

A4318
MCGAW
DORN

MACQU

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 Don M. Quarric, M-Gaw (b) Reg'l. No. A 4318
 2. (a) Arm of service Army (b) Unit A.C.N. 61 (c) Rank A.B.
 3. (a) Date of birth Aug 16/1913 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment St. Catharines, Ont.
 4. (a) Place of enlistment St. Catharines (b) Date of enlistment Jan 27/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? —
 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.) 4th term High School
 7. If you attended a university, give name of university and standing or degree secured —
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 9. (a) What languages do you speak fluently? None (b) What languages do you read well? None

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) yes (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 George A. McEwen Address St. Catharines
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Fisherman
 20. (a) Your specific occupation Fisherman (b) Number of years' experience at this occupation with any employer 2 yrs.
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (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? No (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? Yes
 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.) Can return to fishing if so desire
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form R.C.N.

DATE April 10 1941

SIGNATURE Don M. Quarric



Copy to:
V.W.D. } 19 April,
E.S. } 1941

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Down M ^c Quarie M ^c Gau.
11	Give the month and year of his birth.	Aug 16 - 1913.
12	Where and when were his parents married?	Presbyterian Church Kincardine Ontario Jan 1 st 1937.
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	His parents were married Kincardine Ontario Aug 2 nd 1911
14	Did he leave a Will? If so, a copy should be attached hereto.	Yes. Have no copy Please return same
15	Did he leave a bank account? If so, give full particulars.	
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	Mrs Grace Florence M ^c Gau Victoria St Kincardine Ontario.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Kincardine General Hospital.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Ontario Canada until enlistment.
20	What was the nature of his employment?	commercial fishing
21	Did he own the premises in which he lived? If so, where?	Yes. Victoria St Kincardine Ont.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Yes. Victoria St Kincardine. Ont.

OTHER PARTICULARS

23	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.	None, that I know of.
24	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. (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, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement
of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* widow of the deceased.

N.B. To be signed in
full in the presence of a
Clergyman, Priest, Local
Magistrate, Commissioner
or Notary Public.

Mrs Grace F. McGaw { Signature
of
Informant

CERTIFICATE

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

*See above

Grace F. McGaw { Name of
Informant } is the* Widow of the Deceased
above described, and I believe the above Declaration and the Statement of Relatives made by the
Informant and signed in my presence to be complete and correct.

Dated at Kincardine this 24th day of April 1943

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

} E. A. Henry Qualification Justice of the Peace
Kincardine, Ont.
Address.....

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 enquired after is stated in its
proper place in the Statement opposite.

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

MEMORANDUM FOR

P. 64

Mrs. Grace Florence McGaw,

Kincardine, Ontario.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. N.S. 123-M-611 FD. 154

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

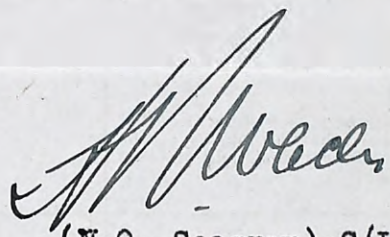
April 20, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

McGAW, Dorn MacQuarrie, A.B.

No. A. 4318, R.C.N.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.


(N.O. Seagram) S/Lt. H. C. MacQuarrie
for (L.M. Firth) Lt.-Col.,
Administrator 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 inquired for	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.....	Mrs Grace Florence McLaw	24	Victoria St, Kincardine Ontario.
2	Children of the Deceased and dates of their Births.....	George David McLaw November 9th. 1937	5	Victoria St, Kincardine Ontario.
3	Father of the Deceased.....	George Alvin McLaw	60	Huron Terrace St, Kincardine Ontario
4	Mother of the Deceased.....	Agnes Florence McLaw	60	Huron Terrace St, Kincardine Ontario.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	George Lavery McLaw. Oct 7. 1921			

