V50658 WOODS MERVYL

HARRIS

AWARDS NAVY

D OF D 7-5-44

WOODS Mervyl Harrison V-50658 A.B. 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								
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(1) MEDALS PERSON	MEMORIAL BAR
ENTITLED TO Mr. Roland Woods - Father	DATE DESP
ADDRESS: 43 Wicksteed, Town of Mt. Royal, Quebec.	REGN. NO. 904
(2) MEMORIAL CROSS	
WIDOW	
	(2)
ADDRESS:	
(3) MEMORIAL CROSS	
MOTHER Mrs. R. Woods	
43 Wicksteed Ave., Town of Mount Royal	(3) 13-10-44
ADDRESS: MONTREAL 16, Que.	

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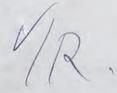
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John Heyar anof

[MERVY H. Woods.]







Wm -C -M -

50M-10-41 (1994)

ATTESTATION FORM

(HOSTILITIES FORM)

1066

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE 78298 OFFICIAL NO. V- 50658. SURNAME WOODS CHRISTIAN NAMES MERVYL Harrison MARRIED, SINGLE OR WIDOWER Single PERMANENT ADDRESS 43 Wicksteed Town of Mount Royal, Quebec. Church of England NAME AND ADDRESS OF NEXT OF KIN DATE OF BIRTH *PLACE OF BIRTH Montreal, Mr. Rolland Woods. 29th May 1923 Father. *Original Nationality of: County Same Address. Father English Can Quebec Province Mother English Can *If not the son of natural born British parents, particulars to be given at foot of next page PERSONAL DESCRIPTION ON ENROLMENT (\mathbf{A}) HEIGHT CHEST MEASUREMENT EYES COMPLEXION WOUNDS, SCARS, MARKS HAIR Inflated 38 Fresh BLOND Appendectimy Scar Grev om right side. Deflated. Middle finger on right hand, slightly 160 # 36量 deformed. TRADE OR CALLING AND IN WHOSE EMPLOY EDUCATIONAL STANDING Grinder, Crystal Lab. Graduated from High School. Canadiam Marconii Company. Two Years attending Mc Gill. Trenton Ave, Town of Mt.Royal. RATING FOR WHICH ENROLLED R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED DATE OF ENROLMENT DIVISIONAL STRENGTH H.M.C.S "MONTREAL" ORD/SEAMAN 18th November 1942. DECLARATION TO BE MADE BY APPLICANT (B) I hereby declare as follows:-Personnel Records (1) That I am a British Subject domiciled in Canada. Division. (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volume Force, and that I accept and agree to abide by the rules of the said Force. Noted in Records (8) ALMAHATAKAN K MANGEMBAGA ABHASAN MOKASAN MANGEMBAKAN ANAN MANGEMBAGA PERS Training Battaldion * (b) I served in MC Gill Reserve for the period shown, and attach my record of service, in corroboration of this statement? ension Card . *Cross out Clause not applicable. RANK SERVED IN Mc Gill Reserve

Sep t.1940

May 1942.

Training Battalion. Private

⁽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.

- (5) On being enrolled as a member of the H-M-C-S-"MONTREAL" 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. *OSUBLE CONTRACTOR

Dated this 18th day of November 1942

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my day of November 1942.

> Signature of and rank of Attesting Officer. Sub/Lieutement R.C.N.V.R.

OATH OF ALLEGIANCE

I, Mervyl Harrison WOODS 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...

Date 18th November 1942

Rank Sto 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

Mervyl Harnison WOODS. 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. "MONTREAL" Division of the R.C.N.V.R. or in the appropriate official documents.

Sub/Lieutenant R.C.N.Attesting Officer.

