

V266
SMITH
ROBERT

BORDE

MEMORANDUM FOR

P. 64

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

Mrs. Mary Smith,.....

417½ North Street,.....

Halifax, N.S.

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

and the following number quoted:—

H.Q. 113-S-438 FD 238.....

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

38

August 8, 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

SMITH, Robert B., Ord. Smn.

No. V.266, H.M.C.S. "MARGAREE"

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 ever had in each of the degrees specified below.

Degree 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.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Sydney James Smith		417 1/2 North St Halifax
4	Mother of the Deceased.....	Mary Smith		417 1/2 North St Halifax N.S.
5	Brothers of the Deceased	Full Blood	Frederick John Sydney Albert	5601 Belle Air Terrace Halifax N.S.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Alice May Joyce Rose Vera Grace	417 1/2 North St Halifax 417 1/2 North St Halifax
		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
		Frederick John Died Feb 19 th 1934 age 24 yrs Alice May - Died Aug 9 th 1936 age 25 yrs	Daughter - Edna Edna age 10 yrs Wallace Bander Thompson Bruce Albert " Joyce Bobby " Freddie "	53. Beach St Halifax April 17 1930 - 58 Broughton St May 1 st 1931 July 26 th 1932 July 14 1935 Feb 10 th 1934

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

Degree of Relationship	RELATIVES required to be accounted for	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).....				

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Robert Borden Smith
11	Give the month and year of his birth.	December 21 st 1919
12	Where and when were his parents married?	Halifax 2 nd April 1907
13	Was he ever married? If so, state exact place and date of marriage.	No 37
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?	Halifax
17	In what Province, Country or State did he reside, and in which last?	Province Nova Scotia
18	How long in each?	all his life
19	What was the nature of his employment?	grocery clerk
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?	No
22	State <u>your</u> postal address in full.	417 1/2 North St Halifax Nova Scotia

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	—
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).	No

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 relationship, for examp^{le} "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

* Fatherof the deceased.

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

Sydney James Smith

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Sydney James Smith

*See above {Name of Informant} is the * Fatherof 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 Halifax this 14th day of August 19 41.

Signature of Clergyman, } W.W. Clarkson Qualification Clergyman Rector of St. Mark's
Priest or Magistrate } Halifax N.S.

Address St. Mark's Rectory 87 Russell St. Halifax N.S.

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.



CANADA



N. V. 5
2M-232
N.S. 816-11-5

113-8348
FEB 10 1939
MOA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Smith OFFICIAL No. 266138

CHRISTIAN NAMES Robert, Borden MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>191. Agricola Street, Halifax. N.S.</u>	<u>C of E</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>21st December, 1919</u>	Town <u>Halifax</u> County <u>Halifax</u> Province <u>N.S.</u>	<u>Mr S Smith (Father)</u> <u>191. Agricola Street,</u> <u>Halifax N.S.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>34</u>				
Inches <u>8 1/4</u>	Deflated <u>31</u>				
	Mean <u>32 1/2</u>	<u>Brown</u>	<u>Blue</u>	<u>Fresh</u>	<u>Vaccination L Arm</u>

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>February 7th 1939</u>	<u>Ord Seaman</u>	<u>Clerk</u>

(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 Reserve Force, and that I accept and agree to abide by the rules and regulations of the Reserve Force.
- (3) That ¶ (a) I have never served, and am not serving in any capacity, regular, auxiliary, reserve, or territorial Force.

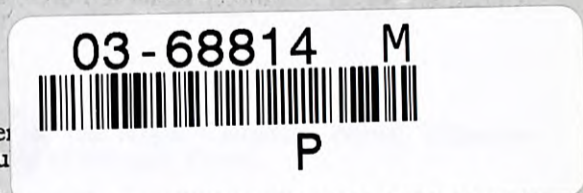
¶ (b) I served in P.L.Fus (M.G.) for the period shown, and attach my record of service, in corroboration of this statement.

¶ Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>P.L.Fus. (M.G.)</u>	<u>M.G.</u>	<u>6th April, 1937.</u>	<u>10th January, 1939.</u>

(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.



