113-5-1617
P303696 2

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 FRIEND, James Thorpe (b) Reg'l. No. V 52131
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Sea. (Comm)
3. (a) Date of birth 24 Feb. '17 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment New Westminster, B.C.
4. (a) Place of enlistment Vancouver, B. C. (b) Date of enlistment 22 Dec. 1942

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.) Completed 2 Years High School
7. If you attended a university, give name of university and standing or degree secured Nil
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? GASWORKERS UNION

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 B. C. Power & Gas Address ~~Mainline~~ Vancouver, B.C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Power & Gas.
20. (a) Your specific occupation Fitters Helper (b) Number of years' experience at this occupation with any employer 6 months
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? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) ---
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NIL

O.H.F. RECEIVED

DATE 22nd DECEMBER 1942 SIGNATURE J. T. Friend

Mrs Beatrice Friend,
1410 Edinburgh St.,
New Westminster, B.C.

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

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.QNS V-52131 FD 54

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

30 April, 1945

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

FRIEND, James Thorpe Telgphst.

V-52131 R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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.

Col.

Director of Estates.

HRW/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

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		Beatrice Elizabeth Friend	25	1410 Edinburgh St. New Westminster B.C.
2	Children of the Deceased and dates of their Births		Barbara Joan Friend May 13, 1943	2 yrs.	1410 Edinburgh St. New Westminster B.C.
3	Father of the Deceased		John Walter Friend	56	1214 - 5th Ave New Westminster B.C.
4	Mother of the Deceased		Maggie Friend	57	1214 - 5th Ave New Westminster B.C.
5	Brothers of the Deceased	Full Blood	none		
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	(Mrs) Grace Halliday	30	408 - Banks St. Ottawa, Ont.
			(Mrs) Jean Chilton	24	1205 - 5th Ave. New Westminster B.C.
		Half Blood	none		
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
	none				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Thorpe Friend
9	Date of his birth.	February 24, 1917
10	Place and date of his marriage.	New Westminster February 26, 1941
11	Place and date of his parents' marriage.	Edinburgh, Scotland Feb 28 - 1914.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Vancouver, B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) British Columbia 26 yrs (b) (c) (d)
14	Nature of employment before enlistment.	Gas fitter
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.	New Westminster B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	None in civilian life
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. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	One $50 Victory Loan Bond, registered (7th Victory Loan) Have not yet received it.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Prudential Insurance Co of Canada. Amount Payable $1000. Beneficiary - Beatrice E. Friend
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

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

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the *widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Beatrice E. Friend — Signature of Informant

1410 Edinburgh St. New Westminster B.C. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Beatrice Elizabeth Friend {Name of informant} is the* wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at NEW WESTMINSTER this 2nd day of June 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. K. McLeod

Qualification A Notary Public in and for British Columbia

Address NEW WESTMINSTER, B.C.

A Notary Public in and for British Columbia

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

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

(a) To serve from the date thereof for the duration of hostilities, 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 22nd day of December, 1942

Signature of applicant J. T. Friend

(C) CERTIFICATE OF ATTESTING 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 22nd day of December, 1942

Sub-Lieut. RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, James Thorpe FRIEND 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 J. T. Friend

Witness

Date 22nd December, 1942 Rank Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

James Thorpe FRIEND 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 VANCOUVER Division of the R.C.N.V.R. or in the appropriate official documents.

Sub-Lieut. RCNVR
Attesting Officer.

22nd December 194 2 R.C.N.V.R. Division (or other establishment) H.M.C.S. "DISCOVERY"

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.

This is to acknowledge that I have not been indu
enter the Seaman Branch of the
Service by the prospect of being transferred at some
date to another Branch.

J. T. Friend
Si

N. V. 5

50M—1-41 (8973)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME FRIEND OFFICIAL NO. V-52131

CHRISTIAN NAMES James Thorpe MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
734 - 5th Ave. New Westminster, B. C.	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
24th February, 1917 *Original Nationality of: Father Scottish Mother Scottish	Town Vancouver County Province B. C.	Wife: Mrs. Beatrice Friend 734 - 5th Ave. New Westminster, B. C.

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 6¼ 136½	Inflated 40½ Deflated 35 Mean 37	BROWN	HAZEL	MEDIUM	MOLE IN CENTER OF BACK

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Completed 2 Years High School	Fitters Helper: B. C. Power & Gas Vancouver, B. C.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
22nd December, 1942 DIVISIONAL STRENGTH	Ordinary Seaman (Comm.)	H.M.C.S."DISCOVERY"

(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 2nd Bn. Westminster Reg't. (R) 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
2nd Bn. Westminster Regiment CA (R)	Private	Sept. 1940	21 Dec. 1942

(c) I have never been rejected for or discharged 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.

In possession of Unemployment Insurance Book

YES

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

(a) To serve from the date thereof for the duration of hostilities, 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 22nd day of December, 1942

Signature of applicant J. T. Friend

(C) CERTIFICATE OF ATTESTING 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 22nd day of December, 1942

Sub-Lieut. RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, James Thorpe FRIEND 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 J. T. Friend

Witness

Date 22nd December, 1942 Rank Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

James Thorpe FRIEND 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 VANCOUVER Division of the R.C.N.V.R. or in the appropriate official documents.

Sub-Lieut. RCNVR
Attesting Officer.

22nd December 1942 R.C.N.V.R. Division (or other establishment) H.M.C.S. "DISCOVERY"

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.

This is to acknowledge that I have not been in[illegible] enter the Seaman Branch of the [illegible] Service by the prospect of being transferred at some [illegible] date to another Branch.

