

V56565
WILSON
MURRAY

FRANCI

TFH/MC

REGISTERED

AIR MAIL

V-56565 (Pers.(N))

11th May, 1944.

Dear Mrs. Wilson:

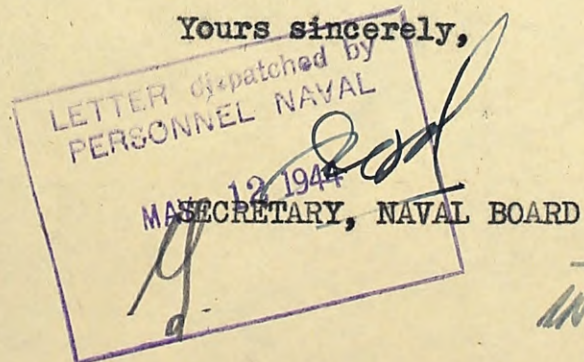
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,



Mrs. James Wilson,
Enfield,
Hants Co., N.S.

jm 24

TFH:PMB

REGISTERED
AIR MAIL

FILE: V-56565 (Pers.N.)

8th May, 1944

Dear Mrs. Wilson:

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, Murray Francis Wilson, Ordinary Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-56565, is missing at sea.

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

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

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

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

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. James Wilson,
Enfield,
Hants Co., N.S.

P.M.

REGISTERED

FILE NO: N.S. V-56565 PERS. (N)

30th August, 1944.

Dear Mrs. Wilson:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Murray Francis Wilson, Able Seaman, Official Number V-56565, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

[Signature]
Deputy SECRETARY, NAVAL BOARD.

Mrs. James Wilson,
Enfield,
Hants Co., N.S.

Royal Canadian
Message Condolence
Date Sent 30-8/44 NPR 5

*Noted on Estate Card
5-9-44 G.P.*

23

[Signature]
H. B. MONEY,
Paymaster Commander, R.C.N.R.
Officer in Charge,
NAVAL PERSONNEL RECORDS

BF

30-9-44

NPR/5

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

Sir:

11 May, 1944.

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
WILSON, Murray Francis	Ordinary Seaman	V-56565 R.C.N.V.R.

DATE OF ENLISTMENT - 12 March, 1943. Active Service: April 20, 1943.

DATE OF DISCHARGE - Will be reported later.

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" at sea when the ship in which he when and where any disability was incurred, or where death was serving was lost by enemy action. While occurred.

this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP-

Mother

NAME-

Mrs. James Wilson.

ADDRESS-

Enfield, Hants 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.

H.B. Money

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.

NOTE: If reports indicate that the deceased was associated with his wife, family or otherwise, details to be furnished and copy of any Court Order, the separation agreement, etc., to be furnished.

Coated form "D" two
to Allied, (N) on
N.D. 8/5/54

NOTE: Duplicate copies of this form (Form "D") have been forwarded to the Chief Treasury Officer (Allied Section), Department of National Defence, Naval Service, for completion respecting the details of the deceased's service, etc., and forwarding to the appropriate authorities.

(See reverse side for further instructions)



Department of National Defence

Naval Service

1138355

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-56565 (Pers.N)

Sir:

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



NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
WILSON, Murray Francis, Able Seaman, V-56565 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. James Wilson, Enfield, Hants Co., N.S.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
NIL	NIL		<i>nil</i>

Will: No Record.

Yours truly,

H.B. Money
for SECRETARY, NAVAL BOARD.

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

GC.

Y.H.W.
25/8/44
20/8/44
S.H.

- NAVAL SERVICE -

N.S.....

MEMORANDUM TO D.N.I.

&

V.C.N.S.

20

This is to certify that -

WILSON, Murray Francis, Able Seaman
V-56565, R.C.N.V.R.

was serving in H.M.C.S. "VALLEYFIELD" as at 0210Z

7th May, 1944.

Chief of Naval Personnel

This rating lost his life as the result of enemy action while
serving aboard H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned rating is, therefore,

Missing, Presumed Dead.

Concurred:-

CH. Little
Dir. Naval Intelligence.

