A4554
BURGESS
IRA URBAN

NATIONAL DEFENCE
MAY 15 1941
N.S. [illegible]

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full IRA URBAN BURGESS (b) Reg'l. No. A 455 F
2. (a) Arm of service Army (b) Unit R C N R (c) Rank A B.
3. (a) Date of birth 6/4/12 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Port Maitland N.S
4. (a) Place of enlistment Halifax (b) Date of enlistment 9/5/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 years (b) Were you attending school or college up to the time of enlistment? —
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.) 4 years high school
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? 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? —
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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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 Fishing (b) Where was it located? Port Maitland N.S
23. (a) Number of years engaged in this business 16 years (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Yes

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? — (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? — (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? —
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 Naval Engineering

DATE 9th May 1941 SIGNATURE Ira U. Burgess

O.H.F.
RECEIVED

MEMORANDUM FOR

Mrs. Florence Mae Burgess
South West Port Mouton
Queen's Co., Nova Scotia

P. 64

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.123-B-463 FD.233

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 4, 1943

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

BURGESS, Ira Urban, A.B.

No. A.4554, R.C.N.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) 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		Florence MacBurgess	18	S.W. Port Maitland Nova Scotia
2	Children of the Deceased and dates of their Births		Ira Richard Burgess Born 25 March 1944.		
3	Father of the Deceased		Thomas Burgess	69	11 January 1930
4	Mother of the Deceased		Mrs. Lucy Ann Burgess	67	S.W. Port Maitland N.S.
5	Brothers of the Deceased	Full Blood	Aubrey M. Burgess	22	26 April 1919
			Elmer V. Burgess	43	S.W. Port Maitland N.S.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Mildred V. Sherman	46	13 Menalock St Portland Me.
			Mrs. Muriel H. Williams	41	Sullivan Maine
			Mrs Elva D. Brooks	29	142 Massachusetts Avenue. Portland Maine
		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
	Aubrey M. Burgess 26 April 1919	———	———

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Ira Urban Burgess
9	Date of his birth	6 April 1912
10	Place and date of his marriage.	Port Maitland N.S. 9 June 1943
11	Place and date of his parents' marriage.	Liverpool N.S. 6 September 1894

PARTICULARS OF DOMICILE

12	Place where deceased was born.	S.W. Port Maitland N.S.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Nova Scotia 4 (b) New York State 3 years (c) Nova Scotia 1 (d) State Maine 9 Nova Scotia 1
14	Nature of employment before enlistment.	Fisherman
15	State whether he owned the premises in which he lived and, if so, where situated.	He lived in his Fathers Estate
16	Name place where deceased stated he intended to make his permanent home.	S.W. Port Maitland Nova Scotia

PARTICULARS OF ESTATE

17	Did he leave a Will?	Do not know
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?	
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.	The Royal Bank of Canada Liverpool N.S. $607.46
20	Amount of War Savings Certificates held by deceased.	
21	Amount of Victory Loan Bonds held by deceased.	
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.	
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.	
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.	

(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

*Brother of the deceased.

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

Elmer V. Burgess — {Signature of Informant}

D. H. Post Moulton N. D. — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Elmer V. Burgess {Name of Informant} is the* Brother 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 Fort Moulton N.D. this 20th day of January 19 44

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

Address Fort Moulton, N. D.

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

B.H.I.

N. R. 5

30M—7-40 (5932)
N.S. 815-12-5

CANADA

2906

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME Burgess ✓ OFFICIAL NO. A4554.

CHRISTIAN NAMES Ira Urban ✓ MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS	RELIGION
South West Port Mouton, Liverpoole, N.S.	Baptist

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
April 6th 1912 ✓	Town South West Port Mouton County Queens Co., Province Nova Scotia	Mrs Lucy Anne Burgess (Mother) South West Port Mouton, Queens Co, Nova Scotia ✓

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 7 142	Inflated 36 Deflated 33 Mean 35	Brown	Blue	Ruddy	Scar on left thumb,

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
9th May 1941 ✓	Able Seaman (Temp) ✓	Fisherman ------- Own Business

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) (a) That it is my intention to follow the sea for a period of at least five years from this date.