J. T. Friend
Si[illegible]

113-F-1617

N. V. 5

50M—1-41 (8973)
N.S. 815-11-5

P302693

6

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME: FRIEND OFFICIAL NO. V 52131

CHRISTIAN NAMES: James Thorpe MARRIED, SINGLE OR WIDOWER: Married

PERMANENT ADDRESS	RELIGION
734 - 5th Ave. New Westminster, B. C.	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
24th February, 1917	Town Vancouver County Province B. C.	Wife: Mrs. Beatrice Friend 734 - 5th Ave. New Westminster, B. C.
*Original Nationality of: Father Scottish Mother Scottish		

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 6¼ 136½	Inflated 40½ Deflated 35 Mean 37	BROWN	HAZEL	MEDIUM	MOLE IN CENTER OF BACK

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Completed 2 Years High School	Fitters Helper: B. C. Power & Gas Vancouver, B. C.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
22nd December, 1942 DIVISIONAL STRENGTH	Ordinary Seaman (Comm.)	H.M.C.S."DISCOVERY"

(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 2nd Bn. Westminster Reg't. (R) for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

Personnel Records Division
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Ronao Strip
6. Pension Card
7.
8.
DATE

SERVED IN	RANK	FROM	TO
2nd Bn. Westminster Regiment CA (R)	Private	Sept. 1940	21 Dec. 1942

(c) I have never been rejected for or discharged 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.

In possession of Unemployment Insurance Book

YES

113-F-1617

P302695 3

Can. B. 207

100M—3-42 (3733)
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 James Thorpe FRIEND

‡candidate for entry as Ord. Smn./VS. R.C.N.V.R.

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	Yrs. 25	Mos. 10		(j) Date of last Vaccination for Smallpox	Never
(b) Height with bare feet	Feet 5	In. 6¼		(k) General Development	Good
(c) Weight without clothes	136½			(l) Nose, Throat and Tonsils	Tonsils 4 plus N & T--clear
(d) Ears and Hearing	Repeats W.V. at 20' Drums dry and intact			(m) Heart and Lungs 130/80	Heart normal Chest clear Exer. tolerance normal
(e) Chest Girth	Max. 40½	Min. 35	Mean 37	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 5	Defective 0	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types Pupils react to L & A. NV 0.50D	without glasses	Rt. 6/5	Lt. 6/5	(p) Skin	Clear
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern		Normal	(r) Testes Varicocele	Normal
(i) Chest x-ray {~~not taken~~ / approved / ~~positive~~ / ~~doubtful~~}	S.H. No. 56209			(s) Urine	Negative

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.

James T. Friend
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 Vancouver the 8th of December 1942

D.W. Wilson
Examining Medical Officer

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

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

D.D.

DECEASED 11 April 1945

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
FRIEND	James Thorpe	V-52131	Tel.		

WAR SERVICE BADGE CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
Italy Star	98-5/10/49
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug. 46

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO. 292

(1) MEDALS

PERSON ENTITLED TO: Mrs. Beatrice Friend - Widow

ADDRESS: 1410 Edinburgh St.,
New Westminster, B.C.

(1)

(2) MEMORIAL CROSS

WIDOW: Mrs B. Friend

ADDRESS: 1410 Edinburgh Street
NEW WESTMINSTER, B.C.

(2) 5 June 1945

(3) MEMORIAL CROSS

MOTHER: Mrs J. W. Friend

ADDRESS: 1214 - 5th Avenue
NEW WESTMINSTER, B.C.

(3) 5 June 1945

113-F-1617

4

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

P302692

Name (in full)...James Thorpe Friend.....

Date and place of birth..Vancouver BC 24 Feb 1917.

(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence..New Westminster BC.....

Nearest town to residence (if living in country).....

Are you a British Subject?.....Yes.....

Are you single, married or a widower?.....Married.....

In what capacity do you wish to enrol?..Ord Seaman (Comm)..

Present occupation or trade.....Fitters Helper.....

(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 date and details.

Yes: 2nd Bn Westminster Reg't (R) Sept 40 to 21/12/42

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

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

.....No.....

What is your weight?..136 1/2..What is your height?..5' 6 1/4.

What is your chest measurement (not inflated)?.....37.....

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 innoculated as considered necessary by the appropriate authorities?.....Yes.....

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

J D Friend — Signature

22 December 42 — Date

734 - 5th Ave — Address

New Westminster BC

M Welty S/Lt — 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

.....24 February 1917.....

Signed. M Welty S/Lt
for Commanding Officer

N.V. 17
25,000—2-42 (3665)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

James Thorpe FRIEND

in the Royal Canadian Naval Volunteer Reserve

Identification Card No. 65511 Issued

Training Headquarters	R.C.N.V.R. Division	Official Number V-52131
	HMCL "Discovery"	"
		"

Date of Birth: 24th February, 1917

Place of Birth: Vancouver, B.C.

Place of Residence: 734-5th Ave, New Westminster, B.C.

Trade brought up to: Fitters' Helper

Religion: United Church

O.H.F.

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

Wife;
Beatrice Friend
1410 Edinburgh St.
New Westminster, B.C.

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
	22 Dec '42	Hostilities	Ord Smn (Comm)

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	6¼	37	136	Brown	Hazel	Med	Mole in centre of back
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
	Discovery		Ord Smn (Comm)	22 Dec '42	24 Feb '43	
	On Active Service					
	Discovery		Ord Smn (Comm)	25 Feb '43	23 Apl '43	
	York		—"—	24 Apl '43	27 May '43	
	St Hyacinthe		—"—	28 May '43	25 June '43	
	—"—		O'Tel	26 June '43	13 Jan '44	
	Stadacona		—"—	14 Jan '44	28 Jan '44	
	Stadacona (Ethrick)		—"—	29 Jan '44	24 Feb '44 / 8 Mch '44	
	Stadacona		Tel. —"—	25 Feb '44 / 9 Mch '44	20 Mch '44	(A2391)
	Naden (CNS 389)		—"—	21 Mch '44	18 Apl '44	
	Orkney		—"—	19 Apl '44	3 Nov '44	
	Niobe (Orkney)		—"—	4 Nov '44	13 Feb '45 ~~14 Apl '45~~	D. D.
	Niobe (Le Heulouie)			14 Feb '45	19 Feb '45	CNMO's S.C. 120233 B. - Apl '45.
	Niobe (Strathadam)			20 Feb '45	11 Apl '45.	A. 23648 D. D.

