V7637
BOYLE
THOMAS

OCCUPATIONAL HISTORY FORM

113 B.591

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

10

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Boyle Thomas (b) Reg'l. No. V 1637
2. (a) Arm of service Naval (b) Unit R C N V R (c) Rank O. Sig.
3. (a) Date of birth 2 Jan 1918 (b) Have you any dependents? No (c) Place of residence at time of enlistment Toronto Ont
4. (a) Place of enlistment Toronto Ont (b) Date of enlistment Sept 15, 1939

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 2 yrs High School
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? Blanket (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 1 yr
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? No

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

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

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

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

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

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

18. Name of employer W. Marshall Hunter & Co. Address Toronto
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Manufacturing wire goods
20. (a) Your specific occupation fabric weaving (b) Number of years' experience at this occupation with any employer 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? yes (c) If so, in what kind of farming? mixed
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? 1 yr (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No P.A.
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.) undecided
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form none

O.H.F. RECEIVED

DATE April 21st 194 SIGNATURE

Copy To
VWD
ES
5-5-41

MEMORANDUM FOR **P. 64**

Mrs. Dorothy E. Boyle,
466 Millwood Road, change to 26 Dynevor Rd.
Toronto, Ontario

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-591 FD.299

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

BOYLE, Thomas, Sigmn.

No. V.7637. R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

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

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

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

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

H.R. Wade.

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

HRW/JN

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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.....		Dorothy Evelyn	24	26 Dynevor Road
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Ernest Edward	55	123 Humewood Dr.
4	Mother of the Deceased.....		Annie Eliza	46	123 Humewood Dr.
5	Brothers of the Deceased	Full Blood	Ernest Edward	16	
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ellen Rose Annie Betty	22 19 17 13	
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Thomas Boyle
9	Date of his birth	May 9, 1919
10	Place and date of his marriage.	July 29, 1942, St. Hilda's Anglican Church, Dufferin & Eglinton, Toronto
11	Place and date of his parents' marriage.	Leeds, England, May 10, 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto, Ontario
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Toronto, Ontario (b) (c) (d)
14	Nature of employment before enlistment.	Century Tool & Dye Co. Ltd.
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.	Toronto, Ontario.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Navy.-None others to my knowledge
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.	None Known.
21	Amount of Victory Loan Bonds held by deceased.	None Known.
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.	Prudential Ins. Co.-Mother is holder of the policy and beneficiary.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No debts incurred to my knowledge.
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 elswhere 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

*Widow of the deceased.

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

Dorothy E. Boyle — {Signature of Informant}

26 Dynevor Road — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Dorothy E Boyle {Name of Informant} is the* widow 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.

*See above.

Dated at St John's Garrison this 21st day of February 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — Alfred E Davis — Qualification Clergyman Church of England Portland St Toronto

Address 49 Alexander Street Toronto — Assist. Curate St John's Garrison

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

N. V. 5
2M—10-37
N.S. 815-11-5

CANADA

DEPT. OF NATIONAL DEFENCE
SEP 26 1939
N.S. 113-13-8191
CANADA

188313

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Boyle. OFFICIAL NO. 7637

CHRISTIAN NAMES Thomas. MARRIED, SINGLE or WIDOWER Single.

PERMANENT ADDRESS	RELIGION
619 Christie St. Toronto.	Roman Catholic.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
May 9 1919	Town Toronto County Province Ont.	Mrs Ernest E. Boyle 619 Christie St. (Mother).

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 7 1/8	Inflated 37 3/4 Deflated 33. Mean 35 3/4	Dark	Blue	Fresh.	Appendix operation.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
Sept 21/39	O/S.	

Personnel Records Division.
1. Noted in Records M.P.
2. Index Card.
3. Non-Sub. Card
4. Statistical Card M.P. 28
5. Identity Strip
6. Pension Card
7. Seen Cert of M.
8.
DATE 5.10.39

(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.

(5) On being enrolled as a member of the Toronto 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 21st day of Septmber

Signature of applicant Thomas Boyle

(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 21st day of Septmber

Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Thomas Boyle 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 Thomas Boyle

Witness

Date Sept 21/39 Rank Lieut 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

Thomas Boyle 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 Toronto Division of the R.C.N.V.R.

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.