A/Captain, R.C.N.,
DIRECTOR OF OPERATIONS DIVISION.

Approved for Staff

O t t a w a, 1943.

DEPARTMENT OF VETERANS AFFAIRS

D OF 7-5-44

AWARDS

(NAVY)

WAR SERVICE RECORDS

D.D.

WILSON

Murray Francis

V-56565

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

626

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF MATCH

MEMORIAL CAR



(1) MEDALS
PERSON

ENTITLED TO Mr. James Wilson - Father

ADDRESS: Enfield, Hants Co., N.S.

DATE DESP

(1)

REGN. NO

696

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. James Wilson

ADDRESS: Enfield, Hants Co., N.S.

(3)

13-10-44

NAME IN FULL WILSON, Murray Francis RANK/RATING A 3

[illegible]

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

.....RANK/RATING *A B* OFF. NO. *✓ 5-6 5-6 5-* ADDRESS

[illegible]

N.V. 17
GOM-9-42 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

Murray Francis Wilson

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax, Nova Scotia</i>	<i>Halifax N.S.</i>	<i>156565</i>
Date of Birth		Name and Address of Nearest Relative or Friend (in pencil)
<i>12 October, 1924</i>		
Place of Birth		
<i>Gay's River, Colchester Co. N.S.</i>		
Place of Residence		
<i>15 Queen St. Portmouthe, N.S.</i>		
Trade brought up to		
<i>Erector</i>		
Religion		
<i>Roman Catholic</i>		
Can Swim:—P.P.T.	Date	Signature
	19	Rank
P.S.T.	Date	Signature
	19	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	
<i>12 March 1943</i>		<i>Host.</i>	<i>(TEMP.) Offn.</i>			

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<i>5</i>	<i>4 1/2</i>	<i>37 1/2</i>	<i>147</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Dark</i>
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
1943	Halifax Division		(TEMP) O/Smn.	12 March	19 Apr '43	
				ACTIVE SERVICE		
	H.M.C.S. STADACONA		O/Smn.	20 Apr '43	24 Apr '43	
	Protector II		— " —	25 Apr '43	8 June '43	
	Cornwallis		— " —	9 June '43	10 Sep '43	
	Stadacona		— " —	11 Sep '43	25 Nov '43	
	Aschelaga II		— " —	26 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)		— " —	8 Dec '43	29 Feb '44	
	Arvalon (— " —)		— " —	1 Mch '44	19 Apr '44	
	— " —		A.B.	20 Apr '44	7 May '44	D.D.

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Murray, Francis Wilson Conduct

[illegible]

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 { County of AT SEA Municipality of _____ Registered No. _____
 (For use of Registrar General only)
 If in City or Town _____ Street _____ House No. _____
 (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 Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED WILSON (Surname) Murray Francis (Given name or names)

RESIDENCE No. 95 Street Queen City, Town or Rural Division Dartmouth Province N.S.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin British 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Cay's River, Colchester, N.S.
 (Province or Country)

9. DATE OF BIRTH October 12th 1924
 (Month) (Day) (Year)

10. AGE in { Years 19 Months 7 Days _____ If less than one day old _____ hrs. or _____ min.

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

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Halifax Shipyards.

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

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

16. NAME _____

17. BIRTHPLACE _____
 (Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
 (Province or Country)

20. Signature of informant H.B. M...
 Address Payor. Cdr. R.C.N.R., Officer i/c Naval Personnel Branch,
Naval Service Headquarters, Ottawa, Ontario.
 Relationship to deceased _____

21. Place of burial, cremation or removal Body not recovered.
 Date of burial or removal _____

22. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

I
 Immediate cause (a) "MISSING" presumed dead, when
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to H.M.C.S. "VALLEYFIELD" was
torpedoed and sunk by enemy
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) _____ due to action in the Atlantic.
 (c) _____

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

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

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

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date 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 _____

28. Registrar's Record Number _____

29. Filed _____ 19 _____
 (Division Registrar)

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN 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.

