

WILLIAMS  
ROBERT  
N2805



617 3

# QUESTIONNAIRE FOR CANDIDATES FOR ENTRY ROYAL CANADIAN NAVY

DEPT OF NATIONAL DEFENCE  
JUL 17 1935  
162-21-46  
CANADA

(NOTE.—All answers should be in the handwriting of the candidate)

1. Name (in full) ROBERT WILLIAMS  
BLOCK LETTERS
2. Date and Place of Birth October 9, 1919 Victoria  
\* Birth Certificate, declaration by parents or affidavit as to date of birth must be attached.
3. Permanent place of residence 1343 Esquimaux Road  
(Address in full)
4. How long resident in Canada? 15 years 8 months
5. Are you a British subject? yes
6. Are you single, married or a widower? single
7. In what capacity do you wish to engage? boy seaman
8. How far advanced educationally are you? Thirteenth Year High  
\* Attach certificate, diplomas, etc., if any
9. Statement of present and previous employment. (Details of all previous employment should be given)  
Passer carrier Delivery boy  
\* Attach any testimonials or recommendations from employers.
10. Do you belong to any Naval, Military Reserve or Territorial Force? no
11. Have you ever served in such forces? Give dates and details.  
no
12. Have you ever been discharged from any of His Majesty's Forces as medically unfit? no
13. Have you ever offered to serve in any of His Majesty's Forces and been rejected? no
14. What is your weight? 135 1/2 lbs
15. What is your height? 5-5 1/2 ft
16. What is your chest measurement? (Not inflated) 33"
17. Are you free from all physical defects and malformation, and not subject to fits? yes
18. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? yes
19. If accepted and sent at Government expense to a Naval Base, do you agree to join the Royal Canadian Navy for seven years' continuous and general service? Should you fail to do so for any reason within your own control, do you agree to refund to the Department of National Defence the expenses incurred by that Department for your transportation to the Naval Base? yes

I HEREBY DECLARE that the above answers are true in every respect.

Signature Robert Williams  
Address 1343 Esquimaux Road  
Date July 10, 1935

W. Paulus RPO  
Witness to Signature

\*NOTE.—The Certificates, Recommendations, etc., called for in questions 2, 8 and 9 must be attached, otherwise your application can not be considered.



96182

# CONSENT PAPER

(This Paper is required in all cases where the Candidate is under the age of 18 years, in addition to the Certificate of Birth or Declaration.)

RECEIVED  
MAY 17 1935  
62-21-46  
CANADA

Strike out "son" or "ward" as the case may be.

I hereby certify that my <sup>son,\*</sup> ~~ward~~ Robert John Williams has my full consent (being himself willing) to enter the Naval Service of Canada for a period of seven years' continuous and general service, from the age of 18, in addition to whatever period may be necessary until he attains that age, agreeably to the King's Regulations.

He has not been in a Reformatory, nor has he been sentenced to imprisonment.

I declare that he has never had fits.

† No alteration or erasure is to be made in the date of birth given.

The date of the boy's birth is, † 9 of Oct 1919

His Religious persuasion is, Protestant

Witness my hand at Esquimaux

..... day of 23 June 1935

†† Strike out "Parent's" or "Guardian's" as the case may be.

†† Parent's Signature in full Edward Williams

‡ Must be signed by the Father, if alive or satisfactory explanation made.

‡ Parent's Address 1343 Esq. Rd. Victoria B.C. Can.

In the case of a Guardian see other side.

I, the above named Robert John Williams do consent to enter the Naval Service of Canada.

§ The Boy and Parent or Guardian must sign in the presence of the witness to their signatures.

§ Boy's signature in full Robert John Williams

Signed by the said [ Here write boy's name ] Robert John Williams

And [ Here write Parent or Guardian's name ] Edward Williams

In the presence of { Stephen Doran Witness to signature of Boy, and Parent or Guardian.

{ 516 Sturdee St. Address.

Esquimaux B.C. [OVER]



CERTIFICATE

§ Strike out "Parent" or "Guardian" as the case may be.

\*\* Strike out "he" or "she" according to sex of Parent or Guardian.

† The assertion of the boy himself should not be taken as sufficient warrant for this statement.

I certify that I am personally acquainted with this Boys § Parent, and Guardian, am † aware\*\* he she has consented to the Boy's entry as above, and I believe the particulars stated herein to be true.

Alan Gardiner M.A., B.D. Clergyman of the Parish.

or ..... Resident Householder }

..... Occupation. }

St. Paul Rectory, C. J. P. Address.