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

MS. 4264



DEPT. NATIONAL DEFENCE
FEB 14 1941
N.S. 123-M-611
CANADA
N. R. 5
15M-2-40 (4149)
N.S. 815-12-5

ATTESTATION FORM

P 20986

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME McGAW OFFICIAL No. A 43/8
CHRISTIAN NAMES Dorn McQuarrie MARRIED, SINGLE OR WIDOWER Married (1)

PERMANENT ADDRESS		RELIGION
Kincardine, Ontario		Presbyterian
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16 Aug. '13	Town Kincardine, County Bruce Province Ontario	Wife: Mrs. Grace McGaw As above

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 6	Inflated..... 45	Brown	Blue	Fresh	Appendectomy scar
Inches..... 1/2	Deflated..... 43				
Mean..... 44					
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
28th Jan. '41	Able Sea.	Unemployed			

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.
(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records Division

1. Noted in Records	JA
2. Index Card	JA
3. Non-Gun Card	
4. Statistic Card	JA
5. Rondo Grip	
6. Pension Card	
7.	
8.	
DATE	27.2.41

31/41

*Cross out
clause not
applicable.

- (4) That I have never been rejected from any of His Majesty's Forces on account of
unfitness.
- (5) 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.

Served in	Rank	From	To
-----	-----	-----	-----

- (6) That the particulars contained above are correct and true according to the best of my
knowledge and belief.
- (7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and
bind myself:—
- AND OR DURATION OF HOSTILITIES**
- (a) To serve from the date thereof for five consecutive years, being subject to the pro-
visions of the Naval Service Act, and of the Regulations made in pursuance thereof
for the government of the Royal Canadian Naval 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 Registrar 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.
- (8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary
by the appropriate authorities.

Dated this.....28th.....day of.....January, 1941

X *Dorn McGaw*
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I,.....*Dorn McQuarrie McGaw*.....do sincerely promise and swear (or solemnly declare)
that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant.....X *Dorn McGaw*.....**HIS HEIRS AND SUCCESSORS
ACCORDING TO LAW.**

Witness.....*R. C. N. V. R.*.....

Date.....Jan. 28, 1941.....Rank.....

LIEUTENANT R. C. N. V. R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in
my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this.....28th.....day of.....January, 1941

R. C. N. V. R.
LIEUTENANT (Signature of Officer and rank)

NOTE.—When this form has been completed it is to be forwarded to Naval Service Head-
quarters, Ottawa, for custody.



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 D. Mc Gaw
candidate for entry as A/B N/R
and I believe him to be * in all respects fit for His Majesty's Service.
the Certificate given below in my presence. 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 (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 revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
27 - 5	lbs. 23 1/2	ft. 5 1/2 ins. 7 1/2	Excellent	inches (a) maximum 45 (b) minimum 43 (c) mean 44	right eye 20/20 left eye 20/20 *colour vision NORMAL	Childhood	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	1 deficient	NORMAL

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

X-ray { ☒ Approved. ☐ Positive. ☐ Doubtful.

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.

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

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

This Candidate is the subject of.....

8/14/41
OK [Signature]
* (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

TORONTO, ONT.

JAN 27 1941

Dated at..... the..... of..... 19.....

R. MacKinnon
Examining Medical Officer

(Rank)..... SURGEON LIEUT. R. C. N. V. R.

SURGEON LIEUT.

$\frac{1}{2}$
 $\frac{1}{2}$

Myr. Dyer to B.
Bridges
ms

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

NAME IN FULL Mc GAW Don McQuane RANK/RATING A.B. OFF. NO. A-4318 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.				1915 MEDAL
												1939-45	/	star
	3/-1-41													
St Laurent	2-6-41	7-1-42	220	at								ATLANTIC	/	star
Beaver	24-3-42	14-10-42	205	at								FRANCE G.		
nohe	27-10-42	29-12-42	60	UK								AFRICA	2	+ clasp
Weyburn	25-11-42	22-3-43	88	Africa								PACIFIC		
												BURMA		
												ITALY		
	Dutch Dead		22-3-43									DEFENCE		
	(Weyburn)											C.V.S.M.	2	+ clasp
												" CLASP		
												WAR 1945	/	medal
												WAR 1915		

(Weyburn)

C.V.S.M. 2nd class

" CLASP

WAR 1945

1 medal

WAR 1915

VERIFIED BY R.S.