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

V56565

OFFICIAL NUMBER

FILE NUMBER 113-W-3046

OFFICIAL NUMBER V56565

NAME

WILSON
(Surname)Murray Francis
(Given Names)

DATE OF BIRTH

12 October 1924

PLACE OF BIRTH

Guys River Nova Scotia

OCCUPATION

Director

RELIGION

Roman Catholic

EDUCATION

Grade 9

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

95 Queen Street

Town

Dartmouth

Province, etc.

Nova Scotia

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
12	3	43	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'4 $\frac{1}{2}$ "	Dark Brown	Brown	Dark	None

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mrs. James Wilson

ADDRESS (in pencil): Street and No.

Town

Guys River Nova Scotia

Province, etc.

N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	
			C.V.S.M. Ribbon & Clasp.

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
22	7	43	Qual. anti-gas (249A/42460)
20	8	43	Marked "TR" 249A/42687.

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

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

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

Day Month Year

DAYS FORFEITED

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

O.H.F. Received.

FILM
NO. WSR-5794-8
DATE

SECOND CLASS FOR CONDUCT

From

To



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

V56565

OFFICIAL NUMBER

NAME WILSON
(Surname)

Murray Francis
(Given Names)

OFFICIAL NUMBER V56565

P.I.B.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-qualified
		Day	Month	Year				Day	Month	Year		Day	Month	Year	
Div. Str. Halifax	Ord. Smn.	12	3	43		V.G.	Sat.	31	12	43.	S.T.,	8	11	43.	
HMCS Stadacona	"	20	4	43	Active Service DRD #H-1234.	V.G.	Sat.	7	5	44.					
Protector II	"	25	4	43	DRD #H-1267.										
Cornwallis	"	9	6	43	WRD #15.										
Stadacona	"	11	9	43	DRD H-2582.										
Hochelaga II	"	26	11	43	DRD H-3343.										
Valleyfield	"	8	12	43	Ser.Cert.										
	A.B.	20	4	44	Rated.249A-A13911.										
DISCHARGED:	"	7	5	44	"Dead".Ser.Cert.										

GENERAL REMARKS

Canadian Memorial Cross awarded to
(Mother) Mrs. James Wilson, 2867
Gravelly St., Vancouver, B.C. dated
13.10.44.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU.	RELI.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE					
DY.	MO.	YR.	MAIN	SUB.	MAIN	SUB.	GLON		P.	CTV.	TOWN	SERV.	DIV.	A.	BR.	RANK
12	03	43	26	4	0	10	2	4	08	01	0	19	0	08	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP	ES	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.			MO.	YR.	ESTAB.	A.	BR.	RANK	
12	03	43	20	04	43							9690		08	95	
GEN. RANK			STR.	NON-SUB.	M	CODED			CHECKED							
DY.	MO.	YR.	CAT.	A.	B.	ST.										
20	04	43	10	25	00	21										

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
Name Murray Francis WILSON (Christian names in full)
Rank or Rating Able Seaman Official No. 456565
Place of Birth Guys' River, Colchester Co., Nova Scotia Date of Birth 17th Oct. 1924
Occupation in Civil Life Erector Religion Roman Catholic
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 1 month
Date of Death 7th May, 1944 Place of Death At Sea
Cause of Death Enemy action. Torpedoing of H.M.C.S. "Valleyfield".
(If due to accident, violence, or enemy action, particulars to be stated briefly)
Nearest known relative or friend Name Mrs. James Wilson Relationship MOTHER
Address Enfield, Hants Co., Nova Scotia

Date on which the above was informed by Ship Informed by R.C.N.C.
Date on which death was registered with local Officials Not registered

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

Place of Burial (If known) Date of Burial (If known)
Location, Number, etc., of grave (If known)
Undertaker employed (If any)
If borne for discipline only, date D.S. Q or invalidated

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

17th May, 1944

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

.....Mrs. James Wilson,.....
.....Enfield,.....
.....Hants Co., 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. V-56565 FD 586

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

.....September 11.....1944.....