18th November

R.C.N.V.R. Division

R.C.N.V.R. Division H.M.C.S. "MONTREAL" (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 Branch of the Naval Service by the prospect of being transferred at some future date to another Branch. Wend An

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CERTIFICATE of the SERVICE of

Merryl Harrison Woods
in the Royal Canadian Naval Volunteer Reser

Training Headquarters R.C.N.V.R. Division Official Number... H.M.C.S. "MONTREAL" Name and Address of Nearest Relative or Friend (in pencil) Trade brought up to Can Swim:-P.P.T. Date..... Signature.....Rank Date......19...... Signature Rank MEDALS, DECORATIONS, etc. PARTICULARS OF SERVICE Date of Date of Actual Volunteering Date of Enrolment or re-enrolment Period Volunteered for Rating on Enrolment or Re-enrolment Nature of Decoration Award PERSONAL DESCRIPTION Chest (mean) Weight Hair Eyes Complexion MARKS, WOUNDS, SCARS Inches Feet 160 On re-enrolment-6 years' Service On re-enrolment-12 years' Service. Further Description if necessary TRANSFER BETWEEN DIVISIONS TRANSFER-LISTS A AND B To Date List Date Authority

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OCCUPATIONAL HISTORY FORM

FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE. PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM Section A—GENERAL INFORMATION 1. (a) Print name in full. WOODS, Mervyl Harrison (b) Reg'l. No. V 50658 3. (a) Date of birth 29 May 192 (b) Have you (c) Place of residence at time of enlistment at time of enlistment (b) Date of enlistment 18th Nove Section B-EDUCATION AND TRAINING 5. (a) State age on finally leaving school or college up to the time of enlistment? or college up to the time of enlistment?

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 control in printing", etc.) 5. (a) State age on (b) Were you attending school No 7. If you attended a university, give name of university and standing or degree secured.

8. (a) Did you ever (b) If so, (b) If so, for what (d) If you did not finish it, how long enter upon a trade for what apprenticeship? for what (c) Did youfinish it?.....did you serve at it?. (a) What languages (b) What languages do you speak fluently? ..do you read well?.. Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT 10. (a) State whether you were WORKINGorNOTWORK-ING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below). (b) At time of enlistment of what trade union or professional society FORKING None were you a member?.... 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?..... (b) State how long you had worked at this 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... trade or occupation..... 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified...... 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 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 (b) Number of years' experience at specific occupation with any employer (c) Did your employer (d) Did your employer (e) Did your employer (e) Did your employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with any employer (fixed to be a specific occupation with a specific occupation with any employer (fixed to be a specific occupation with a (a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge? former employment? F 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

(a) State nature of business,

(b) Where was 22. (a) State nature of business, Section F—PARTICULARS OF FARMING EXPERIENCE 24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?...... 25. (a) Were you (b) How many years' actualkind of farming?.. (c) In what provinces born on a farm?... farming experience have you had?.....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?..... Would like to complete college course. may have, other than indicated elsewhere in this form......

18th November

SIGNATURE...

DATE

OF CONTING

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915). SERVICE QUALIFYING PERIODS IN DAYS ELIGIBLE FOR AWARDS OF SHIP AREA STARS 1939-45 ATLANTIC DEFENCE CLASP C.V.S.M. 1915 MEDAL FROM DAYS TO TO FROM MEDALS ston 1939-45 13-1-43 Leaver 10-7-43 14-7-43 ATLANTIC 30-7-43 20-8-43 at Vison FRANCE G. at 179 8-12-43 7-5-44 152 AFRICA PACIFIC BURMA ITALY DEFENCE C.V.S.M. " CLASP WAR 1945 WAR 1915 VERIFIED BY . Le guin VERIFIED BYDIR.OF PERSONNEL RECORDS.