VERIFIED BY Roger Seguin

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

029724

H.M.C.S. ".....Captor 11 (Beaver)....."

Warrant No. 3, dated 26th September 11 3-M-1950 1942

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

For.....DETENTION.....

(a) WHEREAS it has been represented to me by: Acting Commander Robert Irwin
SWANSBURG, Royal Canadian Naval Reserve (Temporary)

that on the 11th day of September 1942,

Name.....Dorn McGAW.....

Date of Birth.....16th August 1913.....

Rating.....Able Seaman.....

Official Number.....A4318.....

Good Conduct Medal.....Nil.....

Good Conduct Badges.....Nil.....

Date of Entry in Ship.....24th March 1942.....

List and Number on Ship's Book.....12/2/18.....

Date of First Entry in H.M. Service.....10th January 1941.....

Class for Conduct.....First.....

Character assessed to date, from the last annual assessment, but not including this offence

.....Very Good.....

Class for Leave.....First.....

~~Did~~ [Insert full particulars of Offence.] Was guilty of an act to the prejudice of Good Order and Naval Discipline in that he did have in his possession without the consent of the proper authorities articles the property of His Majesty the King.

I do hereby adjudge him the said Dorn McGAW

Insert below in the proper columns the particulars of the punishment.

To be imprisoned in			To be kept in detention in		Confined in Cells on Board		Disrated to	Deprived of Medal	Deprived of Badges, No	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stop-ped Days	Other Punish-ments
Name of Gaol*	For Days	With Days H.L.	Name of Place of detention*	For Days	No. of Days	Diet					10	15	Leave stop-ped	Pay forfeited			
-----			Military Detention Barracks Saint John New Brunswick	14	-----	-----	-----	-----	-----	No	-----	-----	-----	-----	No	--	Nil.

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).

†See page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
15M-11-41 (2503)
N.S. 815-9-271

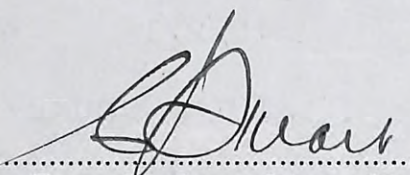
Noted in Service
Records by MRB
6.2.43

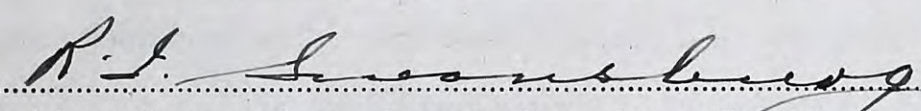
Before awarding the foregoing punishment, (b) I did, on the 24th day of September 1942, personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence ~~of~~

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence of (c)~~ he having called no one

~~whom he called~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the Second Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship "Captor 11" at Saint John New Brunswick, the 26th day of September 1942.


..... Captain
Captain, Royal Canadian Naval Reserve. (Temporary)


..... {Signature and Rank
Acting Commander, Royal Canadian Naval Reserve { of Complainant
(Temporary)

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

Delay due to ship being at sea.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

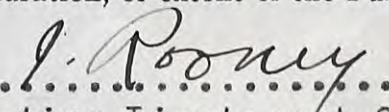
"I did, on the _____ day of _____, in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant #3 dated and read by
me this 26th day of September 1942 

.....
Acting Lieutenant Commander
Royal Canadian Naval Volunteer Reserve.
(Temporary)

evidence

[taking
Conduct

Rank
nant

prompt
l delay

Warrant

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Officer, or

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shments
est care

rve.

H.M.C.S.

19.....

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations.
Art. 707 (1).

* { days { Imprisonment with hard labour } in
* { calendar months { Detention }

addition to the other punishments indicated.

Art. 776 (2).

To be disgraced to.....in

addition to the other punishments indicated.

