MacDONALD DUNCAN ALEXANDER V52782

OCCUPATIONAL HISTORY FORM 370 3-M-6275 THIS FORM IS TO BE COMPLETED FOR EACH 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 | PLEA BLA |
|-------|---|--|
| 1. | (a) Print name in full | BLA |
| 2. | (a) Arm of service. (b) Unit (c) Place of residence (a) Date of birth any dependents? (a) any dependents? | |
| 3. | (a) Date of birth any dependents? at time of enlistment | |
| 4. | (a) Place of enlistment Saint John N.D. (b) Date of enlistment 33/1/43 | |
| | Section B—EDUCATION AND TRAINING | |
| 5. | (a) State age on (b) Were you attending school inally leaving school or college up to the time of enlistment? | 1 |
| 6. | State definitely highest standing reached at public, technical or high school | |
| | Matriculation", or "4 years technical course in printing", etc.) | |
| | If you attended a university, give name of university and standing or degree secured | |
| 8. | (a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it? | " |
| | apprenticeship?did you serve at it?did you serve at it? | |
| 9. | (a) What languages (b) What languages (b) What languages (c) which is the state of | |
| | Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT | - |
| 10. | (a) State whether you were | NY |
| | NG at time of enlistment. | |
| | Enter here only "Work- ng" or "Not Working". trade union or | 1 |
| | ars are asked for below) | |
| 700 | ars are asked for below) | |
| 100 | Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME | |
| 15% | 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? | |
| | (a) If answer to 11 be "Yes", (b) State how long you | |
| F 15. | state exact trade or occupation had worked at this trade or occupation | |
| | f enswer to 11 be "No", state exact trade or occupation for which you feel qualified | 200 |
| | f you had been employed after leaving school, state | |
| | when you last worked fairly regularly before enlistment | |
| | Give details of last employer, if any: Name | |
| 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 (b) Date of dis- | |
| | nature and address of business continuing it | |
| | Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME | |
| - | OF ENLISTMENT | |
| QU | ESTIONS 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 | |
| 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 | |
| 21. | definitely to give you refuse to promise you to return to your | |
| | employment on discharge?former employment?former employment? | |
| | 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 | |
| | | |
| 00 | or professional practice it located? | |
| 23. | (a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge? | |
| | Section F—PARTICULARS OF FARMING EXPERIENCE | |
| 24. | (a) Do you wish to engage (b) Do you feel competent (c) If so, in what | |
| 25. | (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? | |
| | born on a farm?farming experience have you had?did you have experience? | |
| | Section G—MISCELLANEOUS | 1 |
| 26. | Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? | 7 |
| 27 | If no state nature of your plane (for example, do you plan | E. F |
| 28. | to return to school, or have you been assured of a job, etc.) | |
| | State any employment preference or ambition you may have, other than indicated elsewhere in this form | ED / |
| | | The state of the s |

CODY TO DAN 3 0 1993

Mr. F.A. MacDonald,
Adelaide Street,
Dalhousie, N.B.

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.O. NS. V-52782 FD. 642

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

September 13 194.4

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

MACDONALD, Duncan Alexander, Able Seaman,

V-52782, 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/

M.F.W. 77 6-44 (4878) H.Q. 1772-39-972 PART F. 60

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 | WIND BUILDING | ATIVES | INFORMANT'S STATEMENT | | | | | | | | | | |
|------------------------------|---|--|--|----------|---|--|--|--|--|--|--|--|--|
| of Rela- tion- ship | required to I | ATIVES be accounted for | 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 | | | | | | | | | | | |
| | | | TO AVAILABLE TO TAKE THAT | 0101 | | | | | | | | | |
| 2 | Children of the | e Deceased and r Births | se of record and in the crimi of there in busion (according to law) on account of the | Quiq | For the available for | | | | | | | | |
| | , | | on also, return a common at a common and a c | C | | | | | | | | | |
| 3 | Father of the | Deceased | Trederick A Thou Donald Mande A. Thou Donald | 56 | Dochousie M | | | | | | | | |
| 4 | Mother of the | Deceased | Mande A. Thou Doreald | 49 | do | | | | | | | | |
| | r le soula | didoto na bro | a the Celebrate . This feet should river be | and the | - domercy | | | | | | | | |
| 5 | Brothers of the Deceased | Full Blood | vincient space for remillate particulars to 3 and 3 of vide Lang, the same under " cod. | ageq | oradi lli question on page 4 shou | | | | | | | | |
| | | Half Blood | | | | | | | | | | | |
| 6 | Sisters of the Deceased | Full Blood | Bessie R. Thon Donnel | 26 | Dochorsie. n! | | | | | | | | |
| 1 | | Half Blood | | | | | | | | | | | |
| 7 | Names of brothe of the full or Deceased, who death of each. | ers or sisters (whether the half blood) of the are dead, and date of | Names and ages of their children (if any) | | Address of their children | | | | | | | | |
| | death of each. | | | | St.F.W. 77 C-M (4878) H.Q. 1772-39-972 | | | | | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

