

V599
WILSON
ROBERT

HARVE

P.M.

REGISTERED

FILE NO: N.S. V-599, PERS. (N)

34

30th August, 1944.

Dear Mr. Wilson:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Robert Harvey Wilson, Able Seaman, Official Number V-599, 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.

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

Mr. James Wilson,
397 Lipton Street,
Winnipeg, Man.

[Handwritten mark]

BF

30-9-44

NPR-5

[Handwritten mark]

Royal Canadian
Message ✓ Condolence ✓
Date Sent *30-8/44* 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, Robert Harvey	Able Seaman	V-599 R.C.N.V.R.

DATE OF ENLISTMENT - 9 Feb. 1942 Active Service: 12 April, 1942.

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- Father NAME- Mr. James Wilson,

ADDRESS- 397 Lipton Street, Winnipeg, Manitoba.

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.

TFH/MC

REGISTERED

AIR MAIL

N.S. V-599 Pers! (N)

22

11th May, 1944.

Dear Mr. Wilson:

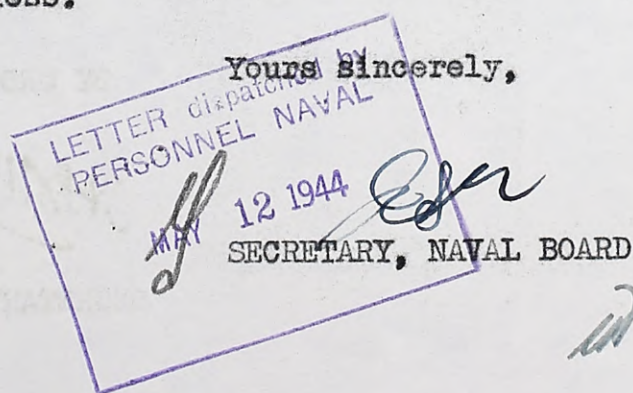
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

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,



Mr. James Wilson,
397 Lipton Street,
WINNIPEG, Manitoba.

JMT



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No.

MEMORANDUM:

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

BY ORDER

J. H. Money

SECRETARY, NAVAL BOARD.



Department of National Defence

Naval Service

1138857

AUG 30 1944

194.....

IN REPLY PLEASE QUOTE

N.S. V-599 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, Robert Harvey
Able Seaman,
V-599, 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. James Wilson,
397 Lipton Street,
Winnipeg, Man.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Mother

Mrs. Anne Wilson,
397 Lipton St.,
Winnipeg, Man.

\$37.00
A. P.

AMP.

Stopped May 31/44

Will: No record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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



... ..
... ..
... ..

OFFICIALS OF THE ARMY AND NAVY
AND THE AIR FORCE

4. PHOTOGRAPH
HALL

[Faint handwritten notes at the bottom of the page]

Mr. James Wilson,
377 Lipton Street,
Winnipeg, Man.

[illegible]

1 577 314 1774

by George M.

2505-1

to record 435

9. 10. 11. 12. 13.

32

Director of National
Labor Relations
Washington, D. C.

38

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name Robert Harvey Wilson
(Christian names in full)

Rank of Rating Able Seaman Official No. 7,000 RCMVR
(If unknown, date of first entry)

Place of Birth Winnipeg, Manitoba Date of Birth 11th May, 1924

Occupation in Civil Life N.A. Religion United.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) Two Years, One Month.

Date of Death 7th May, 1944 Place of Death At Sea.

Cause of Death Enemy Action. Surrendering 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 James Wilson Relationship Father
Address 397 Lepton St., Winnipeg, Man.
300 Besser St., Port Arthur, Ontario.

Date on which the above was informed by Ship Informed by H.M.C.S.

Date on which death was registered with local Officials Not Registered.

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

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

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

Undertaker employed (if any)

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

S. J. Davis
Commanding Officer, (Avalon)
A/Captain, R.C.N.
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
15M-6-41 (831)
N.S. 815-9-1121

Noted 20-9-44



Can. B. 207

100 M-11-40 (7881)
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.....**Robert Harvey Wilson**.....
‡ candidate for entry as.....**Ordinary Seaman**.....
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.