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

P278301

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 b	y the Examining Medical Officer and forwarded to the	Naval Secretary, Department of Nationa	I Defence, Ottawa.
and give	didata for entry as	all respects fit for His Majesty's Service for the land		
	This examination has	been made in accordance with the cu	arrent Instructions as to Med	lical Standards.
(a)	Age	Yrs. Mos. 19	(j) Date of last Vaccination for Smallpox	6 hildhad
(b)	Height with bare feet	Feet In.	(k) General Development	good
(c)	Weight without clothes	160	()	TUMTO LEFT SILS ABSENT
(d)	Ears and Hearing	Normal	(m) Heart and Lungs	Noemal
(e)	Chest Girth	Max. Min. Mean 38 35 36 1/2	() 41 1	SURNEY INCISIO
(f)	Teeth	Deficient Defective Dentures	(o) Limbs and 10 BIL	ALLUX VALG
	Vision by Snellens	without Rt. Lt. glasses 6-12 6-6-6-6	(p) Skin	Mounal
	Types	with glasses Rt. Lt. where worn	(q) Anus Haemorrhoids	Noewal
(h)	Colour Vision	Ishihara NoRMAL R.C.N. Lantern	(r) Testes Varicocele	Nound
,	Chest not taken approved positive doubtful	J. P. + n. H. mantreal	(8) Urine S.G. 1015 ALB - NEG SUGAR - TRACE	AC'ID
ARL	ET FINER 1933.	CERTIFICATE TO BE SIGNE	MICR NEG.	
after	the Ears, or any other rentry, such dental treat	o the best of my belief I have never a disease likely to render me unfit for ment, vaccination, or inoculations as a splained to the Candidate by the Examining Medical O	r His Majesty's Service. 11 s may be authorized.	am willing to undergo
‡Strike	e out if inapplicable. When a Co	andidate is subject to a defect or disability, the	following information is to be inser	ted:
		subject of		
*{w \nc		ly unfit for service, importance to cause his rejection, h	e being desirable in other res	spects.
		IF REJECTED insert here UNFIT in block letters		
	Dated at	70021 the /6	of Novembe	a19 4
		+	(L) D 74	eath

(Rank) Suc. g. hieux. R.C. IV. V.R.

S.—1245B. (Revised—October, 1937.) 5M—2-42 (3473) N.S. 815-9-1245B.

Christian`

TORPEDO HISTORY SHEET

T.S. Copy Takon.
TRUE COPY

(See K.R. & A.I., Article 609)

To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Port Division

		Dating	odo ng od for	Q., R.,					Ex	xamination M	arks						*	Captain's
Date	Ship or School	Rating held	Torpedo Rating examined for	or F.	School	Whitehead	Mining and P.V.s	High Power	Low Power	Gyro Compass	Torpedo Control	Seaman's Elec- trical	Stores and Accounts			Total Per- centage	REMARKS	Initials
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
11-43	HMCS Stadacona	OSea	6.7.	9		87/100	48/50					139_ 150			27 <u>4</u> 300	9/3%	V.G.I.	JaB
	17-12-00								•									
																		-
															1			

Surname Woods.

Christian Names....

M. H.

Record of Torpedo Service

To be filled up by Ships when a man is discharged or the Torpedo Officer superseded: by Schools, on discharge after service as part complement. The insertion of entries in ships is left to the discretion of the Torpedo Officer when his own or the man's period of service in the ship has been less than 3 months.

Period of	Service	Ship or School	Seaman Rating	Torpedo			
From	То		Rating	Rating	DUTIES ON WHICH EMPLOYED	THE TORPEDO OFFICER'S GENERAL OPINION OF THE RATING	Torpedo Officer's Signature
1	2	3	4	5	6	7	8
		:					
						12	
			,				
Secretary 1							
23man					3		1 306.2

Surname Woods. Christian Names M. #.