| ~ | A STATE OF THE PARTY OF THE PAR | |
|----|--|--|
| 8 | Full names of the deceased. | Duncon alexander Thor Donald |
| 9 | Date of his birth. | 1923 |
| 10 | Place and date of his marriage. | Umneried |
| 11 | Place and date of his parents' marriage. | Salhousie n. B. 1917 Nachousie n. B. 1917 |
| | PARTICULARS OF D | OMICILE |
| 12 | Place where deceased was born. | (a) New Prunswak |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) New Pourswak (b) Restijourte lo. (c) 20 years (d) |
| 14 | Nature of employment before enlistment. | School Cupil |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | A STATE OF THE STA |
| 16 | Name place where deceased stated he intended to make his permanent home. | |
| | PARTICULARS OF | F 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. | Nil |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | 8 100 Bearer Bond. Duelousie n.B. at home |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | 100 Beared Bond. Duchausie, n.B. et home Metropolitan life Ino lo. 21,000 Mande Mor Donald & |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | 4 |
| | 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. | No. |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | No. |
| | (Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Governuthorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estated | nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable |

| *Insert degree | | DECLARA | ATION | | |
|---|-------------------------------|--------------------------|-----------------------|--------------------------|------------------------|
| of relationship for example, "Widow". I hereby | y declare that all the p | oarticulars shown o | on this form are co | orrect, and a true | and complete |
| "Widow", "Father", statement of | f all the relatives that | the deceased ever | had in the degre | es specified; and | that I am the |
| * | Sask | evof | the deceased. | | |
| | | 0 | | | |
| | = | End M | 20 | 2 | Signature |
| N.B.—To be signed in full in presence of a Clergyman, Priest, Magistrate, Commissioner or N | Local | 111 | acsina | | { of |
| Public or Commissioned Officer of of His Majesty's Forces. | of any | 10 | Marine | · 16 | Informant |
| | | /X / | | - /w | Address |
| | | | | 1 | |
| | | CERTIFIC | CATE | Hin n | |
| I hereby | y certify that to the be | est of my knowledg | ge and belief, | Jua In | resonala |
| | | | lothes. | - // - // | 1 |
| *See above. | | Name of } is the* | garner | of | the Deceased |
| above descri | ibed. The above Dec | claration was made | by the Informa | nt and signed in | my presence. |
| 1 | 160 66 | 3 de | S Cha | , | 11- |
| Dated at | Tyrisce 10 | this | day of | was | 19 40 |
| Signature of Clergyman, Priest, Magistrate, | Milan De | mod | 0 | a con i | by the |
| Commissioner or Notary Public or Commissioned Officer of any | | | Qualification | The A sup 1 | le. |
| of His Majesty's Forces. | 0 | Spelhou | 10 10 | All costs. | |
| | Address | 10000. | | | erreseria (experiente) |
| NOTE —Before granting t | he above Certificate, care sh | ould be taken to see tha | at the informant dive | particulars concerning | the death of our |
| Relative stated by him or her | r to have died, and that th | e full name and addres | s and age of each sur | viving Relative specific | ed is stated in its |

(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

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME M. Q. D. O. N. A. L. D. CHRISTIAN NAMES D. U. N. C. A. N. A. L. E. X. A. N. D. F. GARRIED, SINGLE OR WIDOWER.

