

V23334

EVANS

WILLIAM

LEO

113 ~~2~~ 182
E

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 EVANS, William, Leo. (b) Reg'l. No. V25334
2. (a) Arm of service NAVY (b) Unit H.M.C.S. DAUPHIN (c) Rank Stoker II
3. (a) Date of birth 9/11/1922 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Charleyoix Street Montreal
4. (a) Place of enlistment RCNVR MONTREAL DIVISION (b) Date of enlistment 15/11/1940

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 Years (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 Years Public School 2 Years French 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? Yes (b) If so, for what occupation? Dyer (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? -----
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Henry Morgan Address Charleyoix Street Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Department Store
20. (a) Your specific occupation Truck Helper (b) Number of years' experience at this occupation with any employer 1 Year
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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



DATE 21st JULY 1941 SIGNATURE William Leo Evans

Copy To
VWD
ES

JUL 31 1941

STATEMENT OF ACCOUNT

62

Extract from the ledger of H.M.C.S. "St. Croix" ending 30 Sep 1943.

List 5A-2. No. 8... (Name) EVANS, William L. Rank Rating A./LSto. No. 23334
 When entered..... F.B...... Date of appearance... 1. July Whither discharged
 D.D......

CREDIT from former account.....\$.....49.12.

Pay as... A/L/Sto.... from... 15 Sep... to... 30 Sep... (16 days @ .25 per day) \$..... 4.00

Pay as... Sto. 1... from... 1 July... to... 30 Sep... (92 days @ 2.00 per day) \$..... 184.00

Pay as... D.A.... from... 1 July... to... 31 July... (31 days @ .80 per day) \$..... 24.80

Pay as... L.A.... from... 1 July... to... 24 July... (24 days @ .50 per day) \$..... 12.00

H.L.M. 25 July 20 Sep 58 per day @ .25 \$..... 14.50

Kit Upkeep Allowance... 1 July.....\$.....10.00

OTHER CREDITS.....\$.....

.....\$.....

Total Credits.....\$.....298.42.

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month .. 23.00..... Total.....\$.....

2nd Month .. 26.00..... 26.82..... Total.....\$.....113.82

3rd Month .. 38.00..... Total.....\$.....

Allotment.. 55.00, 6.00 July. - 30.00, 6.00 Aug. 30.00, 20.00, 6.00 Sep. \$..... 153.00

Pension deduction (Officers) charged to..... of.....\$.....

Hospital stoppages.....\$.....

Mulcts.....\$.....

OTHER CHARGES.....\$.....

.....\$.....

.....\$.....

Total debits.....\$.....266.82

Note: Balance Dr. to be shown in RED.

Balance Cr. or Dr. \$.....31.60

Number of days actually victualled during period mentioned above 58.....

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
	Leave	1 July	24 July	24	

Date: 26 Oct. 1943 for Accountant Officer.

ACCOUNTS OF MEN DISCHARGED

113-8-182.

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name EVANS, William L. Rating L/Ste.
 Official No V-23334 H.M.C.S. St. Croix. List 5A/2-8
 Who* D. D. on the 20th September 19 43

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
(AP) Thirty dollars and twenty dollars			
If in debt in ledger, amount to be stated (in red ink).....			
(AP) Thirty dollars, Twenty dollars and Six dollars			
Rate of allotment (in words)..... charged to <u>30 Sep '43</u>			
Name of ship from which transferred..... <u>St. Croix</u>			
Total†..... Creditor			31.60

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 **HMCS "AVALON"** for **HMCS "ST. CROIX"** amounting to a net balance† **CREDITOR** of **Thirty one** dollars **Sixty** cents.

Dated on board H.M.C.S. AVALON at St. John's,
Newfoundland this 26th day of October 19 43

Approved [Signature] A/Pay. Lieut. Cndr. R.C.N.V.R. Accountant Officer
[Signature] { Initials of the Assistant Accountant Officer
COMMANDER, R.C.N. (Temp) Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
 No.....to.....
 Signature.....
 Date.....19.....

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

N.V. 17
16M-4-40 (4717)
N.S. 818-11-17

252

Re-issued N.S. 38755
NAVAL IDENTITY CARD #NS-26496 Int.