CANADA

DEFENCE SEP 26 1939 N.S. 113-B-891 CANADA

Can. B. 207
20M—8-38
N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

18832 2

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 Thomas Boyle

candidate for entry as .....

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 Toronto the 21st of Sept 1939

C W Oakens

Examining Medical Officer

(*Rank*) .....

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.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (*No. defi-cient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum	right eye									
20 4/12	147	5 7 1/8	Good	37 3/4	20/20	Yes in childhood	Normal	Normal Scar appendicitis	Normal	Normal	Normal	Normal	Normal	Normal
				(b) minimum 33	left eye 20/20									
				(c) mean 35 3/4	colour vision Normal									

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.

Thomas Boyle

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.

C W Oakens M.D.

Examining Medical Officer

(*Rank*) .....

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

DEPARTMENT OF VETERANS AFFAIRS

D OF D 20-9-43

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
BOYLE	Thomas	V-7637	Sig.		

WAR SERVICE BADGE (CLASS) No. Nil

DATE DESPATCHED:

ADDRESS:

Request.

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
~~1939-45 Star~~	
~~Atlantic Star~~	
~~Africa Star & Clasp~~	165-3-10-49 MEDALS RET'D UNDELIVERED AND RET'D TO STOCK
~~C.V.S.M. & Clasp~~	
~~War Medal~~	8196 262853

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

5/1/87

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO: Mrs. Dorothy E. Boyle - Widow

ADDRESS: 466 Millwood Road, TORONTO, Ont.

By consent To mother

MRS. E. BOYLE 466 VAUGHAN ROAD TORONTO (1) RCNVR

MEMORIAL BAR

DATE DESP

REGN NO 4008

(2) MEMORIAL CROSS

WIDOW: Mrs. Dorothy E. Boyle

ADDRESS: 466 Millwood Road, Toronto, Ontario

(2) 31-12-43

(3) MEMORIAL CROSS

MOTHER: Mrs. E.E. Boyle

ADDRESS: 123 Humewood Drive, Toronto, Ontario.

(3) 13-1-44

V7637 OFFICIAL NUMBER | FILE NUMBER 113-B-591 | OFFICIAL NUMBER V7637

NAME BOYLE, Thomas. (Surname) (Given Names) DATE OF BIRTH 9 May, 1919.

PLACE OF BIRTH Toronto, Ont. OCCUPATION Wire Cleaning

RELIGION R.C. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 619 Christie St. Town Toronto Province, etc Ont.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
21	9	39	H. O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'7"	fair	blue	fresh	appendix operation.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Wife 15/2/43 NAME (in pencil) Mrs. Dorothy E. Boyle

ADDRESS (in pencil): Street and No. 66 McLevan Road Town Toronto Province, etc. Ontario.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
18	5	43	Qual. Prof. for Signalman.

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
25	10	42	1st GCB	Granted

FILM NO. WBR-5242-2
DATE

SECOND CLASS FOR CONDUCT

From	To

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. received.

W.S.G. APPLICATION 952 RECEIVED

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V7637 OFFICIAL NUMBER | NAME BOYLE, (Surname) Thomas, (Given Names) | OFFICIAL NUMBER P/E V7637

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Div. Str. Toronto	Ord. Smn.	21	9	39		V.G.	Sat.	31	12	39							
Duty Div. Hdqrs.	"	25	10	39		V.G.	Sat.	31	12	40							
Stadacona	"	29	2	40		V.G.	Sat.	31	12	41							
Stadacona	Ord. Sig.	5	4	40		**V.G.**	**Sat.**	**31**	**12**	**42**							
Reindeer	"	25	7	40		V.G.		20	9	43							
Protector	"	9	10	40													
Lisgar	"	29	12	40													
Reo	"	24	1	41													
Moonbeam	"	22	3	41													
"Avalon"	"	20	8	41													
"Eyebright"	"	13	9	41													
"Avalon II"	"	12	10	41													
"Alberni"	"	19	10	41													
Stadacona	"	27	4	43													
"	Sig.	18	5	43	Rated												
St.Croix	"	25	6	43													
DISCHARGED	"	20	9	43	MISSING ON ACTIVE SERVICE (Casualty List)												