(b) ~~That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~

(c) ~~That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

2915
Ledgers 2/3

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

Cross out clause not applicable.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in xxxxxxxx NIL for the xxxxx period shown. xxxxxx

Served in	Rank	From	To
		NIL	

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— And / or duration of Hostilities

(a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 9th day of May 1941

x Ira U. Burgess
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant x Ira U. Burgess

Witness HHB

Date 9th May 1941 Rank Lieutenant, R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 9th day of May 1941

HHB
(Signature of Officer and rank)
Lieutenant, R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody

P 56793

Can. B. 207

60M—4-40 (4636)
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and **forwarded to the Naval Secretary, Department of National Defence, Ottawa.**

I, the undersigned, have examined.....BURGESS Ina Urban.....

‡candidate for entry as.....AB RCNVR.....

and I believe him to be *{in all respects fit for His Majesty's Service. / ~~unfit for His Majesty's Service for the reason stated below.~~} He has signed the Certificate given below in my presence.

‡Strike out if inapplicable. * Delete one.

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

(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 revaccinated 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. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Haemorrhoids, etc.
29 Yrs 1 Mths	lbs. 142	ft. ins. 5.7	Fair	inches (a) maximum 36 (b) minimum 33 (c) mean 35	right eye 6/6 left eye 6/6 colour vision N Ish.	1926	Normal *X-Ray Opp	Normal	Normal	Normal	Normal	Normal	Deficient 7 Defective 2 Normal	Normal

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

.....Ina U. Burgess.....
Signature of Candidate

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

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

This Candidate is the subject of.....

.....

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

*Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at Halifax the 7 of May 19 41

J. R. Hackney
Examining Medical Officer

(Rank) SURGEON LIEUT.

D OF D 20-9-43 265797

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY D.D.

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
BURGESS	Ira Urban	A-4554	A.B.		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	19 - 30/9/49
Atlantic Star	
Africa Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

9-02-90

RCNR Nov. 45 "ST. CROIX"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Florence M. Burgess - Widow

ADDRESS: South West Port Mouton, QUEEN'S COUNTY, N.S.

(2) MEMORIAL CROSS
WIDOW: Mrs. F.M. Burgess

ADDRESS: South West Port Mouton
Queen's Co., N.S.

(3) MEMORIAL CROSS
MOTHER: Mrs. L.A. Burgess

ADDRESS: South West Port Mouton
Queen's Co.; N.S.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 668
(2) 3-1-44
(3) 3-1-44

A-64

M.F.M. 16A
60M—6-40 (5636-7)
H.Q. 1772—39-1665

P 63545

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(NAVAL)

MAY 31 1941
N.S. CANADA

122-B463
1

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

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

1. Surname of applicant BURGESS

2. Full Christian name or names IRA U.

3. Official Number N.K. NEW ENTRY 4. Rank A.B. RCNR

5. Unit, Station, or Establishment H.M.C.S. STADACONA

6. Date appointment or enlistment 9 MAY 1941

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

7. Date reported for duty 9 MAY 1941

8. Are you a member of the permanent forces, military or air? NO

If so (*a*) State permanent establishment, unit or station

(*b*) Are you receiving permanent force rates of pay and allowances? YES

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

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

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month NO

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment FISHERMAN

$ 150.00

12. Name of dependent BURGESS (Surname) LUCY ANN (Christian Name) MRS (Mr. Mrs. or Miss)

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

13. Address SOUTH WEST PORT MOUTON QUEENS CO. N.S.

14. Age of dependent ....64.... 15. Relationship ....MOTHER....

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

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

....ELMER BURGESS PORT MOUTON, BROTHER SON AND SELF....

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?....

(State relationship) ELMER BURGESS ....SON....

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

Yes or no

....

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any....TOO OLD (DIABETIC)....

....

....

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

....SINCE 1931....

21. Are you the sole or partial support?....PARTIAL....

State whether sole support or partial support

22. (*a*) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months....ABOUT $ 100.00....

....

....

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

....

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

....

....

24. If dependent is your mother, is your father living?....NO....

Yes or No

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

....

....

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

Name	Address	Age	Occupation	Married or Single
MRS MILDRED CHARMAN	13 HEMLOCK ST PORTLAND MAINE	40	HOUSE WIFE	MARRIED
MRS ELVA BROOKS	142 MASS., AVE PORTLAND MAINE	26	HOUSE WIFE	MARRIED
MRS HILDA WILLIAMS	SULLIVAN MAINE	38	HOUSE WIFE	MARRIED
MR ELMER BURGESS	SOUTH WEST PORT MOUTON QUEENS CO. N.S.	40	FISHERMAN	SINGLE

