

V37893
WEST

ROBERT

EVANS

MEDALS AND MEMORIALS-DECEASED PERSONNEL

25/4/50

(1) MEDALS

PERSON

ENTITLED TO Mr. Samuel R. West, (father)

ADDRESS: R. R. # 5,
Woodstock, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. S.R. West

R.R. #5, Woodstock, Ont.

ADDRESS:

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO. 914

(2)

date 9-11-44 Despt.

(3)

Reg.No. 0-1518

NAVY

GB

7-5-44

AWARDS-CANADIAN ARMY (ACTIVE)

Died while serving

WEST, Robert Evans

V-37893

A/Sto.1/c

FILE NO.

V-37893

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

C.V.S.M. & ClaspWar Medal

4632

25-4-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

P.I.B. 1

V37893

OFFICIAL NUMBER

NAME

(Surname)

WEST

Robert Evans

(Given Names)

OFFICIAL NUMBER

V37893

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 Prevost	Ord. Smn.	29	5	42	Div. Str. London.	V.G.	Sat.	31	12	42							
" "	" "	5	6	42	Active Service. D.L.	V.G.	Sat.	31	12	43							
" St. Hyacinthe	" "	13	8	42	SL61 108149	V.G.	Sat.	7	5	44							
Cornwallis	" "	21	7	43	S.C.												
"	Stoker 11	3	8	43	Transferred '248A/42642)												
"	A/Sto. 1	3	8	43	249A/A13916												
Stadacona	"	9	10	43	DRD H-2821												
York	"	28	10	43	D.L. 30-10-43												
Stadacona	"	10	1	44	DRD #36 P.3												
Valleyfield	"	25	1	44	S.C.												
DISCHARGED	"	7	5	44	"Missing" per Casualty List.	"Presumed dead".											

GENERAL REMARKS

Transferred to Seaman Branch as Ord. Smn. to date 13-7-43. (S.C.)
Canadian Memorial Cross to Mother:
Mrs. S.R. West, R.R.#5, Woodstock,
Ont. 9-11-44.

DATE OF BIRTH			PLACE	CIVIL	OCCU	RELI-ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE	
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P. CTY. TOWN	SERV. DIV.	A	BR. RANK
01	4	24	11	XXX	0	50	3	136	06	0
ENLIST. DATE			ACT. SERV. DATE	STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE	
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB. A. BR. RANK
29	05	42	05	06	42				9830	0
SENIORITY			STR.	NON-SUB		M	B.R.B.		CODED	CHECKED
DY.	MO.	YR.	CAT.	A	B	ST.				
03	08	43	13	00	00	21	07-05-44			

V37893

OFFICIAL NUMBER

FILE NUMBER.

113-W-1972

OFFICIAL NUMBER

V37893

NAME _____

WEST

(Surname)

Robert Evans

.....
(Given Names)

DATE OF BIRTH

1 April 1924.

PLACE OF BIRTH.

Woodstock, Ont.

RELIGION.

Presbyterian

EDUCATION.

.....OCCUPATION.

Student

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

R.R.#5

Town

Woodstock,

Province, etc.

On^t.

[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]

O.H.F. Received.

[illegible]

H.Q. 35-15M-10-41 (2177)
N.S. 815-7-35

W.S.G.
APPLICATION
12632
RECEIVED
7/8/45

Mr. S.R. West,
R.R. #5 Woodstock,
Ontario.

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-37893 FD. 612

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13.....1944.

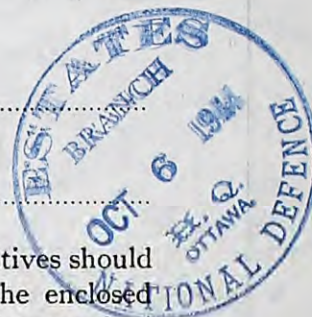
For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

WEST, Robert Evans, Stoker First Class,

Official Number V-37893 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.