General Remarks

Hosp. to 1-9-41
Can.Memorial Cross awarded to:
Wife: Mrs. Dorothy E.Boyle,
466 Millwood Rd., Toronto, Ont.
31st December, 1943.
Mother: Mrs. E.E. Boyle,
123 Humewood Drive,TORONTO, Ont.,
on 13-1-44.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	I.D.	PERM. RESIDENCE PROV.	CTY.	TOWN	PREV. EMPL. SERV.	DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
9	5	19	11	380	0	10	X	1	56	14	0	23	0	08	75

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.
21	09	39	25	10	39	

SENIORITY DY.	MO.	YR.	STR. CAT.
18	05	43	09

ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
			0380	0	11	24

NOK-SUB. M. A B ST.
20

CODED 20-09-43 CHECKED

SW AA

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLAS

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL ~~B.O.Y.L.E.~~ Thomas .....RANK/RATING .....~~Sig~~.....OFF.NO. ....

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DA				
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENC
Toronto Div	25.10.39	28.2.40							
Reindeer	25.7.40	8.10.40	76	Atlantic					
Lisgar	29.12.40	23.1.41	26	Atlantic					
Res	24.1.41	21.3.41	57	Atlantic					
Moonbeam	22.3.41	19.8.41	151	Atlantic					
Avalon	20.8.41	12.9.41	24	N.F.					
Eyebright	13.9.41	11.10.41	29	Atlantic					
Avalon II	12.10.41	18.10.41	7	N.F.					
Alberni	19.10.41	26.4.43	535	Africa					
St. Croix	25.6.43	20.9.43	88	Atlantic					
Discharged "Dead" To date 20.9.43									

ERIFIED BY .A. Hastens.....

VERIFIED BY .....

VERIFICATION FORM

N STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATING .....Sig.....OFF.NO. ....V.7637.....ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
								1939-45	/	Star
Atlantic								ATLANTIC	/	Star
Atlantic								FRANCE G.		
Atlantic								AFRICA	2	@ Clasp
Atlantic								PACIFIC		
N/=								BURMA		
Atlantic								ITALY		
N/=								DEFENCE		
Africa								C.V.S.M.	2	@ Clasp
Atlantic								" CLASP		
								WAR 1945	/	Medal
								WAR 1915		

VERIFIED BY .....

VERIFIED BY .....

.....
DIR. OF PERSONNEL RECORDS.

Compiled from Headquarters' records & file 113-B-591 - 26th August, 1943.

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

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

CERTIFICATE of the SERVICE of

Thomas BOYLE

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V 7637
	Toronto, Ontario	"
		"

Date of Birth 9 May, 1919

Place of Birth Toronto, Ontario

Place of Residence 619 Christie St, Toronto, Ont.

Trade brought up to Wire Weaving

Religion Roman Catholic

Name and Address of Nearest Relative or Friend (in pencil)

Wife

Mrs Dorothy E. Boyle

466 Millwood Road

Toronto, Ontario

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

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	21 Sep '39	Duration Hostilities	O.D. Seaman

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	7 1/8	35 3/4	147	Fair	Blue	Fresh	Appendix operation.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Toronto Div.		Ord. Sea.	21 Sep '39	24 Oct '39	
	On Active Service 25 Oct '39					
	Toronto Div.		Ord. Sea.	25 Oct '39	28 Feb '40	
	Stadacona		—"—	29 Feb '40	4 Apr '40	
	—"—		Ord. Sig.	5 Apr '40	24 July '40	
	Reindeer	✓	—"—	25 July '40	8 Oct '40	
	Protector		—"—	9 Oct '40	28 Dec '40	
	Lisgar	✓	—"—	29 Dec '40	23 Jan '41	
	Rea	✓	—"—	24 Jan '41	21 Mch '41	
	Moonbeam	✓	—"—	22 Mch '41	19 Aug '41	
	Avalon		—"—	20 Aug '41	12 Sep '41	
	Eyebright X	✓	—"—	13 Sep '41	11 Oct '41	
	Avalon II		—"—	12 Oct '41	18 Oct '41	
	Alberni	✓	—"—	19 Oct '41	31 Oct '42	
	Niobe (Alberni)	✓	—"—	1 Nov '42	15 Mch '43	
	Stadacona (—"—)	✓	—"—	16 Mch '43	26 Apl '43	
	Stadacona		—"—	27 Apl '43	17 MAY '43 24 June 43	
	Avalon (St. Croix)	✓	SIG.	18 MAY '43 25 June 43	20 Sep '43	4353 "D. D."
	St Croix			25/6/43		

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature

DISCHARGE

. D."

Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
18 May '43	Qual. Prof. for Sig.				

Name Thomas BOYLE Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G	Sat (and Sig)	31 Dec '39	
		V.G.	Sat (and Sig)	31 Dec '40	
		V.G	Sat (and Sig)	31 Dec '41	
		V.G.	Sat (and Sig)	31 Dec '42	
		VG	— (Sig.)	20 Sep '43	[signature]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B or G.C.B	1st, 2nd, 3rd	Granted, Deprived Restored
			43519
25 Oct '42	GCB	1st	GRANTED

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

S.—1246 (late S.—1326).
T.S.—97.
(Established—July, 1901.)
(Revised—May, 1938.)

To be kept attached to the Service Certificate until final discharge from the Service.

SIGNAL HISTORY SHEET.

Name BOYLE · T ·

Official No. 7637 Joint

I. EXAMINATION RECORD.

To be filled up according to the result obtained after examination.

9421/D5234 4250/7/39 Wt & Sons Ltd 221c*/64315/

Date	Nature of Examination Qualifying or Requalifying		Fleet Work		Miscellaneous		Procedure		Coding		W/T	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Mast and Marching Manœuvres	Paper	Oral	Paper	Practical	Paper	Practical	Paper	T	R			Mechanical	Hand Flags			
	FOR T.O. (V/S) (Provisional)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	——	—
		% Obtained																		
	FOR T.O. (V/S) (Final)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	——	—
		% Obtained																		
	FOR V/S 3 State whether after a qualifying course	% Required	80	—	—	80	80	—	80	80	75	80	90	97	96	98	98	—	——	—
		% Obtained																		
	FOR V/S 2	% Required	80	80	80	80	80	80	80	80	75	80	90	97	96	98	98	—	——	—
		% Obtained																		
	FOR V/S 1	% Required	80	85	80	80	80	85	80	80	80	85	90	97	96	98	98	—	——	—
		% Obtained																		

II. Date of Granting of Non-Substantive Rate.

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (V/S)			V/S 3			V/S 2			V/S 1		

N. 2424/33.
N. 1584/38.

III. Boys Examinations.

(I.) ON PASSING OUT OF TRAINING ESTABLISHMENT.

Date		Paper	Oral	School	Procedure Pract.	Buzzer T	Buzzer R	Flashing	Morse Flag	Semaphore Mech.	Semaphore H.F.	Passed or Failed	Training Establishment	Initials of Examining Officer
	% Required	75	65	40	75	75	85	90	88	90	90	—	—	—
	% Obtained													

(II.) FOR ACCELERATED ADVANCEMENT TO ORDINARY SIGNALMAN.

Date		Paper	Oral	Coding Pract.	Buzzer T	Buzzer R	Flashing	Morse Flag	Semaphore Mech.	Semaphore H.F.	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	% Required	75	75	70	75	85	95	92	96	96		—	—
	% Obtained												
	% Obtained												

IV. Examination for Ordinary Signalman ~~(S.S)~~. VR

Date		Fleet Work Paper	Fleet Work Mast	Oral Flags PTS	Procedure Paper	Procedure Pract.	Coding Pract.	W/T Paper	Buzzer T	Buzzer R	Flashing	Morse Flag	Semaphore Mech.	Semaphore H.F.	Passed or Failed	Initials of Examining Officer
	% Required	~~66~~	~~90~~	75 ~~80~~	~~65~~	~~80~~	~~66~~	~~75~~	~~75~~	~~85~~	75 ~~90~~	75 ~~88~~	~~90~~	75 ~~90~~	—	—
	% Obtained															

V. Training Class Certificate.

No Ordinary Signalman is eligible for advancement to the rating of Signalman until this Certificate has been obtained.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	W/T	75				

VI. Examination for Signalman.

Date		~~Fleet-work~~ Paper *	Misc. Oral	Procedure Paper *	Coding Pract.	Buzzer T	Buzzer R	Flashing T	Flashing R	Morse Flag T	Morse Flag R	Semaphore Mech. T	Semaphore Mech. R	Semaphore H.F. T	Semaphore H.F. R	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
								70	85	70	80	75	80	75	80			
	% Required	75	75	~~75~~	~~75~~	~~75~~	~~85~~	95		92		96		96				
17.5.40	% Obtained	73.5	50					80	94	75	100	75	80	85	88	F	Sme Sig School Sgn	
18.5.43	% Obtained	ORAL 80	82	75	90.5			95		100		100		98		P	H.M.C. Sig School Halifax.	Initialled
	% Obtained																	

221/672

* One combined Paper.