	Award, reduction	n in, and car		Recommen	dations for Higher Recommendation to I	To be ins	do Ratin serted imme ed subseque	ags (and for S ediately any ratin ently on Form S	S.T., Torpedo Lieu g is considered deservin . 1303 in accordance wi	tenant's Writer an ag of a recommendation. th the instructions on t	d Torped	do Coxsw	ain)		
Date	Ship or School	Torpedo Rating	If torpedo rating recancelled, state reason		Captain's Initials	Date	Ship		For	r what imended	Whether special any or all be	al ability shewn in ranches of work		Initia Torpedo	ls of Officer
1/-43	Stadacona S.T. Awarded.				Goß										
		Special (Courses												
Date	Ship or School Rating Course Percentage Capta Initia									Annual 1	Musketry Course				
						Date	Ship or School	Pts. ob	Pistol	Gunnery Officer's Initials	Date	Ship or School	Pts. ok	Pistol	Gunne Office Initia
		Field T	raining												
Date	Ship or School	Rating	Q., R., or F.	Percentage obtained	Captain's Initials								1		
											-				
											NO.			-	

TRADE CERTIFICATE

For directions for completing this Form, see Article 610, K.R. & A.I.

SEAMAN BRANCH—LEADING TORPEDOMEN AND SEAMEN TORPEDOMEN



Torpedo Ratings in the Navy are those whose duties include Electrical Work

*				
Torpedo So	edmonths' chool during the course of al and torpedo work as	his service in the Ro		
on electric	ar and torpedo work as	SHOWII BELOW.	(a)	(b)
	lighting circuits and fittings, incl			
	electric motors			
Care and maintenance of and small	telephones, bells, electrical order	instruments, etc		
repairs to	secondary batteries			
	Whitehead torpedoes			
	(a) Efficiency*	(b) Exp	erience expressed in years	
(A I	EADING TORPEDOMAN IS IN ELECTRICAL AND TO			
His ch	aracter during service wa	as‡		
His ge	neral efficiency in carryin	ng out his duties wa	as‡	
His eff	iciency on discharge was	assessed as‡		
SPECIAL R	EMARKS§—			
	<u></u>			Captain.

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Seamen.

^{*} Name, substantive and non-substantive ratings in full.
† Insert "superior," "satisfactory," "moderate" or "inferior."
‡ See Art. 610, K.R. & A.I., clauses 3 to 7.
§ Include power of command, intelligence, initiative, energy, and any qualifications not otherwise recorded.

VOCATIONAL TRAINING CERTIFICATE

(To be filled up on completion of a Vocational Training Course, other than a Correspondence Course.)

VOCATIONAL TRAINING IS OPTIONAL

Vocation		
	(name)	
(residence)		
has satisfied us that	he possesses a *	knowledge of the
vocation mentioned,	and we consider that **	
	Examiners	
	Business and Business Address	
	Date of Examination	
	(Signed)	President.
		Vocational Training Committee.

^{*} Here insert qualification.

 $[\]boldsymbol{**}$ Special notation as applicable.

REGISTERED

AIRMAIL

N.S. V-50658 Pers. (N)

11th May, 1944.

20

Dear Mr. Woods:

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.

dispetch of Available sincerely,

SECRETARY NAVAL BOARD

Mr. Roland Woods, 43 Wicksteed Ave., MOUNT ROYAL, Que.

HOM



Department of National Defence Naval Service

Ottawa, Canada.

MEMORANDUM: . . .

With reference to your

of the it is approved

to transfer

BY ORDER

SECRETARY, NAVAL BOARD.

HONOURS AND AWARDS

11446

Name:

WOOD, Mervyn Harrison

· Rank and Service:

Able Seaman RCNVR V50658

Home Address:

Montreal, Que.

Award:

Mention in Despatches (Posthumous)

Date recommended:

Date gazetted:

21.11.44

Previous award, with date:

Citation:-

For good service when his ship was lost.





N.S. V-50658 Pers. (N)

20th December, 1944.