GC/

W. Wade
Amir and R. R. R.
Director 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Samuel Reginald West 47		R.R. 5 Woodstock Ont.
4	Mother of the Deceased.....	Anne Robertson West 47		R.R. 5 Woodstock Ont.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	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	
	Jack West age 12 killed July 22 1940			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Evans West
9	Date of his birth.	April 1st 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Woodstock September 8/1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Woodstock Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Oxford county (c) (d) all his life
14	Nature of employment before enlistment.	school student
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

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?	Bank acc. no 323 for \$89.36 in Royal Bank Woodstock possibly small amounts in P.O. or Dr. Hyacinth, Deserosek or 12 at fax
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$5
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$50. Registered } held by his mother
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
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.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

* Father 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.

S. R. West

(Signature of Informant)

Woodstock

R R B Ont

Address

CERTIFICATE

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

*See above.

S. R. West

{ Name of informant }

is the

Father

of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at

Woodstock

this

4th

day of

October

19 44

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

W. L. Ireland

Qualification

Captain

Address

S. J. - C. D. M. S. - Woodstock Ont

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

CERTIFICATE of the SERVICE of

Robert Evans West

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<u>Halifax Nova Scotia London, Ontario</u>		<u>V.37893</u>

Date of Birth	<u>1 April 1924</u>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<u>Woodstock, Ontario</u>	<u>Mr. S.R. West</u>
Place of Residence	<u>R.R. 5 Woodstock, Ontario</u>	<u>(Father)</u>
Trade brought up to	<u>Student</u>	<u>Same Address</u>
Religion	<u>Presbyterian</u>	
Can Swim:—P.P.T. Date		Signature Rank
P.S.T. Date		Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<u>12 Feb '42</u>	<u>29 May '42</u>	<u>Hostilities</u>	<u>Ad. Comm (1)</u>		<u>25 Feb '44</u>	<u>Canadian Volunteer Service Medal - Prov. Award</u>

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<u>5</u>	<u>5 1/2</u>	<u>33</u>	<u>128 1/2</u>	<u>Brown</u>	<u>Brown</u>	<u>Med</u>
On re-enrolment—6 years' Service							
On re-enrolment—12 years' Service							
Further Description if necessary							

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
1942	H.M.C.S. "BYRON" (PREVOST)		Red Sea	5 Jan '42	11 Aug '42	
	(Star) St. Hyacinthe		"	12 Aug '43	20 July '43	
	Cornwallis		"	21 July '43	2 Aug '43	
	"		Sto. 2/cross	3 Aug '43	8 Oct '43	
	"		A/Sto. 1/c	3 Aug '43		
	Stadacona		"	9 Oct '43	27 Oct '43	
	York		"	28 Oct '43	9 Jan '44	
	Stadacona		"	10 Jan '44	24 Jan '44	
	Stadacona (Valleyfield)		"	25 Jan '44	29 Feb '44	
	Avalon (—"")		"	1 Mch '44	7 May '44	"D.D."

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

[illegible]

13
11

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Issued Idem. Card No

Issued Idem. Card No. 7156432

Name Robert Evans West Conduct

Conduct

[illegible]

ORIGINAL

No off
70 04

CANADA

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

120540

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WEST OFFICIAL NO. 11521972
CHRISTIAN NAMES Robert Evans MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
R. R. # 5, Woodstock, Ontario		Presby.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
1 April, 1924	Town Woodstock	Mr. S. R. West (Father)
	County Oxford	R. R. # 5,
	Province Ontario	Woodstock, Ontario.
*Original Nationality of:		
Father British		
Mother British		

*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.....5	Inflated.....34				
Inches.....5½	Deflated.....32	Brown	Brown	Med.	Scar on scalp from right ear to top of head.
128½	Mean.....33				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Two Years High - Woodstock Collegiate Woodstock, Ontario.	Student - Woodstock Collegiate, Woodstock, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 29th May, 1942	Ord. Smn. (T)	H.M.C.S. "Prevost" LONDON

(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
ENTERED IN PAY LEDGERS H. M. C. S. "TOWN"	NIL.	

FAIR

ROUGH

(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	
1. Noted in Records	113
2. Index Card	113
3. Non-Sp. Card	113
4. Statistical Card	113
5. Roneo Strip	M. 218
6. Pension Card	
7.	
8.	
DATE	11.6.42

(5) On being enrolled as a member of the London 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 29th day of May, 1942

Signature of applicant Robert E. West

(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 29th day of May, 1942.

