart. Owilliam David Arguhart.	130m	Cuglified in Dec. 1923 Gl. F F 63793. 9. M. Gl. F F 63793. 9. M. Pt F 36997 DP. yarn (A60 C 1 (B) TC Uxed Village Col Co		
		Half Blood	none		•		
6	Sisters of the Deceased	Full Blood	Seida Belle Smith. Marion Elizabeth MacDond Olice Bealrice Argubart. Virginia May Vergubart. Joyce Barbara Argubart	2625			
		Half Blood	none				
7	of the full or the Deceased, who	es or sisters (whether the half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children		
death of each. Infant: Jan 31st: 1920 Russel Sanford Wignebort. Died Dec. 24, 1928.			•		\$4000-1-11 + 131 (+395-199 14.W. L.W.		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

		5/sto V. 25830 Petty Officer.
8	Full names of the deceased.	Harold Treedrick Wignhort
9	Date of his birth.	march 21st. 1922.
10	Place and date of his marriage.	Grot Francied
11 .	Place and date of his parents' marriage.	Trues, Col. Co. 9. S. Dec. 30, 1914
19	PARTICULARS OF D	
12	Place where deceased was bor	Portangique monutam Col Co. 91 (a) norta Scotia (Colchesta County)
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) norta Scatia (Colchesta County) (b) (c) Onlyplace he liest before (d)
14	Nature of employment before enlistment.	Trarming
15	State whether he owned the premises in which he lived, and, if so, where situated.	Did not own property but Worked for
16	Name place where deceased stated he intended to make his permanent home.	Planed It Stay in mavy
	PARTICULARS OF	FESTATE
17	Did he leave a Will? If in your custody, please forward.	no will in our custody.
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?	none
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?	Royal Bank Joint account With mother Bank account, transfered to he
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.	Truco. Gener bonds. Royal Bus
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	4 reat grist life Insurance 5 min # 1986.00. The mother - mrs Lenova Bell Gurges
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
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.	Pro delits brown of.
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.	Lost at Sea.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Governuthorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estates.	nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

DECLARATION

	of relationship for example, "Widow", "Father", 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 "Brother", etc.
	* 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. R. R. Bass River Col. Co. N. S. Address
	CERTIFICATE
	I hereby certify that to the best of my knowledge and belief This Lenora Belle
	See above. Our what {Name of } is the Onother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.
	Dated at montrose this 28 th day of Provenles 1944
	Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any
+	of His Majesty's Forces. Address Bars River Col Co. nova Scotia
	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.)
, l.,	USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE
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DURATION OF HOSTILITIES

CERTIFICATE of the SERVICE of

Harold Frederick URQUHART

in the Royal Canadian Naval Volunteer Reserve

Tra	nining Headquarter	6		R.C.N	V.R. Divisi	on	Officia	Number 125850
HA	LIFAX.	N. S.	SPE	CIAL	SERVIC	E		u
Date of Birth	dence Pass	1st. Mar ortipick River, L Labourer Baptist.	Moun R.R.#	tain,	Bol, 6 D.H.F.	30.,71	N.B /	Name and Address of Nearest Relative or Friend (in pencil) Ather Landa Magular 3/11/41 Rank
	P.S.T. Date	e			19			Rank
2	PARTICULARS	OF SERVICE					EDALS, DE	CORATIONS, etc.
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Ratin Enrolm Re-enro	ent or	Award	Date of Pre	sentation	Nature of Decoration
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			PE	RSONAL	DESCRIPTI	ON		
		Height Feet Inch	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On re-enrolment—	5 years' Service		36	135	Brown	. Hazel	Fair	N _{il}
	TRANSFER BET	WEEN DIVISIO	NS				TRANSFER	-LISTS A AND B
From		То		Date	List	Date		Authority (

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEI	GER No.	RATING	FROM	Ťo	CAUSE OF DISCHARGE
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··	Saskataan	_		-/-	16 May 41.	21 May 41	
~	Tenture (arrida)			·	22 May 41	30 fely 41	
	Protector (arvida)				31 July 41	3/16.41	
				esto I	454.41.		
	Avalon (Arvida)			-11-		14 Oct 42	A STATE OF THE PARTY OF THE PAR
				Goldy Sto	15 Oct 42		
•••••	Stadacora				The second secon	24 Mach 43	
	Cornwalls			М	25 Mich 43	31 hrsy 43	4864Z
	Hadrens			Ldg Sto(ty)	1) Jane 4	25 Nov 43	
	Hochelaga I			_ " _	26 Nov 43.	31 JANIA	
	Tulacona (Tulle	fil	(d)	A/S.P.O(TY)	8 Lucus	29 766 4	A 13837
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NAVAL TRAINING and ACTIVE SERVICE