Sir:

With reference to your letter of the 8th December, 1944, I am directed to inform you that your son, Mervyl H. Woods, enlisted in the Royal Canadian Naval Volunteer Reserve on the 18th of November, 1942, and was mobilized for Active Service the 13th January, 1943. He was posthumously awarded Certificate of Mention in Despatches with the following citation: "For good service when his ship H.M.C.S."VALLEYFIELD" was lost". The Certificate and emblems will be forwarded to Naval Service Headquarters in due course from the Admiralty for onward transmission to the next-of-kin.

Your son was considered as officer material, but he did not actually become an officer candidate.

Yours truly,

for

SECRETARY, NAVAL BOARD. 17

Mr. Roland Woods, 43 Wicksteed Avenue, Town of Mount Royal, MONTREAL, P. Q.

CANADA

Department of National Defence

1138360

Raval Service

CANADA	OTTAWA,	30 August,	194.4
IN REPLY PLEASE QUOTE			
N.S. V-50658 Pers.(N)			
			A
			PTES
n:		1	" MCE

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:

SEP 5 1914 E

NAME, RANK/RATING, Official No., UNIT PARTICULARS RE DEATH

NEXT OF KIN

WOODS, Mervyl Harrison, Able Seaman, d V-50658 R.C.N.V.R

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. R.Woods, 43 Wicksteed, Town of Mt.Royal, Quebec.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

NIL

NIL.

NIL

AMP.

Will: No record.

Yours truly,

for SECRETARY, NAVAL BOARD.

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

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Official statement

W-50058 Para. (1)

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Control August

WELL C TEVETE IN

Town of Mit. Royal,

Mille Ca

THE WEST BALLOW!

Mile The Essenge

BY STANGE SE

Your Vesti.

Orapas .

Father: Br. R. Woods,



FORM "B"

FILE: N.S. V-50658 PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service Ottawa, Canada.

M2015

(Date)

The following casualty has been reported -RANK or RATING NAVAL NO. NAME V-50658 R.C.N.V.R. Able Seaman WOODS, Mervyl Harrison DATE OF ENLISTMENT - 18 November, 1942 Active Service: 13 January, 1943. DATE OF DISCHARGE - 7 May, 1944. (If discharged in hospital under jurisdiction of D.P. & .N.H.) CANADA & HIGH SEAS (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.) Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was when and where any disability was incurred, or where death torpedoed and sunk by enemy action in the Atlantic. occurred. (Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.) NEXT OF KIN & RELATIONSHIP -NAME - Mr. Roland Woods, Father RELATIONSHIP -43 Wicksteed Avenue, Mount Royal, Quebec. ADDRESS -If records indicate that rating was separated from his wife, legally NOTE: or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

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

P.A. 'S CHECKED IN

REMARKS:					
					17.74
		DEANS ASSESS			
	CONTRACTOR DATE	TITTO AUTON CITES	TOTAL TOTAL	TOTAL OF THE PARTY	OT MADTONAT
THIS PORTION OF FORM	DEFI	ENCE, NAVAL SERV	ICE.	DEFAITIENT	OF WALLOWAL
Names of Dependents		Maiden name of wife	Date o	f marriage a	and/or children
NIL	NEL	NIL		NII.	
		de la companya de la			
			i de		
- 1r				* 1. 1 1 1 1	
<u>D•</u>	<u>A.</u>	<u>A. P.</u>	<u> 1</u>	LATO?	
Monthly rate: NI	L	N L		NIL	in the treatment
To Whom Paid:	IIL	Address		NIL.	
Date of Enlistment:	See other s	lde.			
Date of Discharge:	See other s	ide.	1:00		
Inclusive date to wh	nich D.A. and/o	r A.P. was Paid	<u>:</u>		* -
The final deduction	of Assigned Pa	y for NTL	ha	as been made	for the period
from 1st to NII	of	NIL 1	94 4		
Remarks:					
			I was y seed		
,					
Computed by	0				
Checked by	'nt	00	00	00	
		alec for	0	0001	
		Chief T DEPARTMENT OF N. (Naval Service)	ATIONAL	Officer, DEFENCE,	

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

MI DENOSHO SI A R

THE CANADIAN PENSION COMMISSION

MEMORANDUM

ToPension Medical Examiner,	MONTREALOttawa	Sept.	9th,	1944.	
FromHead Office					

V-50658 A.B. WOODS, M.H.