SURNAME MODONALD OFFICIAL NO. V 52782. CHRISTIAN NAMES DUNCAN ALEXANDERARRIED, SINGLE OR WIDOWER PERMANENT ADDRESS DATE OF BIRTH *PLACE OF BIRTH County Province *If not the son of natural born British parents, particulars to be given at foot of next page. PERSONAL DESCRIPTION ON ENROLMENT (A) HEIGHT CHEST MEASUREMENT COMPLEXION WOUNDS, SCARS, MARKS Deflated. EDUCATIONAL STANDING TRADE OR CALLING AND IN WHOSE EMPLOY RATING FOR WHICH ENROLLED DATE OF ENROLMENT. ORD/SMN DECLARATION TO BE MADE BY APPLICANT (B) 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-* (b) I served in Ulsewe (elm) for the period shown, and attach my record of service, in corroboration of this statement. Personnel Records FROM SERVED IN RANK 3. Non-Sub.

(c) I have never been rejected for or discharged from any of His Majesty's Forces

(4) That the particulars contained above are correct and true according to the best of my knowledge

6. Pension Card

account of unfitness.

and belief.

- (5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I under the and 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 when called and 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 naval establishment 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, until called into active service, 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.

| (e) I have not been induced to enter as ORD/SMN. C.O.M.M. by the prospect of being | ng |
|--|----|
| transferred at some future date to any other branch or rating. | |
| Dated this 13/1/43 13 day of fanciary 1943. | |

(C) CERTIFICATE OF ATTESTING OFFICER

| I hereby certify that all the | foregoing statements were made by the volunteer above named and that | at |
|---------------------------------|--|----------|
| | 12 th | |
| he has made and signed the abov | re declaration in my presence on this | |
| | | |
| day of terrain | and | ••• |
| | | |
| My authority for attestation | i is | |
| | Gal Nach H | ROS |
| | Signature of and rank of Attesting Officer | 1.6 64.6 |
| | Signature of and rank of Attesting Officer | 7.00 |

(D) OATH OF ALLEGIANCE

I Acurcan alexander la Consolet 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.

Date 13 / 1 / 43

Date 13 / 1 / 43

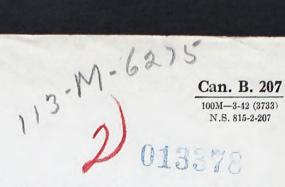
Rank J. R. C. N. C. R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters immediately after attestation.

Certificates of previous service will be returned after examination.





(Rank) Surg. Lieut. R.C.N.V.R.

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

| and I believe him to be $*$ $\{ \text{unit} \}$ given below in my presence. Strike out if inapplicable *Delete or | | service repressons stated below He ha | s signed the Certificate |
|--|---|--|-------------------------------------|
| (a) Age | been made in accordance with the Yrs. Mos. | (i) Date of last Vaccina | |
| a) Age | 19 8 | tion for Smallpox | Childhood. |
| (b) Height with bare feet | Feet In. 5 7½ | (k) General Development | Fair. |
| (c) Weight without clothes | 135 lbs. | (l) Nose, Throat and Tonsils | Normal. |
| (d) Ears and Hearing | Normal. | (m) Heart and Lungs | Normal.B.P.100 |
| (e) Chest Girth | Max. Min. Mean 34 32 33 | (n) Abdomen Hernia, etc. | Normal. |
| (f) Teeth | Deficient Defective Dentur | es (o) Limbs and Joints | _Normal. |
| (g) Vision by Snellens | without Rt. Lt. glasses 6/6. 6/6. | (p) Skin | Normal. |
| Types | with glasses Rt. Lt. where worn | (q) Anus Haemorrhoids | Normal. |
| (h) Colour Vision | Ishihara R.C.N. Lantern | (r) Testes Varicocele | Normal. |
| (i) Chest approved positive doubtful | | (s) Urine | P.G. 1020 Sug. Neg. Alb. Neg. |
| rom the Ears, or any other after entry, such dental treat | certificate to be sign to the best of my belief I have never disease likely to render me unfit ment, vaccination, or inoculations applained to the Candidate by the Examining Medical | er suffered from Fits, † <i>Incontin</i> for His Majesty's Service. ‡Is as may be authorized. DUNCAN MacD | am willing to undergo, |
| | andidate is subject to a defect or disability, | | |
| This Candidate is the | subject of Dental Caries | • | |
| This Candidate is the | | | |
| fachicharanderschim medical | lyximfit for service; importance to cause his rejection | , he being desirable in other re- | spects. |