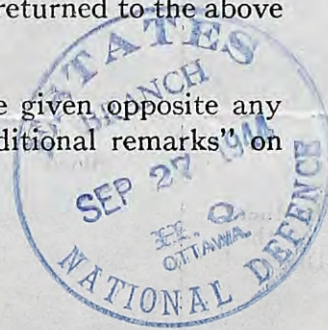
For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

.....WILSON, Murray Francis, Able Seaman,.....

.....V-56565 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/

H. J. Bradley
Commodore
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.....	<i>none</i>	<i>1</i>	<i>1</i>
2	Children of the Deceased and dates of their Births.....	<i>none</i>	<i>-</i>	<i>-</i>
3	Father of the Deceased.....	<i>James Mc K. Wilson</i>	<i>49</i>	<i>Enfield, N.S.</i>
4	Mother of the Deceased.....	<i>Deceased, March 17, 1941</i>		
5	Brothers of the Deceased	Full Blood	<i>James Stuart Wilson 21</i>	<i>Enfield N.S.</i>
			<i>Ralph Hanlon Wilson 12</i>	<i>Enfield, N.S.</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Annis Marguerite Wilson 16</i>	<i>Enfield, N.S.</i>
			<i>Irene Elizabeth Wilson 10</i>	<i>Enfield, N.S.</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Murray Francis Wilson
9	Date of his birth.	X October 12, 1924.
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Enfield Ns.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Guys River St. John's Co
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) N S H. H. Co 5 yrs. (b) N S Col. Co 3 " (c) N S St. John's 11 " (d)
14	Nature of employment before enlistment.	Labourer
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	no, to 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?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$100.00 with father
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

OTHER PARTICULARS

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

(PLEASE TURN OVER)

DECLARATION

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

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

* 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.

James McK Wilson

{ Signature
of
Informant

Enfield, Hants Co N.S.

Address

CERTIFICATE

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

See above. { Name of informant } is the of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Enfield this 25th day of September 19 44

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

Alfred Hall

Qualification

Justice of Peace

Address

Enfield, Hants 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.)

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

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON"VALLEYFIELD " ending 30 June 19 44

List 122 No. 59 (Name) WILSON, Murray F. Rank Rating A.B. No. V.56565

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

		\$	c.																									
CREDIT from former account.....		44	20																									
Pay as	O.Smn. (over 6 mths) 1 Apl to 19 Apl (19 days at \$ 1.50 a day)	28	50																									
"	A.B. " 20 Apl " 31 May (42 " 1.85 ")	77	70																									
"	S.T. " 1 Apl " 31 May (61 " .10 ")	6	10																									
"	" " " (" " ")																											
"	" " " (" " ")																											
Kit Upkeep Allowance..... Adjustment March, 1944. 1 Apl - 7 May		34	67																									
OTHER CREDITS:																												
Total credits.....		164	64																									
DEBT from former account.....		N I L																										
PAYMENTS:—	<table><tr><td>1st</td><td>2nd</td><td>3rd</td><td>4th</td><td>5th</td></tr><tr><td>\$ c.</td><td>\$ c.</td><td>\$ c.</td><td>\$ c.</td><td>\$ c.</td></tr><tr><td>47.00</td><td>8.94</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	1st	2nd	3rd	4th	5th	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	47.00	8.94														Total	55 94
1st	2nd	3rd	4th	5th																								
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.																								
47.00	8.94																											
1st month		Total																										
2nd month		Total																										
3rd month		Total																										
Allotment 8.40 chged Apl.		8	40																									
Pension deduction (Officers) charged to of																												
Hospital stoppages.....																												
Mulcts.....																												
OTHER CHARGES: O.R.25182, payable Adm.Naval Estates(Present War)		100	30																									
Total debits		164	64																									
Balance Cr. or Dr.		N I L																										
(Balance Dr. to be shown in red)																												

Number of days actually victualled during period mentioned above.....37.....