RD Gannason
Signature of and rank of Attesting Officer.
Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Robert Evans WEST 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 Robert E. West

Witness RD Gannason

Date 29th May, 1942 Rank Sub-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

Robert Evans WEST 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 London Division of the R.C.N.V.R. or in the appropriate official documents.

RD Gannason
Sub-Lieutenant, R.C.N.V.R. Attesting Officer.

29th May, 1942 R.C.N.V.R. Division London
(or other establishment)

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.

Unemployment Insurance Book - No.

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

Robert E. West
Signature

Every item of information
should be carefully supplied.
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE
DIVISION REGISTRAR OF THE DIVISION IN WHICH
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

FORM 6

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 ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. **PLACE OF DEATH** { County or District of At Sea Township of
If in City, Town or Village Street House No.
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. **LENGTH OF STAY** (in years, months and days)
(a) In City, Town or Township where death occurred (b) In Province (c) In Canada (if immigrant)

3. **PRINT FULL NAME OF DECEASED** WEST Robert Evans
(Family name) (Given name or names in usual order)

RESIDENCE No. RR #5 Street Woodstock City, Town, Village or Township Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------------------------	---

8. **BIRTHPLACE** Woodstock
(Oxford,) Ontario.
Co. (Province or Country)

9. **DATE OF BIRTH** April 1st 1924
(Month) (Day) (Year)

10. **AGE in** { Years 20 Months 1 Days If less than one day old
hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as
spinner, teamster, office clerk, etc. Student

12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc. Woodstock Collegiate

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

15. If married give name of wife
or husband of deceased

FATHER

16. NAME

17. BIRTHPLACE
(Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE
(Province or Country)

20. Person giving information
sign here H.D.M.
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Officer i/c, Naval Personnel Records.

21. **Place of Burial, Cremation or Removal** Body not recovered.
Date of burial or removal

22. **Burial Permit was issued by**
Address

23. **UNDERTAKER**
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. **DATE OF DEATH** May 7th 1944
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:
..... 19..... to 19.....
and last saw h. alive on 19.....

CAUSE OF DEATH

I. **Immediate cause**
Give disease, injury or complica-
tion which caused death, not the
mode of dying, such as heart
failure, asphyxia, asthenia, etc.

(a) Missing, presumed dead when
H.M.C.S. "VALLEYFIELD" was
due to torpedoed & sunk by enemy
action in the Atlantic.

Morbid conditions, if any, giving rise to
immediate cause (stated in order
proceeding backwards from im-
mediate cause). (b) (c)

II. **Other morbid conditions (if important)**
contributing to death but not
causally related to immediate cause. {

PHYSICIAN

Underline
the cause
to which
death
should be
charged
statistically

26. If a communicable disease
is mentioned on this cer-
tificate, give { (a) Date of appearance 19.....
(b) Duration of disease days

27. If a woman, was the death associated with pregnancy?

28. Was there a surgical operation? Date of operation 19.....
State findings Was there an autopsy?

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

Signed by **M.D.**
Address **Date** 19.....

30. **Division Registrar's Record No.**

31. **Filed** 19.....
(Division Registrar)

INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, the entry should be housewife. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation the entry should be none.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as spinner, weaver, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as grocery store, soap factory, cotton mill, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as carpenter, painter, machinist, etc. A careful distinction should be made between retail merchants and wholesale merchants. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a salesman. A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (See Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to accident, suicide or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an automobile accident should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) —	due to (b) —	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) —	due to (c) —	due to (c) —	due to (c) Strangulated inguinal hernia	due to (c) —
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis

NAME IN FULL WEST, Robert C. jr. RANK/RATING ..