HARGE

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200000000000000000000000000000000000000	EXAM	INATIONS, NOTATIONS, QU.	ALIFICA	ATIONS			RECORD OF	RATING
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SECOND CLASS FOR CONDUCT (Inclusive Dates)				CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED					
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				1.5	Super.	(\$6T)	3/ Dec 41	A. C. Markon	
				VG	Sal (7/2 dg 5to 19) 31 Dec '42	Jours	
				V.G	SATO	A/Las Sto)	31 Dec 43	lu Ridout	
•••••		V		V.G	Sat. ()	S. P.O. 7)	7 May 44	Subsurs	
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Gaar Gara	R.C.N.V.		m Panons					-	
Date	G.S.B. or G.C.B.	1st, 2nd,	Granted, Deprived, Restored					1	
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S. 1246A. (Revised—July, 1938.) 2M—3-40 (4340) N.S. 815-9-1246a



HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

	609, K.R. & Name				om.:-1	NTl	Det Division
Surname		Chri	stian		Omeiai	Number	Port Division
URQUHART	HAROLD	FRED.			V. 2	5850	HALIFAX
REPOR			AS STOKE in on comple			UNDER TRA Depot)	INING
. Course			ate of	Class of Co		Remarks	Signature and Rank of Examining
	5 T		Completing	complet	tion*		Officer
New Entry Course	5-12	2-40	21,1,41			Good Pating	Training Commander.
Technical Training Training Estable (1) Marine (2) Electrics	elishment:— Engineering						Engineer Officer.
* Insert Issued with Stoke	:—''Superior,'' B.R.' r's Manual:	"Satisfact 77 —Date	cory" or "Mo 11-12-40			e to be noted in 1 and Rank:	A
Entered H.M. Service Advanced to Stoker 1		uss 5-	12-40		Comple	ted 2 years' training	for Mechanician
Advanced to Leading	Stoker (A)	15-10-4	12		Rated N	Mechanician 2nd Clas	
Advanced to Stoker Po Advanced to Chief Sto					Advanc	" 1st Clas ed to Chief Mechanic	
RECOR	D OF EXAMI	NATIONS	, QUALIFICA	ATIONS, Co	ourses,	ETC. (see Foo	tnote)
-	Examinations, etc.		40.00	Date		ure of Engineer Officer	Captain's Initials
Granted Auxili On completion Mechanical Tra Stoker Petty C TRADE: Fitter ABILITY IN TRA	of 3 mont	hs cour alifie	rse of d for	-21-6-43		Pfome	and.
Award of Auxiliary Watch professional and school	keeping Certificat	e, and RES	ULTS of all				
professional and school promotion are to be inse	rted in this space.	ses and qua	III Caulous 10r	and .			S 1246A

Special Remarks:

STOKER RATING Employment and Ability Record

Note: When a Stoker rating has become a Mechanician the words "Refitting and Maintenance" are to be inserted over columns 3, 4, 5, 6, 7 and 8.

Efficiency:—To be indicated as "Superior," "Satisfactory," "Moderate," or "Inferior."

NAME Wegehout: Housed Fored
Official Number V, 25850

-In Charge of--Watchkeeper-22 10 18 17 Boiler Cleaning Party Double Bottom Party Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship Electric Light Engine Internal Combustion Machinery General Charge of Firing in a Boiler Room Coal Fireman or Burning Oil Fuel, including Boats Hydraulic Pumping Machinery Charge of Engineers' Stores and Tools Engineroom Watch Keeping at Sea REMARKS Regulating Duties Electrical Duties (H. P. E.) Engineer's Writer (including experience in Engineer's Office or in any SHIP Boiler Furnace Bricklaying Distilling Plant Refrigerating Machinery special duties) 5/12/40 25/3/41 "Houtdare Jothusphy Hochelaya Whider three mouths 16-5-41 Alft 15-10-42 19-5-41 Banachs 1-3-43 25-3-43 3-7-43 1104 INE MANGED 25-11-43 VALLEYFIELD 6-12-43