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

Date.....5 June.....1944

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

I.C.N.S 41389

ALL #29138 of 27/4/43

N. V. 5

25M—9-40 (6793)
N.S. 815-11-5



ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

WILSON
SURNAME..... OFFICIAL NO. 126565
CHRISTIAN NAMES Murray Francis MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
95 Queen St., Dartmouth, N. S.		R.C.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
12th Oct. 1924.	Town Gays River, County Colchester, Province N. S.	Mrs. James Wilson (Mother) Enfield, Hants Co., N. S.
*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.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 38½	D. Brown	Brown	Dark	Nil
Inches..... 4½	Deflated..... 36½				
147	37½				
.....	Mean.....				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
12th March, 1943. Divisional Strength	Ord. Smn. (Temp)	Erector--Halifax Shipyards, Halifax, N. S.
R.C.N.V.R. Division (or other establishment) at which enrolled.....	Stadacona	

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	N I L		

- (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.

(3) On being enrolled as a member of the Halifax 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 12th day of March, 1943.

Signature of applicant Murray F Wilson

(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 12th day of March, 1943.

J P Gaudin
Signature of and rank of Attesting Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Murray Francis Wilson 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 Murray F Wilson

Witness J P Gaudin

Date 12th March, 1943. Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Murray Francis Wilson 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 Halifax, Division of the R.C.N.V.R. or in the appropriate official documents.

J P Gaudin
Attesting Officer.
Lieutenant, R.C.N.V.R.
12th March, 1943. R.C.N.V.R. Division Stadacona
(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.

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.

Murray F Wilson
Signature

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.....WILSON. Murray F.....Rating.....A.B.....
Official No. V.56565 H.M.C.S. AVALON "VALLEYFIELD" List.122/59.
Who* DISCHARGED DEAD on the 7 May 19.44.

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 25182 Adm. Naval Estates (Present War)	100	30
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	100	30

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 ONE HUNDRED - - - - dollars - - - - THIRTY - - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NF.LD. this FIFTH day of JUNE 19.44

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

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

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944

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

LEDGER: 
AUDIT: 

☐ Navy
☐ Army
☐ Force

(Mark X opposite Force in which you last served.)

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 this application. If any question is not applicable, "N.A." is to be inserted.

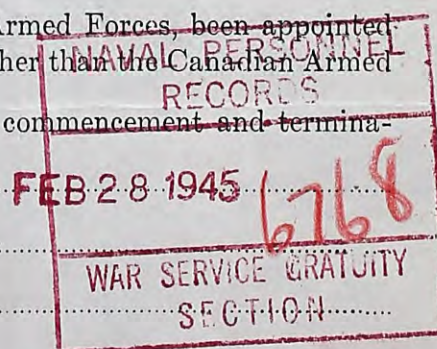
1. Surname on termination of service..... WILSON
(Print)
2. Christian Names MURRAY FRANCIS
(Print)
3. Service No. V 56565 4. Paid rank or rating at date of termination of Service N.A.
5. Address, in full, to which payments of gratuity are to be forwarded..... James Wilson,
Enfield, Hants Co.,
Nova Scotia

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Navy</u>	<u>V 56565</u>		<u>April 20, 1943</u>	<u>May 7, 1944</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces.....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service.



Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Feb. 22, 1945
(Date)

James Wilson
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

W.S.G. Application No. 6768

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

FILE NO. N.S. V56565

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>WILSON</u>	<u>Murray Francis</u>	<u>V56565</u>	<u>A.B.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (H.M.C.S. VALLEYFIELD)

Application made by father. Was not in receipt of
DA or AR

366
11
7
384

TOTAL SERVICE

Date of Active Service 20 Apr 43

Date of Discharge 7 May 44

Total No. of Days 384

Less non qualifying service —

Total Days 384

OVERSEAS SERVICE

% Total No. of Days 152

Less non qualifying service —

Total Days 152

Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

& % Overleaf —

Computed By [Signature]
Checked By [Signature]

FEB 28 1945

DATE: —

J.B. McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

O.O.F.

NON CONFIRMING SERVICE

NON QUALIFYING SERVICE

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

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
VALLEY FIELD	8 DEC 43	7 MAY 44	152

24-
 31-
 24-
 31-
 30-
 7-
152

6768

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Murray H. WILSON Rank or Rating A B O. No. 156565

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. _____
A.P. _____
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from: James Wilson (father)
Enfield, Maine Co.,
M.A.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to: In the proportion of: /

- and -

to: In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 2/3/45

[Signature]
For D.N.P.A. (G) [Signature]

DEPARTMENT OF NATIONAL DEFENCE

MRR NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED
MEMBER'S
NAMEMurray Francis
(CHRISTIAN NAMES)WILSON
(SURNAME)

REGISTER NO.

6768

FILE NO.

NS.V56565

DATE

19 June/45

SERVICE NO.

V56565

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

7 May/44

PAYEE Director of Estates
ADDRESS 308 Sparks St.,
Ottawa, Ont.for Service Estate of
Murray F. Wilson,
NS.V-56565

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 384 EQUAL TO 12 COMPLETE PERIODS AT \$7.50

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 152 LESS 24 INELIGIBLE DAYS, EQUAL TO 128 DAYS @ 25C. PER DAY

\$ 32.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY

S.T.

\$.10

H.L.M.

\$.13

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL \$ 3.33 X 7 = \$ 23.31

NO. OF DAYS 128 X \$ 23.31

183

16.31

D. WAR SERVICE GRATUITY

138.31

E. DEDUCTIONS

OVERPAYMENT OF

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

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

138.31

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 138.31

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
WPG

CHECKED BY

TREASURY
CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

Estates Form "P. 4"

Total.....	238.61
Prev. dist.	100.30
This dist.	138.31

NOV 23 1945

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



Can. B. 207

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined WILSON Murray Frances
candidate for entry as Ord. Sea V.R.
and I believe him to be *~~in all respects fit for His Majesty's Service~~
~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate
given below in my presence.

†Strike out if inapplicable

*Delete one.

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

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination for Smallpox	
	18	5		
(b) Height with bare feet	Feet	In.	(k) General Development	good
	5	4 1/2		
(c) Weight without clothes			(l) Nose, Throat and Tonsils	char
(d) Ears and Hearing	Symptoms 149 months intact cv. 20		(m) Heart and Lungs	n.a.D. BP 125/80
(e) Chest Girth	Max.	Min.	Mean	
	38 1/2	37 1/2	36 1/2	N
(f) Teeth	Deficient	Defective	Dentures	
	2	2		N
(g) Vision by Snellens Types	without glasses	Rt. 4/6 Lt. 4/6	(p) Skin	N
	with glasses where worn	Rt. Lt.	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara		(r) Testes Varicocele	N
	R.C.N. Lantern	35h N	(s) Urine	neg
(i) Chest x-ray	not taken approved positive doubtful	app 5-3-43		

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.

†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.....

*{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 Halifax the 5 of March 19 43

Examining Medical Officer

(Rank)

SURGEON LIEUT.

R 1/2
L 1/2
Sh. normal

MEDICALLY

SURGEON LIEUT.