(5) On being enrolled as a member of the Halifax Division ~~Company~~ 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 Company 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 7th day of February

Signature of applicant R. B. Smith



(C) CERTIFICATE OF COMPANY 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 7th day of February 1939

W. Thompson
for Signature of C. C. O.

(D) OATH OF ALLEGIANCE

I, Robert, Borden, Smith do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant R. B. Smith

Witness W. Thompson

Date February 7th 1939 Rank Lieut

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

Robert, Borden, 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 Halifax Division ~~Company~~ of the R.C.N.V.R.

W. Thompson
for Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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
2M-1-35
N. S. 815-2-207
FEB 14 1939
113-1348
CANADA

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 Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined SMITH, Robert Borden
candidate for entry as Ordinary Seaman R.C.N.R. Halifax
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 Halifax N.S. the 7th of February 1939.

E. E. Timson
Examining Medical Officer
(Rank) Captain R.C.N.R.

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

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or 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, Ventricles, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
<u>19 ²/₁₂</u>	<u>136.</u>	<u>58 ¹/₄</u>	<u>good</u>	inches (a) maximum <u>34</u> (b) minimum <u>31.</u> (c) mean <u>32 ¹/₂</u>	right eye <u>6/9.</u> left eye <u>6/6.</u> colour vision <u>N. (Sklar)</u>	<u>Vacc.</u> <u>1938.</u>	<u>Lungs clear</u> <u>Heart sound</u>	<u>normal</u>	<u>Normal</u>	<u>Lobular</u>	<u>Normal</u>	<u>normal</u>	<u>Teeth adequate.</u> <u>Stomat</u> <u>normal.</u>	<u>Normal.</u>

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.

B. 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.

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Sept. 41 "MARGAREE"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Sydney J. Smith - Father

ADDRESS: ~~191 Agricola Street,~~ 417 $\frac{1}{2}$ North St.,
Halifax, N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Smith

ADDRESS: 417 $\frac{1}{2}$ North St., Halifax, N.S.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

(2)

(3)

14-5-41

DEPARTMENT OF VETERANS AFFAIRS

D OF D 22-10-40

AWARDS NAVY

368814

WAR SERVICE RECORDS

D.D.

SMITH Robert Borden		O.S.	V 266	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2307 24/11/49
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

27/8/85

A Co

S-530

20/4/51

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT THE PRINCESS LOUISE FUSILIERS [M.G.] REGT. No. 1200

1. What is your surname? (Block letters) SMITH
2. What are your Christian names? Robert Gordon
3. What is your present address? 91 Bellby St. Phone No. _____
4. Employer's name and address Adelgman E. in North Phone No. _____
5. Date of Birth Dec 21/1916 (a) Country of Birth Canada (b) Nationality Canadian
7. Are you Single Married? _____ Widower? _____
8. What is your trade or calling? Col. Club 9. Religious persuasion? CSE
10. Previous Naval, Military or Air Force Service. Give particulars, qualifications, etc. 1 yr. 10 mos. H. Rifles 1931-1936
11. Name, Relationship and Address of Next of Kin Father Sydney Smith



CERTIFICATE OF MEDICAL EXAMINATION

Height 5'-8" Weight 141 Chest max 34 min 32
Descriptive marks _____

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him fit Category A1
Date 30-3-37 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Robert Gordon Smith do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, Robert Gordon Smith do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty

Signature of Witness F. E. Hill 2/Lt Signature of Man R. B. Smith
Dated this 26th day of April 1937 at Bellevue N.S.

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[Signature]
Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d.
50M-1-34
H.Q. 1772-39-1545

368814 THE PRINCESS LOUISE FUSILIERS [M.G.]

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

FEB 11 1939
113-8348
CADA

Name (in full) Robert, Borden, Smith

Date and place of birth 21st December, 1919, Halifax N.S.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 191. Agricola Street, Halifax, N.S.

Nearest town to residence (if living in country) Halifax City

Are you a British subject? Yes

Are you single, married or a widow? Single

In what capacity do you wish to enrol? Seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade Clerk
(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 Yes
P.L. Fus. (M.G.) 6th April, 1937, to 10th January, 1939.