P. & N. H. 1973-M

The Department of National Defence, Naval Service,

officially reports that the marginally named was reported -

Missing, presumed dead, 7th May, 1944 when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by emmy action in the Atlantic,

our stehes

om service CANADA & HIGH SEAS.

Father -His next of kin is reported as -Mr. Roland Woods,

43 Wicksteed Ave., Mount Royal, QUE.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil

a month to -

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

/AS

E. Clewes, for

Canadian Pension Commission.

FORM 6	Dominion Bur	EAU OF STAT	ISTICS	QUEBEC DEATH TRANSCRIPT	*
1. PLACE OF	Municipal county	Official name civil municip ty or towns	e of oali-	Place an Y over the word subjet	Do not write in this space
DEATH	Street	No.		Hospital or Institution	
2. LENGTH OF STAY	or institu-	b) In municiality where leath occurred	Months	Days Years Months Days (d) In Canada Years Months Days	
3. NAME OF DECEASED	Surname (Block lette	rs)	Do not write in	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH	
Street Official nar civil munic ty or town	ne of sipali- ship		this space	22. Date of death	
9. If married giname of wife or huband of deceased 10. BIRTHPLAC (Province or Count) 11. DATE OF BIRTH	re try) Montreal, Quebec.	8. Single, Married, Widowed or Divorced (Write the word) (Year)		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	3.
12. AGE OF DECEASED	21	less than one day oldhrs. ormin.		If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19.	
kind of w teamster, 14. Kind business, lumbering	de profession or or ork, as spinner, office clerk, etc	years i this ion 18. BIRTHPLACE (Province or		25. If a woman, was there a puerperal condition? 26. Was there a surgical operation? Date of State findings Was there an autopsy? 27. If death was due to external causes (violence) fill in also the following:—	
FATHER MOTHER (Maiden Name)		Country)		Accident, suicide or homicide	
19. Place of buria mation or re		d		Nature of injury	
HAL (P) CI-	ame of parish churchvil muni- ality of		28. Sign	Signed M.D. Address Date 19 ature of person who fills in the form 29. Name of clergyman in charge of Register of Civil Status in which registration of this	

Hav 1 Service Headquarters.

This signature authorizes the collector to accept this form as authentic.

....19..... (Year)

(Day)

(c) Municipal county.

(d) Date

(Month)

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

Ottawn, Ontario.

(Voir l'autre côté pour le français)

Mr. R. Woods,
43 Wicksteed,
Town of Mt. Royal,
Quebec.

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-50658 Fd. 591

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 T available for distribution (according to law) on account of the late

....WOODS, Mervyl Harrison, Able Seaman,

V-50658 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.

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:

egrees		THE ALEXANDER	INFORMANT'S STATEMENT					
of Rela- tion- ship	RELAT required to be	ALL TO SELECT THE SECOND	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 De	ceased	Unmarried.					
			TROUGH AND THE					
2	Children of the I	Deceased and Births	Nil.	en e	drag			
3	Father of the De	ceased	Roland Woods	47	43 Wicksteed Ave Town of Mt. Roya Montreal 16 p.Q			
4	Mother of the D	eceased	Mildred A. Woods	47	as above			
		Full Blood	A Land					
5	Brothers of the Deceased		Nil					
	,	Half Blood	Nil					
		Full Blood	Doreen Woods	12	as above			
6	Sisters of the Deceased							
		Half Blood	Nil					
7	Names of brothers of the full or the Deceased, who ar death of each.	or sisters (whether half blood) of the e dead, and date of	Names and ages of their children (if any)		Address of their children			
	Nil		Nil		TO THE STATE OF TH			

