

V30612
BARWIS
WILLIAM

DONAL

OCCUPATIONAL HISTORY FORM

NATIONAL LETTER
AUG 23 1941 2119

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..... **BARWIS, William Donald**..... (b) Reg'l. No. **V30612**
2. (a) Arm of service..... **Navy**..... (b) Unit..... **R.C.N.V.R.**..... (c) Rank..... **O. Sea.**
3. (a) Date of birth..... **26/7/21**..... (b) I have any dependents?..... **No**..... (c) Place of residence at time of enlistment..... **Vancouver, B.C.**
4. (a) Place of enlistment..... **Esquimalt, B.C.**..... (b) Date of enlistment..... **7/8/41**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **20**..... (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.)..... **Grade 11.**
7. If you attended a university, give name of university and standing or degree secured..... **1**
8. (a) Did you ever enter upon a trade apprenticeship?..... **No**..... (b) If so, for what occupation?..... **-**..... (c) Did you finish it?..... **-**..... (d) If you did not finish it, how long did you serve at it?..... **14094**
9. (a) What languages do you speak fluently?..... **English**..... (b) What languages do you read well?..... **English**

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?..... **None**

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..... **Hudson's Bay, Company,**..... Address..... **Nelson, B.C.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... **Retail store.**
20. (a) Your specific occupation..... **Shipper**..... (b) Number of years' experience at this occupation with any employer..... **2 Mos.**
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?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... **No**..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... **No**
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.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... **P.T.I. Instructor.**

DATE..... **12th August, 1941**..... SIGNATURE..... **W. Barwis**



Copy To
VWD

ES

1001

8

8

1940

MEMORANDUM FOR

P. 64

Mr. C.W.A. Barwis

c/o B.C. Police

Nelson, B.C.

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-B-2119 FD. 311

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

BARWIS, William D., A.B.

No. V. 30612, 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.-Colonel
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.....	<u>nil.</u>			
2	Children of the Deceased and dates of their Births.....	<u>nil.</u>			
3	Father of the Deceased.....	C. W. A. BARWIS.	51	70 B. C. Police. Vancouver, B. C.	
4	Mother of the Deceased.....	GEMMA (Mrs. Ivan) Oochakoff	42	1257 Beach Ave Vancouver, B. C.	
5	Brothers of the Deceased	Full Blood	John Barwis. Age 20. R 204971.	20	70 R. C. A. T. Peace Alberta
		Half Blood	<u>nil.</u>		
6	Sisters of the Deceased	Full Blood	<u>nil.</u>		
		Half Blood	<u>nil.</u>		
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		
		<u>nil.</u>			

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	William Donald
9	Date of his birth	26 th July 1921.
10	Place and date of his marriage.	Unmarried
11	Place and date of his parents' marriage.	Port-Said, Egypt. Oct 20 th 1920.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Mandalay, Burmah.
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.C. 20 years. (b) (c) (d)
14	Nature of employment before enlistment.	Bank Clerk. Royal Bank Nelson, B.C.
15	State whether he owned the premises in which he lived and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Not known.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No.
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.	No.
20	Amount of War Savings Certificates held by deceased.	Not known, if any.
21	Amount of Victory Loan Bonds held by deceased.	Not known, if any.
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.	Not known. Believe not.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No.

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.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The Government pays funeral expenses within the 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 father of the deceased.

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

C. W. A. Barwis {Signature of Informant
Sepp B. E. Polier, Vancouver, B.C. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief C. W. A. Barwis

*See above. { Name of Informant } is the Father 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 New Westminster B.C. this 4th day of March 1944

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

[Signature]

Qualification Resident Magistrate in and for the County of Westminster

Address 330 3rd Street, New Westminster, B.C.

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



CANADA

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5

27879

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BARWIS OFFICIAL NO. V. 30612

CHRISTIAN NAMES William Donald MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>1258 Georgia Street, Vancouver, B.C.</u>	<u>Church of England</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>26th July, 1931.</u>	Town <u>Mandalay,</u> County Province <u>Burma.</u>	<u>Mrs. Jemma (mother)</u> <u>1258 Georgia Street,</u> <u>Vancouver, B.C.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>41½</u>	<u>Fair</u>	<u>Hazel</u>	<u>Fair</u>	<u>Scars over right eye.</u>
Inches <u>10½</u>	Deflated <u>33</u>				
	Mean <u>40½</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>7th August, 1941.</u>	<u>Ordinary Seaman,</u> <u>R.C.N.V.R. (Temp)</u>	<u>Shipper,</u> <u>Hudsons Bay, Nelson, B.C.</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 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 ~~the Royal Canadian Naval Volunteer Reserve Force~~ 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.

O.H.F.

7007 LEDGERS FAIR *Murray*
ROUGH *Davis*

(5) On being enrolled as a member of the "HADER" 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 12th day of August, 1941.

Signature of applicant B. Barwis

(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 12th day of August, 1941.