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

Date	Details	Captain's Signature
10 Dec '43	Issued SCTW B 48563	

DISCHARGE

Signature

Sig.
B. - Apl '45

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
16 Mch. '43	Passed E.T. One	[illegible]			
26 June 43	Qual & Trans. Tel.	[illegible]			
25 Sept. 43	Qual. Tel	[illegible]			
1 Feb '45	A 23595 Qual + Rated TEL (T.O.)	[illegible]			

Name James Thorpe FRIEND 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 (O'Tel.)	31 Dec. 43	[illegible]
		V/G	Sat (Tel)	31 Dec 44	[illegible] Lt. RCNVR
		V. G.	Sup ~~Sat.~~ (Tel).	11 apl 45	[illegible]

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

TIME FORFEITED

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

C.N.S. 264 (S. 536D.)
50M-11-40 (7813)
N.S. 815-9-264

V/5

Name James Thorpe FRIEND

Sub-Rating and Seniority Ord Sea (Comm.) 22/12/42 Non-Sub.

O.N. V- 52131 S.B. No. W.B. No.

Joined Ship from Shore

Engagement: Period Hostilities Expires

Date of Birth 24 Feb., 1917 Religion United Church

Character V.G. Efficiency Sat Date 22nd April 1943

Badges Nil Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge

Progressive Pay

L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1			
Higher Educ. Test.			
Professonal for higher Sud-rating			
do Non-Sub.			

Any Non-Service Attainments ——

Swimming Qualification Passed P.P.T. April 15/43

Athletic capabilities Swimming, Tennis & badminton

General Remarks (including intelligence, energy, initiative, powers of command).

"M" test - 181

A very good worker of average intelligence. His attitude is very good being cheerful and always in good spirits. He is a good divisional man. His progress has been good and his interest and willingness is very prominent.

H.M.C.S. "DISCOVERY" [signature]

Officer of Division.
Sub-Lieutenant, RCNVR.

Date 22nd April 1943

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

Capable rating who should be given responsibility, a good operator who has a good knowledge of his work for his rate.

HMCS. ORKNEY
29.3.45

[illegible] Lieut. V.R.
Divisional Officer.

REMARKS:

A cheerful, efficient, and most conscientious telegraphist, who carried out his duties with the utmost zeal and enthusiasm.

H.M.C.S. "ORKNEY" (S.A.)
11 APL., 1945

[illegible] Lieut. (E) RCNVR.
DIVISIONAL OFFICER

S. 239a. (Revised—April, 1937)
200M—4-43 (9498)
N.S. 815-9-239A

Page 1

(Authority—Art. 603, King's Regulations, 1936)

CONDUCT SHEET

NAME James Thorpe FRIEND RATING Tel PORT DIVISION AND OFFICIAL NUMBER Vancouver - V.52131

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) — If conduct is not "very good" insert "Nil"	Class for Conduct — If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave — If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8) — From	To	Character Assessment	Efficiency (Art. 607)	For Art. 413 ratings only (See Notes 5, 6 and 7) — Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)	Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						1945									
"ORKNEY"	19 Apl. '44	None	22 Dec. '42	1st	1st	1 Jan.	12 Feb.	V.G.	(Transfer of S.O.	Staff)		"La Hulloise"			
"La Hulloise"	13 Feb. '45			"		13 Feb	17 Feb.	V.G.	(Transfer of S.O.	Staff)		"Strathadam"			
"Strathadam"	18 Feb. '45			"		18 Feb	11 Apl.	V.G.	Supr.	N.Y. (N.Q.)	—	"D.D."			[illegible]

NOTES

1. **Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
2. **Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
3. **Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
4. **Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
5. **Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
   (1) "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
   (2) "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
   (3) "No"—Not recommended, whether qualified or not.
   For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
6. **Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C.".
7. **Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
8. **Offences and Punishments.**—To be recorded on page 2.
9. **Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

CONDUCT SHEET

NAME James Thorpe FRIEND RATING Tel. PORT DIVISION AND OFFICIAL NUMBER Vancouver - V.52131

Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS

S. 239a. (Revised—April, 1937)
50M—2-41 (9504)
N.S. 815-9-239A

Page 1

(Authority—Art. 603, King's Regulations, 1936)

CONDUCT SHEET

NAME James Thorpe FRIEND RATING O. Rel PORT DIVISION AND OFFICIAL NUMBER Vancouver V-52131

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) — If conduct is not "very good" insert "Nil"	Class for Conduct — If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave — If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8) — From	To	Character Assessment	Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7) — Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)	Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
Discovery	25 Feb 43	Nil	25 Feb. 43	1	1	22 Dec. 42	23 Apl 43	V.G	(Under Three	Months)		York			C. Mason
York	24 Apl 43	—	—	11	—	24 Apl 43	27 May 43	V. G	Sat	NY (NQ)	—	H.M.S. Hyacinth			[illegible]
H.M.S. Hyacinth	28 May 43	—	—	1 ST	1 ST	1 Jan 44	13 Jan 44	VG	Sat	NY (NQ)	No	H.M.S. Stadacona			C R F Ave 8
Stadacona	14 Jan 44	—	—	11	—	14 Jan	28 Jan	V.G.	Sat	N.Y.	—	H.M.C.S. (Ettrick)			
Ettrick	28 Jan 44	—	—	—	—	28 Jan	9 Mar	VG	under three months			Stadacona			[illegible]
Stadacona	9 Mch 44	"	22 Dec 42	1.	1.	9 Mch.	20 Mch.	V.G.	Sat.	NY (N.Q.)	—	Naden			[illegible]
Naden	21 Mch	"	—	1	1	21 Mch	18 Apl	VG	Time only			Orkney			—