July 10 1935

Particulars to be stated, if possible, in the case of a Boy whose Father is dead

Date of the Father's death.....

Place of death.....

Signed ..... Mother.

Particulars to be stated, if possible, in the case of a Boy whose Parents are both dead

Date of Father's death.....

Place of death.....

Date of Mother's death.....

Place of Mother's death.....

Signed ..... Guardian.

~~NAVAL SECRETARY~~  
~~DIRECTOR OF NAVAL OPERATIONS & TRAINING~~  
~~DIRECTOR OF NAVAL ENGINEERING~~

Robert Williams

FOR DIRECTIONS PLEASE

*RWB*  
RECRUITS

18-7-35.

Born 9 Oct. 1919 - age 15 yrs. 9 mths. (Cert.)

*Place on roster for Boy Seaman*

*note Ed. & Med. det.*



*RWB*

COPY



THE GOVERNMENT OF THE PROVINCE OF BRITISH COLUMBIA

VITAL STATISTICS ACT

68

C E R T I F I C A T E O F B I R T H

This is to Certify that the following particulars of Birth and Adoption are on record in the Office of the Registrar of Births, Deaths, and Marriages:-

Name of Child by Adoption.....ROBERT WILLIAMS.....

Date of Birth.....OCTOBER 9, 1919.....

Place of Birth.....VICTORIA, B.C.....

Birth Registration Number.....80.C.323.....

Name of Father by Adoption.....EDWARD WILLIAMS.....

Name of Mother by Adoption.....RACHAEL HENDERSON WILLIAMS.....

Date of Adoption Order.....MARCH 22, 1935.....

Adoption Order Registered at Victoria, B.C.....

this....29th....day of....MARCH.....1935.

Given under my hand at Victoria, B.C., this  
.....1st.....day of.....APRIL.....  
1935.

(Signed) H.M. French  
Deputy Registrar, Births, Deaths and Marriage



DEPT. OF  
NATIONAL DEFENCE  
JUL 17 1935  
N. 62-21440  
CANADA

Can. B. 207  
2M-3-34  
N.S. 815-2-207

9619

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

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined WILLIAMS Robert  
candidate for entry as Boy Seaman  
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Esquimalt, B.C. the 10<sup>th</sup> of July 1935

*E. P. Luckey*  
Examining Medical Officer  
(Rank) Capt. R.C.A.M.C.

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

Age (c)	Years Months (b)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)		Vaccinated or re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. def- icient and No. affected, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
						right eye	left eye									
15 yrs 8 mths		131 1/2 lbs.	5' 5 1/4 ft. ins.	Good	(a) maximum 35 1/2 (b) minimum 32 (c) mean 33	20/15 20/15	None N.S.	1929	Normal	No Hernia	Normal	Clean	Normal	No Varicocele	Perfect Teeth	No hæmorrhoids

### CERTIFICATE TO BE SIGNED BY THE CANDIDATE

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

Robert Williams  
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....  
.....  
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

.....  
Examining Medical Officer  
(Rank).....

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

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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



**CERTIFICATE of the Service of**

*Robert Williams*

**IN THE ROYAL CANADIAN NAVY**

48

<i>Pvt Division</i>	<i>Esquimalt, B.C.</i>	Official Number... <i>2805</i>
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Date of birth	<i>9 October, 1919</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province	<i>British Columbia</i>	Name: <i>Robert Williams</i>
{ Town or county	<i>Victoria</i>	Relationship: <i>Mother</i>
Trade brought up to	<i>Clerk</i>	Address: <i>1343 Esquimalt Rd Esquimalt B.C.</i>
Religious denomination	<i>Church of England</i>	
Date passed swimming test	<i>PPT (Fair) 7 Jan 37 / C.W. Oland PST (N.G.) 27 June 38 / J.P. Oland</i>	
Man's signature on discharge to pension		

**All Engagements, including N.C.S., to be noted in these Columns**

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>5 Jan '37</i>	<i>9 Oct. '37</i>	<i>Seven Years</i>	5.		
2.			6.		
3.			7.		
4.			8.		