CERTIFICATE of the SERVICE of

William Leo EVANS

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V-23334
	Montreal	"

Date of Birth..... 9 November, 1922.

Place of Birth..... Montreal, Quebec.

Place of Residence..... 0758 Charlevoix St. Pt. St. Charles, Montreal

Trade brought up to..... None

Religion..... Roman Catholic.

Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....

P.S.T. Date..... 19..... Signature..... Rank.....

Name and Address of Nearest Relative or Friend
(in pencil)
Step-Mother:
Mrs Rose Evans,
0858 Charlevoix St.,
Pt. St. Charles, Montreal
3/11/41



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
13 Nov. '40	25 Nov. '40	Duration of Hostilities	Ord.Smn.			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	4 1/2	34 1/2	120	Brown	Blue	Fair	Scar on left shin.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING FORWARDED TO
THE MAN'S DEPOT

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

CERTIFICATE OF QUALIFICATION

H.M.C.S. SAINT CROIX

This is to certify that William Leo EVANS

First Class Stoker, Official Number V.23334 serving in H.M.C.S.

SAINT CROIX has successfully passed through the
Auxiliary Machinery Watchkeeping Course as laid down in K.R. and
A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made
on his History Sheet accordingly.

D. Ridge Lieut (E) R.C.M.V.R.
Engineer Officer

A. A. Solofon
Commanding Officer

Date SEPT. 5th 19 43

S. 443
25M—12-42 (7639)
N.S. 815-9-443

NECESSARY ACTION COMPLETED

43639



CANADA

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

28/11/40

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **EVANS,** OFFICIAL NO. **Y-23334**
CHRISTIAN NAMES **William Leo** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS	RELIGION
0858 Charlevoix St., Pt.St.Charles, Quebec	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
November 9th, 1922	Town Montreal, County Province Quebec	Step-Mother Mrs. Rose Evans, 0858 Charlevoix St., Pt. St. Charles, Quebec
*Original Nationality of: Father Scotch Mother English		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 36	Brown	Blue	Fair	Scar on left shin.
Inches 4½	Deflated 33				
120	Mean 34½				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
November 25th, 1940	<i>Transferred to Prob. V.A. to date 3 Dec. '40</i> <i>Ref: NS. 113-E-182 of 10 Dec. '40.</i> Ord. Smn.	Unemployed
R.C.N.V.R. Division (or other establishment) at which enrolled	Montreal	

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

(3) On being enrolled as a member of the Montreal Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 25th day of November 1940

Signature of applicant William Evans

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 25th day of November 1940

Howe White
Signature of and rank of Attesting Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, William Leo Evans 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 William Evans

Witness Howe White

Date November 25th, 1940 Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

William Leo Evans 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 Montreal Division of the R.C.N.V.R. or in the appropriate official documents.

Howe White
Attesting Officer.
Lieutenant, R.C.N.V.R.

November 25th, 1940 R.C.N.V.R. Division 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.



CANADA

Can. B. 207

88300

60M-4-40 (4636)
N.S. 815-2-207
NATIONAL DEFENCE

NOV 27 1940

N.S. 113-1182

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 William Evans
candidate for entry as List I
and I believe him to be * ~~in all respects fit for His Majesty's Service.~~
~~unfit for His Majesty's Service for the reason stated below.~~ He has signed
the Certificate given below in my presence.

†Strike out if inapplicable. * Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Variocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
18 yrs.	120 lbs.	5' 4 1/2" ft. ins.	<i>Good</i>	inches (a) maximum 36 (b) minimum 33 (c) mean 34 1/2	right eye 6/6 left eye 6/6 colour vision N.	1. S. L. A. child	55517 Normal	Normal	Normal	Normal	Normal	Normal	10 Deficient 3 Defective	Clear

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

William Evans

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

Signature of Candidate

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

This Candidate is the subject of 10 deficient & 3 defective teeth

* ~~which renders him medically unfit for service,~~
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal the 20th of NOV - - 1940

A. C. Duval

Examining Medical Officer

(Rank) Lieutenant, R.C.N.V.R.
Montreal Division, R.C.N.V.R.