[illegible]

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

ANK/RATING *S/Sgt* OFF. NO. *831892* ADDRESS

[illegible]

FILED BY

DIR. OF PERSONNEL RECORDS.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Robert Evans WEST (b) Reg'l. No. V37893
 2. (a) Arm of service Naval (b) Unit RNVR London (c) Rank Ord. San.
 3. (a) Date of birth Apr. 1/24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Woodstock R.R. 5
 4. (a) Place of enlistment London, Ont. (b) Date of enlistment May 29/42

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? Yes
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 years high school
 7. If you attended a university, give name of university and standing or degree secured _____
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? _____ (c) Did you finish it? _____ (d) If you did not finish it, how long did you serve at it? _____
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) NO (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 Student Address _____
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) _____
 20. (a) Your specific occupation _____ (b) Number of years' experience at this occupation with any employer _____
 21. (a) Did your employer promise definitely to give you employment on discharge? _____ (b) Did your employer refuse to promise you employment on discharge? _____ (c) Do you wish to return to your former employment? _____

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Dairy
 25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

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

DATE May 29/42 194 SIGNATURE Robert E. West



Copy To
VWD
E6

17-1942

TFH/VD

REGISTERED

AIR MAIL

V-37893 (Pers "N")

8th May, 1944.

Dear Mr. West:

I deeply regret that I must confirm the telegram of the 8th May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert Evans West, Stoker Second Class, Official Number V-37893, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

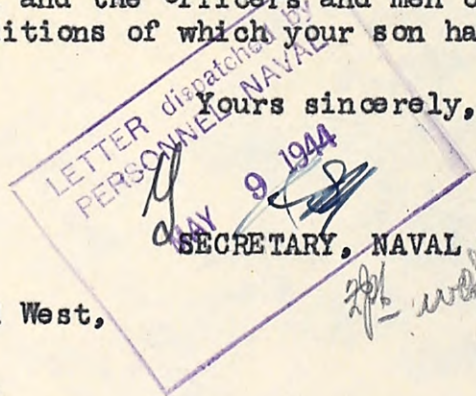
It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an Official announcement is made, as this information might prove useful to the enemy.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mr. Samuel Reginald West,
R.R. # 5,
WOODSTOCK, Ontario.



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

13th May, 1944

(Date)

Sir:

The following casualty has been reported -

NAME WEST, Robert Evans RANK or RATING Stoker 2nd Class NAVAL NO. V37893, R.C.N.V.R.

DATE OF ENLISTMENT - 29th May, 1942. Active Service 5th June, 1942.

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 serv-
when and where any disability ing was lost by enemy action. While this casualty
was incurred, or where death is listed as missing, it is impossible to make an estimate as to his chances of
occurred. survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.
Show clearly whether death or disability due to enemy action,
accident or disease, and whether it occurred in Canada, or on the high seas or
elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. Samuel R. West.

ADDRESS - R.R. #5, WOODSTOCK, Ontario

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

for

SECRETARY, NAVAL BOARD.

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

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)

REMARKS:.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

NS V-37893 PERS(N)
DRAFTED BY NRP PER TFW
NAVAL MESSAGE

S. 1320 D
20000M-11-43 (2867-8-9-70)
N. S. 815-9-1320-D.
K. P. 95440

From:

MR. [REDACTED] REGINALD WEST,
R.R. # 5
WOODSTOCK, ONT.

N.S.H.Q.

V-37893

26

CNP THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO REPORT THAT YOUR SON ROBERT EVANS
WEST, STOKER SECOND CLASS, OFFICIAL NO V-37893 IS MISSING
AT SEA. LETTER FOLLOWS.

-/08

(DELIVERY CONFIRMED)

LT

PL

8/5/44

GP

2459

P.A.'S CHECKED IN
C.R. BY [REDACTED]

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

AUG 30 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
WEST, Robert Evans	Stoker 1st Class	V-37893 R.C.N.V.R.

DATE OF ENLISTMENT - 29 May, 1942 Active Service: 5 June, 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 - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was
when and where any disability
was incurred, or where death torpedoed and sunk by enemy action in the Atlantic.
occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father

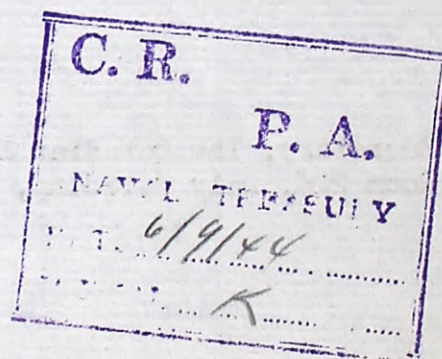
NAME - Mr. Samuel Reginald West.