Have you ever been discharged from any of H. M. Forces as medically unfit? No

Have you ever offered to serve in any of H. M. Forces and been rejected? No

What is your weight? 136 lbs What is your height? Ft. 5.8 $\frac{1}{2}$

What is your chest measurement (not inflated)? 32 $\frac{1}{2}$

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

3

P2137

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

R. B. Smith Signature
February 7th 1939 Date
191 Agricola St. Address

[Signature]
(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 correct

Signed [Signature] for [Signature] Commanding Officer

File No *N.S. 113-S-438.*

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

WAR MEMORIAL CROSS

Issued to:

Wife:-

Mother:-

Mrs. Mary Smith,
417 $\frac{1}{2}$ North Street,
Halifax, N. S.

Date forwarded:- *MAY 13 1941*

Registered Mail No:- *2873.*

P096964

113-S-438

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 Robert Borden SMITH
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. V266
(If unknown, date of first entry)

Place of Birth Halifax, N. S. Date of Birth December 21st, 1919

Occupation in Civil Life Clerk Religion Church of England

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) 1 Year 8 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 Mr. S. SMITH Relationship Father
Address 191 Agricola Street, Halifax, N. S.

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..... Date of Burial.....
(if known) (if known)

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

Undertaker employed.....
(if any)

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

J. Edwards
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.

12th. March, 1945
N.S. V-266(PERS.(N)(18)

Dear Madam:

I am directed to inform you that your application for the War Service Gratuity in respect of your late son has been referred to the Dependents' Allowance Board for decision concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that you were not in receipt of Dependents' Allowance as at the death of your late son.

Immediately upon receipt of a decision from the Dependents' Allowance Board, steps will be taken to place your claim in line for payment, if eligible.

In the meantime, would you kindly inform this department of any change of address.

Yours truly,

SECRETARY, NAVAL BOARD

Mrs. Mary Smith,
417 $\frac{1}{2}$ North Street,
Halifax, N. S.

113. 438
11

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, Robert B. Smith, Ord. Smn., O.N.V.266, 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. Mary Smith,
417 $\frac{1}{2}$ North Street,
HALIFAX, N.S.

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXXXXX

41

Name SMITH Robert E. No. 7.266
 Surname Christian Names

O.S.M. Rank H.M.O.B. WARD Unit 27-10-42 Date of Death

AMOUNT
 L. P. C. \$ 21.56
 Other Credits _____
 Total 21.56
 Shares Retained _____
 NET TOTAL 21.56

Date August 22nd, 1941.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	Sydney James Smith, 417 1/2 North Street, Halifax, N.S.	R \$10.78
1/2	mother	Mary Smith, 417 1/2 North Street, Halifax, N.S.	R \$10.78
		(next-of-kin entitled)	
AUTHORITY			
	H.O. F.E.No.	DIV. EST.	VOTE PRI
	9999		831 00
			00 00 1
			21 56
SHARES RETAINED			
none			
	CLASSIFIED BY	EXAMINED BY	AMOUNT
	<i>R.W. Smith</i>	<i>LF</i>	21.56
		FOR TREASURY OFFICER	TOTAL

Distribution approved and authorized

AUDITED FOR PAYMENT

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

(56)

 For Chief Treasury Officer

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

4
 NAVY

DECEASED MEMBER'S NAME **Robert Borden** (CHRISTIAN NAMES)
 SMITH (SURNAME)
 PAYEE **Mrs. Mary Smith,**
 ADDRESS **417 1/2 North St.,
 Halifax, N.S.**
 REGISTER NO. **6887**
 FILE NO. **NSV-266**
 DATE **5 July '45**
 SERVICE NO. **V-266**
 FINAL RANK OR RATING **A.B.**
 DATE OF TERMINATION OF OVERSEAS SERVICE **22 Oct '40**
 DATE OF DISCHARGE **22 Oct '40**

A. TOTAL QUALIFYING SERVICE		\$	¢
NO. OF DAYS	404	EQUAL TO	13 COMPLETE PERIODS AT \$7.50
	30		
		\$	97.50
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS	70	LESS	14 INELIGIBLE DAYS, EQUAL TO 56 DAYS @ 25C. PER DAY
		\$	14.00
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
	PAY	\$	1.85
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45
	ADDITIONAL PAY A/QR. III	\$.10
	H.L.M.	\$.13
		\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
	TOTAL	\$	3.53 X7 = \$24.71
	NO. OF DAYS	70	X \$24.71
		183	
		\$	9.45
D. WAR SERVICE GRATUITY			120.95
E. DEDUCTIONS			
OVERPAYMENT OF	PAY AND ALLOWANCES	\$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	NIL
OTHER DEDUCTIONS		\$	
F. TOTAL AMOUNT PAYABLE			120.95