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Mervyl Harrison Woods.
9	Date of his birth.	May 29 1923
10	Place and date of his marriage.	Unmarried
11	Place and date of his parents' marriage.	Montreal ,July 6th 1921
	PARTICULARS OF D	OOMICILE
12	Place where deceased was born.	Montreal P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec all his life (b) (c) (d)
14	Nature of employment before enlistment.	University Student
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.	Montreal P.Q
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge
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?	Not applicable
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?	Cannot trace one.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$15. Held at home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$100 Bearer Bonds. Held at hom
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	See overleaf
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Clothes, Books etc. \$100
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same_is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Nil
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Goverauthorized in the Regulations. Any amount of such expenses i by the Government nor is it chargeable against the service estat	nment will reimburse such relative to the extent of the amount n excess of those authorized in the Regulations is not payable

DECLARATION *Insert degree of relationship for example.

"Widow", "Father", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc. Signature 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. Informant CERTIFICATE I hereby certify that to the best of my knowledge and belief *See above. Roland Woods {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 Montreal, Inc. this 13 day of Augthor 19 44. Erry H. Tith Qualification Commissioner of the Superior Court. Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com-missioned Officer of any of the Majesty's Forces. Address apt. 21-1122 Laird Blod., Fown of Mont Royl,

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

\$1000 Life Insurance Policy with Sun Life Assce Co. of Canada on his life but not part of his estate. Owned and applied for by father on third party application form.

DEPARTMENT OF NATIONAL DEFECTE IDNAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

Men s Mervyl	Harrison	WOODS REGISTER NO	
PAYEE Mirect	or of Estates	for Service Estate of DATE Mervyl H. Woods, SERVICE NO.	= 14 May/45
	Ont.	N.S.V-50658 FINAL RANK OR RATING	Charles and the second
	NATION OF OVERSEAS SERV		
A. TOTAL QUALIFYIN	G SERVICE		\$ · ¢
	NO. OF D	AYS 481 EQUAL TO 16 COMPLETE PERIODS AT \$7.50	120.00
B. QUALIFYING OVER			1111 50
NO. OF DAYS 179 LES	SEE PAR. 2 OVERLEAF FO	L TO 178 DAYS @ 25C. PER DAY	44.50
C. SUPPLEMENT FOR	OVERSEAS SERVICE		
	DAILY	RATES AT DISCHARGE	
* -	F SUBSISTENCE OR LODG AND PROVISION ALLOWA		
	ADDITIONAL F	PAY H.L.M. \$.13	
		\$	
ALLES AND ADDRESS OF THE PARTY		\$	
DEPE	NDENTS' ALLOWANCE 1/30 C		No.
SEE REVERSE SII FOR EXPLANATIO OF ITEMS A, B &	N	TOTAL \$3.23 ×7=\$ 22.61 NO. OF DAYS 178 ×\$ 22.61	22.00
D. WAR SERVICE	CE GRATUITY		186.50
E. DEDUCTIONS	OVERPAYMENT C	DF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
	OTHER DEDUCTION	s NIL	
F. TOTAL AMOUNT PA	AYABLE	NPh10	186.50
G. YOUR PORTION OF	GRATUITY IS—		
			- 46
	DEPENDENTS' ALLOWANCE	E IN ISSUE TO YOU \$OF\$	\$ 186.50
	TOTAL DEPENDENTS' ALL	OWANCE IN ISSUE \$	

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

	0 1	TREASURY		-6	*	1./
PREPARED BY	CHECKED BY	CHECKED BY	DATE		101	la men of
SJD	LYN W	My Siere!	17/5/45	- 4		SERVICE REPRESENTATIVE
0			for Dir. P	1	Pay.	Accting.