N.V. 17 60M--9-42 (5943) N.S. 815-11-17

CERTIFICATE of the SERVICE of

Deincan alexande

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

in the Royal Canadian Naval Volunteer Reserve

| Trai | Training Headquarters | | | | | I.V.R. | Divis | sion | Official Number V-52782 | | | | | | |
|------------------------------|---|--------|--|--------------|-----------------------|--------|-----------------|------------|---|-----------|-----------------------|--|--|--|--|
| | | | | Sai | it | Jus | l. | no | 3 | The same | " | | | | |
| Date of Birth Place of Resid | Dan Loll | g! | 923 Du Du | 1 3 3 | | | | N | Jame and Address of Nearest Relative or Friend (in pencil) A. A. | | | | | | |
| Religion | "FAIR" P.P.T. Date. | 12 " | <u>u</u> | ege | est, | 19. | 43 | Sign Sign | ature | 7/ | SulveniRank Pay ht V. | | | | |
| | PARTICULARS (| | | | | 1 | | Olgii | | | CORATIONS etc. | | | | |
| Date of Actual Volunteering | Date of Actual Volunteering Date of Enrolment or re-enrolment | | Period Re- Volunteered For Re- Paration Ord Vostilities for C | | | | Date of Award 1 | | | ntation | Nature of Decoration | | | | |
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| On Entry | On Entry | | 1 nches | Chest (mean) | 135 | Bra | | Eyes Hagel | | i. | Small scar or thurs | | | | |
| On re-enrolment—1 | years' Service 2 years' Service | | | | | | | | | | | | | | |
| | TRANSFER BETY | WEEN D | IVISION | 5 | | 28-119 | | | Т | RANSFE | R—LISTS A AND B | | | | |
| Fro | m | Т | o . | | Date | | | List | Da | te | Authority | | | | |
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NAVAL TRAINING and ACTIVE SERVICE

| Year | SHIP OR ESTABLISHMENT | NON-SUB. RATE | RATING | FROM | то | | CAUSE OF DISCHARGE |
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| | Wounds Received in Action, Hurt Co | | | ecial Recommenda | tions, Prize | or oth | or Grants |
| - | Date | | Details | | | | Captain's Signature |
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NAVAL TRAINING and ACTIVE SERVICE

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| DISCHARGED " 22 8 44 "Missing"Casualty List"Freeward Dead" " The body has been recovered. Buria took place on 29-12-4, at Douglas Bank Cemetery, Dunfermlin, Fife, Scotland. Canadian Memorial Cross Awarded t Mother Mrs. F.A. MacConald Adelside St., DATHOUSIE, N.B. 10-10- DATE OF BRINI PLACE CIVIL CCCLU PEU JED PREN RESCENSIFIED ENL. BANK ST. DATHOUSIE, N.B. 10-10- DY NO VR. BERT MANN BOD DISM DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. SERVICE DE PREV TOWNSHIM DIV. A DATHOUS DEPT. ACC. | | HMS | Nabob | | | | | | | 2 | | | | | 7952 | | | | | | | | | | | | | | | |
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| | | | | | | | | | l | .l | | | | | | | | | | | | | | | | for the | discount | turns and the | NAME OF THE OWNER. | - Comments |

A.T. DECEASED 22 August 1944
DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

MCDONALD Duncan Alexander V-52782 A.B.