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

MR ELMER BURGESS FISHERMAN ABOUT $ 100.00

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

SELF AND BROTHER LIVED WITH AND SUPPORTED MOTHER

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

Dependent's Average Monthly Income from:		*Dependent's Average Monthly Allowances from:*	
Personal earnings	$ NIL	Workmen's Compensation Award. NIL	$ NIL
Contributions and allowances from other members of family.	$ ~~NIL~~ 16.50	Widow's Pension. NIL	$ NIL
Insurance NIL	$ NIL	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) NIL	$ NIL
Dividends from shares, bonds, etc. NIL	$ NIL	NIL	$ NIL
Interest on loans or mortgage NIL	$ NIL	NIL	$ NIL
Rentals. NIL	$ NIL	NIL	$ NIL
Other NIL	$ NIL	NIL	$ NIL
Total NIL	$ ~~NIL~~ 16.50	Total NIL	$ NIL

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

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

($28.00) 15 days' pay.

29. Date assigned pay effective JUNE 1941

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

nil

[OVER]

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

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

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

A. Wright

Paymaster SUB LIEUT., RCNVR Rank

Lisa H. Burgess

Signature of Applicant

Date 28 MAY 1941

Establishment, unit or station

H.M.C.S. STADACONA

Place HALIFAX, N.S.

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

B.H.I.

N. R. 5
30M—7-40 (5932)
N.S. 815-12-5

P 56792

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME Burgess OFFICIAL NO. A 4554

CHRISTIAN NAMES Ira Urban MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS	RELIGION
South West Port Mouton, Liverpoole, N.S.	Baptist

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
April 6th 1912	Town South West Port Mouton County Province Queens Co., Nova Scotia	Mrs Lucy Anne Burgess (Mother) South West Port Mouton, Queens Co, Nova Scotia

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 7 142	Inflated 36 Deflated 33 Mean 35	Brown	Blue	Ruddy	Scar on left thumb,

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
9th May 1941	Able Seaman (Temp)	Fisherman ------- Own Business

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) (a) That it is my intention to follow the sea for a period of at least five years from this date.

(b) ~~That it is my intention to follow the calling of a Fireman either at sea or on shore, for a period of five years from this date.~~

(c) ~~That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records
Division

1. Noted in Records . . . . . GA
2. Index Card . . . . . GA
3. Non-Sub. Card . . . . . GA
4. Statistical Card . . . . . GA
5. Ration Strip . . . . . GA
6. Pension Card . . . . . GA
7. . . . . .
8. . . . . .

DATE 22/5/41

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in NIL for the period shown.

Served in	Rank	From	To
	NIL		

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— And / or duration of Hostilities

(a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 9th day of May 1941

Ira U. Burgess
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant Ira U. Burgess

Witness H.P. Comm

Date 9th May 1941 Rank Lieutenant, R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 9th day of May 1941

H.P. Comm
(Signature of Officer and rank)

Lieutenant, R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody

A 4554 OFFICIAL NUMBER | FILE NUMBER 123-B-463 | OFFICIAL NUMBER A 4554

NAME BURGESS (Surname) Ira Urban (Given Names) DATE OF BIRTH 6 April, 1912

PLACE OF BIRTH South West Port Mouton, Queens Co., Nova Scotia OCCUPATION Fisherman--Own business

RELIGION Baptist EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town South West Port Mouton, Province, etc Liverpoole, N.S.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
9	5	41	Hostilities only	5' 7"	brown	blue	ruddy	scar on left thumb				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Florence Mae Burgess

ADDRESS (in pencil): Street and No. Town South West Port Mouton Province, etc. Queens Co. N. S. 14-7-43

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.						PARTICULARS
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures) Day	Month	Year	BRIEF PARTICULARS OF OFFENCE	PUNISHMENT	

FILM O. WSR 4617-3- DATE

SECOND CLASS FOR CONDUCT	
From	To

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

O.H.F. Received

W.S.G. APPLICATION 104441 RECEIVED 9/6/45

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

A 4554 OFFICIAL NUMBER | NAME BURGESS (Surname) Ira Urban (Given Names) | OFFICIAL NUMBER A 4554

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
HMCS "Stadacona"	A.B.	9	5	41													
HMCS "HochelagaII"	A.B.	5	7	41													
" "Sorel"	"	20	8	41	N.L.	V.G.	Sat.	31	12	41							
Stadacona	"	8	6	42	171567												
St. Croix	"	14	7	42	(DRD)	V.G.	Sat.	31	12	42							
DISCHARGED	"	20	9	43	("Missing" on War Service) -Dead (Casualty List)) (249A 43650)	V.G.		20	9	43							