Offence & punishment

NOTES Due to be raised Rel 25 Feb 44

1. **Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
2. **Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
3. **Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
4. **Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
5. **Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below:
   (1) "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
   (2) "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
   (3) "No"—Not recommended, whether qualified or not.
   For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
6. **Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C.".
7. **Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
8. **Offences and Punishments.**—To be recorded on page 2.
9. **Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

CONDUCT SHEET

NAME James Thorpe FRIEND RATING PORT DIVISION AND OFFICIAL NUMBER Vancouver V-52131

Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS
				H.M.C.S. "ST. HYACINTHE" 14 DAYS ANNUAL LEAVE FROM 13 Dec '43 ~~[illegible]~~

D.P.R./5-2

FORM "B"

FILE: N.S. V-52131, PERS.(N)

6 23

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

18 April, 1945.
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
FRIEND, James Thorpe	Telegraphist	V-52131, R.C.N.V.R.

DATE OF ENLISTMENT - 22 December, 1942. Active Service: 25 February, 1943.

DATE OF DISCHARGE - Will be reported later.

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. - Killed on active service overseas.

(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. Beatrice Friend

ADDRESS - 1410 Edinburgh Street, NEW WESTMINSTER, B.C.

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 separtion 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. Beatrice E. Friend.	(Wife)		

	D. A.	A.P.	TOTAL
Monthly rate:	$51.12	$35.00	$86.12

TO Whom Paid: Mrs. Beatrice E. Friend. Address 1410 Edinburgh St., New Westminster, B .C.

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for $35.00 has been made for the period from 1st to 30th. of April 1945.

Remarks:

Computed by M.C.

Checked by M.K.

Alec L. Boswell

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

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

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. [redacted] AT [redacted]

NAME FRIEND, James THORPE
(Christian names in full)

Rank or Rating Telegraphist Official No. V52131 RCNVR
(If unknown, date of first entry)

Place of Birth . . . . . Date of Birth . . . . . .

Occupation in Civil Life . . . . . Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings . . . . . .

Date of death 11th April, 1945 Place of Death At Sea.

Cause of Death . . . . . .
(If due to accident, violence, or enemy action, particulars to be stated briefly)
Hedgehog bomb exploding premature, shrapnel driven through deck killing rating in Communication Mess Deck.

Nearest known relative or friend
(Name Mrs. J. FRIEND Relationship WIFE
(Address 1410 Edinburgh, NEW WESTMINISTER, BRITISH COLUMBIA.
(. . . . . .

Date on which the above was informed by Ship . . . . . .

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 City Cemetery, BELFAST IRELAND. Date of Burial 14th April, 1945.
(if known) (if known)

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

Undertaker employed . . . . . .
(if any)

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

Commanding Officer,
[signature] 19....

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

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

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

C.N.S. 1121

P.A. 'S CHECKED IN
C.R. BY [signature]

Form 6

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only) 46

1. PLACE OF DEATH
Name of city or place: AT SEA Name of Municipality (if any):
Street or road: House No.:
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED FRIEND (Surname or last name) James Thorpe (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: New Westminster, B.C. Name of Municipality (if any):
Street or road: 5th Avenue House No.: 734

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Canadian	Scottish	Married	Vancouver, B.C.

10. Date of Birth: February (Month by name) 24 (Day) 1917 (Year)

11. AGE: Years 28 | Months 2 | Days | If less than one day ... hrs. or ... min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Fitters Helper
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: B.C. Power & Gas, Vancouver, B.C.
(If labourer specify kind of work above)
13. Date deceased last worked at this occupation:
14. Total years spent in this occupation:

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased:

16. Name of father: (Surname or last name) (Given or Christian names)

17. Maiden name of mother: (Surname or last name) (Given or Christian names)

18. Birthplace:—
Father: (Province or Country) Mother: (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, Ontario, this 5th day of June, 1945
Signature of informant: Commander (S), R.C.N.R. Relationship to deceased: Director, Personnel Records
Address: Naval Service Headquarters, Ottawa, Ontario.

20. Burial, Cremation or Removal Date: April (Month by name) 14 (Day) 1945 (Year)
Place of Burial: Belfast, North Ireland (Municipality) Cemetery: Belfast City Cemetery

21. Undertaker:—
Name: Address:

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH April (Month by name) 11 (Day) 1945 (Year)

24. I HEREBY CERTIFY that I attended deceased from ... 19..., to ... 19..., and last saw h... alive on ... 19...

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Killed on active service due to an			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) explosion in the ship in which he			
	due to			
	(c) was serving.			
II				
Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**				

25. If a woman, was the death associated with pregnancy?

26. Was there a surgical operation? Date of operation ... 19...
State findings Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury ... 19...
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by **Designation** M.D., Coroner, etc.
Address **Date** **19**...

28. I hereby certify that the above return was made to me at
Dated ... 19... (District Registrar)

District Registration No.

In case of Stillbirth consult reverse side before making out certificate.