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES REG. No. DISCHARGE C.A.S.F. UNIT

WAR SERVICE

BADGE

DVA 806

(CLASS) No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AN DATE DESPATCHED |
|------------------|--|
| 1939-45 Star | |
| C.V.S.M. & Clasp | 8555 |
| War Medal | |
| | |
| | |
| | |
| 4 | (THE REVERSE TO BE USED FOR ESTATE PURPOSES) |

| ME | DALS AND ME | MORIALS—DECEASED PERSONNEL | EGI | THE THOMOTOTE OF DESPATCH |
|-----|---------------------------|---------------------------------|--|--|
| (1) | MEDALS PERSON ENTITLED TO | Mr. Frederick McDonald - Father | And the Control of th | DATE DESP |
| | ADDRESS: | Adelaide St., DALHOUSIE, N.B. | L | REGN. NO. 534 |
| (2) | MEMORIAL CROS | <u>s</u> | | (2) |
| | ADDRESS: | | | |
| (3) | MEMORIAL CROS | Mrs. F. A. MacDonald | | (3) 10 October 1944 |
| | ADDRESS: | Adelaide Street DALHOUSIE, N.B. | | 10 00 00 00 00 00 10 10 10 10 10 10 10 1 |
| | | | | |
| | | | | |
| _ | | | | |

Personal Gear

- 6 Handkerchiefs
- 1 New Testement
- 1 Padlock
- 1 Black Silk
- 1 Singlet Cotton
 1 pipe
 1 Address Book

- l Leather Wallet
- 1 Bundle Pictures & Letters.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

| HMMCCSX Naval Service Heedquerters at OTTAWA, Ontario. | |
|---|-------|
| Name | |
| Rank of Rating Able Seeman Official No. 7-52762, R. (If unknown, date of first ent | JW.V. |
| Place of BirthDalhousie, N.B | |
| Occupation in Civil Life Student Religion United Church of Canada | |
| 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) one year, seven months | |
| Date of Death | |
| Cause of Death Dead Dec. to one any estion overses. (If due to accident, violence, or enemy action, particulars to be stated briefly) | |
| | |
| Nearest known relative or friend. Name Mr. F.A. MacDonald. Relationship FATHER Address Adolaide Street. | |
| DALHOUSTE, N.B. | |
| Date on which the above was informed by Shipy Naval Service Headquarters 31 Aug. | |
| 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, acco | rd- |
| ing to Nationality | |
| Place of Burial Douglas Bank Cemetery. Date of Burial 29th Sept./44. (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, | |
| | |
| | |
| The Navan Secretary, Naval Board, Department of National Defence, | |

Ottawa, Canada.

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-6-41 (831) N.S. 815-9-1121

FORM C-3

THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.) Every item of information should be carefully supplied.

VITAL STATISTICS, REGULATION 210,

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

AT STA

REG. No.

| 1. PLACE | | | | Area (City, Town or Civil Part | | |
|------------------------------------|--|---|--|--|---|-------------------|
| DEATH | (If in City, Town o | от Village(N | ame) | eet | stitution, give the name instead of stre | eet and number) |
| 2. LENGTH (a) In Cit | OF STAY (in year ty, Town or Civil Pa | s, months and days) rish where death occ | urred | (b) In Province | (c) In Canada (if immigra | ant) |
| | | | | Duncan A | lexander | |
| | | | | | | N.B. |
| RESIDEN | JL 110 | (Residence | means usual place of abod | , Village or Civil Parish. Dalhou e. Post Office Address for residents in re | ural parts not sufficient) | |
| 4. Sex | 5. Nationality (Citizenship) | 6. Racial Origin | 7. Single, Married, Widowed or Divorced (write the word) | | CERTIFICATE OF DEATH LONG 12 CONTROL (Month) (Day) | 19 |
| | CE New Bro | | weiged | 24. I HEREBY CERTIFY that I | attended deceased from: | 19 |
| O DAME OF | BIRTH | ıy 15 | 1923 | and last saw halive | on | 19 |
| 5. DATE OF | (Mont | h) (Day) | (Year) | | CAUSE OF DEATH | |
| 10. AGE in | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | onths Days | If less than one day old | Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) Due to enemy acti | on overseas. |
| 12. Kind o mill, 13. Date d at thi | f industry or business, lumbering, bank, e eceased last worked is occupation | as cotton- etc | Potal yrs. spent in this occupation | Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). Il Other morbid conditions (if important) contributing to death but not take the cause of th | (b)due to (c) | |
| # 10 N | A | | | 25. If a woman, was the death associ | iated with pregnancy? | |
| | | 1 | r) | The state of the s | Date of operation | |
| 18. Maide | NAME | | | Accident, suicide or homicide? | ses (violence) fill in also the following: Date of injury (State which) (How sustained) | 19 |
| 20. Name of i | nformant De de de la company d | A Money Headquarters | Ottawa, Ontari | Nature of injury | n industry, in home, or in public place | |
| Relationsl | ip to deceased | ** **** ** ** ************************ | | | | |
| 21. Place of B | urial, Cremation or R | emoval Dunferni | ina. Fife Scotia | nd. Address | Date | 19 |
| | urial or removal | 29th Septembe | r. 1944 | 28. S.D.R. No | | |
| 22. UNDERTAR | CER | (Name and address) | | 29. Filed | 19(Sub-I | Deputy Registrar) |