TL Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

R.C.N.V.R.

Name: BOYLE (Surname) Thomas (Christian Names) No.: V.7637

Sigmn. (Rank) H.M.C.S. "ST. CROIX". (Unit) 20/9/43. (Date of Death)

AMOUNT

L.P.C. ..... $ 84.98

Other Credits 7.30

Total 92.28

Date: February 26, 1944.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Widow 103695	Mrs. Dorothy, E. Boyle, 26 Dynevor Road, Toronto, Ontario. (As next of kin entitled)	92.28

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	531	00	50	000	92.28

CLASSIFIED BY

EXAMINED BY ORIGINAL SIGNED BY E. G. COLLYER

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by L. M. FIRTH

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

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY E. G. COLLYER

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

44

Six Copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN, OR BOY

H.M.C.S. ...AVALON (ST. CROIX) at ST. JOHN'S, NEWFOUNDLAND.

Name (Christian names in full) ...Thomas BOYLE.....

Rank or Rating...Sig..... Official No....V-7637...R.C.N.V.R.
(If unknown date of first entry)

Place of Birth..Toronto, Ont..... Date of birth..9th May, 1919.

Occupation in Civil Life..Wire Weaving....Religion..Roman Catholic

Number of Years Service in the Navy (Long Service R.C.N. or mobolized service in the case of R.C.N. (Temp.) Reserve ratings)

.....3 YEARS 331 DAYS.....

Date of Death..20th Sept.1943.... Place of Death..AT SEA.....

Cause of Death.....Loss of H.M.C. SHIP.....
.....

Nearest known relative or friend) Name...Dorothy E. BOYLE...Relationship...WIFE...
Address..466 Kelkwood Road,.....
.....Toronto, Ont.....

Date on which the above was informed by ship..SEP. 27 1943.....
Date on which death was registered with local officials.....
In the case of Imperial Service men whether Active Service Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin according to Nationality.
.....

Place of Burial.....No Burial.....Date of Burial.....Not applicable
(If known) (If known)

Location, Number etc, of Grave...Not applicable.....
(If known)

Undertaker employed .....Not applicable.....
(If any)

If borne for discipline only, date D.S.Q. or invalided.....Not applicable

---

Commander, R.C.N.,
COMMANDING OFFICER

The Secretary, Naval Board,
Ottawa, Canada.

....14th October.....194 3

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

44

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H.M.C.S. ...AVALON (ST. CROIX) at ST. JOHN'S, NEWFOUNDLAND.

Name (Christian names in full) ...Thomas BOYLE.....

Rank or Rating...Sig..... Official No....V-7637...R.C.N.V.R.
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friend) .....Toronto, Ont.....

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Location, Number etc, of Grave....Not applicable.....
(If known)

Undertaker employed .....Not applicable.....
(If any)

If borne for discipline only, date D.S.Q. or invalided.....Not applicable

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The Secretary, Naval Board,
Ottawa, Canada.

....14th October....1943.

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

IN REPLY PLEASE QUOTE

CANADA

Department of National Defence

Naval Service

No. N.S. 113-B-591.
PERS.(N)

Ottawa, Canada. DEC 29 1943

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
BOYLE, Thomas Signalman, O.N. V-7637, R.C.N.V.R..	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Wife: Mrs. Dorothy E. Boyle, 466 Millwood Road, TORONTO, Ontario.

ALLOTMENTS IN FORCE

IN FAVOUR OF		AMOUNT	INITIALS
Mrs. Dorothy E. Boyle, 466 Millwood Rd., Toronto, Ont.	D.A. $35.00 A.P. 36.00 Bonus 1.40 72.40	Stopped. Sept. 30/43	
Bond Clothes Shop, 434 Barrington St., Halifax, N.S.	5.00	Stopped Sept. 30/43.	