Signature of Commanding Officer
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, William Donald BARWIS, 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 B. Barwis

Witness John Wood

Date 11th August, 1941 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 DIVISIONAL COMMANDING OFFICER

William Donald BARWIS, 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 "HADER" Division of the R.C.N.V.R.

Signature of Commanding Officer
Lieutenant, R.C.N.V.R.

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.

Fit cured.



NATIONAL DEFENCE Can. B. 207
20M-8-38
AUG 22 1941
N.S. 113-132119
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)

Urine: Negative

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 BARWIS, Wm Donald 140.95
candidate for entry as o/sea R.C.N.V.R.
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 Esquimaux B.C. the 24th of July, 1941.

[Signature]
Examining Medical Officer

(Rank) Surgeon Lt. R.C.N.V.R.

x-ray - Neg.

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. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
19-11	150	5'10 ³ / ₄ "	Good	(a) maximum 41 ¹ / ₄ (b) minimum 38 (c) mean 40 ¹ / ₄	right eye 20/60 left eye 20/60 colour vision P.G. Deficiency Green color dx.	child	Neg.	Neg.	Neg.	clear.	R.V. 20/20 E. - Neg.	Neg.	29 teeth none def. 114 & 117 dx.	Neg.

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.

[Signature]

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 Red green deficiency

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

[Signature]

Examining Medical Officer

(Rank) Surgeon Lt. R.C.N.V.R.

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

V30612 OFFICIAL NUMBER NAME BARWIS William Donald OFFICIAL NUMBER V30612
 (Surname) (Given Names)

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		
HMCS Naden	Ord. Smn.	7	8	41		V.G.	Sat.	31	12	41	R.D.F. 2/c	9	6	42					
" Edmundston	"	19	12	41		V.G.	Supr.	31	12	42									
" Givenchy	"	24	4	42		Good		20	9	43									
" Naden	"	28	4	42															
" Stadacona	Able Seaman	1	5	42	Rated. (249A #5034)														
" Naden	"	25	5	42	144951														
" Givenchy	"	12	6	42	DRD														
" Edmundston	"	19	6	42	DRD 2370														
" Avalon	"	19	6	42	DRD 2373														
" St. Croix	"	18	7	43	Service Certificate														
DISCHARGED	"	5	8	43	Service Certificate														
		20	9	43	"Missing on active service" Per casualty list "Dead" per sub. 20-9-44														
											GENERAL REMARKS								
											X-ray neg.								
											Canadian Memorial Cross awarded to Mother: Mrs. Ivan Ooshakoff, 1257 Beach Ave., Vancouver, B.C. dated 23-3-44.								

V30612

OFFICIAL NUMBER

FILE NUMBER

113-B-2119

OFFICIAL NUMBER V30612

NAME BARWTS (Surname) William Donald (Given Names) DATE OF BIRTH 26th July, 1921PLACE OF BIRTH Mandalay, Burma OCCUPATION ShipperRELIGION Church of England EDUCATION Grade 11RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1258 Georgia Street Town Vancouver Province, etc. B.C.

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	8	41	H.O.	5'10 ³ / ₄ "	Fair	Hazel	Fair	Scars over right eye.				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. C. W. G. BarwtsADDRESS (in pencil): Street and No. 1258 Georgia Street Town Vancouver Province, etc. B.C.

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	
				14	8	41	P.P.T. Good				
				4	11	41	Qual. E.T. I.R.C.N.				
				19	11	41	Marked Tr.				
				28	10	41	Qualified Anti-Gas 2 days.				

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		
					Edmundston	3	17	3	43	Improperly dressed. 2. Sleeping in an improper place.	14 days cells.

Date (in figures)			DAYS FORFEITED						O.H.F. received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
17	7	43			14				

SECOND CLASS FOR CONDUCT

From

To

FILM
NO. 444-5499-6
DATE



D OF D 20-9-43

AWARDS NAVY

D.D.

BARWIS	William Donald	V-30612	A.B.	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	7088
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

02-57582 M



P

(THE REVERSE)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Apr. 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

No Later Add

ENTITLED TO Mr. C.W.A. Barwis - Father

ADDRESS: ~~c/o B.C. Police,~~ c/o Provincial Police,
~~NELSON, B.C.~~ Court House,
Vancouver, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. I. Ooshakoff

ADDRESS: c/o Bank of Commerce,
Robson District Branch, (despatched 9-8-48)
Vancouver, B.C.

MEMORIAL BAR

DATE DESP
CANCELLED
REGN. NO. 350

(2)

DESP. DEC. 7, 1948
(3) Regn.No.19382

IG

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

William Donald
 (CHRISTIAN NAMES)

BARWIS
 (SURNAME)

REGISTER NO. 11447

NS. V-30612
 July 16th '45.
 V-30612
 A.B.
 20th Sep '43.