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

Your Obedient Servant,

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature.....

The Officer Commanding

Rank

H.M.C.S.

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (*see* Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.

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

A 4318

OFFICIAL NUMBER

NAME McGAW,
(Surname)

Dorn McQuarrie
(Given Names)

OFFICIAL NUMBER A 4318

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
Div. Str. Toronto	Able Seaman	28	1	41							A.A.111	19	2	42			
Duty at Toronto DHQ	" "	31	1	41													
HMCS "Stadacona"	" "	22	4	41	(D)												
HMCS "St. Laurent"	" "	2	6	41													
HMCS "Stadacona"	" "	8	1	42													
HMCS Beaver	" "	24	3	42	(178130)												
HMCS Stadacona	" "	15	10	42	DRD H-23												
HMCS Niobe	" "	27	10	42	(DRD H-35)												
" Weyburn	" "	8	11	42	(68300)	Good	Supr.	31	12	42							
DISCHARGED	" "	22	3	43	"Died of Injuries" (Weyburn) W/T 1032A/23-3-43												
GENERAL REMARKS																	
Canadian Memorial Cross sent to Wife: Mrs. Grace Florence McGaw, Kincardine, Ont. on 26 April, 1943. and to Mother: Mrs. George McGaw, Huron Terrace St., Kincardine, Ont. Buried at sea off Europa Point Gibraltar on 24 March, 1943. (W/T 221806B/7-43)																	

DATE OF BIRTH		16 8 13		11		A.A.111		0 50 X 1 04 03 0 23 0 08 94	
ENLIST. DATE		28 01 41		31 01 41		2780 0 08 94		20 22-03-43	
SENIORITY		31 01 41		09 16		20 22-03-43		m m	

A 4318

OFFICIAL NUMBER

FILE NUMBER

123-M-611

OFFICIAL NUMBER A 4318

NAME McGAW, Dorn McQuarrie DATE OF BIRTH 16 August, 1913
(Surname) (Given Names)PLACE OF BIRTH Kincardine, Bruce Co., Ontario OCCUPATION UnemployedRELIGION Presbyterian EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Kincardine, Province, etc. Ontario

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	1	41	Hostilities Only	6' $\frac{1}{2}$ "	Brown	Blue	Fresh	Appendectomy Scar				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Grace J. McGawADDRESS (in pencil): Street and No. Huron Terrace Town Kincardine Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
22	2	43	Granted Hurt Certificate				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
					Beaver	3	26	9	42	Improper possession.	14 days detention

Date (in figures)				DAYS FORFEITED						O.H.F. Received	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	Last Will & Testament Dated 11-2-41 Received		
26	9	42		14							

SECOND CLASS FOR CONDUCT

From

To



(Information extracted from Naval Service Headquarters' Records.)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at Winnipeg

Name Dom. Macmurtre Nolan
(Christian names in full)

Rank of Rating Able Seaman Official No. 1-4312 R.C.N.R.
(If unknown, date of first entry)

Place of Birth Windsor, Ontario Date of Birth 16th August, 1913.

Occupation in Civil Life Unemployed Religion Protestant

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) From 25th January, 1941 to 22nd March, 1943.

Date of Death 22nd March, 1943 Place of Death Military Hospital, Gibraltar.

Cause of Death Died of injuries, wounds, after the ship in which he was
(If due to accident, violence, or enemy action, particulars to be stated briefly)

serving was sunk by enemy action.

Nearest known relative or friend. { Name Mrs. Grace E. Nolan, Relationship Wife
Address Windsor, Ontario.

Date on which the above was informed by Ship Naval Service Headquarters 24th March, 1943.

Date on which death was registered with local Officials.....

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

Commanding Officer,

19th July, 1943.

The NAVAL SECRETARY, Naval Board
Department of National Defence,
Ottawa, Canada.

H.B. Money

FOR SECRETARY, NAVAL BOARD.