V23334 OFFICIAL NUMBER

NAME EVANS William Leo
(Surname) (Given Names)

OFFICIAL NUMBER V23334

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
Mont. Div. Str.	Ord. Smn.	25	11	40		V.G.	Sat.	31	12	40							
Duty Div. Hdqtrs.	Ord. Smn.	28	11	40		V.G.	Sat.	31	12	41							
Duty Div. Hdqtrs.	Vict. Prob.	3	12	40		V.G.	Sat.	31	12	42							
Stadacona	Vict. Prob.	2	1	41		V.G.		20	9	43							
Stadacona	Sto. 11	10	3	41													
Hochelaga	Sto. 11	23	4	41													
Dauphin	Sto. 11	17	5	41													
"	Sto. 1	8	12	41	Avalon 20/1/42.												
Alberni	"	21	2	42													
Avalon	"	3	4	42	5661(B6375)												
St. Croix	"	27	10	42	Rated A Idg. Sto. (ty) 15/9/43.												
DISCHARGED	"	20	9	43	"Missing On Active Service" Per Casualty List.												

GENERAL REMARKS

X-ray App. #55512
R.C.N. HOSP. St. John's Nfld.,
3-7-42 to 7-7-42.

*Forward - 4637 - Hollington St. Underneath
about 1/10/43.*

DATE OF BIRTH	AGE	CIVIL OCCU.	RELIED	PERM. RESIDENCE	PREV. SERV.	RANK OR RATE
09 22 12	PPP	0	10	223	02	09 0 08 95
ENLIST. DATE	ACT. SERV.	SHIP OR ESTAB.	RANK OR RATE			
25 11 40	28 11 40		0380	0	15	94
SENIORITY	STR.	NON-SER.				
08 12 41	09 00 00	20	20-09-43			

V23334

OFFICIAL NUMBER

FILE NUMBER

113-#-182

OFFICIAL NUMBER V23334

NAME EVANS (Surname) William Leo (Given Names) DATE OF BIRTH 9th November, 1922PLACE OF BIRTH Montreal, Quebec OCCUPATION UnemployedRELIGION Roman Catholic EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 858 Charlevoix Street Town Pt. St. Charles Province, etc. Quebec

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
25	11	40	H.O.	5' 4 1/2"	Brown	Blue	Fair	Scar on lf. shin				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Ms Rose Evans
ADDRESS (in pencil): Street and No. 858 Charlevoix St Town Pt St Charles Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				5	9	43	Granted Aux. W/K Cert. <u>3979 #43 239</u>				

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		

Date (in figures)			DAYS FORFEITED						O.H.F. Rec.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From

To

ENGINEER RATING and Ability Record

NAME EWANS, William Joseph.

in the words "Refitting and Maintenance"
and 8.

Official Number V 23334

or," "Satisfactory," "Moderate," or "Inferior."

Charge of					19	20	21	22	23	24	25
14	15	16	17	18	Engineer's Writer	Charge of Engineers' Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
Boiler Cleaning Party	Engineer's Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties				Sto 11		Sted	
								Sto 11		Dauphin	
								Sto 11 To 3 To 1/2		Alberni	
								3 To 1/2		AVALON	
								... To 4 Sto.		ST. CROIX	

[Red Signature]

N.S.113-E-182 PERS.(N)

43

27 September, 1943.

Dear Mrs. Evans:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services, informing you that your step-son, William Leo Evans, Stoker First Class, Royal Canadian Naval Volunteer Reserve, Official Number V-23334, is missing on war service.

According to the report received, your step-son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

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

While your step-son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you 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 step-son has helped to maintain.

Yours sincerely,
PERSONNEL NAVAL
27 1943
SECRETARY, NAVAL BOARD.

Mrs. Rose Evans,
0858 Charlesvoix St.,
POINT ST. CHARLES, Que.

H.S. Money
NAVAL PERSONNEL RECORD

DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

Ottawa, Canada

45

Sir:

1 October, 1943

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
EVANS, William Leo	Stoker First Class	V-23334 R.C.N.V.R.

DATE OF ENLISTMENT - 25 November, 1940 Active Service: 28 November, 1940

DATE OF DISCHARGE -

HOSPITAL -

(If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE -

Canada & High Seas

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and -
when and where any disability
was incurred, or where death
occurred.

"Missing" on war service. This rating is

listed as missing due to enemy action,

while serving on Convoy duty in the Atlantic. When official presumption
of death has been made, you will be notified further.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Step-Mother NAME Mrs. Rose Evans,

ADDRESS 0858 Charlesvoix St., Pt. St. Charles, Quebec.

NOTE: If records indicate that rating was separated from his wife, legally
or otherwise, details to be furnished and copy of any Court Order,
the separation Agreement, etc., to be furnished.

H.B. Money

for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)

STATEMENT OF ACCOUNT

60

True extract from the ledger of H.M.C.S. " St. Croix " ending 30
19

List No. 5A-2 8 (Name) EVANS, William L. Rank Rating A / LSto No. V.23334

When entered F.B. Date of appearance 1 July Whither discharged

CREDIT from former account.....\$.....49.12

Pay as A/L/Sto. from 15 Sep to 30 Sep (16 days @ .25 per day) \$.....4.00

Pay as Sto. 1 from 1 July to 30 Sep (92 days @ 2.00 per day) \$.....184.00

Pay as D.A. from 1 July to 31 July (31 days @ .80 per day) \$.....24.80

Pay as L.A. from 1 July to 24 July (24 days @ .50 per day) \$.....12.00

Pay as H.L.M. from 25 July to 20 Sep (58 days @ .25 per day) \$.....14.50

Kit Upkeep Allowance.....1 July \$.....10.00

OTHER CREDITS.....\$.....

Total Credits.....\$.....298.42

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month 23.00 26.00.....26.82..... Total.....\$.....

2nd Month 38.00..... Total.....\$.....113.82

3rd Month..... Total.....\$.....

Allotment. 55.00, 6.00 July - 30.00, 6.00 Aug. 30.00, 20.00, 6.00 Sep. \$.....153.00

Pension deduction (Officers) charged to.....of.....\$.....

Hospital stoppages.....\$.....

Fines.....\$.....

OTHER CHARGES.....\$.....

Total debits.....\$.....266.82

Note: Balance Dr. to be shown in RED. Balance Cr. ~~or~~ Dr. \$.....31.60

Number of days actually victualled during period mentioned above 58

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship Hospital etc, in which borne
		From	To		
	Leave	1 July	24 July	24	

Date: 26 Oct. 1943 *[Signature]* for Accountant Officer.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name William Les. EVANS
 (Christian Names) (Surname)

Payee M^{rs} Rose EVANS
 Address 0858, Charlevoix St., Montreal. Route 22. One

Register No. 467
 File No. V23334
 Date 16 Mar 45
 Service No. V23334
 Final Rank or Rating A/LOC. STG.
 Date of Discharge 20 Sep 43

Date of termination of overseas service 20 Sep 43.

A. TOTAL QUALIFYING SERVICE
 No. of days 1027 equal to 34 complete periods at \$7.50 255.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 674 less 7 ineligible days equal to 667 days @ 25¢ per day 166.75

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	2.25	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay H.L.M.	\$.25	
Dependents' Allowance 1/30 of \$ <u>25.00</u> = <u>.85</u>			
Total		<u>4.80</u>	x 7 = \$ <u>33.60</u>
No. of days	<u>667</u>	x \$ <u>33.60</u>	<u>122.476</u>
	<u>183</u>		<i>Wally</i>

D. WAR SERVICE GRATUITY 544.231

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

F. TOTAL AMOUNT PAYABLE 544.231

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$544.231
 Total Dependents' Allowance 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.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <i>SAG</i>	6 <i>[Signature]</i>
2 <i>[Signature]</i>	7 <i>[Signature]</i>
3 <i>[Signature]</i>	8 <i>[Signature]</i>
4 <i>[Signature]</i>	9 <i>[Signature]</i>
5 <i>[Signature]</i>	10 <i>[Signature]</i>

DISTRIBUTION OF SERVICE ESTATES

TL

Estates Form "P. 4"

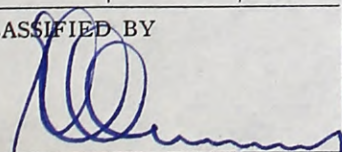
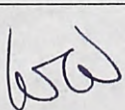
R.C.N.V.R.