G. YOUR PORTION OF GRATUITY IS—
 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ = \$120.95
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 38154 - 14/7 - 45

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 YN	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY <i>J. Stock</i>	DATE 10/7/45	SERVICE REPRESENTATIVE <i>[Signature]</i> for Dir. Naval Pay Accting.
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STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased's Name Robert Borden SMITH
 (Christian Names) (Surname)

Payee Mrs Mary SMITH
 Address 417 1/2 North Street, Halifax N.S.

Register No. 6887
 File No. V-266
 Date Mar 6/45
 Service No. V-266
 Final Rank or Rating A.B.
 Date of Discharge 22 Oct '40

Date of termination of overseas service 22 Oct '40

A. TOTAL QUALIFYING SERVICE
 No. of days 404 equal to 13 complete periods at \$7.50
 30 \$ 97.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 70 less 14 ineligible days equal to 56 days @ 25¢ per day \$ 14.00

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 1.85 ✓
Subsistence or Lodging and Provision Allowance	\$ 1.45 ✓
Additional Pay <u>A.Q.R.M.</u>	\$.10 ✓
<u>H.L.M.</u>	\$.13 ✓
Dependents' Allowance 1/30 of \$	
Total	<u>3.53</u> x 7 = \$ <u>24.71</u>
No. of days <u>70</u>	x \$ <u>24.71</u>
<u>56</u>	<u>183</u>
	<u>7.56</u>
	<u>9.43</u>

D. WAR SERVICE GRATUITY \$ 119.06
~~119.06~~
120.95

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

F. TOTAL AMOUNT PAYABLE \$ 120.95

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 120.95
 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	<u>97</u>	\$
2	<u>14</u>	\$
3	<u>24</u>	\$
4	<u>9</u>	\$
5	<u>7</u>	\$
	<u>10</u>	\$

V266

OFFICIAL NUMBER

FILE NUMBER

113-S-438

OFFICIAL NUMBER V266

NAME SMITH (Surname) Robert Borden (Given Names) DATE OF BIRTH 21st December, 1919PLACE OF BIRTH Halifax, N. S. OCCUPATION ClerkRELIGION Church of England EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 417¹/₂ North St. Town Halifax Province, etc. N. S.

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
7	2	39	H. O.	5' 8 ¹ / ₂ "	Brown	Blue	Fresh	Vaccination L. Arm.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) J. SmithADDRESS (in pencil): Street and No. 417¹/₂ North St. Town Halifax Province, etc. N. S.

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	

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		



FILM
NO. WAR 5125-6
DATE

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

SECOND CLASS FOR CONDUCT	
From	To



V266 OFFICIAL NUMBER

NAME SMITH Robert Borden
(Surname) (Given Names)

OFFICIAL NUMBER V266

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualif.			Re-qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Halifax	Ord. Smn.	7	2	39		V.G.	Sat.	10	6	39							
H.M.C.S. Stadacona	"	14	5	39	10/6/39 Training												
Halifax Div. Hdqs.	"	15	9	39													
H.M.C.S. Stadacona	"	23	10	39													
H.M.C.S. Margaree	"	14	8	40													
DISCHARGED	"	22	10	40	Killed in Action per H.M.C.S. Margaree Casualty List.												

GENERAL REMARKS

Hosp. 3-17/5/40

Awarded Memorial Cross to mother.
Mrs. Mary Smith,
417 1/2 North St., Halifax, N.S. 14/5/41.



DATE OF BIRTH			PLACE	CIVIL OCCU.	RELIED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY	MO	YR.	BIRTH	MAIN	SUB	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK
21	R	1914	830	0	30X	4	08	02	0	19	0	08	95
ENLIST. DATE			ACT. SERV. DATE	STR.	PERM. SERV. DATE	SHIP OR ESTAB.			RANK OR RATE				
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR	RANK
07	02	39	15	09	39					9800	0	08	95
SENIORITY			STR.	NON-SUB	M.	CODING			CHECKED				
DY	MO	YR.	CAT.	A	B	ST.	ZB			114			
15	09	59	09	00	00	20	22	10	40				