| Name MACDONALI | Duncan A. | | No | NSV 52872 |
|----------------|-----------------|--------|------------------|-----------------|
| Surname | Christian Names | | 140 | |
| A.B. | RENVE | | | 22-8-14 |
| Rank | Unit | | Dat | e of Death |
| | | AMOUNT | W.S.G. | 225,50 |
| | | | L.P.C\$ | 96.76 |
| | Date 23-2-46 | | Other Credits | |
| | | | TotalPrev. Dist. | 322.26 96.76 |

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|--|---------------------------------------|
| 12 | Father | Frederick MacDonald Adelaide St. Dalhousie, N.B. | 112.75 |
| 1/2 | Mother | Mrs. Maude A. MacDonald (As above) | 112.75 |
| | | | |
| | | (As next of kin entitled) | |
| | | July 3/3 | |
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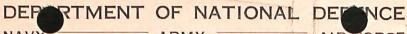
DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

SIXTH VICTORY LOAN BONDS

| Certified that .V-52782 O/Sea. (Regimental No.) (Rank) | Duncan Alexander MacDONALD |
|--|----------------------------|
| has subscited for \$50.00. SIXTH VICTORY LOAN BONDS | |
| (a) By outright purchase in respect of which Cheque/Draft/Crossed (b) By monthly assignments of pay \$ | |
| Bonds to be delivered to: Mrs. Fred. MacDONALD, Dal | housie, New Brunswick, |
| Date: 16th May, 1944. | |
| NOTE: This stub to be torn off and handed to subscriber. | (Unit Representative) |



STATEMENT OF WAR SERVICE GRATUITY

ARMY AIR FORCE



DECEASED MEMBER'S NAME

Duncan Alexander

MacDONALD

REGISTER NO. 83594

PAYEE Address Director of Estates 308 Sparks St., Ottawa, Ont. for service Estate of Duncan A.MacDonald NS V-52872

f FILE NO. NS V-52872 DATE 12 Dec./45 SERVICE NO. V-52872

| | F | INAL RANK OR RATING | AB | |
|--|-------------------------|--------------------------|-----------|----|
| DATE OF TERMINATION OF OVERSEAS SERVICE | 22 Aug /44 | DATE OF DISCHARGE | 22 Aug /4 | 14 |
| A. TOTAL QUALIFYING SERVICE | | | \$ \$ | |
| NO. OF DAYS. | 551 EQUAL TO 18 CO | MPLETE PERIODS AT \$7.50 | 135.00 | |
| B. QUALIFYING OVERSEAS SERVICE | | | | |
| NO. OF DAYS 253 LESS 11 INELIGIBLE DAYS, EQUAL TO | 242 DAYS @ 25C. PER DAY | 1 | 60.50 | |
| h | | (1) 22, | | |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | A. Du | * | |
| DAILY RAT | ES AT DISCHARGE | 4, | | |
| PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ 1.85 \$ 1.25 | | | |
| ADDITIONAL PAY | \$ | | | |

TOTAL \$ 3.10 ×7=\$ 21.70

NO. OF DAYS 253 ×\$ 21.70

30.00

| D. WAR SERVICE GRATUITY | | | | | | | | |
|-------------------------|------------------|---|----|-----|--|--|--|--|
| E. DEDUCTIONS | OVERPAYMENT OF | PAY AND ALLOWANCES DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | | | | | | |
| | OTHER DEDUCTIONS | | \$ | Nil | | | | |

- F. TOTAL AMOUNT PAYABLE
- G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ =\$ 225.50

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.