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-641 (831)
N.S. 815-9-1121

10803

NATIONAL DEFENSE

ACCOUNTS OF MEN DISCHARGED

JUN 15 1943

H.Q. 123-611
CANADA

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

118537

Name..... MC GAW, D. M...... Rating..... A. B.
"NIOBE" 5-2-758
Official No. A-4318 H.M.C.S. Ex "WIKYBURN" List 22-2-43
Who*..... Discharged Dead..... on the..... 22 March..... 19 43.

Net sum due on ledger on account of Wages.....
Proceeds of sale of Effects charged against Wages, brought from the other
side.....

\$ cts.
97. 46

CASH—
Proceeds of sale of Effects, paid for in Cash, brought
from the other side.....
Found amongst Effects.....
Debts collected \$.....

\$ cts.

DUPLICATE ONLY FORWARDED
BY SEPARATE POST IN CASE
ORIGINAL LOST IN TRANSIT.

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) Eighty-six dollars charged to Mar. 31.
Name of ship from which transferred.....

Total†..... Credit.....

97 46

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 H.M.C.S.
"NIOBE"..... amounting to a net balance†..... Creditor
of Ninety-seven dollars forty-six cents.

Dated on board H.M.C.S. "NIOBE"..... at.....
..... this 21 st...... day of April,..... 19 43.

Approved

Paymaster Lieut. Cmdr., R.C.N.R.

Paymaster Sub-Lieut., R.C.N.V.R.
Commanding Officer.

Captain, R.C.N.V.R.

Ledgers:

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".
§Subscriptions 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

2M-10-39 (2369)
H.Q. N.S. 815-9-45

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.

CHARGED TO
SINCE
REC'D. CENTRAL
JUN 16
REFERRER TO



Department of National Defence

Naval Service

Ottawa, Canada.

27 March, 1943.

IN REPLY PLEASE QUOTE

No. N.S. 123-M-611.

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 NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
McGAW, Dorn MacQuarrie Able Seaman, A-4318, R.C.N.R.	Died of injuries received when the ship in which he was serving was sunk by enemy action overseas. He was admitted to the Military Hospital in Gibraltar suffering from abdominal concussion and died on the 22nd of March, 1943.	Wife: Mrs. Grace Florence McGaw, KINCARDINE, Ont.

ALLOTMENTS IN FORCE

<u>In favour of:</u>		<u>Amount</u>	<u>Initials.</u>
Mrs. Grace McGaw,	Kincardine, ONTARIO.	\$86.00	Bhee

WILL: Attached.

Yours truly,

R. A. Hamilton
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.



Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words " I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

Edorn Mae Luarris McGaw } Signature of the person
by whom the Will was prepared.

P 47614

MAY - 2 1941
N 123-M-611
CANADA
A-4318

IN THE NAME OF GOD, AMEN

I, *Worn Mac Quarrie McGaw A.B.* of His
Majesty's Ship *R. C. N. V. R. Toronto Division*
(now a Patient* in _____),

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my *wife Grace Florence McGaw*
Kencardine Ontario

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money,
as now are, or hereafter may be due to me for my service on board the said
Ship, or any other Ship or Vessel, of the Royal Navy, together with all other
my Estate and Effects whatsoever and wheresoever.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Executor
or Executors.

And I do hereby appoint *my father*
George Alwin McGaw
Kencardine Ontario

Executors of this my last Will and Testament; and hereby revoking all former
Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at *Toronto* hereunto set my hand,
this *eleventh* day of *February*, in the Year of Our Lord
One Thousand Nine Hundred *and Forty-one*

Worn Mac Quarrie McGaw

Signed by the said Testator, as his last Will
and Testament, in the presence of us present
at the same time, who in his presence at his
request and in the presence of each other
have subscribed our names as Witnesses.

Witnesses

[Signature]
[Signature]
PAY LIEUT. R. C. N. V. R.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney. *Noted in Service*

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared. *Records by*

10-803
NATIONAL DEFENCE
MAY 20 1943
HQ 1232611
CANADA
FD. 981

102201

2M-10-39(2369)
H.Q. N.S. 815-9-45

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.