ΔT

STATEMENT OF ACCOUNT

When entered	F.B.	Date	of appeara	nce F.E	3.	.Whither discharged	DEAD	
							\$	c.
						- 0-	22	62
Pay as	B. fro	m I Ap.	to	31. May	(61 . days	at \$ 1 .8 5 day)	112	8.5
						'		
						'10' m)		
						' ")		
"	" 	iustment	"	1944	(·	' ")		3.7
Kit Upkeep Allo	wance	1	Apl - 7	May			4	3
OTHER CRED	The state of the s	л Л A ¬ 1	77.50.57	70 Do 27				
	المخا	u. <u>1</u> Ap-	L-/May,	of Days	@ .00@		000	22
						Total credits.,		24
DEBT from form	ner account			•••••			N	II
PAYMENTS:—	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			G.
st month	55.00	8.94				Total	63	9.4
and month						Total		-
ord month		.,,				Total		
Allotment 8.4	O chged A	1					8	40
Pension deductio	n (Officers) cha	rged to			of			
Hospital stoppag	es							
Mulcts								
THER CHAR	GES 0 . R. 251	182, pay	able Ad	m.Naval	Estates	(Present War)	136	90
				·····				
	L.V					Total debits	209	24
LEDGER:	10th				Balance Cr	or Dr.	N	ΙI
AUDIT:	92			(E	Balance Dr.	to be shown in red)		
	y							-
Number of days	actually victua	lled during	period men	tioned above	37			
NOT VICTUALLED	LENT, SICK OR LEAVE	INCLU	SIVE DATE	No. OF	SHI	P, HOSPITAL, etc., WHICH BORNE		
	LEAVE	FROM	то	DAYS	IN	WHICH BURNE		
	Section of the sectio							

PAY LIEUT: CDR., R.C.N.V.R.

C.N.S. 2426 25M-5-42 (4545) N.S. 815-9-2426

HQ. NS. V-50658 FD. 591

February 7, 1945

Mrs. Mildred A. Woods, 43 Wickstead Avenue, Town of Mount Royal, Montreal 16, Quebec.

WOODS, Mervyl H., A/B (Deceased) No. V.50658, R.C.N.V.R.

Dear Mrs. Woods:

Distribution can now be made of the amount of money here at credit of your late son.

The total amount available for distribution is made up as follows:

Your son died without having made a Will and his Service estate is, therefore, distributable one-quarter to yourself, one-quarter to his father and one-half to his sister, in accordance with the Intestacy Laws of his province of domicile.

payable to your order in the amount of \$37.74, representing your share of the estate, and on receipt of same will you kindly sign the enclosed form of acknowledgment and return it to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa.

Yours faithfully,

(L.M. Firth) Colonel, Director of Estates.

HRW/JN V

1

DISTRIBUTION OF SERVICE ESTATES

NAVY

WOUDS Mervyl H. No. V50658
Surname Christian Names Name.....

A B HMCS Valleyfield 7-5-44

Rank Unit Date of Death

AMOUNT W.S.G. 186.50 L.P.C..... 136.90

Date. 24-10-45

Other Credits...... 14.07

Total Prev.dist. This dist.

HARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
			w years
3/4	father	Roland Woods,	200
		Town of Mount Royal,	139.88
		Roland Woods, 43 Wickstead Ave., Town of Mount Royal, Montreal 16, Que. (1/4 as next of kin entitled) (1/2 for benefit of 1 minor) Mrs. Mildred A. Woods, (As above)	
1/4	mother	(1/2 for benefit of 1 minor) Mrs. Mildred A. Woods.	46.62
		(As above)	10.00
		(As next of kin entitled)	
		OCT 3 0 1945	
		P4. TO TREAS.	
	,		
	38 6 0 72		
	12 - 3 - 7		
			WSG

AUTHORITY H.Q. F.E. No. H.Q. SUB. VOTE PRI OBJ. AMOUNT \$186.50 831 00 50 000 CLASSIFIED BY EXAMINED BY For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT