

V5469

SMITH

GEORGE

BURNE

MEMORANDUM FOR

P. 64

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

Mrs. James Smith.
2611 Holt Street, N4L7
Rosemount,
Montreal, P.Q.

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. N.S. 113-S-409 FD 198

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

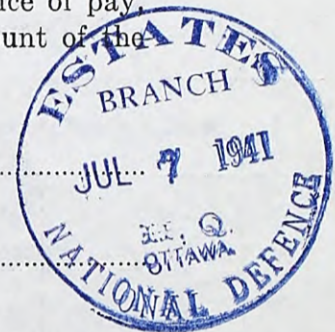
76

July 3, 1941

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

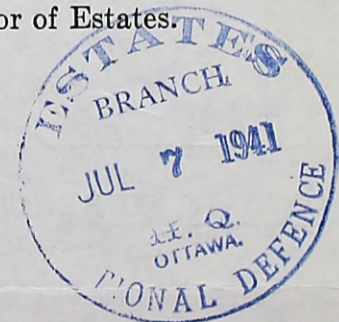
George Burnett SMITH, A/E.A.

No. 5469, 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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates

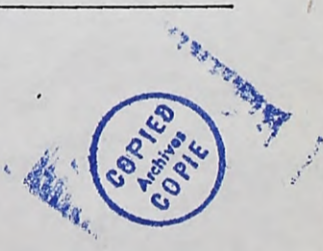


STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased had in each of the degrees specified below.

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	JAMES SMITH	64	2611 Holt St Rosemont Montcal	
4	Mother of the Deceased.....	CATHERINE MCCLINTOCK	59	" " " "	
5	Brothers of the Deceased	Full Blood	James Smith Jr Andrew Robert	36 22 18	Eleventh Ave Rosemont 2611 Holt St Rosemont In Navy REIVVR
		Half Blood			
6	Sisters of the Deceased	Full Blood	Grace, now Mrs. Workman	31	Deer Run Blvd. N. D. C.
		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		

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	



FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	GEORGE BURNETT SMITH
11	Give the month and year of his birth.	JANUARY 27 th 1916
12	Where and when were his parents married?	TONTINE HALL 111 King St. Collyer's haw Glasgow Scotland JUNE 3 1904
13	Was he ever married? If so, state exact place and date of marriage.	No
14	Did he leave a (later) Will? If so, it should be forwarded.	No
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	Montreal. Quebec
17	In what Province, Country or State did he reside, and in which last?	2611 Holt St Montreal, Quebec
18	How long in each?	All his life, until he joined the Navy
19	What was the nature of his employment?	Engineer's Apprentice C.P.R. Montreal
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Montreal. Verbally to mother.
22	State your postal address in full.	2611 Holt St Rosemount Montreal

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	None
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	None

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

DECLARATION

*Insert degree of relation 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

*.....MOTHER.....of the deceased.

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

Catherine Smith

{Signature of Informant

CERTIFICATE

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

*See above{ Name of Informant } is the * Mother.....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 Montreal this fifth day of July 1941.

Signature of Clergyman, Priest or Magistrate } Chas. H. Brown Qualification Minister Rosemont Central Undoch

Address 282 Dandurand Street Rosemont 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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



P7645

N. V. 5
2M-10-37
N.S. 815-11-5



NATIONAL SERVICE
JUN 11 1938
N.S. 113/409

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Smith OFFICIAL NO. 5469

CHRISTIAN NAMES George Bunnett MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
2611 Holt Ave, Rosemount, Montreal. P.Q.	

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Jan 27-1916	Town Montreal. County Province P.Q.	Mother, Catherine Smith same address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>32 1/4</u>	<u>Brown</u>	<u>Brown</u>	<u>fresh</u>	<u>Lower r. Leg. Scar.</u>
Inches <u>5 1/4</u>	Deflated <u>30 1/2</u>				
Mean <u>31</u>					

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
May 19th, 1938 <u>8 June</u> <i>see overleaf.</i>	<u>Probationary</u> <u>E.R.A. 4th, Cl.</u>	<u>Machinist Apprentice, C.P.R. Angus Shop</u> <u>Montreal.</u>

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Approved.
W.M.
13-6-38

(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 corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
/			

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Entered on History
Card by... *L.S.*

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

(a) To serve from the date thereof for three consecutive years, 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.

Dated this Eight day of June 1938
Signature of applicant George Burnett Smith

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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 8th day of June 1938

A. R. Akeman Lt. Comdr.
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, George Burnett Smith 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 George Burnett Smith

Witness A. R. Akeman

Date June 8th 1938 Rank Lt. Comdr. R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

George Burnett Smith 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.

A. R. Akeman Lt. Comdr.
Commanding Officer.

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.





CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 G. B. Smith 5469
candidate for entry as Naval Training S.P.A. 4
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Montreal the 9th of June 1939
R. P. K. K.

Examining Medical Officer

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

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated 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. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Haemorrhoids, etc.
23 6/12	113	5-6	Fair	(a) maximum 33 (b) minimum 30 31 1/2 32 1/2	right eye 6/9 left eye 6/12 colour vision N	1 Sept 1914	N	Simon Cryptorchia	N	N	N	N	False above- urinary below no cancer	N

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

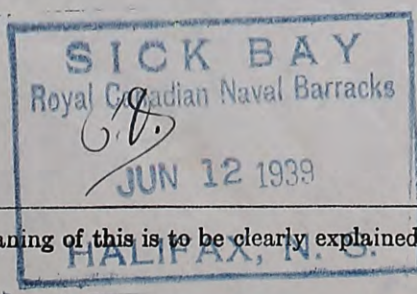
I hereby certify that to the best of my belief I have never suffered from Fits, *Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

G. B. Smith
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.



Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

Mrs Catherine Smith
(w. mother)
4452 A Van Horne Ave.,
Montreal Que 20.9.51

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug. 41 "MARGAREE"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

~~Mr. J. Smith - Father~~

MRS. C. SMITH
4620 DECARIE BLVD APT. 5.

ADDRESS:

~~2611 Holt Avenue,
Rosemount, Montreal, P.Q.~~

N. D. G

MONTREAL

(1)

(2) MEMORIAL CROSS

WIDOW

By correspondence.

ADDRESS:

(2)

MEMORIAL BAR

(3) MEMORIAL CROSS

MOTHER

Mrs. Catherine Smith

ADDRESS:

2611 Holt St., Rosemount,
Montreal, Que. (Issued 14-5-41)

DATE DESP

10-12-51

REGN. NO

4293

~~CANCELLED~~

D OF D 22-10-40

SMITH George Burnett	V-5469	..E.A.4	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

03-68302 M



P

CAMPAIGN MEDALS	REGISTRATION
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	7470 6-4-50 Medals RET'd Underward RET'd TO STOCK.
	CANCELLED

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

SERVICE CERTIFICATE

N. V. No. 17
3M-9-37
N.S. 815-11-17

OF

Name in full George Burnett SMITH Company Montreal Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters

HALIFAX, N. S.

Official Number 5469

Date of Birth 27th January 1916

Place of Birth Montreal, P. Q.

Usual Place of Residence 2611 Holt Ave. Rosemount, Montreal, Que

Trade brought up to Machinist Apprentice

Name and Address of next of Kin Mother Catherine Smith, same address

Religious Denomination --

Can Swim ---

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
<u>11 Apr/38</u>	<u>8 June/38</u>	<u>3 years</u>	<u>Prob. E.R.A. 401.</u>		

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PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	<u>5</u>	<u>5$\frac{1}{4}$</u>	<u>Fresh</u>	<u>Brown</u>	<u>Brown</u>	<u>Lower r. leg. Scar.</u>
On attaining 28 years						
Further Description if necessary						

P7647

NATIONAL OFFICE

MAY 27 1938

N.S. CANADA

113-218
1138409

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) George Burnett Smith

M125043

Date and place of birth Jan 27th 1916 Montreal
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 2611-Holt St. Rosemound.

Nearest town to residence (if living in country)

Are you a British subject? Yes

Are you single, married or a widower? Single

In what capacity do you wish to enrol? E. R. A. 4th class Act Probation
(See standards of qualifications in attached pamphlet)

Present occupation or trade Apprentice Machinist. C.P.R. Angus Shops.
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? No.

Have you ever served with such forces? Give dates and details. No.

Have you ever been discharged from any of H. M. Forces as medically unfit? —

Have you ever offered to serve in any of H. M. Forces and been rejected? —

What is your weight? 118 lbs. What is your height? 5'-7"

What is your chest measurement (not inflated)? 34"

Are you free from all physical defects or malformation, and not subject to fits? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes.

I hereby declare that the above answers are true in every respect.

George B Smith Signature

Apr. 11th 1938 Date

2611-Holt St Rosemound. Address

Joseph M. G. P. O. O. O.
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be 27th Jan 1916

Signed A. R. Coleman H. C. O.
Commanding Officer

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CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

- 1. Surname of applicant..... **SMITH.**
- 2. Full Christian name or names..... **George Burnett.**
- 3. Official Number..... **5469**..... 4. Rank..... **a/E.A. 4th Class, RCNVR.**
- 5. Unit, Station, or Establishment..... **H.M.C.S. "TRASHIE",**
- 6. Date appointment or enlistment..... **June, 1937. RCNVR.**

Question 7: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

- 7. Date reported for duty..... **4th September, 1939.**
- 8. Are you a member of the permanent forces, military or air?..... **NO**
- If so (a) State permanent establishment, unit or station..... **H.M.C.S. "TRASHIE",**
-(b) Are you receiving permanent force rates of pay and allowances?..... **YES**

Questions 9 & 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

- 9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment..... **NO**

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month..... **---**

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment..... **Machinist Apprenticed employed at C.P.R., Angus Shops - Rate of pay 7¹/₄ per hour, 40 hours per week.**

12. Name of dependent..... **SMITH, Catherine Mrs.**
Surname Christian Name Mr. Mrs. or Miss

Question 13: Give street name and number or post office box number, R.R. No. city, town or village and province.

13. Address..... **2611 - Holt St., Rosemount, MONTREAL, P.Q.**

14. Age of dependent..... **58** 15. Relationship..... **mother**

Questions 16 to 28
Have a bearing on
the eligibility for
the allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

George Burnett SMITH, 2611 Holt Street, Rosemont, MONTREAL, PQ.
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?..... **myself**
(State relationship) **son**

18. Is dependent being maintained in a Public Institution at the public's expense? **NO**
Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any..... **unable to work being at the age of 58.**

20. From what date have you been contributing to the support of this dependent?.....
since I started to work.

21. Are you the sole or partial support?..... **partial.**
State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months..... **\$60.00 per month or \$360. for 6 months.**
Allotment of \$50.00 in force.

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings?..... **for board and lodgings.**

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?.....

24. If dependent is your mother, is your father living?..... **Yes**
Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

**because he is a cripple, having lost his right hand and eye
sight - very bad.**

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Robert SMITH.	2611 Holt Street, MONTREAL.	16	Message Boy.	single
Andrew SMITH.	-do-	21	Mach'y Apprentica.	single.

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

Robert Smith. \$ 240.
 Andrew Smith. 168.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: Robert SMITH - board &

lodgings and clothing car fare etc., Andrew SMITH - board & lodgings.

27. Give full particulars of the dependent's, average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:	Dependent's Average Monthly Allowances from:
Personal earnings.....\$ -	Workmen's Compensation
Contributions and allowances from other members of family. \$ -	Award.....\$ -
Insurance.....\$ -	Widow's Pension.....\$ -
Dividends from shares, bonds, etc.....\$ -	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority).....\$ -
Interest on loans or mortgages.....\$ -	
Rentals.....\$ -	
Other.....\$ -	
Total.....\$ -	Total.....\$ -

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

15 days' pay.

29. Date assigned pay effective December, 1933.

30. Have you made a prior assignment of pay. If so state number of days and to whom

Mother - 15 days.

31. Have you made a previous claim for dependent's allowance? **NO**

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received. **Allotment of \$50 verified in ledger of H.M.C.S. FRASER?** I certify that the above is a true statement.

A. C. Pope

**Lieutenant, RCNVR,
Officer Supervising Accounts.**

Rank

George B. Smith

Signature of Applicant

Date **6th May, 1940.**

Establishment, unit or station

H.M.C.S. "FRASER"

Place

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

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

RATING .. *A/EA 4/c* OFF.NO. *V-5469* ADDRESS

QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
						1939-45	1	<i>Star</i>
						ATLANTIC	1	<i>Star</i>
						FRANCE G.		
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.	2	<i>@ clasp</i>
						" CLASP		
						WAR 1945	1	<i>Medal</i>
						WAR 1915		

VERIFIED BY *L. L. Christ*

BY DIR. OF PERSONNEL RECORDS.

GAA

N O. SECTION 6

ORIGINAL

P0577

DEPT OF NATIONAL DEFENCE

JAN - 8 1940

H.Q. 113-8409

CANADA

H.Q. File No.....

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
Stadacona VR Mtl. 977	Surname..... SMITH Christian Names } GEORGE BURNETT	H19 001 A/ERA 4	5469	11 \$3.05

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... SMITH Christian Names } Mrs. Catherine	Mother	2611 Holt Street Rosemont, Montreal	\$50.00	January

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Initials	Date
	NIL			

These allotments are to be disposed of as indicated below. (See Note 2):—

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges..... *Geo. Burnett Smith*
 Rank or Rating
 A/ERA 4

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

PAY LIEUT. CDR. R. N. V. R. for
Accountant Officer

H.M.C.S. "STADACONA"

Forwarded..... JAN 5 1940

S. 63

15M-10-39 (2286)
N.S. 815-9-63

*Noted
L.K.*

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

James [Signature]

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
JAN 8 1940
REFERRED TO

S. 2063

2,500-3-39
N.S. 815-3-2063

NO. 221.....PD
47.

P040705

ORIGIN

STOP NOTICE

(Navy Allotments)

NO. 1136.409
JUL 1 1940
CANADA

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
FRASER 5B1/10	Smith H19001	George	26 E.A. 4th V-5469

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
\$50.00	30 June	N.K.	Mother	Mrs Catherine Smith 2611 Holt Street Rosemount Montreal, P.Q.

Entered in:—

Fair Ledger..... *AS*

Rough Ledger..... *AS*

D.D. 25 June 22/7/40
Signature of Allotor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

D.D. 25 June

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

Handwritten notes:
A/C reapp...
see below
D.D. 25 June
Ben Hatfield
Pay S/Lieutenant, R.C.N.V.R.
for Accountant Officer
H.M.C.S. STADACONA
Date forwarded 9/7/40

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE
<i>hat</i>	18/7/40

Assigned Pay to Wives	113.....
Assigned Pay to other Dependents	116.....
Marriage Allowance	119.....
Dependents Allowance	122.....
Other Allotments	50.00
Total	50.00

INSTRUCTIONS FOR ACCOUNTANT OFFICERS

When an Officer or Rating has two or more allotments in force they are not to be combined but treated as two or more allotments, and therefore Stop Notices should be dealt with accordingly.

A Stop Notice form should be filled out immediately an allotment has to be stopped, numbered consecutively and despatched at once to Headquarters.

A night-letter giving the Stop-Notice number and other required particulars should be sent when it is impossible to forward this form in time to reach Headquarters by the 16th of the month.

This night-letter should be immediately confirmed by a Stop-Notice form.

Canadian Allotments, if any, of R.N. ranks or ratings returning to R. N. should be stopped and debited prior to discharge.

Allotments continue to be paid by Headquarters until a Stop Notice is received. A Stop-Notice should, therefore, be sent whenever an allotment has to be discontinued for reasons such as discharge, etc.

CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
JUL 11 1940
REFERRED TO *Tray*

NAVAL MESSAGE

S. 1320D
10 MIL-5-40 (5005)
N.S. 815-9-1320D

To:
MRS. CATHARINE SMITH,
2611 HOLT STREET,
ROSEMOUNT,
MONTREAL, P.Q.

From:

113 8409

37

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM
YOU THAT YOUR SON GEORGE SMITH ELECTRICAL ARTIFICER R.C.N.V.R.
O.N. V 5469 IS MISSING BELIEVED KILLED.

126

L/T

P/L

REC'D SDC

CC

27 10 110

5526

113-8409

38

1st November, 1940.

Dear Madam:


It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, George Smith, Electrical Artificer, O.N. V.5469, R.C.N.V.R., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,


(J. O. Cossette),
Naval Secretary.

Mrs. Catherine Smith,
2611 Holt Street,
Rosemount,
MONTREAL, P.Q.

File No. *MS 113-A-409*.....

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DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

WAR MEMORIAL CROSS

Issued to:

Wife:-

Mother:-

Mrs. Catherine Smith,
2611 Holt Street,
Rosemount,
Montreal, P. Q.

Date forwarded:- *13-5-41*

Registered Mail No:- *2901*

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

4
NAVY

Deceased member's NAME **George Burnett SMITH**
(CHRISTIAN NAMES) (SURNAME)
Payee: **Mrs. Catherine SMITH**
ADDRESS **2611 Holt St.,
Rosemount,
Montreal, Que.**
DATE OF TERMINATION OF OVERSEAS SERVICE **22 Oct/40**

REGISTER NO. **260**
FILE NO. **NSV-5469**
DATE **24 Feb/45**
SERVICE NO. **V-5469**
FINAL RANK OR RATING **A/EA 4/c**
DATE OF DISCHARGE **22 Oct/40**

A. TOTAL QUALIFYING SERVICE		\$
NO. OF DAYS 331	EQUAL TO 11 COMPLETE PERIODS AT \$7.50	82.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 215 LESS 1	INELIGIBLE DAYS, EQUAL TO 214 DAYS @ 25c. PER DAY <small>SEE PAR. 2 OVERLEAF FOR EXPLANATION</small>	53.50

SUBTOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	\$ 3.05	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY H.L.M.	\$.15	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$.35	
TOTAL	\$ 5.00	X7 = \$ 35.00
NO. OF DAYS 214		X\$ 35.00
	<small>183</small>	40.93

D. WAR SERVICE GRATUITY	176.93
E. DEDUCTIONS	
OVERPAYMENT OF PAY AND ALLOWANCES \$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
OTHER DEDUCTIONS \$	NIL

F. AMOUNT PAYABLE	176.93
<small>(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)</small>	

~~THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A, B, C. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.~~

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ **X30** \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	176.93								
CHEQUE No.	111896								
DATE	10/3/45								
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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.

CHECKED BY **[Signature]** TREASURY CHECKED BY **[Signature]** DATE **5/2/45**
for **V.P. Naval Pay. Accting.** SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name *George Burnett* *SMITH*
 (Christian Names) (Surname)

Payee *Mrs Catherine SMITH*

Address *2611 Holt Street,
 Rosemont, Montreal, P. Q.*

Register No. *260*
 File No. *V5469*
 Date *27.10.44*
 Service No. *V5469*
 Final Rank or Rating *A/E.A. 4/c*
 Date of Discharge *22 OCT 40*

Date of termination of overseas service *22 Oct 40*

A. TOTAL QUALIFYING SERVICE \$ *82.50*
 No. of days *331* equal to *11* complete periods at \$7.50
30

B. QUALIFYING OVERSEAS SERVICE \$ *53.50*
 No. of days *215* less *1* ineligible days equal to *214* days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE ~~*176.00*~~
 DAILY RATES AT DISCHARGE

Pay \$ *3.05*
 Subsistence or Lodging \$ *1.45*
 and Provision Allowance *H.K.M* *.15*
 Additional Pay

Dependents' Allowance 1/30 of \$ *.35*
 Total *5.00* x 7 = \$ *35.00*
 No. of days *183* x \$ *35.00* *40.93*

D. WAR SERVICE GRATUITY *176.93*

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE \$
 TYPE 7 AND ASSIGNED PAY \$ *gril*
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE *176.93*