HC CHECKED BY

TREASURY
DATE
175/8, 93

aval Pay Acctg.

<

29th August, 1944.

MAC

Dear Mr. McDonald:

It is with deepest regret that I must confirm the telegram of the 29th of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son Duncan Alexander McDonald, Able Seaman, Official Number V-52782, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead due to enemy action.

According to the report received, your son is missing at sea due to enemy action overseas. The circumstances of his loss, however, are such that no hope is held for his survival and it is with regret that I must inform you that he is presumed dead.

No details of the action can be released at this time but you may rest assured that as soon as further particulars may be given they will be forwarded to you.

Should you know the name of the ship in which your son was serving, it is requested that you will regard it, together with the fact that she has been in contact with the enemy, as strictly confidential, until such time as an official announcement is made.

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 son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mr. F.A. McDonald, Adelaide Street, DALHOUSIE, N.B.

860

m

Dear Mr. MacDonald:

Further to my letter of the 29th of August, 1944, it has now been learned from the Canadian Naval Authorities overseas that the body of your son, Duncan Alexander MacDonald, Able Seaman, Official Number V-52782, Royal Canadian Naval Volunteer Reserve, has been recovered and positively identified.

He was buried with full Naval honours at Douglas Bank Cemetery, Dunfermline, Fife, Scotland, on Friday, the 29th of September, 1944. The exact location of the grave in this cemetery is not yet known.

Your son's grave is being cared for and will be temporarily marked with a specially designed wooden cross bearing his official particulars. While the Imperial War Graves Commission is the authority for permanently marking, by the use of a uniform headstone, the graves of His Majesty's forces who die on active service, it is understood that due to war conditions these headstones cannot be erected at the present time.

Yours sincerely.

BOARD.

Mr. F.A. MacDonald Adelaide St., DALHOUSIE, N.B.

N.S. V-52782, PERS.(N

54

23 July, 1945.

Dear Mr. MacDonald:

Further to my letter of the 3rd of October, 1944, I am passing on the following particulars regarding the Naval action during which your son lost his life. This information has been released for publication.

H.M.S. "NABOB", a Canadian-manned aircraft carrier, in which your son was serving, while operating with other units of the British Home Fleet was torpedoed by an enemy U-boat off North Cape, Norway, in August, 1944. Eleven Canadian Naval ratings lost their lives as a result of the disaster and several Canadian Naval ratings were seriously injured. The ship, although sustaining severe damage, returned to a north British port five days later.

The following is a synopsis of the newspaper account of the disaster in case you may not have read it:

H.M.S. "NABOB" was preparing to fuel three escort vessels when a U-boat fired a torpedo which caught her on the starboard side. A terrific explosion followed and the vessel listed to starboard and settled at the stern. Shortly thereafter two other torpedoes were fired at the ship, both of which missed. However, the first of these severely damaged H.M.S. "BICKERTON", a destroyer escort, which was later sunk.

H.M.S. "NABOB" was very seriously damaged by the torpedo but when it became apparent that there was a possibility of saving her, every effort was made by the crew to keep her afloat: aircraft were secured in the hangars and on flight decks, hatches and doors were closed, sealing off compartments of the ship, ventilators and fans were repaired and smoke and fumes were cleared from the engine room. In four hours the ship was able to make way slowly through the water.

After the torpedoing, a screen was maintained around H.M.S. "NABOB" by three Royal Naval destroyer escort ships. Nevertheless it was later found that the submarine was still trailing the ship, so two bombers were flown off the sloping deck and drove off the U-boat, while H.M.S. "NABOB" altered her course.

After a perilous trip due to the threat of enemy aircraft and U-boats, rough seas and her damaged condition, the ship finally reached a north British port.

May I again extend to you the sincere sympathy of the Department and express the hope that you may be afforded some small measure of consolation in knowing that your son died in the performance of his duty and in the service of his country.

Despatched by Sec. N. B.

Date 23.7. X

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mr. F.A. MacDonald, Adelaide St., DALHOUSIE, N.B.