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

PTB

V52131 OFFICIAL NUMBER | NAME FRIEND (Surname) James Thorpe (Given Names) | OFFICIAL NUMBER V52131

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"Discovery"	Ord. Smn.	22	12	42	Div.Str. Vancouver						T.O.W/T	1	2	45			
" "	"	25	2	43	Active Service.	V.G.	Sat.	31	12	43							
" York	"	24	4	43	D.L. 26-4-43	V.G.	Sat.	31	12	44							
" St.Hyacinthe	"	28	5	43	D.L. 28-5-43												
" "	Ord.Tel.	26	6	43	Trans. 249A 33900												
" Stadacona	"	15	1	44	D.R.D. No 39 P3												
" Ettrick	"	29	1	44	D.R.D. Sh 56 P29												
" Stadacona	"	9	3	44	D.R.D. No 90 P2												
" Naden	"	21	3	44	D.R.D. Sh 108 P8												
" Orkney	"	19	4	44	D.R.D. 2485												
" La Hulloise	"	13	2	45	D.R.D. #1012 P5												
" Strathadam	"	19	2	45	D.R.D. #1012 P6												
DISCHARGED.	"	11	4	45	"Killed On Active Service" per Casualty List.												
	Telegraphist	25	2	44	Rated. 249AA 2397												

GENERAL REMARKS

Wife:Mrs.Beatrice Friend awarded the Canadian Memorial Cross, to date the 5th.June, 1945. Adress:1410 Edinburgh Street,New Westminster, B.C.

Mother: Mrs. J.W.Friend 1214-5th Ave., New Westminster, B.C. is awarded the Canadian Memorial Cross to date the 5th June, 1945.

V52131 OFFICIAL NUMBER | FILE NUMBER V52131 | OFFICIAL NUMBER V52131

NAME FRIEND (Surname) James Thorpe (Given Names) DATE OF BIRTH 24th February, 1917

PLACE OF BIRTH Vancouver, B. C. OCCUPATION Fitter's Helper

RELIGION United Church EDUCATION 2 Years High School.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 734-5th Avenue, Town New Westminster, Province, etc. B.C.

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
22	12	42	H. O.	5'6¼"	Brown	Hazel	Medium	Mole in center of back.	2nd Bn Westminster Regt.C.A.(R)	Pte	1940	1942

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Miss Beatrice Friend

ADDRESS (in pencil): Street and No. 1410 Edinburgh St Town New Westminster Province, etc. B.C.

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
				16	3	43	Passed E.T. 1.R.C.N.				
				25	9	43	Qual.for Telegraphist.				

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

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

O.H.F. Received.

FILM NO. USA 5863-8
DATE

Second Class for Conduct

From	To

H.Q. 35—60M—6-43 (609)
N.S. 815—7-35

W.S.G. APPLICATION 9873 RECEIVED

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,
NAVAL GENERAL SERVICE MEDAL

NAME IN FULL FRIEND JAMES THORPE RANK/RATING tel

SHIP	SERVICE			AREA	QUALIF		
	FROM	TO	DAYS		FROM	TO	193
	25/2/43.						
Ettrick	29/1/44	8/3/44	40	Atl.			
Orkney	19/4/44	13/2/45	307	"			
Le Hallouise	14/2/45	19/2/45	6	" ~~Italy~~			
Strathaird	20/2/45	11/4/45	51	Atl & Italy			
Discharged "Dead"							
11/4/45							

VERIFIED BY .....

VERIFIED BY .....

VERIFICATION FORM

AIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

Thorpe ..... RANK/RATING ..... tel ..... OFF.NO. ..... V 52131 ..... ADDRESS .....

AYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
									1939-45	/	star
10	Atl.								ATLANTIC	/	star
7	"								FRANCE G.		
6	" ~~Italy~~								AFRICA		
51	Atl + Italy								PACIFIC		
									BURMA		
									ITALY	/	star
									DEFENCE		
									C.V.S.M.	2	C clasp
									" CLASP		
									WAR 1945	/	medal
									WAR 1915		

VERIFIED BY ..... [signature] .....

VERIFIED BY .....

..... DIR. OF PERSONNEL RECORDS.

transferred 28/Oct/44 HQ

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 2nd Bn. The Westm'r.Regt.(MG)NPAM REGTL. No. K 459239

1. Surname? (Block letters) FRIEND
2. Christian names? James Thorpe
3. Present address? 1214½-5th, Ave, New Westminster, B.C.
   Phone No. 1918 Y.
4. Date of Birth?* 24-2-17 5. British subject? Yes
6. Occupation? Labourer 7. Religion? United church
8. Next of Kin Mrs. Maggie FRIEND 9. Relationship? Mother
   Address 1214-5th, Ave. New Westminster, B.C.
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)

Nil

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 7½" Weight 136 Chest max. 38½ min. 36½

Descriptive marks Scar back

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category A.

Date Aug 13/40 Signature Dr Smythe

DECLARATION TO BE MADE ON ATTESTATION

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

OATH TO BE TAKEN

I, James Thorpe Friend do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

W Langston — Signature of Witness

J T Friend — Signature of Man

Dated this 13th day of August 1940 at New Westminster

CERTIFICATE OF ATTESTING OFFICER

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

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from TOS	13-8-40	Pt II #6	Officer Commanding Unit
BLAIR CAMP — Aug. 25 to Sept. 6 '40			
Trans to H.Q. Coy.	23-10-40	#29	
L.H.Q. Training 15 days to 31-3-41. 2nd Bn. W.R. II Order No. 8 d. 6-3-4			
1st year Signaller	22-1-42	Pt I #3.	
L.H.Q. Training 15 days to 31-3-42. 2nd Bn. W.R. II Order No. 9 d. 12-3-4			
Vernon Camp: July 19 to Aug 2, 1942			
2nd year Signaller	26-5-42	Pt I #20	
SOS RCNVR	21-12-42	Pt II No. 5 9 Feb 43	J. R. Lewis Capt
Medals and Decorations			

Yank 23/4/43. 27/5/43 Sl. Ay

N.S. 113 - F. 1617.

Passing Certificate

This is to Certify

that James Thorpe FRIEND

Rating Ordinary Seaman, RCNVR. Official Number V.52131

has passed

THE EDUCATIONAL TEST, I , R.C.N.

held on 16th March, 1943.

For advancement to Petty Officer

Instr. Cdr., R.C.N.
Director of Naval Education

Naval Service Headquarters

Ottawa, this 1st day of April, 1943.