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ *176.93*
 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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<i>SM</i>	6	<i>SM</i>
2	<i>SM</i>	7	<i>SM</i>
3	<i>SM</i>	8	<i>SM</i>
4	<i>SM</i>	9	<i>SM</i>
5	<i>SM</i>	10	<i>SM</i>

FC36363 113-3-409

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name George Burnett SMITH (Christian names in full)

Rank of Rating Acting Electrical Artificer 4/cl. Official No. 5469

Place of Birth Montreal, P. Q. Date of Birth 27th January, 1916

Occupation in Civil Life Machinist Apprentice Religion - -

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) 2 Years 4 Months

Date of Death 22nd October, 1940. Place of Death At Sea

Cause of Death Lost in collision of H.M.C.S. MARGAREE (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Catherine SMITH Relationship Mother Address 2611 Holt Avenue, Rosemount, Montreal, Que.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

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

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

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

Undertaker employed (if any)

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

Signature of Commander R.C.N., Commanding Officer

8th November, 1940

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

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121 15M-7-40 (5849) N.S. 815-9-1121

P 41821

ACCOUNTS OF MEN DISCHARGED

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

APR 18 1941
13-8409
NADA

Name..... GEORGE B. SMITH..... Rating..... A/E.A.⁴
Official No. V-5469..... H.M.C.S. MARGAREE..... List 5B1/1
Who* was "DD"..... on the 22nd OCTOBER..... 1940.

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Net sum due on ledger on account of Wages.....	\$	cts.	
	61	60	
Proceeds of sale of Effects charged against Wages, brought from the other side			NIL
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			NIL
Found amongst Effects.....			NIL
Debts collected \$.....			NIL
Cash debited in the Accountant Officer's Cash Acct.....			NIL
If in debt in ledger, amount to be stated (in red ink).....			NIL
Rate of allotment (in words) SIXTY-TWO..... charged to 31st OCTOBER 1940			
Name of ship from which transferred H.M.C.S. MARGAREE			
Total† BALANCE CREDITOR.....	61	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 H.M.C.S. MARGAREE amounting to a net balance† CREDITOR of SIXTY-ONE- dollars SIXTY- cents.

Dated on board H.M.C.S. STADACONA at HALIFAX NOVA SCOTIA this 25th day of MARCH 19 41.

Approved *Bm Hatfield* for Accountant Officer PAYMASTER SUB LIEUT. R.C.N.V.R.

J.E. Leigh Commanding Officer. ACTING CAPTAIN R.C.N.

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

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

Signature.....

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

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

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

Ledger { Fair Rough *los*

NAVY
DISTRIBUTION OF SERVICE ESTATES

Naval ~~Military~~ ~~Air~~ Force

Name SMITH George Burnett No. 9469
 Surname Christian Names

A/S.A.S. H.M.C.S. "MARGARET" 22-10-40
 Rank Unit Date of Death

AMOUNT 61.60
 L. P. C. \$
 Other Credits 61.60
 Total
 Shares Retained 61.60
 NET TOTAL

Date AUGUST 5th, 1941

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{8}$	father	James Smith, 2611 Holt St., Rosemount, Montreal. (next of kin)	15.40 R
$\frac{1}{8}$	mother	Catherine Smith, 2611 Holt St., Rosemount, Montreal.	15.40 R
$\frac{1}{8}$	brother	James Smith, Jr., Eleventh Ave., Rosemount, Montreal.	7.70 R
$\frac{1}{8}$	brother	Andrew Smith, 2611 Holt St., Rosemount, Montreal.	7.70 R
$\frac{1}{8}$	sister	Mrs. Grace Workman, Decarie Blvd., N.B.S. Montreal, Que.	R. 7.70
$\frac{1}{8}$	mother	Catherine Smith, 2611 Holt St., Rosemount, Montreal. (for benefit of minor child, Robert)	R 7.70
SHARES RETAINED			
none			

Distribution approved and authorized

AUDITED FOR PAYMENT

low
 For Chief Treasury Officer

L.M. Firth
 (L.M. Firth) Major,
 Administrator of Estates.