**Medals, Clasps, Etc.**

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....	<i>5</i>	<i>6</i>	<i>35 1/2 32 1/2 34</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Medium</i>	<i>1" linear scar on forehead.</i>
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>6 3/4</i>	<i>-</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Medium</i>	<i>— " —</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							







P2193

C. S. "NADEN" Esquimalt, B.C.

OFFICIAL No. IF KNOWN  
Space to be left vacant  
if not known

7805  
6210-261

### CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL <b>ROBERT WILLIAMS</b>		NEXT OF KIN Mother Name <b>Rachel</b> Address <b>1343 Esquimalt Rd. Esquimalt, B.C.</b>		PRESENT RATING <b>20</b>
DATE OF BIRTH* <b>9th October, 1919.</b>	Town <b>Victoria</b>	Province <b>British Columbia.</b>	NAME, RANK AND STATION OF RECRUITING OFFICER <b>Commander J.E.W. Oland, DSC., RCN.</b>	

#### Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
<b>5' 6"</b>	<b>35 1/2 32 1/2 34</b>	<b>Dark Brown</b>	<b>Brown</b>	<b>Medium</b>	<b>1" linear Scar on Forehead.</b>	<b>C.O.F.F. Presbyterian</b>	<b>Clerk</b>

Commencing date of Engagement or Re-engagement	<b>9th October, 1937.</b>	Period of Engagement or Re-engagement	<b>SEVEN YEARS</b>
Date of actually volunteering to engage or re-engage	<b>5th January, 1937</b>	Date of entering present ship	<b>5th January, 1937.</b>

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

FIRST ENTRY



#### Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct? ..... **Yes**
- Are you a British subject? † ..... **Yes**
- Nationality of parents—Father..... **Canadian** Mother..... **Scotch**
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police? ‡ ..... **No**
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police? ‡ ..... **No**
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... **No**
- Have you ever been discharged from the Navy, Marines, Army or R.C. Mounted Police on account of misconduct? ..... **No**
- Are you willing to be vaccinated or re-vaccinated and inoculated? ..... **Yes**
- Can you swim? ..... **Yes**

\* When evidence of age is obtained on First Entry, it should be attached to this Form.  
 † Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."  
 ‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

(OVER)

23/10/37

Handwritten initials and marks

I—Declaration and Certificate for Men newly entered and Men who have been out of the Service since expiration of their previous C. S. Engagement

I, ....., do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada\*..... from †..... 193....., provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this..... day of..... 193.....

..... Man's Signature in full

Witness to Signature.....

Attested before me this..... day of..... 193.....



} Signature of a Commissioned Officer of the Naval Service

Date..... 193.....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

..... Commanding Officer

..... Medical Officer

II—Certificate and Declaration for Boys

Date..... 5th January,..... 1937.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for..... **Seven Years**..... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

*P. W. Stand*..... Commanding Officer  
**COMMANDER, RCN.**  
*G. L. Morgan Smith*..... Lieutenant  
**Lieut. Commander, RCN.**  
**Captain, RCANVC**..... Medical Officer

I declare that to the best of my knowledge and belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for..... **Seven Years**..... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

*Robert Williams*..... Boy's Signature in full

Witness to Signature.....

Attested before me this..... 5th..... day of..... **M.A.A. January,**..... 1937.....

*J. Edwards*..... } Signature of a Commissioned Officer of the Naval Service  
**Lieut. Commander, RCN.**

III—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I, ....., now serving as a..... on board H.M.C.S....., who on the..... of..... 193..... engaged to serve in the Naval Service of Canada for a period of §..... years, do hereby engage to serve for a further period ||..... from ¶..... 193..... provided my services should be so long required.

..... Man's Signature in full

Witness,..... Commanding Officer

\* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of..... years."  
 † Insert the date from which the engagement actually commences.  
 ‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)  
 § To be written in words.  
 || Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of..... years," as the case may be.  
 ¶ Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.



N-2805

VERIFICATION FORM

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

RATING ..... OFF. NO. N-2803 ..... ADDRESS .....

QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
						1939-45	/	<i>None</i>
						ATLANTIC	/	<i>None</i>
						FRANCE G.		
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.		<i>2nd Clasp</i>
						" CLASP		
						WAR 1945	/	<i>Medal</i>
						WAR 1915		



VERIFIED BY *[Signature]*

ED BY ..... DIR. OF PERSONNEL RECORDS.