C.N.S. 2431
10M—5-42 (4453)
N.S. 815-9-2431

44753

OAC

NAME. James Lloyd FRIEND....RATING. Ordnanceman 1/c....BRANCH. USR.....

O.N...V-52131.....PLACE....."DISCOVERY".....DATE..8-12.....1942

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"

Para. I

Have you ever, at any time in your life, had any of the following:

Rheumatism.....Sore Joints.....Pleurisy.....Tuberculosis.....

Bronchitis.....Asthma.....Heart Diseases.....Kidney or Bladder

Diseases.....Stomach or Intestinal trouble.....Chronic Indigestion

.....Stomach Ulcer.....Rupture.....Piles.....Varicose Veins.....

Trouble with your feet.....Nose trouble.....Ear Trouble.....

Eye Disease.....Fits.....Dizziness.....Nervous or mental disease

.....Gonorrhoea.....Syphilis.....Skin trouble.....Albumin in

your Urine.....Sugar in your Urine.....?

Para. II

Have you ever worn glasses.....Have you ever been in hospital (1) yes.....

Have you ever had an operation.....Have you ever had any broken

bones.....Have you ever had a dislocation (2) yes.....Have you ever had an

injury (3) yes...Have you consulted a doctor in the last five years (4) yes..

Have you ever been rejected for Life Insurance.....?

Have you ever received compensation from any Workman's Compensation

Board.... (5) yes Have you ever received a War Pension.....Have you ever

been rejected for the Navy, Army, or Air Force.....?

Para. III

Have any members of your family ever had any of the following:

Tuberculosis.....Diabetes.....Asthma.....Nervous or Mental

Diseases.....

DETAILS:

James L Friend

(1) Dislocated elbow - 1937 - no disability

(2) See (1)

(3) See (1)

(4) Physical examination

(5) See (1)

T W Wilson

Surg. Lieut.

IEB.

7

113-F.1617 4th January, 1943.

MEMORANDUM:

Vancouver

in the Division, R.C.N.V.R., is approved:

NAME	RATING	O.N.	DATE
FRIEND, James Thorpe.	Ord.Smn.	V52131	22-12-42.
WHITLAM, Wm.Kenneth.	Ord.Smn.	V52132	21-12-42.
SCAIFE, Raymond Sidney.	Ord.Smn.	V52133	15-12-42.
MacGOWAN, John.	S.B.Prob.	V52134	21-12-42.
MacKECHNIE, Donald C.	Ord.Smn.	V52135	18-12-42.
STRILCHUK, Walter John	E.R.A.5/c.	V52136	13-12-42.
MURCHISON, Norman Alfred.	Stwd.Prob.	V52137	17-12-42.
MEGAAUGHLIN, Percy G.S.	Ord.Smn.	V52138	17-12-42.
BAKER, Albert Lloyd.	Ord.Smn.	V52139	18-12-42.
SOLBERG, Karl Johan.	Ord.Smn.	V52140	18-12-42.
HOULE, Achille Lambert.	Ord.Smn.	V52141	18-12-42.
HESLOP, Wm.Edward.	Ord.Smn.	V52142	17-12-42.
GREGG, Albert Crawford.	Ord.Smn.	V52143	18-12-42.
BURTON, Leonard Francis.	Ord.Smn.	V52144	17-12-42.

BY ORDER,

for H.B. Money

SECRETARY, NAVAL BOARD.

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

W

M.F.B. 371
300M—7-41 (1087)
H.Q. 1772-39-164

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, K459239 (a) (number) Private (b) (rank) Friend (c) (surname) James Thorpe (Christian names in full)
2nd.(R) Bn. Westminster Regt. (d) (unit) hereby declare that the injury sustained by me
on the 24th. July 1942. (e) (date of casualty) did* ~~did not*~~ occur while I was in the performance of military duty.

James T. Friend
(Signature of officer or soldier)

New Westminster. B.C. (station) August 19th. 1942 (date)

2. (a) Description of injuries Strangulated left inguinal hernia

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? Yes

(c) Whether admitted to hospital or sick in quarters? Military Hospital, Vernon. B.C.

(d) How long before initial treatment was given? Immediately.

Date 27-8-42 Signature of medical officer G. S. Purvis, major

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

~~See statement of Injured person and witnesses at Court of Inquiry held at Reserve Force Camp, Vernon. B.C. 25th. July 1942.~~

On 24th. July 1942 at approximately 1050 hours I was one of a relay of four men engaged in a practice exercise on the bayonet a ssault course at the Reserve Force Camp, Vernon, B.C. As I jumped into the final trench of the assault course I felt a slight pain in the stomach. The pain increased and lowered to the vicinity of my groin and upon opening my trousers I felt a lump rising in my left groin. Sergeant Jenkins then examined me and arranged for my removal to the medical tent where I received prompt and efficient medical attention from Major G.S. Purvis. M.O.

James T. Friend
(James T. Friend)

*Strike out whichever is not applicable.

4. Statement of Commanding Officer:

(*a*) Was the individual in the performance of military duty? Yes

(*b*) Nature of duty Bayonet Training

(*c*) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander? No.

(*d*) If it was incurred on leave, was such leave with or without pay? -

(*e*) Was anyone else to blame? No-one.

(i) Whom? -

(*f*) Did the injury occur on military premises and if so in what part of such premises?
Bayonet Assault Course, Reserve Force Camp. Vernon. B.C.

(*g*) Court of Inquiry:

(i) Has one been held? Yes

(ii) Will one be held? -

(iii) Date and place 25th. July 1942 Reserve Force Camp. Vernon. B.C.

Date August 19th. 1942. Commanding A. L. Lewis (A.L.Lewis) Major. M.C. 2nd.(R) Bn. Westminster Regiment.

5. Remarks of District Officer Commanding or Division Commander:

Date 1609-42 I concur Hugh Allan Lt Col for Brigadier i/c Administration B.C.