ADDRESS - R. R. #5, Woodstock, 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.

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

P.A.'S CHECKED IN

C.R. BY R.

REMARKS:

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

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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	NIL	NIL
<u>To Whom Paid:</u>	NIL	<u>Address</u>	NIL

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for nil has been made for the period
from 1st to nil of nil 194

Remarks:

Computed by.....L.D......

Checked by.....amp......

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

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

*Copy
per Bf*

2027655

File No... N.S. V-37893 PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. S. R. West,
R. R. #5,
WOODSTOCK, Ont.

Date forwarded:- NOV 9 1944

Registered Mail No.- 0-1518

P.A.'S CHECKED IN

C.R. BY.....

DC

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

4
NAVY

CEASED MEMBER'S NAME **Robert Evans** (CHRISTIAN NAMES) **WEST** (SURNAME) (25)
PAYEE **Director of Estates,** for Service Estate of
ADDRESS **308 Sparks St.,** **Robert Evans WEST,**
Ottawa, Ont. **N.S.V.-37893**
7 May '44
REGISTER NO. **10632**
NSV-37893
FILE NO. **30 June '45**
DATE **V-37893**
SERVICE NO. **A/Sto. 1/0**
FINAL RANK OR RATING **7 May '44**
DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **703** EQUAL TO **23** COMPLETE PERIODS AT \$7.50

\$ **172.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **104** LESS **13** INELIGIBLE DAYS, EQUAL TO **91** DAYS @ 25C. PER DAY

\$ **22.75**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.00**
SUBSISTENCE OR LODGING \$ **1.25**
AND PROVISION ALLOWANCE **H.L.M.** \$ **.13**
ADDITIONAL PAY \$
\$
\$
\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.38** X7 = \$ **23.66**
NO. OF DAYS **104** X\$ **23.66**
183

\$ **13.45**

D. WAR SERVICE GRATUITY

\$ **208.70**

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ **208.70**

G. YOUR PORTION OF GRATUITY IS—

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

= \$ **208.70**

Voucher Cheque 1070 - 12/7/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY
JM	1916	Ray Gough
		DATE 4-7-45

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name

ROBERT EVANS WEST
(Christian Names) (Surname)

Payee

Director of Estates for Service Estate of
308 Sparks St. Robert Evans WEST
Ottawa, Ont. N.S. V-37893

Address

Register No. 10632

File No. V-37893

Date 26/6/45

Service No. V-37893

Final Rank or Rating A/STG 1/c.

Date of Discharge 7 MAY/44

Date of termination of overseas service 7 MAY/44

A. TOTAL QUALIFYING SERVICE

No. of days 703 equal to 23 complete periods at \$7.50
30

172.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 104 less 13 ineligible days equal to 91 days @ 25¢ per day

22.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 2.00
Subsistence or Lodging \$ 1.25
and Provision Allowance
Additional Pay H.L.M. \$.13

Dependents' Allowance 1/30 of \$ —
Total 3.38 x 7 = \$ 23.66

No. of days 104 x \$ 23.66
183

13.45

D. WAR SERVICE GRATUITY

208.70

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

208.70

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ — of \$ = \$ 208.70
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 2m 6
2 2m 7
3 2m 8
4 2m 9
5 2m 10

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA 34

Name Robert Evans West (Christian names in full) V-37893 RENVV R

Rank or Rating STOKER 1/o Official No. 1 APRIL, 1934

Place of Birth WOODSTOCK, ONTARIO Date of Birth 1 APRIL, 1934

Occupation in Civil Life STUDENT Religion PRESBYTERIAN

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 YEAR 11 MONTHS.

Date of Death 7th. MAY, 1944 Place of Death AT SEA

Cause of Death ENEMY ACTION--TORPEDOING OF HMCS "VALLEYFIELD"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend Name MR. S.R. WEST Relationship FATHER
Address RR - 5, WOODSTOCK, ONTARIO

Date on which the above was informed by Ship INFORMED BY NSHQ

Date on which death was registered with local Officials NOT REGISTERED.