Name: EVANS Surname William L. Christian Names No.: 7.23334
 Rank Ldg. Sto. Unit H.M.C.S. "ST. CROIX" Date of Death 20-9-43.

AMOUNT

Date: February 22, 1944. L.P.C.....\$ 31.60
 Other Credits.....
 Total..... 31.60

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
part <u>107489</u>	Creditor	Bond Clothes Shop, 430 - 434 Barrington St., Halifax, N.S. R	2.70
<u>5/8 107490</u>	Step-mother	Mrs. Rose Evans, 0858 Charlesvoile St., Point St. Charles, Quebec. R (For benefit of 3 minors)	18.03
<u>3/8 107491</u>	Sister	W.306341, A.W.1 Evans, R.J., R.C.A.F. (W.D.) #1 C.N.S. Rivers, Man. R (As next of kin entitled)	10.82

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>831</u>	<u>00</u>	<u>50</u>	<u>000</u>	<u>31.60</u>
CLASSIFIED BY 			EXAMINED BY 		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY
E. G. COLLYER

For Chief Treasury Officer

AWARDS NAVY

DECEASED 20 Sept. 1943

D.D.

EVANS	William Leo	V-23334	A/L/Sto.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	149 3-10-49
Africa Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Apr. 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON (Name changed from Mother to sister)

ENTITLED TO Mrs. Rita Evans - Sister

ADDRESS: 0858 Charlebois St.,
Point St. Charles, MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Next of Kin; Stepmother

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP

REGN. NO. 779

(2)

(3)

MEMORANDUM FOR

P. 64

Mrs. Rose Evans

0858 Charlesvoile Street

Point St. Charles, Quebec

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. 113-E-182 FD. 292

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 7, 1944

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

EVANS, William Leo, Ldg. Sto.

No. V. 2334, R.C.N.V.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.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

H.R. Wade
(H.R. Wade) Cdr. RCNVR,
for (L.M. Firth) Lt.-Col.
Administrator of Estates.

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Mrs Rose Evans Step mother		0858 Charlevoix St Montreal
2	Children of the Deceased and dates of their Births.....	X		
3	Father of the Deceased.....	James Evans Died Nov 12/33		
4	Mother of the Deceased.....	Mrs James Evans Died April 20/26		
5	Brothers of the Deceased	Full Blood	X	
		Half Blood	X	
6	Sisters of the Deceased	Full Blood	Rita Evans age 23 Manitoba	With RCAF Wireless W. 306341 - AWI. Evans R.J. RCAF. W.D. #1 CYS. RIVERS: IAN. Living in Service
		Full Blood	Margaret Evans 18	0858 Charlevoix St Montreal P.Q.
		Half Blood	Elizabeth Evans Rose Evans	15 yrs 14 yrs
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	
	None	X		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	William Leo Evans
9	Date of his birth	Nov or 9./22
10	Place and date of his marriage.	X
11	Place and date of his parents' marriage.	St. Willibroads Church Verdun

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) Montreal (c) (d)
14	Nature of employment before enlistment.	Helper Troy Laundry
15	State whether he owned the premises in which he lived and, if so, where situated.	X
16	Name place where deceased stated he intended to make his permanent home.	0858 Charlevoix St Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will?	None
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?	X
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.	X
20	Amount of War Savings Certificates held by deceased.	X
21	Amount of Victory Loan Bonds held by deceased.	X
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	None
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
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 amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

* Stepmother of the deceased.

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

Mrs Rose Evans {Signature of Informant
0858 Charlevoix St Address
Montreal

CERTIFICATE

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

See above. Mrs Rose Evans { Name of Informant } is the Stepmother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 10th day of January 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } [Signature] Qualification father of the deceased
Address 800 Avenue Louis Montreal

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

Table with multiple rows and columns, mostly containing faint text and handwritten marks like '+' and 'X'.

OTHER PARTICULARS

Table with multiple rows and columns, containing faint text and handwritten marks.