GENERAL REMARKS

Canadian Memorial Cross mailed to Wife: Mrs. Florence Mae Burgess, South West Port Mouton, Queens Co., N.S. --3-1-44

Canadian Memorial Cross mailed to Mother: Mrs. Lucy Anne Burgess, South West Port Mouton, Queens Co., N.S. -- 3-1-44

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
06	4	12	14	100	0	60	X	4	14	01	0	19	0	08	94

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	SHIP OR STAD.	RANK OR RATE A	BR.	RANK
09	05	41	09	05	41	0380	0	08	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	ST.		CODED	CHECKED EP
09	05	41	09			20	20-09-43	[illegible]	HK

R. C. N. R.

DURATION OF HOSTILITIES

~~True Copy of the~~

CERTIFICATE of the Service of

Ira Urban BURGESS

in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION: HALIFAX

OFFICIAL NUMBER: A4554.

Date of birth: 6th April, 1912.

Where born: Town: South West Port, Mouton,

County and province: Queens Co., N. S.

Usual place of residence: Dorval, West Port Mouton N/B.

Trade brought up to: Fisherman.

Religious denomination: Baptist.

Next of kin: Mrs Irving Annis - Mother (Deceased) 31/10/41

Can swim:

Man's signature on discharge to pension:

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
9th May, 1941.		Duration of Hostilities		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy						
On advancement to man's rating, or on entry under 28 years	5	7	Ruddy	Brown	Blue	Scar on left thumb.
On re-entry for C.S. or for Non-C.S. after attaining 28 years						
Further description if necessary						

C.N.S. 1243
15M—7-40 (6003)
N.S. 815-9-1243

Name Ira Urban BURGESS

SHIP'S NAME	LIST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE
Stadacona		A.B.	9 May '41	4 July '41	
"Hochelaga II"		—"—	5 July '41	18 Aug '41	
Sambro (Sorel)		—"—	19 Aug '41	12 Oct 41	
Protector (Sorel)		—"—	16 Oct 41	9 Nov '41	
Avalon (Sorel)		—"—	10 Nov '41	12 May 42	
Stadacona (Sorel)		—"—	13 May 42	7 June 42	
Stadacona		—"—	8 June 42	14 July 42	
St Croix		—"—	15 July 42	30 Jan 43	
Niobe (St. Croix)		—"—	31 Jan 43	30 Apl 43	
Avalon (St Croix)		—"—	1 May 43	20 Sep 43	"D.D."

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE

Service

SHIP'S NAME	LIST AND No.		RATING	FROM	TO	CAUSE OF DISCHARGE

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet

DATE	PARTICULARS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE
13 May 41	Id. Card No. 21444		MAY 13 1941	Issued Ident. Card No. 21444	

4

Ira Urban BURGESS.

Name ..... **Conduct**

SECOND CLASS FOR CONDUCT INCLUSIVE DATES		CHARACTER, EFFICIENCY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.) ON 31ST DECEMBER, EACH YEAR AND ON DISCHARGE FROM THE SERVICE				
From	To	Character	Efficiency in Rating, noting Substantive Rating	R.M.G.	Date	Captain's Signature
		V.G.	Sat. (AB)		31 Dec'41	[signature]
		V.G.	Sat. (AB)		31 Dec'42	[signature]
		V.G.	— (A.B.)		20 Sep'43	[signature]

GOOD CONDUCT BADGES

Date	1st, 2nd, 3rd	Granted, Deprived, Restored

	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days
Time Forfeited												

TFH/EMM

REGISTERED

AIR - MAIL

N.S. 123-B.463.PERS.(N).

33

27th September, 1943.

Dear Mrs.Burgess:

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, Ira Urban Burgess, Able Seaman, Royal Canadian Naval Reserve, Official Number A4554, 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 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 husband has helped to maintain.

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL
SEP 27 1943
SECRETARY, NAVAL BOARD.

Mrs.Florence Mae Burgess,
South West Port Mouton,
Queen's Co., N.S.

H.B. Money

NAVAL PERSONNEL RECORDS

76

enc/jac

N.P.R./5-1 FORM A.

FILE: N.S.123-B-463(PERS.(N)

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

35

Sir: 1 October, 1943
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BURGESS, Ira Urban	Able Seaman	A-4554 R.C.N.R.

DATE OF ENLISTMENT - 9 May, 1941

DATE OF DISCHARGE -

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

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

Reason for discharge and - when and where any disability was incurred, or where death occurred. "Missing" on war service. This rating is listed as missing due to enemy action, while serving on Convoy duty in the Atlantic. When official presumption of death has been made, you will be notified further.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife NAME Mrs. Florence Mae Burgess

ADDRESS South West Port Mouton, Queen's County, N.S.