Urino: Alb. & Sugar Negative.

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

(a) Age (Years Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Variocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
17 9	124	5 6 1/2	Good	inches (a) maximum 35 (b) minimum 32 (c) mean 33	right eye 20/15 left eye 20/15 *colour vision N.	Vaccinated as a child	Normal	Normal	Normal	Clear	Normal	Normal	3 defective 0 defective N & T Normal	Normal.

*If colour vision is not normal by Ishihara test
degree of colour blindness to be indicated.

Pupils react to L & A. Reflexes normal

X-ray

{ Not taken.
Approved.
Positive.
Doubtful.

Esquimalt 13-11-41

Write in the appropriate notation, and any remarks necessary.

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.

B. Wilson
Signature of Candidate

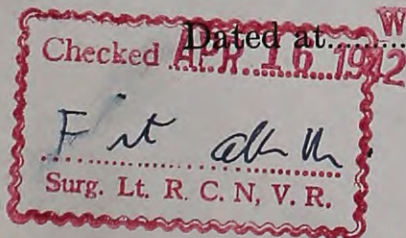
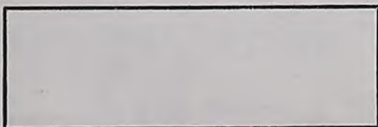
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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



WINNIPEG, MAN.

the **6th.** of **February** 19**42.**

Just dylo
SURGEON LIEUT. R. C. N. V. R.
Examining Medical Officer
(Rank).....

CERTIFICATE of the SERVICE of

Robert Harvey WILSON

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V- 599</i>
	<i>Chippewa</i>	"
		"

Date of Birth <i>11th May, 1924.</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Winnipeg, Manitoba.</i>	<i>Father - James Wilson</i>
Place of Residence <i>397 Neilson St., Winnipeg, Man.</i>	<i>Same address</i>
Trade brought up to <i>Reverer</i>	
Religion <i>United</i>	



Can Swim:—P.P.T.	Date <i>19</i>	Signature	Rank
<i>No.</i> P.S.T.	Date <i>19</i>	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	
	<i>9 Feb '42</i>	<i>Hostilities</i>	<i>Ord. Sea</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	8 1/2	33	124	Dr Brown Hazel	Hair		Tattoo on Left arm
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
				<i>Active service</i>			
1942	Chippewa			O.S.M.	12 Apr '42	18 Apr '42	
1942	Stadacona			"	19 Apr '42	1 May '42	
	W.C. Dubuc			"	1 May '42	9 Jun '42	
1943	Protector (0052)			"	10 Jun '42	18 Dec '42	
	Stadacona (-" -)			"	19 Dec '42	26 Jan '43	
	Stadacona			"	27 Jan '43	1 Feb '43	
	Cornwallis			"	2 Feb '43	9 Apr '43	
-"	(Amble)			"	10 Apr '43	16 Apr '43	
	Cornwallis			A.B.	17 Apr '43	12 Apr '43	
	Stadacona			"	18 Apr '43	19 May '43	
	Stadacona (Moon Jan)			"	20 May '43	31 May '43	
	Chalons H. (Moon Jan)			"	1 June '43	24 June '43	
	Lord Ramsay (-" -)			A.B.	25 June '43	5 Nov '43	
	Stadacona (-" -)			"	6 Nov '43	5 Dec '43	
	Stadacona			"	6 Dec '43	20 Jan '44	
	Stadacona			"	21 Jan '44	24 Jan '44	
	Stadacona (Valleyfield)			"	25 Jan '44	19 Feb '44	
	Avalon (Valleyfield)			"	1 March '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 Robert Harvey WILSON Conduct

[illegible]



NATIONAL DEFENCE
N. V. 5
MAR 1 1942
50M-1041 (1994)
N.S. 815-11-5
CANADA

027201

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WILSON OFFICIAL NO. 1599
CHRISTIAN NAMES Robert Harvey MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 397 Lipton St., Winnipeg, Manitoba. RELIGION United

DATE OF BIRTH 11th May, 1924. *PLACE OF BIRTH
Town Winnipeg,
County
Province Manitoba.
NAME AND ADDRESS OF NEXT OF KIN
James Wilson (Father),
397 Lipton St.,
Winnipeg, Manitoba.