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

LA/C

R E G I S T E R E D
AIR MAIL

FILE NO.: N.S. V-52131 PERS.(N)

25

20 April, 1945.

Dear Mrs. Friend:

Further to my letter of the 13th of April, 1945, in a very brief report which has now been received from the Canadian Naval Authorities overseas, it has been learned that your husband's body was recovered. His funeral was held at 2:30 o'clock in the afternoon, Saturday the 14th of April, 1945, from the private chapel of Messrs. D. F. W. Ireland and Company, Funeral Undertakers, 146 Lisburn Road, Belfast, Northern Ireland, to the City Cemetery, Belfast.

It is understood that your husband's grave will be cared for and temporarily marked with a specially designed wooden cross bearing his official particulars. While the Imperial War Graves Commission is the authority for permanently marking by the use of a uniform type of headstone the graves of His Majesty's forces who die on active service, it is understood that due to war conditions these headstones cannot be erected at the present time.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Despatched by
Sec. N. B.

Date 20. 4. 45
Time 1800

Mrs. Beatrice Friend,
1410 Edinburgh St.,
New Westminster, B.C.

LA/YB

41

N.S. V-52131, PERS.(N)

22nd May, 1945.

THIS IS TO CERTIFY that according to official information, James Thorpe Friend, Telegraphist, Official Number V-52131, Royal Canadian Naval Volunteer Reserve, was killed on active service at sea on the 11th of April, 1945.

Deputy SECRETARY, NAVAL BOARD.

J25/5

CANADA

Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-52131.PERS.(N)

P607668

OTTAWA, Ontario, 18 April, 1945

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
FRIEND, James Thorpe Telegraphist, O.N. V-52131, R.C.N.V.R.	Killed on active service overseas. Date of death will be reported later.	Wife: Mrs. Beatrice Friend, 1410 Edinburgh Street, NEW WESTMINSTER, B.C.

ALLOTMENTS IN FORCE

IN FAVOUR OF		AMOUNT	INITIALS
Mrs. Beatrice E. Friend, (wife) 1410 Edinburgh Street, New Westminster, B.C.	D.A.$51.12 A.P.$35.00	$86.12	M.H.C.

WILL: No Record.

Yours truly,

H.B. Maxwell

for
SECRETARY, NAVAL BOARD.

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

D 2258 A
1000M—11-40 (7829)
N.S. 815-5-2258

NS V-52131 FD 54

May 17th, 1945

The Assistant Manager
The Prudential Insurance Company of America
Newark N.J.

FRIEND Jas. Thorpe J.T. (Deceased)
V-52131 R.C.N.V.R

Dear Sir:

In reply to your letter of the eleventh instant I have to inform you that according to the casualty notice received at the Directorate, there is no record of any service will on file at Naval Service Headquarters.

The deceased was lost overseas and we shall be obliged to await the probable delivery of his personal effects here in order to determine whether any will may be amongst them.

We have not yet had an opportunity of receiving a report from the next of kin, a widow Mrs. Beatrice Friend of 1410 Edinborough Street, New Westminster, B.C. to indicate whether she knows of any will but we presume that you have been in communication with her.

Yours faithfully,

HRW/mj

Director of Estates

CANADIAN NAVAL ESTATES OFFICE OVERSEAS
EFFECTS DEPARTMENT

SERIAL NO. 45/ 173

J Friend.	Tel.	V 52132
NAME	RANK/RATING	O.N.

QUANTITY	DENOMINATION	DESCRIPTION
1		attache case containing:
1		writing case:1 propelling pencil,2 coins,1 note book 7 post cards,22 snapshots,map of edinburgh,1 RCNVR crest
2		writing pads
1		photograpgh album
2		photographs in folder
3		posters
1		pen and pencil in case M
3		pennants
3		metal strips
1		white silk scarf
1		glass
1		dirk

BF

ESTATES BRANCH
JUN 27 REC'D
H. Q.
OTTAWA.
NATIONAL DEFENCE

V.K.

Shipment No. 6NMOXO-90
Packed by G. Kerr
L/W W-1098
Checked by K Bothy
L/W- wt 2414.

Certified J. H. Cleveland
A/LIEUT. COMMANDER (S) RCNVR.
NAVAL ESTATES OFFICER OVERSEAS
Date JUN 20 1945

CANADA

Department of National Defence

Naval Service

Ottawa, Canada.

OUR FILE.....

YOUR FILE C.S. V.52131

T

J. FRIEND Tel. ON V.52131

Enclosed herewith are reserved effects of the above-named deceased Canadian Naval rating, as listed below;

Personal Correspondence and papers
19 snapshots
16 negatives
1 Foreign bank note
4 Canadian cents
1 brown leather wallet
1 exposed film
1 Wrist watch with silver bracelet
1 Vest pocket Kodak series III in brown leather case

Director of Estates.

H.Q. 1010
500M—9-43 (1833)
N.S. 815-7-1010

W.S.G. Application No. 9873

TO: D.N.P.A. "G"

FILE NO. N.S. V-52131

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
FRIEND	James Thorpe	V.52131	Fel

CAUSE OF DISCHARGE: Dead "HMCS Strathadam"

(Applicant - Widow. A.P. 35 - Da. 51 12)

25 Feb '43 - 24 Feb '45 - 731
25 Feb '45 - 4
Mch 31
Apr 11
777

TOTAL SERVICE

Date of Active Service 25 Feb '43

Date of Discharge 11 Apl '45

Total No. of Days 777

Less non qualifying service nil

Total Days 777

OVERSEAS SERVICE

% Total No. of Days 398

Less non qualifying service nil

Total Days 398

Record of Service in other Forces (per Naval Records)

Branch of Service Reserve Army

Date of Active Service N

Date of Discharge "

& % Overleaf

Computed By Jam Troop

Checked By [illegible]

J B McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 8 1945

C F. Ledger. + ~~H.C.~~ File.
D.A.