2805

OFFICIAL NUMBER

NAME WILLIAMS  
(Surname)

Robert.  
(Given Names)

OFFICIAL NUMBER 2805.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Naden	Boy	5	1	37		V.G.	Sat	9	10	37	S.G..	12	12	38			
Fraser	"	1	8	37		V.G.	Sat	31	12	37	Q.R.3.	1	1	39			
"	Ord.Smn.	9	10	37	Lent "Skeena" 12-29/10/37	V.G.	Sat	31	12	38							
"	A.B.	9	10	38		V.G.	Supr.	31	12	39							
Naden	"	27	10	38		V.G.	Supr.	22	10	40							
Fraser	"	14	12	39													
Margaree	"	6	9	40													
<u>Discharged</u>		<u>22</u>	<u>10</u>	<u>40</u>	<u>Dead-Missing-Presumed Dead.</u>												



GENERAL REMARKS

14.5.41-Canadian Memorial Cross issued to Mother:  
Mrs. Rachael Williams,  
1343 Esquimalt Road,  
ESQUIMALT, B.C.

13/5/42- Canadian Pension Comm. awards Parents pension of \$30.00 per month with effect from 1.4.42.

DATE OF BIRTH	PLACE	CIVIL	DCCU	RELIED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
BY MO YR	BIRTH	MAIN	ISB	CON	R CTY. TOWN SERZ	DIV	SR RANK
1910	1918	830	0	3029	05/10	0/13	0896
ENLIST. DATE	ACT. SERZ. DATE						
BY MO YR	DK MO YR						
05/11	05/11						
SENIORITY	STR.	NON	SUB				
BY MO YR	CAT.	A	B				
09/10	38	09	12	0020	22-10-40	721/11	

2805

OFFICIAL NUMBER

FILE NUMBER

62-W.261

OFFICIAL NUMBER

2805

NAME WILLIAMS (Surname) Robert (Given Names) DATE OF BIRTH 9th October, 1919PLACE OF BIRTH VICTORIA, B.C. OCCUPATION Clerk.RELIGION Church of England. EDUCATION First year High School.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1343 Esquimalt Rd., Town Victoria, Province, etc. B.C.

ENGAGEMENTS				DESCRIPTION				PREVIOUS SERVICE				
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
5	1	37	As Boy.	5' 6"	Dk. Brn.	Brn.	Medium	1" linear scar on forehead.				
9	10	37	Seven Years' C.S.									

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Rachel Williams  
ADDRESS (in pencil): Street and No. 1343 Esquimalt Road Town Esquimalt Province, etc. B.C.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				6	7	37	Passed Educ. Test Pt. I.				
				27	7	38	Passed P.S.T. (V.G.)				
				2	5	39	Qual. Prof. for Idg. Smn. (S.507)				

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES						
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
9	10	40	1st.	Granted.							

**FILM**  
NO. W.S.R. 4532-2  
**DATE**

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

SECOND CLASS FOR CONDUCT

From

To



MEMORANDUM FOR

P. 64

Mrs. Rachel Williams,  
1343 Esquimalt Road,  
Esquimalt, B.C.

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

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

and the following number quoted:—

H.Q.N.S. 62-W-261 FD. 139

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

64

July 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

Robert WILLIAMS, A.B.

No. 2805, R.C.N.



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

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



STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Edward Williams By Adoption		<p><i>Adoption by Mrs. Julia Robertson</i>  <i>22nd March 1935</i>  <i>Adoption by John &amp; Owen</i>  <i>March 15/1935</i>  <i>OK.</i></p>
4	Mother of the Deceased.....	Rachel Williams		
5	Brothers of the Deceased	Full Blood		
		Half Blood	James Joseph Williams 18	
	Sisters of the Deceased	Full Blood		
		Half Blood	Kathleen Mallin Mary Williams 20 17 13	
	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			



*Adoption by Mrs. Julia Robertson*  
*22nd March 1935*  
*Adoption by John & Owen*  
*March 15/1935*  
*OK.*

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

	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
Grand-Parents of the Deceased.....			
Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

63

10	What is the full name of the deceased?	Robert John Williams
11	Give the month and year of his birth.	October 9 <sup>th</sup> 1919
12	Where and when were his parents married?	June 6 <sup>th</sup> 1920: Church All-Saints Shawigan Lake v.c.
13	Was he ever married? If so, state exact place and date of marriage.	no
14	Did he leave a (later) Will? If so, it should be forwarded.	no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no

PARTICULARS OF DOMICILE

16	Where was deceased born?	Victoria B.C.
17	In what Province, Country or State did he reside, and in which last?	B.C.
18	How long in each?	21 years
19	What was the nature of his employment?	Drug Store Boy
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State <u>your</u> postal address in full.	Mrs Rachael Williams 1343 Esq Rd Victoria B.C.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	—
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	—

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.



DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

\* Mother .....of the deceased.

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

Rachael Williams } Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Robert John .....  
\*See above Williams { Name of Informant } is the \* Son .....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Esquimalt this 12<sup>th</sup> day of July 19 41

Signature of Clergyman, Priest or Magistrate } Albert Heald ..... Qualification Justice of the Peace in and for the Province of British Columbia .....

Address 1127 Lyall St - Esquimalt, B.C.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

WILLIAMS, R.

A.B.

O.N. 2805

- 1 Wrist watch. Bulova.
- 1 Electric razor.
- 1 Camera.
- 1 Signet ring.
- 1 Fountain pen.
- 1 Leather wallet.
- 1 Pair of soccer boots.
- 1 Burberry.

B 5  
N 7

50.00  
15.00X  
8.00X  
10.00X  
5.00X  
8.00X  
6.00X  
17.50X



38

119.50

The articles described above were all lost by me whilst on service in HMCS "FRASER".

... *R. Williams* #13.

DEPARTMENT OF NATIONAL DEFENCE

RR

NAVY ===== ARMY ===== AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

*Somant*

BASED ON MEMBER'S NAME **Robert**  
(CHRISTIAN NAMES)

**WILLIAMS**  
(SURNAME)

REGISTER NO. 6834  
FILE NO. NS. N2805  
DATE 17 Nov/40  
SERVICE NO. 2805  
FINAL RANK OR RATING A.B.  
DATE OF DISCHARGE 22 Oct/40

WIFE Mrs. Rachel Williams,  
ADDRESS 1343 Esquimalt Rd.  
Esquimalt, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Oct/40

DATE OF DISCHARGE

22 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 409 LESS 19 INELIGIBLE DAYS, EQUAL TO 390 DAYS @ 25C. PER DAY

\$ 97.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85  
SUSTINENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45  
ADDITIONAL PAY H.L.M. \$ .13  
G.C.B. \$ .05  
Q.R. II \$ .20

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.68 x 7 = \$ 25.76  
NO. OF DAYS 390 x \$ 25.76

\$ 54.90



D. WAR SERVICE GRATUITY

\$ 249.90

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

\$ Nil

F. TOTAL AMOUNT PAYABLE

\$ 249.90

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 249.90  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

*Cheque #120061 - 29/3/45*

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		TREASURY	
BJD		<i>[Signature]</i>		DATE	
				20/1/45	

*[Signature]*

SERVICE REPRESENTATIVE  
for Dir. Naval Pay Acctn

STATEMENT OF WAR SERVICE GRATUITY - NAVY



Member's Name Robert WILLIAMS  
 (Christian Names) (Surname)

Payee Mrs. Rachel Williams  
 Address 1343 Esquimalt Road,  
Esquimalt, B.C.

Register No. 6834  
 File No. 2805  
 Date 6-3-45  
 Service No. 2805  
 Final Rank or Rating A.B.

Date of termination of overseas service 22 Oct. 40 Date of Discharge 22 Oct. 40

A. TOTAL QUALIFYING SERVICE \$ 97.50  
 No. of days 409 equal to 13 complete periods at \$7.50  
30

B. QUALIFYING OVERSEAS SERVICE \$ 97.50  
 No. of days 409 less 19 ineligible days equal to 390 days @ 25¢ per day

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.	\$ .13	ok R
G.C.B.	\$ .05	
Q.R.2	\$ .20	
Dependents' Allowance 1/30 of \$		
<b>Total</b>	<u>3.68</u>	<b>x 7 = \$25.76</b>
No. of days	<u>390</u>	<b>x \$25.76</b>
	<u>183</u>	<b>\$54.90</b>

D. WAR SERVICE GRATUITY \$ 249.90

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

F. TOTAL AMOUNT PAYABLE \$ 249.90

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 249.90  
 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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>W</u>	6	<u>W</u>
2	<u>W</u>	7	<u>W</u>
3	<u>W</u>	8	<u>W</u>
4	<u>W</u>	9	<u>W</u>
5	<u>W</u>	10	<u>W</u>



Department of National Defence  
Naval Service

IN REPLY PLEASE QUOTE  
No. H.Q.N.S. 62-W-261  
FD 139

ESTATES BRANCH

Ottawa, Canada. July 24, 1941.

Mrs. Rachel Williams,  
1343 Esquimalt Road,  
Esquimalt, B.C.