JAN 4 1944 NAVAL H.Q. OTTAWA NATIONAL DEFENCE

WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

H.Q. 1010A
500M-1-42 (2870)
N.S. 815-7-1010

CANADA

DEPARTMENT OF VETERANS AFFAIRS

Ottawa, 28th November 1949

IN YOUR REPLY REFER TO FILE NO. N.S. V-7637 (R 3F)

Mrs. Ernest Boyle,
466 Vaughan Road,
Toronto, Ontario.

Dear Madam:

In reply to your letter of the 17th instant regarding the awards earned by your late son, Thomas during his service with the Royal Canadian Navy, you are advised that the distribution of medals is governed by certain regulations and in this case the widow although re-married is entitled to them.

However, if you can obtain and forward to us a written consent showing that Mrs. Sampano is willing to relinquish her entitlement to the medals, we would be glad to forward them to you.

We will expect to hear from you again soon and will hold the awards in the meantime.

Yours truly,

J.G. Payne

H.M. Jackson,
Director,
War Service Records.

FGP/CS

RE 9582

V.7637

378 Lauder Ave.,
Toronto 10, Ontario

14405

F. G. Payne,
W. M. Jackson, Director,
War Service Records.
Ottawa, Canada.

K.L.: N.S. V-7637 (R-3F)

Dear Sir:

I am writing, as requested in your letter of Nov. 28th, to relinquish my entitlement of Thomas Bayle's medals to his mother — Mrs. Ernest Bayle.

Thank you.

DEPARTMENT OF VETERANS' AFFAIRS
DEC 27 1949
WAR SERVICE RECORDS
OTTAWA CANADA

(Mrs.) Dorothy Sampono
(formerly) Mrs. Thomas Bayle

Noted 18-1-50
R3d (11)

[redacted] 8670

Mrs. Ernest E. Boyle
466 Vaughan Rd.
Toronto, Ont
Nov. 17 1944

Dear Sir: or

Recently I sent a post card for my late son's war medals and have received no word as yet about them and would appreciate some answer on them. He was married to a Mrs. Dorothy Boyle but the last few years she has remarried so I'd think she's lost claim on them.

My son was in the Canadian Navy killed in action his number being V 7637 Sig. Thomas Boyle. Will be looking forward to some word. He was in the Navy from 1939-1943.

V 7637

Sincerely Yours
Mrs. E. E. Boyle

8030

H.Q. 1000
15M (ENGLISH)-9-44
N.S. 7570-H.Q. 100

IG

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
NAVY

STATEMENT OF WAR SERVICE GRATUITY

NAME Deceased member's Thomas (CHRISTIAN NAMES) BOYLE (SURNAME)

REGISTER NO. 952
FILE NO. NS.V-7637
DATE 24 Feb/45.
SERVICE NO. V-7637
FINAL RANK OR RATING Stg.

ADDRESS Payee: Mrs. Thos. BOYLE, 26 Dynevor Road, Toronto, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Sep/43 DATE OF DISCHARGE 20 Sep/43.

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1427/30 EQUAL TO 47 COMPLETE PERIODS AT $7.50	352.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 982 LESS 17 INELIGIBLE DAYS, EQUAL TO 965 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	241.25	
	SUB TOTAL		
C. SUPPLEMENT FOR OVERSEAS SERVICE	DAILY RATES AT DISCHARGE		
	PAY $ 2.00		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.45		
	ADDITIONAL PAY 1 B. $ .05		
	R.L.M. $ .25		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ $ 1.15		
	TOTAL $ 4.90 X7 = $ 34.30		
	NO. OF DAYS 965/183 X$ 34.30	180.87	
D. WAR SERVICE GRATUITY		774.62	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $ NIL		
F. AMOUNT PAYABLE	(THIS AMOUNT IS PAYABLE IN ..... MONTHLY INSTALMENTS OF $ ..... EACH)	774.62	

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A & B. 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	774.62								
CHEQUE No.	111852								
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.

PREPARED BY	CHECKED BY
SJD	JA

TREASURY

CHECKED BY	DATE
W.H. Cumner	5/3/45

for Dir. Naval Pay. Acting.

SERVICE REPRESENTATIVE

Typed

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name THOMAS (Christian Names) BOYLE (Surname)

Payee Mrs. Thos. Boyle

Address 26 Dynevor Road, Toronto, Ont.