ATTESTATION FORM

N. V. 5

DEC -9 1940

P093497

SURNAME					OF	ficial no	
CHRISTIAN NA	mes Harold	Freder	ick	MARI	RIED, SINGLE	or WIDOWER Single	
000	PERM	MANENT AD	DRESS			RELIGION	
Bass Riv	er, R.R. #	1, Col	. Co., I	v. S.		Baptist	
DATE	OF BIRTH		PLACE OF BIR	тн		D ADDRESS OF NEXT OF KIN	
21st Mar	ch, 1921.		rtipick lcheste		Bass B	n, Mrs. Leanora Urquhart, (Bass River, R.R. # 1, Col. Co., N. S.	
	PERS	SONAL I	DESCRIP'	rion on	ENROL	MENT	
HEIGHT	CHEST MEASU	JREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS	
5 5 5 4 Inches	Inflated 38		Brown	Hazel	Fair	Nil	
135	Mean			1-7 11-			
DATE OF E	NROLMENT	RATING EN	ROLLING FOR	TRA	DE OR CALLIN	IG AND IN WHOSE EMPLOY	
5th Dec			II (Temp		BY APPI	LICANT	
(1) Tha (2) Tha Force, and th (3) Tha	at I accept and at * (a) I have ne Forc * (b)XXSEXJEA	Subject do f being enr agree to a ver served, e.	olled as a me bide by the and am not	mber of the rules of the serving in a	said Force. ny Naval, Mi	lian Naval Volunteer Reserve ilitary, Reserve, or Territoria XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
SERV	ED IN	R	ANK		FROM	то	
		NI	L			100	
		.,				Marine and the second s	

(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 Special Service Division Royal Canadian Naval Volunteer Reserve, I undertake and bind myself of Hostilities

(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 Head-quarters 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 day of December, 1940.

Signature of applicant Marald Uguhan

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

for Signature of Commanding Officer.
Mate, R.C.N.R.

(D) OATH OF ALLEGIANCE

I, Harold Frederick Urquhart 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 V Harold Ungulark
Witness MSL Mucdonala

Date 5th December, 1940.

Rank Mate, R.C.N.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Harold Frederick Urquhart

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 Special Service

Division of the R.C.N.V.R.

for Commanding Officer.
Mate, R.C.N.R.

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.

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CAMPAIGN STARS, DEFENCE MEDAL, WAR

NAVAL GENERAL SERVICE M NAME IN FULL U.R.Q. V. H. A.R.T. Jarold Frederick RANK/RATING ... A.S. P. SERVICE SHIP AREA TO FROM FROM TO DAYS at. at.

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VERIFICATION FORM
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FENERAL SERVICE MEDAL (1915). ring ... A/S. P.O. OFF. NO. U. 25.85.0 ADDRESS QUALIFYING PERIODS IN DAYS ELIGIBLE STARS 1939-45 ATLANTIC DEFENCE C.V.S.M. MEDAL 2 FOR AWARDS OF FROM TO MEDALS star 1939-45 ATLANTIC FRANCE G. AFRICA PACIFIC BURMA ITALY DEFENCE C.V.S.M. " CLASP WAR 1945 WAR 1915 DIR. OF PERSONNEL RECORDS.

402

20th Jan. 1491

NATIONAL DEFENCE

ORIGINAL

DECLARATION OF ALLOTMEN'

9859

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
Stadacona 5/A/2 31 Section 3	Surname URQUHART	Sto.II RCNVR,	V25850.	3

Section	A
Section	Λ

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Urquhart Christian Lenora Mrs. Names	Mother	Bass River R.R.# 1 Chiachester Cou	15.00 ty, N.S.	Feb.41 New

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicate below. (See Note 2):—
		Nil	Tone-
		it's	5/
			D 5-14
		ratio	(10)
	1	Cacles	

Allottor's Signature authorizing charges.

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

THE NAVAL SECRETARY,

Department of National Defence, (Naval Service)

Ottawa, Ont.

Paymaster Lieutenant ... R.C.N.V.R. for Accountant Officer

Melynn.

H.M.C.S. Stadacona II

Forwarded

S. 63 40M-4-40 (4787) N.S. 815-9-63

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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