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

H.B. Monet C

for
SECRETARY, NAVAL BOARD.

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

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

(See reverse side for further instructions)

REMARKS: .....

.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follows as soon as possible.

LA/C

REGISTERED

AIR MAIL

N.S. 123-B-463 PERS.(N) 61

DEC 29 1943

Dear Mrs. Burgess:

Further to my letter of the 27th of September, 1943, in view of the length of time that has elapsed since your husband, Ira Urban Burgess, Able Seaman, Official Number A-4554, Royal Canadian Naval 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,

Secretary

SECRETARY, NAVAL BOARD.

LETTER dispatched by
PERSONNEL NAVAL
DEC 28 1943

Mrs. Florence Mae Burgess,
South West PORT MOUTON,
Queen's Co., N.S.

H. B. MONEY
PAY LIEUT. CDR., R.C.N.R.
OFFICER-IN-CHARGE,
NAVAL PERSONNEL DIVISION

MEMORANDUM:

The enrolment of the undermentioned ratings in the Division, R.C.N.V.R., is approved:

NAME	RATING	O.N.	DATE

BY ORDER,

SECRETARY, NAVAL BOARD.

The Commanding Officer,
H.M.C.S. " ",

S 3

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " ST. CROIX " ending 30 Sept (43
19__.

List 5/2 .. No. 10 ....(Name) BURGESS? . Ira ....Rank Rating. A.B. ....No..... A.4554

When entered..... F.R. .....Date of appearance 1 July .Whither dischar D.D.
.....

CREDIT from former account					$ 46.99
Pay as A.B.	from 1 July	to 30 Sept	(92 days @1.85 per day)	$	170.20
Pay as D.A.	from 1 July	to 31 July	31 days @ .65 per day)	$	20.15
Pay as M.A.	from 9 June	to 31 July	53 days @1.15 per day)	$	60.95
Pay as H.L.M. K.U.A.	from 25 July	to 20 Sept	58 days @ .25 per day)	$	14.50
Kit Upkeep Allowance		1 July		$	10.00
OTHER CREDITS G.M.	1 July	20 Sept	82	$	4.92
				$	
			Total Credits....	$	327.71

DEBT from former account..... $ -

PAYMENTS	1st	2nd	3rd	4th	5th		
1st Month	10.00					Total	$
2nd Month	36.00					Total	$ 59.41
3rd Month	13.41					Total	$

Allotment $63.00 - $30.00 July, $30.00 - $10.00 Aug. Sept. $ 173.00

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

Hospital stoppages..... $

Mulcts..... $

OTHER CHARGES "Avalon" Cash Account July 1057..... $ 46.00

..... $

..... $

Total debits..... $ 278.41

Note: Balance Dr. to be shown in RED. Balance Cr. or Dr. $ 49.30

Number of days actually victualled during period mentioned above.. 82....

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

Date: October 26 '43

A/ Pay Lt. Cmdr RCNVR
.....For Accountant Off

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME Ira Urban (CHRISTIAN NAMES) BURGESS (SURNAME)

REGISTER NO. 10441
FILE NO. NSA4554
DATE 12 Dec/45
SERVICE NO. A-4554
FINAL RANK OR RATING A.B.

PAYEE Mrs. Florence Mae Burgess,
ADDRESS South West Port Mouton,
Queen's Co., N.S.

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

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 865/30 EQUAL TO 28 COMPLETE PERIODS AT $7.50	210.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 726 LESS 25 INELIGIBLE DAYS, EQUAL TO 701 DAYS @ 25C. PER DAY	175.25
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
		$
	20.00	$ .67
DEPENDENTS' ALLOWANCE 1/30 OF $	35.00	$1.17
TOTAL		$5.39 ×7 = $37.73
NO. OF DAYS	726/183	×$37.73

C. total: 149.68

D. WAR SERVICE GRATUITY	534.93
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ / OTHER DEDUCTIONS $ NIL	
F. TOTAL AMOUNT PAYABLE	534.93

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 35.00 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 55.00 OF $ 534.93 = $ 340.41

Cheque 145478 - Jan. 2/46

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
LJM	[signature]

TREASURY CHECKED BY	DATE
[signature]	Dec 17/45

[signature]
for Dir. Naval Pay. Acting.
SERVICE REPRESENTATIVE