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

Place of Burial (If known) Date of Burial (If known)

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

Undertaker employed (If any)

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

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"

17th. MAY 1944

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

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



Department of National Defence

Naval Service

AUG 30 1944

194.....

IN REPLY PLEASE QUOTE

N.S. V-37893 (Pers.N)

126721



Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
WEST, Robert Evans, Stoker First Class, Official Number V-37893 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father: Mr. S.R. West, R.R.#5 Woodstock, Ontario.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
N/L		N/L	L.D.

Will: No Will.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

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



It is requested that you
advise the following names in the list
which have been reported:

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

W. J. W. W.

Pers (n) 12/9/42622 #8

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 WEST. Robert E. Rating A/STO.I.
Official No. V. 37893 H.M.C.S. AVALON "VALLEYFIELD" List 12²/96
Who* DISCHARGED DEAD on the 7 May 19 44

Net sum due on ledger on account of Wages.....

\$ cts.
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 \$.....

\$	cts.

Cash deposited by official Receipt No. 25182 Adm. Naval Estates
(Present War).....

206 38

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) nil charged to.....

Name of ship from which transferred HMCS. "VALLEYFIELD"

Total†..... **CREDITOR**

206 38

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 TWO HUNDRED & SIX - - - dollars -- THIRTY-EIGHT - 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

G. Davis

Commanding Officer.

A/CAPTAIN. RCN.

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

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

Signature.....

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

*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.

†State whether "debtor" or "creditor".

C.N.S. 46

5M-242 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 1249A #A13925 dated 19 May, 1944

LEDGER: [Signature]

AUDIT: [Signature]

22

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.*

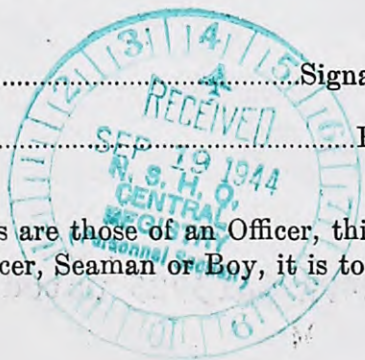
Signature

..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 12² No. 96 (Name) WEST, Robert E. Rank Rating A/Sto.I. No. V.37893.

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

		\$	c.
CREDIT from former account		45	12
Pay as	A/STO.I. from 1 Apl to 31 May (61 days at \$ 2.00 a day)	122	00
Adjust.	A/STO.I. " 3 Aug:43 " 31 Meh (242 " .40 ")	96	80
"	" " " " " " " " " " " "		
"	" " " " " " " " " " " "		
"	" " " " " " " " " " " "		
Kit Upkeep Allowance Adjustment March, 1944 1 Apl - 7 May		4	47
OTHER CREDITS:			
Total credits		268	72
DEBT from former account		N I L	
PAYMENTS:—	1st 2nd 3rd 4th 5th		
	\$ c. \$ c. \$ c. \$ c. \$ c.		
1st month	45.00 8.94	Total	53 94
2nd month		Total	
3rd month		Total	
Allotment	XX 8.40 chged, April	8	40
Pension deduction (Officers) charged to	of		
Hospital stoppages			
Mulcts			
OTHER CHARGES:	O.R. 25182 payable Adm. Naval Estates (Present War)	206	38
Total debits		268	72
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 19 44

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

DISTRIBUTION OF SERVICE ESTATES

MKB

Estates Form "P. 4"

NAVY

Name: **Robert E.** No.: **V 37893**
Surname Christian Names

Sto. 1/c **R.C.N.V R. O/s** **7-5-45**
Rank Unit Date of Death

Date: **27-7-45**

AMOUNT	W.S.G.	208.70
	L.P.C.....\$	294.61
		147.33
	Other Credits.....	650.64
	Total.....	441.94
	Prev. Dist	208.70
	This Dist.	

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father	Samuel R. West R.R. # 5 Woodstock, Ont.	104.35
$\frac{1}{2}$	Mother	Mrs. Anne R. West (as above) (as next of kin entitled)	104.35
<p style="text-align: center;">P4. TO TREAS. 3/8</p> <p style="text-align: right;">WSG</p>			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	66	50	000	208.70
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

The particulars stated on this form are important. It is to be retained with the Service documents of the rating concerned. A notation of the award of this certificate is to be made on the man's Service Certificate and History Sheet.