		2022
	Section A—GENERAL INFORMATION	PLEASE
1	(a) Print name in full (b) Reg'l. No.	BLANK
		OW
2.	(a) Arm of service	W. Island
3	(a) Date of birth (b) Have you (c) Place of residence at time of enlistment	
		. /
4.	(a) Place of enlistment	1/
	Section B EDUCATION AND TRAINING	. (
5.	(a) State age on (b) Were you attending school	1
	finally leaving schoolor college up to the time of enlistment?	1
6.	State definitely highest standing reached at public, technical or high school	1
	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	\$ ·
7.	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	4
	university and standing or degree secured.	1.
8.	(a) Did you ever (b) If so, (d) If you did not	1
	enter upon a trade for what (c) Did you finish it, how long apprenticeship? finish it? did you serve at it?	7
9.	(a) What languages (b) What languages	4
	(a) What languages do you speak fluently?	1
150	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	9
10		1
10.	(a) State whether you were WORKINGorNOTWORK- (b) At time of en-	7
	ING at time of enlistment.	8
	(Enter here only "Work-	3
E	ing or Not working,	1
	as case may be; particu- lars are asked for below)	1
1000	Word you a monitoring	CA.
21	Section D-PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
	OF ENLISTMENT	4
	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	k
1000		1
11.	Had you ever been employed fairly regularly since leaving school?	2
12.	(a) If answer to 11 be "Yes", (b) State how long you	3.0
	This could be de the control of the	1
	at which you actually worked trade or occupation trade or occupation trade or occupation	72
13.	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	8 -
		# -
14.	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment	
15.	Give details of last	14 -1
7	employer, if any: Name	4
16.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	1
1	contractor", or "poot factory", or "fron foundry", or "retail store", etc.)	
	(a) If your last employment was	100
17.	(a) If your last employment was in a business of your own, state (b) Date of dis-	
17.	(a) If your last employment was in a business of your own, state (b) Date of disnature and address of business	/
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17.	(a) If your last employment was in a business of your own, state (b) Date of disnature and address of business continuing it continuing it	A March
-	(a) If your last employment was in a business of your own, state nature and address of business. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT	/ March
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Dear Mrs. Urquhart:

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, Harold Frederick Urquhart, Stoker Petty Officer, Official Number V-25850, 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.

TER di Yours sincerely,

SECRETARY. MAVAL BOARD

Mrs. Lenora Urquhart, R.R. #1, BASS RIVER, Colchester County, N.S. To:

My

PRAVAL MESSAGE

From:

V .

MRS. LEMORA URQUHART

No S. H. Q.

BASS RIVER, COLCHESTER COUNTY, N. S. 2.2

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES

DEEPLY REGRETS TO REPORT THAT YOUR SON HAROLD FREDERICK

URQUHART STOKER PETTY OFFICER OFFICIAL NO V-25850

IS MISSING AT SEA. LETTER FOLLOWS.

(DELIVERY CONFIRMED)

108

LT PL

8/5/4

21

OF

P. A. 'S CHECKED IN

C.R. BY....



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service Ottawa, Canada.

....

NAME

Sir:

...11 May, 1944...

(Date)

The following casualty has been reported -

RANK or RATING

NAVAL NO.

URQUHART, Harold Frederick

Stoker P.O.

V25850 R.C.N.V.R.

DATE OF ENLISTMENT - 5 December, 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 servwhen and where any disability was incurred, or where death ing, 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 noti-

fied 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 curside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP-

Mother

NAME - Mrs. Lenora Urquhart,

ADDRESS-

R.R. #1, BASS RIVER, Colchester Co., N.S.

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.

HB. Money

for

SECRETARY, NAVAL BOARD.

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

ension Commission, uilding, OTTAWA, Ont. B

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.



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada.

FILE: N.S. V-25850 PERS. (N)

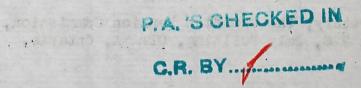
1121123 NUG 3 0 1944

(Date)

The following casualty has been reported -

NAME		RANK or RAT	ING	NAVAL NO.
URQUHART	Harold Frederick	Stoker Pet	ty Officer	V-25850 R.C.N.V.R.
DATE OF EN	LISTMENT - 5 Dece	mber, 1940		
DATE OF DI	SCHARGE - 7 May.	1944.		
HOSPITAL -				
	(If discharged in	hospital under	jurisdiction	n of D.P. & .N.H.)
SERVICE -		& HIGH SEAS		
	(Indicate whether elsewhere.)	in Canada only;	or in Canad	da and the high seas or
when and w	here any disability			on H.M.C.S. "VALLEYFIELD" was
occurred.		****		
				or on the high seas or
NEXT OF KI	N & RELATIONSHIP -	1 × 1		
RELATIONSH	IP - Moth	er	NAME -	Mrs. Lenora Urquhart,
ADDRESS -	R. R. #1, Ba	ass River, Coloh	ester County	, N. S.
			A Second	
NOTE:		ils to be furni	shed and cop	from his wife, legally by of any Court Order,