PAYEE
 ADDRESS

Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

for Service Estate of
 William D. Barwis,
 N.S V-30612
 20th Sep '43.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 767 EQUAL TO 25 COMPLETE PERIODS AT \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 566 LESS 17 INELIGIBLE DAYS, EQUAL TO 549 DAYS @ 25C. PER DAY

137.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.25
 RADAR III \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.65 X 7 = \$ 25.55
 NO. OF DAYS 566 X \$ 25.55

79.02

D. WAR SERVICE GRATUITY

403.77

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE
 AND ASSIGNED PAY \$

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

403.77

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 403.77

Voucher 1353- July 26/45

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

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

198676

113 - B - 2119. 25

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

Name BARWIS, William. D. Rating..... A.B.
 Official No. V-30612 H.M.C.S. St. Croix. List 5/2-91
 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—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Eight 40/100 dollars</u> charged to <u>31 Oct '43</u>			
Name of ship from which transferred..... <u>St. Croix.</u>			
Total†.....			Creditor
			88.48

*noted
WPA (G)
040 5/7/45*

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 Eighty eight dollars..... Forty eight 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. Cmdr. R.C.N.V.R. Accountant Officer
 { 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.

STATEMENT OF ACCOUNT

24

True extract from the ledger of H.M.C.S. " St. Croix " ending 30
Sept. 19 43

List 5-2.. No. 91.....(Name) BARWIS, Wm. D.....Rank Rating.. A.B....No. V. 30612

When entered..... 4. Aug......Date of appearance 18. July. Whither discharged
..... D.D......

CREDIT from former account..... HMCS. "Edmunston.".....\$..... 40.58

Pay as... A.B......from..... 18. July. to 30. Sept. (75 days @ 1.85
per day) \$..... 146.25

Pay as... Radar. 111......from.....to..... (75 days @ .10
per day) \$..... 10.25

Pay as... H.L.M......from..... 4. Aug. to 13. Aug. (41 days @ .25
21 Aug 20 Sep per day) \$..... 10.25

Pay as.....from.....to..... (60 days @ 1.06
G.M. 17 July 20 Sept. per day) \$..... 3.96

Kit Upkeep Allowance..... 1. Oct. 1943.....\$..... 7.00

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

Total Credits.....\$..... 2.01.04

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

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month .. 58.11..... Total.....\$..... 58.11

2nd Month Total.....\$.....

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

Allotment..... 8.40.. Aug... Sept... and .. Oct......\$..... 25.20

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

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

Mulcts..... 14 day's pay.....\$..... 27.30
1 day's pay.....\$..... 1.95

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

Total debits.....\$..... 112.56

Note: Balance Dr. to be shown in RED. Balance Cr. or ~~Dr.~~ \$..... 88.48

Number of days actually victualled during period mentioned above. 41.....

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
	Sick	14 Aug.	20 Aug	7	RNH Ferret

Date: Oct. 26 '43 [Signature] for Accountant Officer.

Edmundston

NS:113-B-2119

Passing Certificate

This is to Certify

that William Donald BARWIS

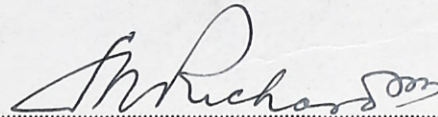
Rating Ord. Smn., R.C.N.V.R. Official Number V-30612

has passed

THE EDUCATIONAL TEST, I R.C.N.

held on 4th November, 1941,

For advancement to Petty Officer



Naval Secretary
Director of Education

Department of National Defence,

Ottawa, this 1st day of December 19 41.

The Commandery in Canada
OF
The Grand Priory in the British Realm
of the
Venerable Order of the Hospital of St. John of Jerusalem
The St. John Ambulance Association

Patron

HIS MAJESTY THE KING
SOVEREIGN HEAD AND PATRON OF
THE ORDER



FIELD MARSHAL H.R.H.
THE DUKE OF CONNAUGHT, K.G.
GRAND PRIOR OF THE ORDER

AMBULANCE DEPARTMENT

FOUNDED 1895 — INCORPORATED 1914

FOR INSTRUCTION IN FIRST AID, HOME NURSING, HOME HYGIENE AND SANITATION

This Certificate in

First Aid to the Injured

is awarded to

WILLIAM D. BARWIS

*who has attended a course of instruction held under the auspices
of Department of National Defence Centre, at Esquimalt
and having been examined is found proficient in the said subject.*

Peter A. P. Cleave

LECTURER.

A. Neeson

INSTRUCTOR.

SURGEON EXAMINER.

*Issued by authority of
the Lieutenant and the
Director of Ambulance.*

DATE: **September 23, 1941**

REGISTERED AT OTTAWA, CANADA AND AT ST. JOHN'S GATE, CLERKENWELL, LONDON, E.C.

27 September, 1943.

Dear Mr. Barwis:

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 son, William Donald Barwis, Able Seaman, Official Number V-30612, Royal Canadian Naval Volunteer Reserve, is missing on war service.

According to the report received your 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 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 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 son has helped to maintain.

LETTER dispatched by
Yours sincerely, NAVAL
[Signature]
SEP 27 1943
SECRETARY, NAVAL BOARD.

Mr. C.W.A. Barwis,
c/o British Columbia Police,
NELSON, British Columbia.

[Handwritten initials]
NAVAL PERSONNEL RECORDS