ROYAL CANADIAN NAVY

TECHNICAL TRAINING COURSES

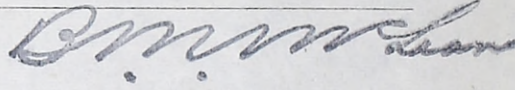
This is to certify that Robert WEST
O. N. V.37893 Rating Sto. 2 Seniority 19-6-43
Date of Birth 1-4-24 Completed a course of training
in as Motor Operator.

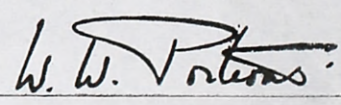
of 8 weeks duration at Danforth Tech.-Toronto.
commencing 1-11-43.

He secured marks as follows:

Subjects:	Grading: *
Gen. Knowledge	51
Shop	50
Diesel	B+
Application	57

Order of merit 13 51% Number in class 19
Dated Jan. 3/44 Qualified for:
Remarks:

Signature 

Signature 
(W.W. Porteous)
A/CAPTAIN (E), R.C.N.,
DIRECTOR OF ENGINEERING PERSONNEL.

* A. (80 - 100)
B. (40 - 79)
C. (0 - 39)

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, LONDON ONT.

Ottawa, Sept. 13th, 1944.

From.....Head Office.....

V-37893 STO. LC. WEST, Robert E.

P. & N. H.

1914-R

The Department of National Defence,

Naval Service,

officially reports that the marginally named was reported -

Missing, presumed dead, 7 May, 1944 when H.M.C.S.

"VALLEYFIELD" was torpedoed and sunk by enemy action
in the Atlantic,

~~on other~~

~~on~~ service

CANADA & HIGH SEAS.

His next of kin is reported as -

Father -

Mr. Samuel Reginald West,

R.R. #5, Woodstock, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$

Nil

a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,

for

Canadian Pension Commission.

Central Registry will arrange to transfer the file from
MONTREAL District Office.



120541

Can. B. 207
100M-3-42 (3733)
N.S. 815-2-207

ORIGINAL

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

11321972

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 Robert Evans WEST

candidate for entry as Ord. Smn.
and I believe him to be in all respects fit for His Majesty's Service He has signed the Certificate
unfit for His Majesty's Service for the reason stated below 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. <u>18</u> Mos. <u>1</u>	(j) Date of last Vaccination for Smallpox	<u>never.</u>
(b) Height with bare feet	Feet <u>5</u> In. <u>5 1/2</u>	(k) General Development	<u>good.</u>
(c) Weight without clothes	<u>128 1/2</u>	(l) Nose, Throat and Tonsils	<u>clear</u>
(d) Ears and Hearing	<u>T.M.'s intact - hearing good</u>	(m) Heart and Lungs	<u>Normal.</u>
(e) Chest Girth	Max. <u>34</u> Min. <u>32</u> Mean <u>33</u>	(n) Abdomen Hernia, etc.	<u>Normal</u>
(f) Teeth	Deficient <u>0</u> Defective <u>0</u> Dentures <u>0</u>	(o) Limbs and Joints	<u>low pedal arches.</u>
(g) Vision by Snellens Types	without glasses <u>6/6</u> Rt. Lt. <u>6/6</u> with glasses <u> </u> Rt. Lt. <u> </u> where worn <u> </u>	(p) Skin	<u>clear</u>
(h) Colour Vision	Ishihara <u>n</u> R.C.N. Lantern <u>n</u>	(q) Anus Haemorrhoids	<u>Neg.</u>
(i) Chest x-ray	<u>22/5/42 # 58422</u>	(r) Testes Varicocele	<u>Normal</u>
		(s) Urine <u>all</u>	<u>neg</u>
		<u>sugar</u>	<u>neg</u>

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.

Robert E. West

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

Signature of Candidate

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

This Candidate is the subject of low pedal arches - good flexibility

*~~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 London, Ontario the 22nd. of May 1942

R. S. Hard
Surgeon-Lieutenant V.R. Examining Medical Officer

(Rank) 2