*Original Nationality of:
Father Scottish
Mother Scottish

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>35</u>	Dark Brown	Hazel	Fair	Tattoo on left Arm.
Inches <u>8 1/2</u>	Deflated <u>32</u>				
Mean <u>33</u>					

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade X</u>	<u>Runner, MacDonald Bros. Ltd.,</u> <u>Stevenson Field,</u> <u>Winnipeg, Manitoba.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength</u> <u>9th February, 1942.</u>	<u>Ordinary Seaman</u>	<u>H.M.C.S. CHIPPAWA.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

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

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

RANK	FROM

(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.

ENTERED IN THE RECORDS
H. M. C. S.
FAIR
MAILED
MAY 11 1942
ROUGH

TO
Personnel Records
Division
1. Noted in Record
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Roneo Card
7.
8.
DATE 17-2-42.

(5) On being enrolled as a member of the.....H.M.C.S. CHIPPAWA.....Division.....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.....9th.....day of.....February, 1942.....

Signature of applicant.....B. 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.....9th.....day of.....February, 1942.....

.....W. B. Kinsman.....
Signature of and rank of Attesting Officer.
Sub-Lieut., R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....Robert Harvey 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.....B. Wilson.....

Witness.....W. B. Kinsman.....

Date.....9th February, 1942..... Rank.....Sub-Lieut., 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 Harvey 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.....H.M.C.S. CHIPPAWA.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....W. B. Kinsman.....
Sub-Lieut., R.C.N.V.R. Attesting Officer.

.....9th February, 1942..... R.C.N.V.R. Division
(or other establishment).....H.M.C.S. CHIPPAWA.....

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.

.....B. Wilson.....
Signature

D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

WILSON Robert Harvey		A.B.	V- 599	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	90357 16-1-50
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON

ENTITLED TO Mr. James Wilson - Father

ADDRESS: 397 Lipton Street,
Winnipeg, Man.

DATE DESP.....

(1)

REGN. NO. 230.....

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. James Wilson

ADDRESS: 397 Lipton St., Winnipeg, Man.

(3)

13-10-44

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

V599 OFFICIAL NUMBER NAME WILSON Robert Harvey (Surname) (Given Names) P.I.B. OFFICIAL NUMBER V599

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 "Chippawa"	Ord. Smn.	9	2	42	Winnipeg Div. Str.	V.G.	Sat.	31	12	42	Radar 3/c.	18	9	43	(14944)		
"	"	12	4	42	Active Service.	V.G.	Sat.	31	12	43							
Stadacona	"	19	4	42	D.	V.G.	Sat.	7	5	44							
Cornwallis	"	1	5	42													
Chaleur 11	"	3	5	42													
Macsin	"	6	9	42													
Chaleur 11	"	14	10	42	W.R.D. #Q-12												
Q-052	"	23	10	42	W.R.D. # Q-13												
Stadacona	"	28	1	43	D.R.D. H-541												
Cornwallis	"	3	2	43	D.R.D. H-593												
Stadacona	"	17	4	43	D.R.D. H-1213												
"	A/Able Smn.	17	4	43	249A #20120												
Moose Jaw	"	20	5	43	DRD H-1506												
"	Able Smn.	25	6	43	Confirmed 249A#10148												
Stadacona	"	21	1	44	DRD #44.P#3												
Valleyfield	"	25	1	44	DRD S52.P4.												
Discharged		7	5	44	Missing on Active Service. Casualty List. (249A #A-13929).												
					Presumed Dead (per Correction Sheet Page 106).												