When the effects are those of those of a Petty Officer, Seaman or Ship's Corporal

LA/CM

40

123-M-611

14th April, 1943.

Sir:

Re: Policy 273985 A3. The late Dorn MacQuarrie,
McGaw, Able Seaman, Official Number A-4318,
Royal Canadian Naval Reserve.

With reference to your letter of the 8th of
April, 1943, attached hereto for your information is
a certificate respecting the death of the above named
rating.

The date of birth for Able Seaman McGaw,
as recorded on Naval Service Headquarters' records is
the 16th of August, 1913.

Yours truly,

Deputy SECRETARY, NAVAL BOARD.

Manager,
Claim Division,
Metropolitan Life Insurance Company,
O T T A W A, Ontario.

Despatched by
Sec. N.-B.

Jmd

mwc

Date 14/4
Time 1630

Enc.

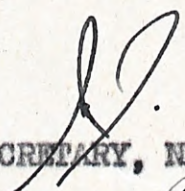


LA/CM

39

123-M-611

14th April, 1943.

THIS IS TO CERTIFY that according to official information Dorn MacQuarrie McGaw, Able Seaman, Official Number A-4318, Royal Canadian Naval Reserve, died of injuries received when the ship in which he was serving was sunk by enemy action overseas. He was admitted to the Military Hospital in Gibraltar suffering from abdominal concussion and died on the 22nd of March, 1943.

Deputy  SECRETARY, NAVAL BOARD.
 

AIR

MAIL

N.S. 123-M-611.

25th March, 1943.

Dear Mrs. McGaw:

I deeply regret that I must confirm the telegram of the 24th of March, 1943, from the Minister of National Defence for Naval Services, informing you that your husband, Dorn MacQuarrie McGaw, Able Seaman, Royal Canadian Naval Reserve, Official Number A-4318, has died of injuries.

As you have been previously informed, your husband was critically injured when the ship in which he was serving was sunk by enemy action. He was admitted to the Military Hospital in Gibraltar suffering from abdominal concussion and information has now been received from overseas that he passed away on Monday, the 22nd of March, 1943.

Please allow me to express sincere sympathy with you in your bereavement on behalf 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 husband has helped to maintain.

Yours sincerely,

DEPUTY SECRETARY, NAVAL BOARD.

Mrs. Grace Florence McGaw,
KINCARDINE, Ont.

Despatched by
Sec. N. B.
Jmd
mve
Date 25/3
Time 6.20

PERS (NAVAL)			
REFER.		INF	DATE
CNP			
DCNP			
DMNA			
DTNA			
PDG			
MDG			
DWS			
DNE			
C&W			
NPR.			
SNPA			
PIB			
DEP			
P.A.			
B.F.			

ORIGINAL

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... McGAW	A.B.		\$1.85
	Christian Names..... DORN McQUARRIE			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... McGAW	KINCARDINE, Ontario.
Christian Names..... GRACE FLORENCE	

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1) McGaw, Geo. D.	M.	9 Nov. 1913	1937

M/A. APPLICATIONS	Initials	Date
(2) Ent'd. in Birth Record Ledger	CD	18/2/41
(3) Ent'd. on M/A Card	CD	18/2/41
(4) Ent'd. in Allotment Ledger	CD	18/2/41

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

J. W. Cranbury	Signature..... Dorn M. McGaw
	Rank or Rating..... Able Sea.

Marriage Allowance in force per diem.....

Marriage Allowance claimed per diem..... **1.00**

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

Marriage & Record of Birth produced

18.2.41

This amount per day has been credited from **31st January** 19**41**

at List..... No..... Ledger ending **Toronto Div Ledger** 19**41**

Allotment of \$ **68.00** in force from the month of **February** 19**41** in accordance with regulations.

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H. M. C. S. **Headquarters**

Forwarded **12-2-41**

DATE **27-2-41**

1. Noted in Records	CD
2. In the Card	CD
3. Non-Sub	CD
4. Statistical Card	CD
5. Report	CD
6. Pension Card	CD
7. ...	CD
8. ...	CD