Register No. 952
File No. V 7637
Date 2/1/45
Service No. V 7637
Final Rank or Rating Sig.
Date of Discharge 20 Sept. 43

Date of termination of overseas service

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 727/30 equal to 47 complete periods at $7.50		352. 50
B. QUALIFYING OVERSEAS SERVICE No. of days 982 less 17 ineligible days equal to 965 days @ 25¢ per day		241. 25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE		
Pay $ 2.00 Subsistence or Lodging and Provision Allowance $ 1.45 Additional Pay 1-13 $ .05 H.L.M. $ .25 $ Dependents' Allowance 1/30 of $ 1.15 Total 4.90 x 7 = $ 34.30		
No. of days 965/183 x $ 34.30		180. 87
D. WAR SERVICE GRATUITY		774. 62
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		774 62

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $_____ of $ = $ 774.62
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

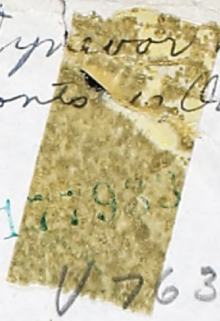
Treasury	
Checked by	Date

Service Representative

D.N.P.A. CHECK

1		6	
2		7	
3		8	IC
4		9	
5		10	

26 Dynevor Rd.
Toronto 13, Ontario



V-7637(d)

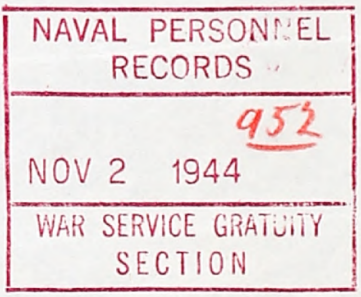
The Secretary,
Naval Board,
Naval Service Headquarters,
Ottawa, Ontario

Dear Sir:

Will you please send me an application form for the war service gratuity?

My husband was killed in action on the St. Croix in 1943.

Sincerely,
Mrs. Thos. Boyle.




RECEIVED
OCT 25 1944
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

113-B-591

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-7637 Rank or Rating Signalman

BOYLE (Surname) Thomas (Christian names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment.....

DECISION OF THE BOARD

1. Casualty Presumed dead Date Sept. 20/43 Authority Off.i/cRecords folio 10

Dependents' Allowance previously in pay for wife .....$ 35.P.C.L.B.

Assigned Pay .....$ 36.

2. Effective October 1,1943 vacate previous award and pay for a period of six months to Mrs. Dorothy E. Boyle,
466 Millwood Road,
Toronto, Ontario.

A. A sum equal to Dependents' Allowance .....$ 35. P.C.L.B.

and an assignment of 15 days' pay of rank.....$ 30.

Total .....$ 65. P.C.L.B.

- OR -

B. A sum equal to Pension Rates, which in this case are higher.....$

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates $ 60.00 and continue until advice is received of Canadian Pension Commission's decision.

4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.

5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.

RECEIVED FEB 3 1944 N.S. H.Q. CENTRAL REGISTRY

.....(Chairman)

Reviewer K. Beardsley .....(Member)

Date January 25,1944. .....(Member)

D.A.B. 20CD
50M—5-43 (9890)
H.Q. 1772-45-20

Noted - EJ.

REGISTERED

AIR - MAIL

LA/CM

N.S. 113-B-591. PERS.(N)

DEC 29 1943 48

Dear Mrs. Boyle:

Further to my letter of the 27th of September, 1943, in view of the length of time that has elapsed since your husband, Thomas Boyle, Signalman, Official Number V-7637, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "ST.CROIX", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 20th of September, 1943.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

LETTER dispatched by NAVAL PERSONNEL DEC 28 1943

SECRETARY, NAVAL BOARD.

Mrs. Dorothy E. Boyle,
466 Millwood Road,
Toronto, Ontario.

H. E. MONTGOMERY
PAY LIEUT. CDR.
OFFICER-IN-CHARGE
NAVAL PERSONNEL ASSISTANT

MEMORANDUM:

With reference to your submission of the Headquarters' message, reading as follows, is hereby confirmed:

Medical Board Proceedings ( ) respecting the above named, returned herewith for record purposes.

BY ORDER

for (J. O. Cossette),
Naval Secretary.