GENERAL REMARKS

Hospital Valcartier 20-8-42 to 5-9-42

AWARDED: Canadian Memorial Cross:
Mrs Anne Wilson, (Mother)
397 Lipton St.,
Winnipeg, Man.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL.	ED.	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY	MO	YR.	BIRTH	MAIN	SUB	GION			P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
11	5	24	16	R R R	0	40		3	6	06	06	0	06	0	08	93
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		
09	02	42	12	04	42						1220	0	08	94		
SENIORITY			STR.	NON-SUB		M		50 R8.			CODED	CHECKED				
DY	MO	YR.	CAT.	A	B	ST.										
25	06	43	13	62	00						m. 16					

VERIFICATION FORM

NAME IN FULL .. Wilson Robert Harvey .. RANK/RATING Able. 5mm. OFF.

SHIP	SERVICE			AREA	QUALIFYING PERIOD			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
Chippewa	12-4-42	13-4-42	7					
Pat. 052	10-11-42	26-1-43	78	Atlantic				
Amble	10-4-43	16-4-43	7	Atlantic				
Moose Jaw	20-5-43	20-1-44	246	Atlantic				
Valleyfield	25-1-44	7-5-44	104	Atlantic				
Discharged "Dead"								
to date 7-5-44								

VERIFIED BY Carol Hight

VERIFIED BY

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

.....RANK/RATING Able Seaman OFF.NO. V599 ADDRESS

... RANK/RATING Able. 5mm. OFF. NO. V599 ADDRESS

[illegible]

44

List ²12 No. 95 (Name) WILSON. Robert H. Rank Rating A.B. No. V. 599

	\$	c.
CREDIT from former account.....	40	61
Pay as <u>A.B.</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>1.85</u> a day).....	112	85
(Rank Rating)		
" <u>Radar #.3</u> " <u>1 Apl</u> " <u>31 May</u> (<u>61</u> " " <u>.10</u> ").....	6	10
" " " " (" ").....		
" " " " (" ").....		
" " " " (" ").....		
Adjustment March, 1944		
Kit Upkeep Allowance..... <u>1 Apl - 7 May</u>	4	47
OTHER CREDITS:		
<u>G.M. 1 Apl - 7 May, 37 days @ .064</u>	2	22
Total credits.....	166	58

PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	40.00	8.94				Total.....	48 94
2nd month.....						Total.....	
3rd month.....						Total.....	

Pension deduction (Officers) charged to.....	of.....		
--	---------	--	--

Hospital stoppages.....		
-------------------------	--	--

Mulcts.....		
-------------	--	--

OTHER CHARGES: O. R. 25182 payable Adm. Naval Estates (Present War)	43	64
---	----	----

Total debits	166	58
--------------	-----	----

Balance Cr. or Dr.	N	T	T
--------------------	---	---	---

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above.....31.....

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

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

0. 142645 12/9/

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, Robert H. Rating... A.B.
Official No. V. 599 H.M.C. SAVALON "VALLEYFIELD" List... 12²/95
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	N	I
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182 Adm. Naval Estates (Present War)</u>	43	64
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>THIRTY-SEVEN DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>		
Total†..... <u>CREDITOR</u>	43	64

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 SAVALON for "VALLEYFIELD" amounting to a net balance†..... CREDITOR of..... FORTY-THREE dollars..... SIXTY-FOUR cents.

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

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

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

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

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

Signature.....

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

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

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13929 dated 19 May, 1944
5M-2-42 (3801) LEDGER: Set
H.Q. N.S. 815-9-45 AUDIT: Set

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.*

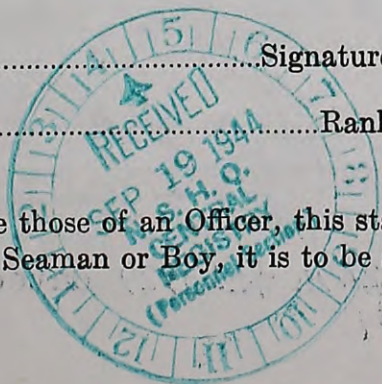
Signature

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.



Mr. James Wilson,
397 Lipton Street,
Winnipeg, Man.

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-599 FD. 588

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, Robert Harvey, Able Seaman,

V-599, 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.