NON QUALIFYING SERVICE

(#)

Date	Reason	No. of Days		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
		Total days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Ettrick "	29 Jan '44 " -	8 mch '44 "	40 "
Orkney "	19 apl '44 " -	11 apl '45 "	358 "
La Hulloise			398 "
Strathadam			

Ettrick
3
29
8
40

Orkney
365
7 Less
358

IG

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

RELEASED MEMBER'S NAME: James Thorpe (CHRISTIAN NAMES) FRIEND (SURNAME)

REGISTER NO. 9873
FILE NO. NS.V-52131
DATE 27th June'45.
SERVICE NO. V-52131
FINAL RANK OR RATING Tel.

PAYEE Mrs. Beatrice E. Friend,
ADDRESS 1410 Edinburgh St.,
New Westminster, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 11th Apl'45. DATE OF DISCHARGE 11th Apl'45.

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 777/30 EQUAL TO 25 COMPLETE PERIODS AT $7.50	187.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 398 LESS 27 INELIGIBLE DAYS, EQUAL TO 371 DAYS @ 25C. PER DAY	92.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 2.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY H.L.M. $ .13	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70	
TOTAL $ 5.08 ×7 = $ 35.56	
NO. OF DAYS 398/183 ×$ 35.56	77.34
D. WAR SERVICE GRATUITY	357.59
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ Nil	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	357.59

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ =$ 357.59
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque - 36002 - July 10/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
EP	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	3-7-45

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

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name JAMES THORPE FRIEND
(Christian Names) (Surname)

Payee Mrs Beatrice E. FRIEND,

Address 1410. Edinburgh Street, New Westminster. B.C.

Register No. 9873
File No. V-52131
Date 11-6-45
Service No. V-52131
Final Rank or Rating Tel.

Date of termination of overseas service 11 Apl 45 Date of Discharge 11 Apl 45

A. TOTAL QUALIFYING SERVICE No. of days $\frac{777}{30}$ equal to 25 complete periods at $7.50	$ 187.50
B. QUALIFYING OVERSEAS SERVICE No. of days 398 less 27 ineligible days equal to 371 days @ 25¢ per day	92.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 2.00 Subsistence or Lodging and Provision Allowance $ 1.25 Additional Pay H.L.M. $ .13 Dependents' Allowance 1/30 of $ 57.12 $ 1.70 Total 5.08 x 7 = $ 35.56 No. of days $\frac{398}{183}$ x $ 35.56	77.34
D. WAR SERVICE GRATUITY	357.59
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ nil	
F. TOTAL AMOUNT PAYABLE	357.59

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in ~~issue to you~~ $_____ of $ = $357.59
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	Treasury Date

Service Representative

D.N.P.A. CHECK

1 ____ 6 ____
2 ____ 7 ____
3 ____ 8 ____
4 ____ 9 ____
5 ____ 10 ____

9873

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member James Thorpe FRIEND Rank or Rating TEL. O.No. V52131

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. 51.12 Mrs Beatrice E. FRIEND (wife)
A.P. 35.00 1410, Edinburgh Street
New Westminster BC

D.A.
A.P.

2. Pension awarded or being awarded to:

3. War Service Gratuity Application(s) received from: Mrs Beatrice E. FRIEND (Wife)
1410, Edinburgh Street
New Westminster B.C

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: Mrs Beatrice E. FRIEND - wife — In ~~the proportion of:~~ full /

- and -

to: — In the proportion of: /

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 23 June '45

for D.N.P.A. (G) DNJ

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "STRATHADAM" ending 30 June 1945

List 12-2 No. 125 (Name) FRIEND, James Rank Rating TEL. No. V-52131

When entered Former Book Date of appearance 1 April 1945 Whither discharged D.D.

							$	c.
CREDIT from former account			NIL					
Pay as	TEL (Rank Rating)	from 1 Apl.	to 30 Apl.	(30	days at $2.00	a day)	60	00
"	TO W/T	" 1 Apl.	" 30 Apl.	(30	" .05	")	1	50
"		"	"	(	"	")		
"		"	"	(	"	")		
"		"	"	(	"	")		
Kit Upkeep Allowance		1 Apl.-30 Apl.					3	67
OTHER CREDITS:		GROG MONEY- 1 Apl.-30 Apl.					1	80
		H.L.M. and L.A. not credited in March Quarter Ledgers.					7	79
						Total credits	74	76
DEBT from former account		Debit from Former Book plus Orkney Balance Dr.					8	24

PAYMENTS:—	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	Strathadam Cont. Pay April					Total	.47	
2nd month						Total		
3rd month						Total		

Allotment				
Pension deduction (Officers) charged to	of			
Hospital stoppages				
Mulcts				
OTHER CHARGES:	Official Receipt No. L.R. 69		62	05
		Total debits	74	76
		Balance Cr. or Dr.	NIL	
		(Balance Dr. to be shown in red)		

LEDGERS: R. ..... F. .....

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

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 13 June 1945

Lieutenant (S) R.C.N.V.R.
ACCOUNTANT OFFICER

C.N.S. 2426
30M—12-44 (1272)
N.S. 7570-S. 2426

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY HG

Name FRIEND (Surname) James T. (Christian Names) No. V.52131

Tel. (Rank) R.C.N.V.R.O/S (Unit) 11-4-45 (Date of Death)

AMOUNT

L.P.C. $ 183.05

Date 22-2-46

Other Credits

Total 183.05
Prev.Dist. 62.05
This Dist. 121.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Beatrice Friend, 1410 Edinburgh St., NEW WESTMINSTER, B.C. (1/2 as next of kin entitled) (1/2 for benefit of one minor)	$121.00

P4. TO TREAS. 28-2-46, QM

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$121.00

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

10M—8-45 (7876)
H.Q.1772-45-27