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



MARKS:			200
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A Cheston No. 1	and referred and		
	Late part of the second		
THIS PORTION OF FORM COMPLETED BY COMPLETED	HIEF TREASURY NCE, NAVAL SER		IONAL
Names of Dependents Relationship	Maiden name of wife	Date of marriage and/or date of birth of childre	<u>n</u>
NIL NIL	NIL	NIL	<u> </u>
		WIL	
to sharings por the antiquely of			
		Carona Carolia	
		The state of the second	
		k in a committee and the lines.	1.002 439
D. A.		TOTAL	*
Monthly rate:	No Fo	TOTAL	rax 5 Edon . co into a ko
NIL	\$35.00	\$35.00	
To Whom Paid: Mrs. Lenoza Urquhart	Address	R.R. #1, Colchester Co. N.S.	
Date of Enlistment: See other side	•	A	A Transfer &
Date of Discharge: See other side	•		
Inclusive date to which D.A. and/or		and a sometar are the same have	
The final deduction of Assigned Pay			e period
from 1st to 31st of	- XXXX May	94 4.	
Remarks:			
Computed by			
Checked by		023 -00	
	- for	L. Bosnell	
		reasury Officer, MATIONAL DEFENCE,	

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

C.R. BY

170417 File No. N.S. V-25850 Pers. (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to: -

Wife: -

Mother:-

Mrs. Lenora Urquhart,

R.R. #1,

BASS RIVER, Colchester Co., N.S.

Date forwarded: OCT 1 3 1944
Registered Mail No: -0-3165



10

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in "N.A." is to be inserted.	n this applic	cation. If any question is not applicable,
"N.A." is to be inserted. 1. Surname on termination of service. URQUH 2. Christian No. 14 ROLD FREDE	ART.	(mining at rea.)
2. Christian Names HAROLD FREDE		vint)
3. Service No. V. 25 850. 4. Paid rank or		
5. Address, in full, to which payments of gratuity are R. R. * 1 BASS R.	VER	, Coc, Co, N. S.
(It is impossible to submit a Certiform of death so cannot complete Question	icate of n (6) 0.	Service and we have no date
6. State below your period or periods of service in the	e Armed Fo	orces of Canada during the present war.
Service	Final Rank or Rating	Date of Date of Commencement Termination of Service of Service
R.C.IV.V. R. V.25850, S	S.P.O.	DER 1940 X NAVAL PERSONNEL I
		RECORDS
		AR 1 6 1945 75/0
7. Have you during the present War, while a member seconded to any of the Naval, Military, or Air Forces	r of the Ca	anadian Forder, Cheen attached, loaned or
with His Majesty? No If so, state nar		4
8. Have you during the present War, while not a ment to or enlisted in any of the Naval, Military or Air Forces)? No. If so, state the Force or	rces of His 1	Majesty (other than the Canadian Armed
tion of service. N.A.		
7		······································
Having now ceased to serve on Active Service, I herek		
March 3 2 /45,	(Mis	Signature of Applicant) Lord gugulant
If name signed in space above represents a change from name given in question 1, insert here the name	120-9	and the state of t
at termination of service. As cheques will be pre- pared in the name given in question 1, a specific address in question 5 is particularly essential.	(Par	ent of deacased rating
NOTE: When completed this form is to be mailed to the H Navy—The Secretary, Naval Board, Naval Service Headquarte		
Army—The Secretary, Department of National Defence (Army), Air Force—The Secretary, Department of National Defence for		
Branch Pensions Officer, Colchester Bran		
Please note that we have no date of deat six.	th to sub	omit by which to answer question .



Application for War Service Gratuity

(64.3)