J. H. Macdonald
for
Director of Estates.

GC/

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....	James Wilson	50	397 Lipton St
4	Mother of the Deceased.....	Anne Wilson	48	397 Lipton St
5	Brothers of the Deceased	Samuel James	25	1436 Barclay St
		Donald George	15	397 Lipton St C.A.M.
6	Sisters of the Deceased			
6	Sisters of the Deceased	Mrs. Harold Tenton	23	397 Lipton St
		Allen James Tenton	3	397 Lipton St
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	
		Allen James Tenton	3	397 Lipton St

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Harvey Wilson
9	Date of his birth.	May 11 th 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Winnipeg June 17 th 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg, Man.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Vancouver, B.C. 6 months. (b) (c) (d)
14	Nature of employment before enlistment.	Aircraft Work.
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.	Winnipeg, Man.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	One. At 387 Lipton St.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential Ins Co of America Mother is Beneficiary 4. 13. 53c
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
<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 Wilson

{ Signature of Informant

397 Spton. St. Winnipeg Address

CERTIFICATE

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

See above. { 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 Winnipeg, Man. this 27th day of September 19 44

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

L. M. Whitmore

Qualification Clergyman

Address 171 Arlington St. Winnipeg, Man.

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

NON QUALIFYING SERVICE

Overseas

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

OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
Q 052	10 Nov '42	26 Jan '43 ✓	78 ✓
Ambler	10 Apr '43	16 Apr '43 ✓	7 ✓
Moose Jaw	20 May '43	20 Jan '44 ✓	246 ✓
Valleyfield	25 Jan '44	7 May '44 ✓	104 ✓
			435 ✓

Q 052.	Ambler	Moose Jaw	Valleyfield
21	7	12	7
31		30	29
26		31	31
78		30	30
		31	7
		30	104
		31	
		20	
		246	

for (H.B. Henry)
 Navy Officer-in-Charge
 Naval Personnel Records

Checked by
 Computed by

DATE

2112

TO: D.N.P.A.

FILE No. NS: V599

"WAR SERVICE GRATUITY"
COMPUTATION OF SERVICE

WILSON, Robert Harvey ✓ V599 ✓ Alb Summ ✓
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Missing presumed Dead ✓

Applicant: MOTHER - no decision yet re pension; in receipt of A.P. \$37.00 at time of Wilson's death.

TOTAL SERVICE

Date of Active Service 12 April 1942 ✓

Date of Discharge 7 May 1944 ✓

Total No. of Days 757

Less non qualifying service Nil ✓

Total Days 757 ✓

731
19 Apr.
7 May
757

OVERSEAS SERVICE

% Total No. of Days 435 ✓

Less non qualifying service Nil ✓

Total Days 435 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service Nil ✓

Date of Active Service _____

Date of Discharge _____

& % Overleaf

Computed By [Signature]
Checked By [Signature]

DATE: DEC 4 1944

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer-in-Charge
Naval Personnel Records

Original on file.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name

Robert Harvey Wilson

Register No. 2112

Address

(Christian Names) (Surname)
Mrs Anne Wilson
397 Lipton Street
Winnipeg, Manitoba

File No. V599

Date 5/2/44

Service No. V599

Final Rank or Rating H.B.

Date of termination of overseas service 7 May 44

Date of Discharge 7 May 44

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{757}{30}$ equal to 25 complete periods at \$7.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 435 less 20 ineligible days, equal to 415 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$1.85
Subsistence or Lodging
and Provision Allowance \$1.45
Additional Pay \$.10

Dependents' Allowance 1/30 of \$

Total \$3.40 x 7 = \$

No. of days 183 x \$

D. WAR SERVICE GRATUITY

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

OTHER DEDUCTIONS \$

F. AMOUNT PAYABLE

(This amount is payable in monthly instalments of \$ each)

G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay

and allowances \$3.40 x 30 \$102.00

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

1	6
2	7
3	8
4	9
5	10

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

NAVY

DECEASED
MEMBER'S
NAME

Robert Harvey

WILSON

(CHRISTIAN NAMES)

(SURNAME)

PAYEE

Director of Estates,
308 Sparks St.,
Ottawa, Ont.

for Service Estate of
Robert H. Wilson,
NS. V-599

REGISTER NO.