WILLIAMS, Robert, A.B. (Deceased)  
No. 2805, R.C.N., H.M.C.S. "Margaree"

Dear Mrs. Williams:

This will acknowledge receipt of our form P. 64 which we asked you to complete and return to this Branch.

It is noted that in answering question No. 3 that apparently the deceased was an adopted child and this Branch will require certified copy of the adoption papers.

We shall also require the ages of yourself and your husband with full address, which you omitted to give, and the addresses of James Joseph Williams, and the three half blood sisters, Kathleen, Nahlin, and May.

Your immediate attention herein will greatly oblige.

Yours faithfully,

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

HRW/JN

COPY

1935, W.No. 55

IN THE SUPREME COURT OF BRITISH COLUMBIA

IN THE MATTER OF THE ADOPTION ACT  
(RSBC.1924, Chapter 6 and Amend-  
ments thereto)

- and -

IN THE MATTER OF Robert Cameron, a  
minor.



Before The Honorable Mr. Justice Robertson.

The 22nd Day of March, 1935.

UPON MOTION to this Court this day; UPON reading the petition of Edward Williams and Rachael Henderson Williams, the affidavits of the petitioners verifying the said petition, sworn and filed herein; the consent of Robert Cameron, otherwise known as Robert Williams (the subject of the said petition) and the affidavit of the said Robert Cameron verifying his said consent, and the consent of Laura Holland, Deputy Superintendent of Neglected Children, dated the 21st day of March, 1935, and duly filed herein; AND UPON HEARING Mr. Bass, K.C., of counsel for the petitioners,

THIS COURT DOTH ORDER that the said Robert Cameron be and he is hereby adopted by the petitioners Edward Williams and Rachael Henderson Williams.

AND THIS COURT DOTH FURTHER ORDER that the said Robert Cameron shall henceforth bear the name of and be known as Robert Williams.

BY THE COURT

CHECKED

(Signed) R.H.T. Drake

BY...O.B.  
D.R.

Registrar.

P096982

62-26-261  
DMS  
29/11

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Robert WILLIAMS  
(Christian names in full)

Rank of Rating Able Seaman Official No. 2805  
(If unknown, date of first entry)

Place of Birth Victoria, B. C. Date of Birth 9th October, 1919

Occupation in Civil Life Clerk Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 3 Years

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Lost in collision of H.M.C.S. MARGAREE  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Rachel WILLIAMS Relationship Mother  
Address 1343 Esquimalt Road, Esquimalt, B. C.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

*J. Edwards*  
COMMANDER R.C.N.  
Commanding Officer,

8th November, 1940

The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.

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

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

C.N.S. 1121  
15M-7-40 (5849)  
N.S. 815-9-1121



November 1, 1940.



Dear Madam:

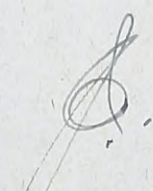
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, Robert Williams, Able Seaman, O.N. 2805, R.C.N., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services, and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,



(J. O. Cossette)  
NAVAL SECRETARY.

Mrs. Rachael Williams,  
1343 Esquimalt Road,  
ESQUIMALT, B.C.

DOFD 22-10-40

NAVY

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.  
WAR SERVICE RECORDS

WILLIAMS	Robert	N-2805	A.B.	FILE No.
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SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
----------------------------	-----------------	----------	-------------------	---------------

WAR SERVICE  
BADGE  
(CLASS)                      No.                      DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	9922                      16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN Aug. 41

"MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Edward Williams - Father

ADDRESS: 1343 Esquimalt Road,  
Esquimalt, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Rachael Williams

ADDRESS: 1343 Esquimalt Road, Esquimalt, B.C.

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

224

(2)



(3)

14-5-41

Boy (Seaman Class)

No. Name WILLIAMS, Robert Nationality British File F.D. 34

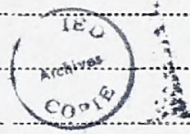
Birth Oct. 9, 1919 Married S Religion

19

Date of Application July 10, 1935. Medically Examined & Educationally and found fit.  
10-7-35. 10/12/36

Address 1343 Esquimalt Road, VICTORIA, B.C.

Education First Yr. High School.



Previous Experience

Remarks 19-7-35. D.N.O.&.T. Put on roster.

Directions Re Entry 22-7-35. Ir. to applicant-copy CinC Esquimalt. 10/12/31

*be as read 24/9/31 23/10/31 to re post entry*

Action

Final Disposition 2m-1-31-(M572)