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PREPARED BY

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CHECKED, BY

CHECKED BY

DEPARTMENT OF NATIONAL DEFENCE



NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

BER'S Harold Frederick (CHRISTIAN NAMES)	URQUHART (SURNAME)	REGISTER NO	
PAYEE Mrs. Laenora Urquhart			o. NSV-25850 E15 June/45
ADDRESS R.R. No.1. Bass River		SERVICE NO	
Colchester Co. N.S.			A / CI TO CO
DATE OF TERMINATION OF OVERSEAS SEE	PVICE 7 May/44	FINAL RANK OR RATIN DATE OF DISCHARG	***
. TOTAL QUALIFYING SERVICE	TVICE	DATE OF DISCHARG	\$ 6
	DAYS 1250 EQUAL TO	COMPLETE PERIODS AT \$7.50	307.50
OUALIFYING OVERSEAS SERVICE D. OF DAYS LESS INCLIGIBLE DAYS, EQU	UAL TO 849 DAYS @ 25C.	PER DAY	212.25
•			
. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY	RATES AT DISCHARG	SE 6E	
SUBSISTENCE OR LOD	PAY \$	1)15	
AND PROVISION ALLOW	and and gree	*• ** 2	
ADDITIONAL	PAY H.T.M.	16	
	\$	•••	
DEDENDENTS! ALLOWANGE 1/20	\$		
DEPENDENTS' ALLOWANCE 1/30	TOTAL \$	4.30 ×7=\$ 30.10	
	NO. OF DAYS	183 ×7=\$ 30.10	139.64
. WAR SERVICE GRATUITY			659.39
. DEDUCTIONS OVERPAYMENT	OF PAY AND ALI	LOWANCES \$	
	DEPENDENTS'		
OTHER DEDUCTIO		\$	
. TOTAL AMOUNT PAYABLE			659.39
			17
. YOUR PORTION OF GRATUITY IS-			
DEPENDENTS' ALLOWANCE	CE IN ISSUE TO YOU \$	OF \$ =	\$ 059.39
TOTAL DEPENDENTS' AL	LOWANCE IN ISSUE \$		
Cheque 32143	29/6/45		
70-0	1/1/1	Part of the second	THE RESERVE THE
ERTIFICATE CERTIFY THAT THE AMOUNT H	HAS BEEN CORRECTLY CO	OMPUTED AND IS PAYABLE IN AC	CORDANCE WITH
THE TERMS OF THE WAR SERVICE	SE GRANTS ACT, 1944 ANI	D THE REGULATIONS ISSUED THE	REUNDER.
	TREASURY		

DATE

SERVICE REPRESENTATIVE

FOR DIR. Naval Pay Acciding.

	+				1	
		· STATEM	ENT OF WAR SERV	VICE GRATUITY - 1	VVAV	
Dec	eased			-01	- My	A
hem	b Name	(Christian	Names) (Si	URQUHART urname)		
Pay	ee mo	Laenna	URQUHAR	T, ~	Register No.	7510 V-2585
Add	ress K	RAI. B	ass River	. /	14 June 45 Date	19/3/15
15000	. 300	Colcheste	~ Co. N.S.		Service No. 1 Rank or Rating	V-2585
Dat	e of termin	nation of overs	eas service		ate of Discharge	
1.	TOTAL QUALI	FYING SERVICE No. of day	rs /aszequal to	// complete peri	ods at 37.50	307.50
No.	of days 86	OVERSEAS SERVI 9 less 20 îneli	ICE igible days equ	al to 849days ®	25¢ per day	212.25
C.	SUPPLEMENT	FOR OVERSEAS	SERVICE ALLY RATES AT D			
	Y	Subsistence	Pay or Lodging	\$ 2.65-	*	
		and Provision		B. \$.05	(self)	
				L.M. 3 ./3	M. O.	
	Depende	nts' Allowance	1/30 of 8	al x	7 = \$ 30.10=	
				4.30		134.6
			No. of	183	30-10	104-1
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D.	WAR S	ERVICE	GRATUITY	ſ		17.5.
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		OVERPAYME	NT OF PAY ANI DEPENDENTS AND A	D ALLOWANCES \$	Jal.	659.3
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E.	DEDUCTIONS TOTAL AMOU	OVERPAYME OTHER DED	NT OF PAY AND DEPENDENTS AND A	D ALLOWANCES \$	Al.	The Charles
E.	DEDUCTIONS TOTAL AMOU	OVERPAYME OTHER DED INT PAYABLE ON OF GRATUITY	NT OF PAY AND DEPENDENTS AND A	D ALLOWANCES \$ S' ALLOWANCE ASSIGNED PAY \$	Ail.	659:
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E. F. C.	TOTAL AMOU YOUR PORTI	OVERPAYME OTHER DED OTHER DED ON OF GRATUITY Dependents' A Total Depende I certify the in accordance the regulation Checked by	DEPENDENTS AND A OUCTIONS IS Allowance in is ents' Allowance at the amount he with the term ons issued ther	S' ALLOWANCES \$ S' ALLOWANCE ASSIGNED PAY \$ \$ as to you \$ in issue \$ as been correctl s of the War Ser eunder.	y computed and i	659:3 = \$659:3 s payable 1944 and



Department of National Defence

1138361

Naval Service

AUG 3 0 1944 194

IN REPLY PLEASE QUOTE

O.N. V-25850 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

Stoker Petty Officer

PARTICULARS RE DEATH

URQUHART, Harold Frederick Missing, presumed dead to Official Number V-25850 date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy es-

cort duty in the Atlantic,

NEXT OF KIN

Mother: Mrs. Leanora Urquhart Bass River, R.R. #1 Colchester County, Nova Scotia.