2112A

FILE NO.

NS. V-599

DATE

13th July '45

SERVICE NO.

V-599

FINAL RANK OR RATING

A.B.

ADDRESS

1

DATE OF TERMINATION OF OVERSEAS SERVICE

7th May '44.

DATE OF DISCHARGE

7th May '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 757 EQUAL TO 25 COMPLETE PERIODS AT \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 435 LESS 7 INELIGIBLE DAYS, EQUAL TO 428 DAYS @ 25C. PER DAY

107.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.13
RADAR III \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.53 X 7 = \$ 24.71
NO. OF DAYS 435 X \$ 24.71

58.74

D. WAR SERVICE GRATUITY

353.24

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$10.00
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

10.00

F. TOTAL AMOUNT PAYABLE

343.24

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 343.24

Voucher - 1353 - July 26/45

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.

TREASURY	
PREPARED BY JFL	CHECKED BY PK Bryce
DATE 12/2/45	

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

DISTRIBUTION OF SERVICE ESTATES

MH
Estates Form "P. 4"

NAVY

Name: WILSON, Robert H. No.: V-599
Surname Christian Names

A.B. RCNVR O/S 7-5-44
Rank Unit Date of Death

Date: 9-8-45

AMOUNT

W.S.G. 343.24
L.P.C. \$ 27.26
14.15

Other Credits.....

Total..... 384.65

Prev. dist. 41.41
This dist. 343.24

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father	James Wilson, 397 Lipton St., WINNIPEG, Man.	171.62
$\frac{1}{2}$	Mother	Mrs. Annie Wilson, (As above)	171.62
		(As next of kin entitled)	

P4. TO TREAS.

4/8/45

WSC

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	833	00	50	000	\$343.24
CLASSIFIED BY			EXAMINED BY		
Halsey			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

FORM 5

PROVINCE OF MANITOBA
OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality.....AT SEA.....Sec.....Twp.....Rge.....
(Name)
If in City, Town or Village.....Street.....House No.....
(Name) (If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days)

3. PRINT FULL NAME OF DECEASED WILSON Robert Harvey
(Surname) (Given name or names in usual order)

RESIDENCE 397 Lipton Street, Winnipeg, Manitoba
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX 5. NATIONALITY (Citizenship) 6. RACIAL ORIGIN 7. Single, Married, Widowed or Divorced (Write the word) 8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)
Male Canadian Scottish Single Winnipeg, Manitoba

9. DATE OF BIRTH Month Day Year 10. AGE IN Years Months Days If less than one day
May 11 1924 20 hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Runner
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. MacDonald Bros. Ltd., Stevenson Field, Winnipeg, Manitoba
13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

PARENTS 16. Name of father
17. Birthplace of father (same as item No. 8)
18. Maiden name of mother
19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant J. D. Money 21. Relationship to deceased Payor, Cdr. R.C.M.R., Officer i/c Naval Personnel Records, Royal Service Headquarters, Ottawa, Ontario.

22. Place of burial, cremation or removal Body not recovered Date of burial 19

23. Burial Permit was issued by Address

24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH (Hour) (Day) (Month) (Year)
7th May 19

26. 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 complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

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

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

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.

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D.

Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death," and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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

OCCUPATIONAL HISTORY FORM

NATIONAL DEFENSE

FEB 1944 027203/3 W-1518

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 T HARVEY WILSON (b) Reg'l. No. V 5-94
2. (a) Arm of service NAVY (b) Unit R 8 N V R (c) Rank Captain
3. (a) Date of birth May 14, 1914 (b) Have you any dependents? No (c) Place of residence at time of enlistment Windsor, Michigan
4. (a) Place of enlistment Windsor, Michigan (b) Date of enlistment Jan 1, 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 10
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school?
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 Windsor Bolt & Nut Co. Address Windsor, Mich.
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 Cumulative (b) Number of years' experience at this occupation with any employer 2 months
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? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mechanical Work

DATE

194

SIGNATURE



COPY TO
VWD
ES

FEB 20 1942