N.S. 113-B-591.
PERS.(N)

LA/CM

+6

DEC 29 1943

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
BOYLE, Thomas Signalman, O.N. V-7637, R.C.N.V.R..	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Wife:Mrs. Dorothy E. Boyle, 466 Millwood Road, TORONTO, Ontario.

ALLOTMENTS IN FORCE

IN FAVOUR OF	AMOUNT	INITIALS
rs. Dorothy E. Boyle, 66 Millwood Rd., oronto, Ont.	D.A. $35.00 A.P. 36.00 Bonus 1.40 72.40 Stopped. Sept. 30/43	
ond Clothes Shop, 54 Barrington St., alifax, N.S.	5.00 Stopped Sept. 30/43.	

WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD. E.M.C.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

N.P.R./5-2

C. R.
P. A.
TREASURY OFFICE
Date 20/12/43
Initial Mad

F O R M B.

FILE: N.S. 113-B-591. PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

DEC 29 1943
(Date.)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BOYLE, Thomas	Signalman	V-7637, R.C.N.V.R.

DATE OF ENLISTMENT - 21st September, 1939. Active Service 25th October, 1939.

DATE OF DISCHARGE - 20th September, 1940.

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

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

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

Missing, presumed dead. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife NAME Mrs. Dorothy E. Boyle

ADDRESS 466 Millwood Road, Toronto, Ontario.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS: .....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
Mrs. Dorothy E. Boyle, 466 Millwood Rd., Toronto, Ont.	Wife.		
Bond Clothes Shop, 434 Barrington St., Halifax, N.S.	$5.00 Stopped Oct. 1943.		

	D. A.	A. P.	TOTAL
Monthly Rate:	35.00	36.00	71.00

To whom Paid: Mrs. Dorothy E. Boyle ADDRESS 466 Millwood Rd., Toronto, Ont.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: Sept. 30th, 1943.

The final deduction of Assigned Pay for 36.00 has been made for the period from 1st to 30th of September 194.

Remarks:

Computed by M.W.

Checked by L'Abbé

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

The Secretary, Dept. Pensions & National Health,
Daly Building, Ottawa.

TFH:PMB

FIEE: NS.113-B-591 (Pers.N.)

18

27th September, 1943

Dear Mrs. Boyle:

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 husband, Thomas Boyle, Signalman, Royal Canadian Naval Volunteer Reserve, Official Number V-7637, is missing on war service.

According to the report received, your husband 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 husband'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 husband 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 willthen 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 husband has helped to maintain.

Yours sincerely,

LETTER dispatched by PERSONNEL NAVAL
SEP 27 1943

SECRETARY, NAVAL BOARD

Mrs. Dorothy E. Boyle,
466 Millwood Road,
TORONTO, Ontario

H.B. Money
NAVAL PERSONNEL REC

515 Brunswick Ave
Toronto 13

R 2 62058

P266782 3-B-591

Dear Sir

This is to notify you of my change of address from:

Mrs. Dorothy E. Boyle
26 DYNEVOR ROAD
TORONTO, ONTARIO To:

515 BRUNSWICK AVE.
TORONTO, ONTARIO

I don't know whether this is sufficient information for your records or not.

My husband's address is:

Sig. Thos Boyle, V7627,
H.M.C.S. Algoma,
% F.M.O., HALIFAX, Nova Scotia

noted 9/11/42

SEALED ONE * * 1 00

Sincerely,
Mrs D. E. Boyle

Noted in Service Records by...

P.S. My first cheque was made out from H.M.C.S. Avalon, St. John's, Newfoundland

SEVENTY ONE * * 7 1 . 0 0

BOYLE, THOMAS V-7637

MRS. DOROTHY E. BOYLE.

515 BRUNSWICK AVE.,
TORONTO, ONT.

113-D-S91

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

18833 1

Name (in full) Thomas Boyle

Date and Place of Birth May 19 1919
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent Place of Residence 619 Christie St.

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? Seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade Plumbers helper Unemployed.
(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? no

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

What is your weight? 147 What is your height? 5 ft 7 ½

What is your chest measurement (not inflated)? 35 3/4

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.

Thomas Boyle Signature

Sept 21 / 1939 Date

619 Christie St. Address

A Hamilton
(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 May 19 1919

M.E. 30 0.16.

Signed A Hamilton
Company Commanding Officer

N. V. 3
5M—6-28
N.S. 815—11—3