ALLOTMENTS IN FORCE

In favor of

R.C.N.V.R.

Amount

Initials

Mother

Mrs. Lenora Urquhart, Bass River, R. R. #1, Colchester Co., N. S.

\$35.00 A. P.

AMP.

Ins. Co.

Great West Life Ins. Co., Head Office,

Winnipeg, Man.

\$5.00 A. P.

AMP.

(Both Allots. stopped May 31/44)

Will: No Record.

Yours truly,

for SECRETARY, NAVAL BOARD.

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

1月月月月1

N. S. H. Q. CENTRAL REGISTRAL REGISTRY (Personnel-Section)

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AUTHOR.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. at
Name
Rank of Rating. Official No. (If unknown, date of first entry)
Place of Birth Date of Birth
Occupation in Civil Life Religion
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)
9 10.7_1024 AZ MA
Date of Death Cause of Death (If due to accident, violence, or enemy action, particulars to be stated briefly)
#s
Nearest known Name Relationship
relative or friend. Address
Date on which the above was informed by Ship
Date on which death was registered with local Officials
In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-
ing to Nationality
Place of Burial Date of Burial (if known)
Location, Number, etc., of grave
Undertaker employed(if any)
If borne for discipline only, date D.S.Q. or invalided.
Commanding Officer,
194

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

142556

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 URQUHART. Harold	Rating A/S.P.	0	
Official No. V. 25850 H.M.C.S.AVALON "	VALLEYFIELD" Li	st.121	124
Who* DISCHARGED DEAD on th	ne. 7 May	19.	44
		\$	cts.
Net sum due on ledger on account of Wages		NI	L.
Proceeds of sale of Effects charged against Wages, broug	ght from the other side		
Cash— Proceeds of sale of Effects, brought from the other side	er cts.		
Found amongst Effects			
Debts collected §		•	
Cash deposited by official Receipt No. 25181 Admir Cash debited in the Accountant Officer's Cash Acct.	nistraor of Naval	72	75
If in debt in ledger, amount to be stated (in red ink)			
Rate of allotment (in words). THIRTY-FIVE DOLLARS Name of ship from which transferred	1944		
Total†CREI	DITOR	72	75
We hereby certify that we have every reason to be	lieve that the above accou	nt conta	ins a
true statement of all wages, Effects, and other Credits of "VALLEYFIELD" amounting to a net balance†	r Debts on the Ledger of	AVALO	for
Dated on board H.M.C.S. AVAION		-	
NFID this FIFTH			4.2
	UT. COR., R.O.N.V.R Accou		
Downs	July Initia	ls of the Ass countant Offi	
A/CAPTAIN. RCN.	ing Officer.		
For Use at Headquarters. \$cts	credited on Inspecto	r's certif	ficate
Noto			
Signature	100000		
	Date	19)
*State whether discharged on shore D.D. or Run	tState whether "debtor	r" or "aradit	on''

*State whether discharged on shore, D.D. or Run.

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: AVAION'S CNS. 249a #A13915 dated 19 May, 1944

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

AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

NAME (If any are not sold, state how they are to be disposed of)		PARTICULARS	Charged in Ledger		Paid for in Cash	
	· i. Wa	30 F. O. C. S. S. P.	9. 2W 39	7		
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			. y-			
. 3 (3		Spire Contract	L. C.			
IIT		REAL PROPERTY OF THE PROPERTY				
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	(23) 11	Lades () a 2 de j				
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17 33		SOFT STATES				
		Annual Control of the				
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			(1) (0) to the	-		
TITI			·			
110	100	Was a second sec				
78. 2	Feb 7 500	1.55	*****			
O THE		Total proceeds of sale carried to account on the other side			*	
	7 37					

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.