MEDICAL RECRUITING
DEPARTMENT

APR 20 1943

R. C. N. BARRACKS
HALIFAX, N. S.

CERTIFICATE TO BE SIGNED BY CANDIDATE

1. Name	2. Age	3. Height	4. Weight
5. Complexion	6. Eyes	7. Hair	8. Teeth
9. Ears	10. Nose	11. Throat	12. Lungs
13. Heart	14. Stomach	15. Intestines	16. Kidneys
17. Bladder	18. Prostate	19. Testes	20. Penis
21. Vagina	22. Uterus	23. Ovaries	24. Fallopian Tubes
25. Cervix	26. Endometrium	27. Vaginal Discharge	28. Menstrual History
29. Sexual History	30. Venereal Disease	31. Syphilis	32. Gonorrhea
33. Chlamydia	34. Trichomonas	35. Bacterial Vaginosis	36. Yeast Infection
37. Herpes	38. HPV	39. HIV	40. AIDS
41. Tuberculosis	42. Leprosy	43. Malaria	44. Dengue
45. Typhoid	46. Cholera	47. Dysentery	48. Shigellosis
49. Salmonella	50. E. coli	51. Staphylococcus	52. Streptococcus
53. Pneumonia	54. Influenza	55. Measles	56. Mumps
57. Rubella	58. Chickenpox	59. Shingles	60. Tetanus
61. Diphtheria	62. Pertussis	63. Whooping Cough	64. Scarlet Fever
65. Typhus	66. Brucellosis	67. Leptospirosis	68. Rabies
69. Botulism	70. Tetanus	71. Polio	72. Measles
73. Mumps	74. Rubella	75. Chickenpox	76. Shingles
77. Tetanus	78. Diphtheria	79. Pertussis	80. Whooping Cough
81. Scarlet Fever	82. Typhus	83. Brucellosis	84. Leptospirosis
85. Rabies	86. Botulism	87. Tetanus	88. Polio
89. Measles	90. Mumps	91. Rubella	92. Chickenpox
93. Shingles	94. Tetanus	95. Diphtheria	96. Pertussis
97. Whooping Cough	98. Scarlet Fever	99. Typhus	100. Brucellosis
101. Leptospirosis	102. Rabies	103. Botulism	104. Tetanus
105. Polio	106. Measles	107. Mumps	108. Rubella
109. Chickenpox	110. Shingles	111. Tetanus	112. Diphtheria
113. Pertussis	114. Whooping Cough	115. Scarlet Fever	116. Typhus
117. Brucellosis	118. Leptospirosis	119. Rabies	120. Botulism
121. Tetanus	122. Polio	123. Measles	124. Mumps
125. Rubella	126. Chickenpox	127. Shingles	128. Tetanus
129. Diphtheria	130. Pertussis	131. Whooping Cough	132. Scarlet Fever
133. Typhus	134. Brucellosis	135. Leptospirosis	136. Rabies
137. Botulism	138. Tetanus	139. Polio	140. Measles
141. Mumps	142. Rubella	143. Chickenpox	144. Shingles
145. Tetanus	146. Diphtheria	147. Pertussis	148. Whooping Cough
149. Scarlet Fever	150. Typhus	151. Brucellosis	152. Leptospirosis
153. Rabies	154. Botulism	155. Tetanus	156. Polio
157. Measles	158. Mumps	159. Rubella	160. Chickenpox
161. Shingles	162. Tetanus	163. Diphtheria	164. Pertussis
165. Whooping Cough	166. Scarlet Fever	167. Typhus	168. Brucellosis
169. Leptospirosis	170. Rabies	171. Botulism	172. Tetanus
173. Polio	174. Measles	175. Mumps	176. Rubella
177. Chickenpox	178. Shingles	179. Tetanus	180. Diphtheria
181. Pertussis	182. Whooping Cough	183. Scarlet Fever	184. Typhus
185. Brucellosis	186. Leptospirosis	187. Rabies	188. Botulism
189. Tetanus	190. Polio	191. Measles	192. Mumps
193. Rubella	194. Chickenpox	195. Shingles	196. Tetanus
197. Diphtheria	198. Pertussis	199. Whooping Cough	200. Scarlet Fever

NAVY SERVICE OF CANADA
COMMISSIONER OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS

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 MURRAY FRANCIS WILSON (b) Reg'l. No. 156565
2. (a) Arm of service NAVY (b) Unit R. F. V. 1 (c) Rank SEMAN
3. (a) Date of birth Oct-10-1924 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Halifax, N.S.
4. (a) Place of enlistment Halifax, N.S. (b) Date of enlistment 12-3-43

PLEASE
LEAVE
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Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 yrs. (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 9th GRADE
7. If you attended a university, give name of university and standing or degree secured _____
8. (a) Did you ever enter upon a trade apprenticeship? 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? ENG/FR (b) What languages do you read well? ENG/USA

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? No

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

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

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

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

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

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

18. Name of employer HALIFAX SHIPBUILDING CO. Address HALIFAX, N.S.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) SHIPBUILDING
20. (a) Your specific occupation ERECTOR (b) Number of years' experience at this occupation with any employer 6 mos.
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? _____ (c) If so, in what kind of farming? _____
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? _____ (c) In what provinces did you have experience? _____

Section G—MISCELLANEOUS

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

DATE March 12 1943 SIGNATURE Murray Wilson

MAR 27 1943

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