: 1121

: Train

STATEMENT OF ACCOUNT

When entered	F.B.	Date	of appearanc	e F.B.	V	Whither discharged	DEA	D
							\$	с.
								59
ay as A/S.I	fro k Rating)	m 1 Ap	1 to 31	May	(61 days a	t \$.2 .6.5 a day)	161	65
" 1 GCE		1 Ap	1 " 31	May	(.61"	05 ")	3	.0.5
"			"		("	")	1	3
"			"				+	
"	, a .		"		("	")		
Lit Upkeep Alle	wance1	Apl - 7	March, May	L 944			4	33
	OITS:							
					,			
		1			,	Total credits	237	09
EBT from for	mer account						IV	I.J
AYMENTS:-	- 1st	2nd	3rd	4th	5th			
· Z	\$ c.	\$ c.	\$ с.	\$ c.	\$ c.	,	0.5	0.4
st month	67.00	8.94				Total	7.5	94
nd month						Total		
rd month		******				Total		
llotment	5.00, 8.40	, 5.00	chged Apl	35	.00, 5.0	O chged May,	8.8	40
ension deducti	on (Officers) cha	rged to			.of			
lospital stoppa	ges							
THER CHAP	RGES: Offici	al Rece	ipt No. 2	25181 P	ayable t	o Administrat	or	ļ
Naval Es	tates (Pre	sent Wa	r)				7.2	75
EDGER: YO	r					Total debits	237	09
					Balance Cr.	or Dr.	NI	T
UDIT:				(1	Balance Dr. te	o be shown in red)	14 1	- 11
								-
_	s actually victua	lled during	period mention	oned abov	e3/			
NOT ICTUALLED	LENT, SICK OR	INCLU	SIVE DATE	No. OF	SHIP,	HOSPITAL, etc., VHICH BORNE		
7777	LEAVE	FROM	то	DAYS	IN	VAICH BURNE		
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C.N.S. 2426 25M-5-42 (4545) N.S. 815-9-2426

DISTRIBUTION OF SERVICE ESTATES

XMM NAVY

Name:	URQUHART	Harold F.		No.:	V. 25850
	Surname	Christian Names			
	Sto/P.O.	H.M.C.S. #1	VALLEXPIELD*		7-5-44
Rank	23.44.4.4	Unit	or an exchange that the Ar - and exchanges.	Date	e of Death
			AMOUNT		
			L.P.C	\$	72.75
	Date:	31-1-45	Other Cr	edits	
			Total		72.75

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
	Father	Albert S. Urquhart, R.R. #1. BASS RIVER. Colchester Co., N.S. M.S.	36.38
•	Hother	Mrs. Lenora B. Urquhart, ()	36.37
		(Next of kin entitled)	
		TO BE FORWARDED BY REG. MAIL DIRECT	C.
		P4. TO TREAS. 12/2/45 Pa	<u>.</u>

AUTHORITY H.Q. F.E. No. H.Q. SUB. VOTE PRI OBJ. AMOUNT 9999 00 872.75 50 000 831 CLASSIFIED BY EXAMINED BY Original Signed by K. L. McCUAIG For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by L. M. FIRTH

(L. M. Firth) Lt.-Colonel Administrator of Estates

AUDITED FOR PAYMENT



ORIGINAL POS 3498

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

I, the undersigned, have examined URQUHART 2 Varald Frederick

Note-This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence,	dical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.
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Stan	Thi dards		nation has b	een mac	de in a	ccordan	ce with	the cu	irrent	Instr	uctio	ns as	to Me	dical
© Age { Years Months	(9) Weight without Clothes	(5) Height with Bare Feet	General Development (d)	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Tungs, Heart, etc.	Abdomen, Hernia, etc.	© Limbs and Joints	(1) Skin	Bars and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	a Anus, E Hæmorrhoids, etc.
- 9	lbs.	ft. ins.	Ph.	inches (a) maximum 38 (b) minimum 34 (c) mean 36	left eye colour vision	Blied	*X-Ray	K	hound	houng	house	L. Suivagel	Mefroing 5 Operation 1	Horney
			App. (approved) Po	os. (positive)	or Doubt. (doubtful)							110	
Servi as m	e, Distance. ay be	scharge ‡I am v authori	ertify that to from the Ea willing to und	ars, or a dergo, a	t of my ny oth fter ent	belief I er disea cry, such	have r se likel i denta	never su ly to re l treati	affered ender a ment,	from me ui vaccii	nfit fonation	or H	is Maje	esty's tions
		When a	Candidate is s	ubject to a	defect o	r disabilit	y, the fo	llowing i	nformat	ion is	to be i	nserted	d:	
	Thi	is Candi	date is the s	ubject o	f									
no	ich rote cons	enders h sidered o	im medically of sufficient i	y unfit fo mportar	or servi	ice, cause his	s reject	ion, he	being	desir	able	in otl	her resp	ects.
,	ice one.			IF REJ insert UN in block	ECTED here FIT t letters									
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									, L	Exa	nining	Med	ical Office	er
							(Rank)	101	UNU	EU	VL	LLI	1 1 . 8	